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AMERICAN DENTAL ASSOCIATION

1980

SUPPLEMENT Two
TO ANNUAL REPORTS
AND RESOLUTIONS

121ST ANNUAL SESSION • NEW ORLEANS, LOUISIANA • OCTOBER 12-16, 1980

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Report of President

I. LAWRENCE KERR

Last year this House of Delegates greatly honored me with my unopposed election to the Office of President. At that time I committed myself to the full-time application of the experience and skills developed during the 20 years I have had the privilege of serving the ADA. Throughout the past year I have tried to fulfill that commitment.

There are not enough words to convey the thanks, pleasure and grateful appreciation I extend to all who have contributed to this administration. Traveling to all but a few states—visiting with our smallest components and our largest state societies—our visitations were blessed by the friendship and hospitality of innumerable servants of the profession. Members of every segment of this great profession—educators, examiners, researchers, auxiliaries, the dental trades and practicing dentists—have contributed to the accomplishments of this year.

You will recall that my first goal was to strengthen and reaffirm unity within the family of dentistry. Contacts with the many related dental groups have indeed been a major part of the effort. Many of the activities to be described were accomplished only through considerable cooperative effort. I believe the entire dental community shares credit for these many positive actions.

No President serves this Association well if he thinks that "his" program is the only effort to be expended. His first responsibility includes the furtherance of the initiatives taken by previous Presidents and administrations. Thus, I am content to report to my predecessors that they planned well, and that the Association continues to benefit from their wisdom. The initiatives taken, of course, were made possible by previous Houses of Delegates and Boards of Trustees.

Following the change in administrators, Dr. Coady, his staff and I accepted the responsibility to create a management structure that would prepare the ADA for the 1980's. With the assistance of a supportive Board of Trustees, major changes in organization, style and thrust have occurred. Managerial and fiscal procedures have been modernized. Careful budget structure and analysis are essential in a \$27 million organization with over \$50 million in assets. We now have it!

Installation of our new computer allows on-the-spot financial management and planning. For the first time, detailed budget information retrieval for policy planning and research will soon be available. In the coming months an even greater sophistication in management will be accomplished.

I assure the House that today the ADA is more relevant, aggressive and efficient than ever before. Better coordination of staff activities and improved management of financial resources have allowed many new programs to be implemented with a minimal increase in expenditures and no increase in total staff size. We are geared up to meet the many challenges ahead. These positive changes were accomplished only because of the exquisite working relationships we have shared.

The roles of management and administration are properly placed in the Board of Trustees and Executive Director. I want to commend my colleagues on the Board for their determination to address the hard administrative questions. And I want to compliment our Executive Director, Dr. John Coady, for the efficient manner in which he has implemented changes and has diligently worked to build a staff that is highly qualified, productive and responsive to the membership. We earnestly hope that this legislative body will view these organizational changes as beneficial to the Association. I ask that you join me in applauding a great Board and staff, at the same time applauding yourselves and those you represent.

In the final analysis, all that we do is successful only if it happens in the individual offices at home, in the educational institutions, the Boards of Examiners and all the logistical and industrial supporters of the profession. For ultimately, the final judges of our efforts are "those we serve," the people of our communities.

Here then, are some of the activities of the past year. Time does not permit an extensive review of these accomplishments; however, the annual reports and the Association's media describe them more completely.

Management information system: Installation of our new IBM 4331 computer and software has greatly enhanced both our financial and nonfinancial management capabilities. A major new system now

under design will support state and local societies in the areas of membership records, continuing education and other administrative procedures.

Institutional advertising: Initiation of a \$2 million institutional advertising program represented a new venture for the ADA in 1980. Designed to address the busyness problem being experienced by many members, the campaign encourages regular dental visits. An extensive research component will help us determine the place of institutional advertising among future Association priorities.

Access program: Approval of this comprehensive program was an indication that the profession intends to seize the initiative in expanding care to underserved populations. Implementation of programs directed toward the poor and working poor; the elderly, the handicapped, institutionalized and homebound; remote area residents; and workers without dental prepayment will be the goal of the Association in the decade ahead.

Department of membership services: This new department represents a commitment to improve and expand membership services, making Association membership a valued requisite for every member of our profession. Every effort is being made to make the Association readily responsive to membership needs.

Nationwide WATS line: Following initial success with this toll-free service on a three-state pilot basis, the WATS line has been extended nationwide to all members. This will provide the membership ready access to Association staff and resources.

JCAH membership: Culminating 22 years of effort to gain official ADA representation on the Joint Commission on Accreditation of Hospitals, the ADA joined the Joint Commission as a corporate member. The inclusion of dentistry is a significant milestone which recognizes the professional community of interests responsible for patient care.

All Star Bat Boy/Girl Funstakes: This cooperative venture with Major League Baseball provided a unique opportunity for the profession to promote regular dental care to youngsters through the appeal of professional sports. On entry forms obtained at the dental office, youngsters entered the sweepstakes competition which provided two winners the opportunity to serve as bat boy/girl at the All Star Game.

Video continuing education: Following conduct of a feasibility study, a producer has been selected for a video continuing education program in dentistry. Program content will be approved by an oversight committee representing specialties and having expertise in continuing education.

Practice management seminars: The Council on Dental Practice has instituted an outstanding practice management seminar which now is being offered in every trustee district. These seminars will be scheduled on a rotational basis each year to make them accessible to the greatest number of members.

Continuing Education Registry: Installation of new computer software will allow us to open the Continuing

Education Registry to all members by 1982. At the same time, a Recognition Award will be introduced to acknowledge outstanding achievement and promote participation in continuing education.

Agreement with AADE: A tentative agreement has been reached with the American Association of Dental Examiners which would preclude their proposed development of a separate written examination. If approved by the House of Delegates, this agreement will allow us to avoid the confusion and disruption of the examination program that duplicate exams would cause.

ADA News: Weekly publication of the *News*, initiated this year, has been generally well-received by the membership, which appears to appreciate this more frequent information on professional news and activities.

Insurance program improvements: In a continuing effort to provide sound, competitive insurance programs for the benefit of the membership, several improvements in our ADA-sponsored programs were implemented this year. Currently being explored is provision of group life insurance to students as a membership benefit, improving the soundness of the program and benefiting the student member.

National Conference on Dental Affairs: This new conference format, combining several previous conferences into one major meeting, was inaugurated this year and will be offered annually on a regionally rotating basis.

Federal Trade Commission: The Association obtained sponsorship of and provided strong support for an amendment which would have prohibited the FTC from nullifying state regulatory laws for the profession. Although the amendment was narrowly defeated, congressional hearings have been assured and a two-House legislative veto imposed on this overzealous agency.

Vertical structure of the Association: At long last, the Boddicker case was heard in Arizona and the findings were indeed in favor of our excellent, federated structure of organization. This structure is the strength of the ADA and serves as the best possible conduit for service to the members. Should the plaintiffs appeal and prevail, I urge the Board to pursue this case to the Supreme Court, if necessary.

Certainly there have been "course deviations" and not all I aspired to accomplish was done. No administration can do it all. An effective organization remains flexible—constantly developing, assessing and changing.

I now want to turn our thoughts to the future and to present several important issues for your consideration. These issues will demand debate, dialogue and decision.

Institutional advertising: The House last year made it possible to initiate a pilot "image or institutional" advertising program. Through a simple, repetitive

message, the campaign is designed to motivate more people to seek regular dental care. We must recognize that increasing dental visits is significantly different from selling widgets. It is too early to effectively evaluate the impact of this campaign on dental visits. Certainly, we have a distinctive image-building, public education program reflecting positively on the dental profession. The House was advised last year that the true measure of this campaign would take at least two years. The \$37 cost is small if it allows us to carry this experimental program to fruition and determine the place of advertising among Association priorities. I urge the House to continue the program, with an assurance of complete and effective evaluation.

Complicating the picture, perhaps positively, are the advertising campaigns of several specialties and the Academy of General Dentistry. It may well be that these campaigns will be synergistic and we all will benefit. Each program is supported by a membership assessment. And I am concerned about the financial pressures that multiple assessments may place on our members. We have initiated meaningful dialogue on these various programs and I am hopeful that we can coordinate our efforts in the best interest of both the "dental consumer" and the member.

Third party payment programs: It is 1980. Eighty million people are beneficiaries of prepayment plans. Well over \$4 billion in dentist's income is attributed to these plans. We have done an excellent job in influencing both the growth and the coverage of these programs.

Delta, which seems to bear the brunt of the criticism, is a viable private enterprise affecting 60,000 signed participants who receive \$800 million a year. I have continually stressed our concerns and policy about par/no par, and we should continue to do so. Nonetheless, it is the 14 million covered individuals who made the decision concerning the purchase of a Delta plan. Competition from other commercial carriers is fierce and Delta will have to compete to survive.

While we are having dialogue about Delta and HR 6077, other par/no par plans such as Blue Cross are making strides in obtaining the federal coverage for themselves. What is our role? It is to constantly strive for all prepayment plans to meet the guidelines established by the profession, thus providing the best service to the public.

I urge the House to reject the resolutions that would deny the right of the federal employee to receive dental care under a properly devised prepayment plan. I refute the logic that claims that such a program is in violation of the *Guidelines for Dentistry's Position in a National Health Program*. We should not be denied the opportunity to serve the federal employee under a properly devised plan.

I am among the thousands of dentists who sincerely believe that prepayment plans do indeed improve access to dental care. Let us continue our democratic

dialogue with those who disagree, respect their views, but vote in the best interests of all the dentists of the land.

Delivery systems in other countries: At the behest of the Board of Trustees, we have studied the delivery and payment systems developed in other countries. We certainly need to be fully acquainted with other systems, and we must explore other organizational models that would provide negotiating capabilities for members through the Association.

Have you read Mr. Kennedy's speech given at the Democratic Convention? Are you aware that the AFL-CIO and UAW remain committed to a "controlled" health care system? Pray that the Association never has to become a bargaining unit, but to be caught without these capabilities is a disservice to our membership. At some point such a talent may well have to be used in support of the many dentists entering salaried practice configurations. We must also be able to represent those members.

Individual advertising and professionalism: I recognize that individual advertising is now legal, but I continue to be concerned about the effect such advertising will have on our professionalism and integrity. We must continue to work diligently with state licensing boards to establish advertising guidelines that will prevent fraudulent and flamboyant advertising tactics.

Subsidiary for-profit corporation: I ask the House to support the Board in the development of a corporation that could expand services to both the members and the public in so many ways. Such a corporation could be used to expand insurance programs, provide a credit union, travel agency, continuing education materials, business and promotional services, etc. My studies indicate it also could serve as a focus for a nationwide independent practitioner network, and in conjunction with the National Health Professions Placement Network.

Insurance programs: Early in the year, the Board and Executive Director supported my desire to conduct an in-depth review of this important membership service. I believed it was time to critique and modernize this multi-million dollar activity. We have already made several improvements in our insurance programs as a result of Council and consultant recommendations. In addition, the Board has taken action to assist student members with no-cost participation in the group life insurance program. The return will be greater student interest in the ADA and reduced premiums for all participants, since the average age and overall loss ratio of the program will be lowered.

National board programs: The House has before it a recommended agreement between the ADA and the AADE related to the structure of a new Joint Commission on National Dental Examinations. This agreement was developed in response to Resolution 128-1979. I believe it is a fair agreement, in the best

interest of the ADA, the examiners and the students. I urge the House to adopt the accompanying resolutions.

ADA/ADHA relationship: Presented to the House is a consensus statement, the result of many hours of joint committee discussion. As directed by the House, the statement addresses only areas of existing policy. The accompanying informational report identified issues of mutual concern that should be addressed in ongoing dialogue.

Any changes in our roles must be in the best interest of our patients. I am absolutely committed to the concept that the hygienist is a highly respected member of the dental team. Similarly, I am unalterably opposed to any movement toward independent hygiene practice. I have studied all the aspects of service, financing of care and the best interests of the patient and I find no evidence to indicate any benefits to be gained from fragmentation of service.

The dentist is totally responsible for the care of the patient. He must utilize his auxiliaries appropriately and must compensate them with proper recognition, respect and income. Those who wish to join us as dentists should receive our help and encouragement in entering the dental educational system.

Educational support: We enjoy a great relationship with our educators and I want to express to them my appreciation for our many cooperative efforts. In the quest to enhance the tripartite relationship of educator, practitioner and examiner, many conferences have been held.

I urge this House of Delegates and the entire dental profession to be supportive of our educational community. In recent years, as perceived manpower problems have increased and as dentists' busyness has declined, many have tended to place the blame on the dental schools. We hear charges that the schools greedily accept mandatory enrollment requirements in exchange for federal construction and capitation grants.

While the dental schools may be easy scapegoats, this blame is not accurately placed. It was the entire dental profession in the 1960's that embraced these federal programs that allowed for the improvement of dental schools and the training of an increased number of dentists. The profession endorsed federal support programs that allowed the schools to expand enrollment, replace facilities, obtain support to assist students and improve the financial condition of dental education. It was the continuation of these support programs into the 1970's, embraced by zealous health planners beyond needed expansion, that led to the numerous residual problems that now besiege our dental schools.

Now we must recognize that these problems affect not only the dental educational community, but the entire dental profession. If not adequately dealt with, they will result in an erosion of public confidence in the entire dental health care system. Our profession must be sensitive to these problems and willing to work with the

educational community to resolve them in an appropriate manner.

At a recent very productive joint meeting, a series of recommended actions addressing educational concerns were developed. I urge continued pursuit of these recommendations by the Association, and expanded cooperative efforts with our educational community to ensure the continued integrity and viability of our dental schools.

Mobility of dentists: Those of you who have been in the House for a while may remember development of Association policy on licensure. It started in earnest with a 1972 membership survey on reciprocity. Percentage return demonstrated great interest. In essence, members believed that restrictions on interstate mobility caused by licensure were excessive.

It took time, but the House responded. A comprehensive policy on licensure was in place by 1976. The cornerstone of this policy was licensure by credentials, which is also sometimes called criteria approval.

The underlying concept of licensure by credentials is that the competence of a dentist who has been practicing in another state can be assessed by a review of his practice credentials as well or better than by a brief examination. Some states have implemented this concept with good results. The majority of states, however, still require all candidates to take licensure examinations.

During the last four years, Association licensure policies have been circulated several times. Although some progress is evident, there is much left to be accomplished. To truly resolve membership concerns about interstate mobility, the Association, I believe, will need to be more aggressive. We may even need to begin lobbying at the state level. Although such action might offend members in some localities, I think that it would lend credibility to the Association among the vast majority of members.

Association finances: The Board is being prudent and fiscally responsible in presenting, for 1981 consideration, a sizeable dues increase. Spelled out for you are the reasons why. Veterans of the House will remember that we originally had anticipated the need for a dues increase by 1981. Through frugal management, we have squeezed every nickel and extended the original three-year plan. A projected deficit was delayed as the Board demanded high mileage out of every dollar.

The impact of inflation is very evident and additional dues income will be needed to maintain present programs. One-third of the projected dues increase is allocated to financing an institutional advertising program. Using our new Financial Management Information System, the Board will continue to furnish you with the necessary data upon which you will base your final decision. Ultimately, every activity of this Association must undergo scrutiny to be certain of its pertinence for the future.

International affairs: The Board has debated at great length the role of the Association in the affairs of international dentistry. Action outside this nation occurs primarily through the efforts of the Fédération Dentaire Internationale. We have questioned our financial commitment to the FDI and have placed before it our request for a lesser percentage level of contribution. I am certain a reasonable figure will be reached.

There are many from this nation who serve the FDI and their contributions largely go unrecognized. We stand to learn from our participation, as well as to enhance world dentistry through our knowledge and experience. A great amount of dental and medical research is now done overseas; the lack of sponsoring funds in this country is having deleterious effects on our own research community. This annual session has been termed "international" and we are pleased to have many guests from many foreign nations.

All-Star Honorary Bat Boy/Girl Funstakes: A most exciting program was launched this year in cooperation with Major League Baseball. Through the effort of our Bureau of Communications and thousands of participating dentists, well over 100,000 booklets and entry blanks went to youngsters throughout the nation. The materials and activities were strictly first-class. Two fine youngsters were selected to be honorary batboys and, with the assistance of baseball star/dental student Jim Lonborg, had the greatest time at the All Star Game. A more extensive promotion is being planned for next year, and I am confident the program will grow in participation and national exposure. The Funstakes is best summarized in the short film *1980 All Star Funstakes*.

Access for the elderly: One of the target populations of our Access Program is the elderly. We have committed to expand their access to comprehensive dental care. I have watched with considerable interest the development of the California "Senior Dent" program, which provides reduced-fee comprehensive dental services to senior citizens who are not eligible for public assistance benefits and do not have private dental insurance.

Many states have denture referral access programs and I believe it is imperative that we now expand these programs to provide comprehensive dental care. The California "Senior Dent" program represents a fine model. I, therefore, am offering the following resolution for the House's consideration.

RESOLUTION

95. Resolved, that constituent dental societies be encouraged to develop access programs providing reduced fee comprehensive dental care to elderly citizens.

Votes of the Board of Trustees: Last year the House passed a resolution asking the Board to report the numerical breakdown of votes related to House business. In addition, all votes on "white papers" or

"position papers" were to be roll call votes. Since I had mixed emotions about the intent of these resolutions, I want to report with great satisfaction that such an action in no way restricted discussion or voting patterns. Each member of the Board voted according to his conviction on every issue, and you can be sure the proceedings reflect such an atmosphere.

Trustee district: Several years ago, at the request of the Board of Trustees, staff developed a comprehensive study and report on the "Reallocation of Trustee Districts." At that time the Board determined that the report needed further in-depth study and deferred recommending any redistricting.

It is now 1980 and the trustee districts have not been realigned for over 14 years. Obviously, during those years we have witnessed a significant increase in the number of dentists and considerable geographic movement within the profession. As a result, we must recognize that the trustee districts are no longer proportionally representative.

I believe it is time that we take action to assure that this Association remains a truly representative organization. It is time that we take action to make all districts more equitable in membership and to reduce the large variance in the number of delegates in each district. I, therefore, am submitting the following resolution to the House of Delegates, urging you to give it your support.

RESOLUTION

96. Resolved, that the President appoint a committee to conduct a study of the geographical distribution of members, division of trustee districts and allocation of delegates among districts, and be it further

Resolved, that a report of this study, including recommendations for reallocation of trustee districts, be transmitted to the 1981 House of Delegates for review and consideration.

Developing positive policy thrusts: Over the past few years, I have observed a trend in this House of Delegates that I find disturbing. Increasingly, our efforts have been directed toward attempts to rescind policy, or to resist the continued implementation of policy. Is this a reflection of the times, a lean backwards, or true disagreement with actions of the past?

I believe that, if our profession is to continue to prosper and be recognized a leader among professional health organizations, we must be willing to address the issues and challenges before us in a positive manner.

An ancient Greek philosopher once observed that, "There is nothing permanent except change." We have the option of bitterly resisting change until it is foisted upon us or actively participating in the course of that change. We do not serve our profession well if our response is to retreat into an unbending, unrealistic position.

I encourage this House to be positive participants; to seize the opportunity to affect the course of change. Let

us show that the dental profession is willing to address social and political realities in a positive and innovative manner. Let us not meekly accede our principles, but let us demonstrate that our profession has both the foresight and the determination needed to progressively address the challenges of this decade.

Finally, in addition, I have made several requests of the Board which I trust will receive your support. They include:

- A study of the Officer's visitation program to the various constituent and component societies, in order to assure equitable service to all;

- The creation of a "clearinghouse" to help avoid meeting scheduling conflicts;

- Conduct of an ADA-sponsored symposium on the oral health needs of the elderly, for report to the 1981 White House Conference on Aging;

- Development of the organizational frame of an "arms-length" organization capable of negotiating contracts in the name of the members with such funding organizations as insurance companies and government agencies, related to the delivery of care. This organization would be structured to represent the best interests of the employed dentist. Should this be feasible, you will be hearing from the Board at a later time. We must be prepared;

- The development of a frame for a shelf-insurance company;

- A study to evaluate and expand the National Health Professions Placement Network. This Network is a resource that should be used to help solve the busyness problem and, hopefully, to replace the National Health Service Corps;

- An aggressive campaign to inform the general practitioner of the role of the American Dental Association in representing the largest group of members we possess.

With 90% of the membership being general practitioners, it should be clear that the ADA is the organization that represents them. But some of our members are confused by statements and certain circulating materials. The constituency of ADA governance does indeed include the general practitioner, the eight specialties, the academician, the researcher, etc. The Board of Trustees and House of Delegates are overwhelmingly GP's. Thus, no question is acted upon without full understanding of its impact on general practice. At the same time, the specialties and other named groups can be assured their best interests are served.

Anyone selected for leadership knows his or her major constituency is the general practice segment. While there are over 100 related organizations serving more parochial interests, they know the ADA is the most effective servant of all the membership. While there is no question that the ADA often keeps its light under a bushel, one beacon beam is clear.

Who represents the general practitioner? We must declare unequivocally that the American Dental Association represents the general practitioner as well as all other members of the profession.

I urge that we maintain our vigilance and alertness on the still present issue of denturism. The denture referral access programs implemented by our profession in many states, have helped to defuse this issue. And a resolution before this House urges a self-assessment of denturism activities by constituent societies. We have the great opportunity now in our Access Program to expand comprehensive dental care to the elderly, further demonstrating that the delivery of care by nondentists is unnecessary and undesirable.

Conclusion: We stand on the threshold of the last two decades of this century. We can look back over the previous decades and note with great satisfaction the many advances of our profession and organization. It is obvious that technological, social, economic and scientific changes have affected and changed many aspects of our profession.

And yet, there remains much to be done to reach the goal of dental health for all. Instrumental to this, I believe, is a fuller understanding and use of the behavioral sciences. Whether in the motivation of the patient or in our public relations and advertising programs, we must continue to learn how to make our "people" relationships more meaningful and successful.

I have described the structural and organizational changes that have taken place in the American Dental Association. I believe that our Association is ready to be the force to accomplish all we seek in the days ahead. Our new leadership is sensitive and dedicated. They are imbued with the same spirit and drive I have attempted to display. Through their leadership, our goals will continue to be reached.

Just as our nation is made up of diverse groups and philosophies, so is our profession. As professionals it is our responsibility to be, as Vannevar Bush stated long ago, "The cement that holds society together." And as leaders, it is our responsibility to be the cement that holds our profession together.

As policymakers and planners, we must always be influenced by how our actions affect others. Certainly, it is right and just to act to sustain and protect our profession and our organization. But we must never forget that the noun profession derives from "an act to profess our service to others."

If we keep this as a credo, we will not spend our time crying "foul" and gnashing our occlusion. Rather, we will take the positive steps to make our profession even greater and to preserve the elements of a great nation. It is your ball, you are the leaders, you are the "influences," you are the future.

For me, these 20 years in this House of Delegates have been a joy and wonderment thanks to your love and support. No man and no family could have been more blessed.

SUMMARY OF RESOLUTIONS

95. Resolved, that constituent dental societies be encouraged to develop access programs providing reduced fee comprehensive dental care to elderly citizens.

96. Resolved, that the President appoint a committee to

conduct a study of the geographical distribution of members, division of trustee districts and allocation of delegates among districts, and be it further

Resolved, that a report of this study, including recommendations for reallocation of trustee districts, be transmitted to the 1981 House of Delegates for review and consideration.

Supplemental Reports and Resolutions

SUBMITTED BY COUNCILS AND OTHER AGENCIES

COUNCIL ON BYLAWS AND JUDICIAL AFFAIRS SUPPLEMENTAL REPORT 1 TO HOUSE OF DELEGATES: AMENDMENT OF "BYLAWS" TO CONSOLIDATE COMMISSIONS UNDER SEPARATE CHAPTER

Background: The Council on Bylaws and Judicial Affairs, after discussions with staff representatives of the Association's four commissions, has revised the Council's Resolution 9 (*Reports*:135), proposing amendments to the *Bylaws* consolidating all Association commissions under a separate chapter of the *Bylaws*.

The Board of Trustees in Board Report 2 to the 1980 House of Delegates withheld making any recommendation, at the request of the Council, concerning Resolution 9 until the Council had an opportunity to make its revisions.

As the House of Delegates will recall, the 1979 House of Delegates adopted Resolution 102H-1979 (*Trans*:1979:636), calling for such merger of all commissions under one chapter of the *Bylaws*.

The revised Resolution 9 (Resolution 9S-1) is presented as follows.

RESOLUTION

9S-1. Resolved, that Chapter IX, Councils and Commissions, of the *Bylaws* be amended by the following deletions of all references to commissions:

1. Delete "and Commissions" in the title of Chapter IX.
2. Delete the footnote at the bottom of page 33.
3. Delete "Commission on Relief and Disaster Fund Activities" at the end of Section 10, Name, line 1320.
4. Delete the words "and commissions," "or commissions," "Commission on National Dental Examinations," and "or Commission," as the case may be, in lines 1323, 1325, 1330, 1337, 1374, 1377, 1381, 1385, 1388, 1391-2, 1394-5, 1397-8, 1402, 1408, 1413, 1418-19, 1420, 1430, 1436, 1439, 1441, 1446 and 1450.
5. Delete under Section 40, Chairmen, the following sentence appearing at the end of the section:

The Commission on National Dental Examinations shall elect its own chairman.

6. Delete under Section 60, Term of Office, the following conjunctive phrase appearing at the end of the section:

and the dental student selected by the American Student Dental Association for membership on the Commission on National Dental Examinations shall be limited to one (1) term.

7. Delete Section Q, Commission on Relief and Disaster Fund Activities.

and be it further

Resolved, that Chapter XIV, Commission on Dental Accreditation, Chapter XV, Commission on Continuing Dental Education, and Chapter XVI, Commission on National Dental Examinations, be deleted, and be it further

Resolved, that the following new Chapter XIV, Commissions, be made a part of the *Bylaws*:

CHAPTER XIV. COMMISSIONS

Section 10. NAME. The commissions of this Association shall be:

Commission on Continuing Dental Education
Commission on Dental Accreditation
Commission on National Dental Examinations
Commission on Relief and Disaster Fund Activities

Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS.

A. COMMISSION ON CONTINUING DENTAL EDUCATION. The Commission on Continuing Dental Education shall be composed of the same members who serve on the Commission on Dental Accreditation.

B. COMMISSION ON DENTAL ACCREDITATION. The number of members and the method of selection of the members of the Commission on Dental Accreditation shall be governed by the *Bylaws of the Commission on Dental Accreditation*.

C. COMMISSION ON NATIONAL DENTAL EXAMINATIONS.* The Commission on National Dental Examinations shall be composed of twelve (12) members selected as follows:

a. Three (3) members shall be nominated by the Board of Trustees from the active, life or retired members of this Association and additional nominations may be made by the House of Delegates but no one of such nominees shall be a member of a faculty of a school of dentistry or a member of a state board of dental examiners. The House of Delegates shall elect the three (3) members from those nominated by the Board of Trustees and the House of Delegates.

b. Three (3) members who are active, life or retired members of this Association shall be selected by the American Association of Dental Examiners from the active membership of that body, no one of whom shall be a member of a faculty of a dental school.

c. Three (3) members who are active, life or retired members of this Association shall be selected by the American Association of Dental Schools from its active membership. These members shall hold positions of professorial rank in the dental schools accredited by this Association and shall not be members of any state board of dental examiners.

d. One (1) member who is a dental hygienist shall be selected by the American Dental Hygienists' Association.

e. One (1) member who is a public representative shall be selected by the Commission on National Dental Examinations.

f. One (1) member who is a dental student shall be selected annually by the American Student Dental Association.

*Members in midterm on the Council on National Board Examinations will become members of the Commission on National Dental Examinations. For the purpose of calculating expiration of terms of membership on the Commission on National Dental Examinations, tenure on the Council on National Board Examinations will be considered equivalent to tenure on the Commission. (This footnote expires at the end of 1984.)

D. COMMISSION ON RELIEF AND DISASTER FUND ACTIVITIES. The Commission on Relief and Disaster Fund Activities shall be composed of seven (7) members who are active, life or retired members nominated by the Board of Trustees. Additional nominations may be made by the House of Delegates. The members of the Commission shall be elected by the House of Delegates.

The members of the Commission also shall be the Trustees of the American Dental Association Relief Fund and the American Dental Association Disaster Victims Emergency Loan Fund.

Section 30. REMOVAL FOR CAUSE. The Board of Trustees may remove a commission member for cause in accordance with procedures established by the Board of Trustees.

Section 40. ELIGIBILITY.

A. All members of commissions who are dentists must be active, life or retired members in good standing of this Association except as otherwise provided in these *Bylaws*.

B. A member of the Commission on National Dental Examinations, who was selected by the American Association of Dental Examiners and who is no longer an active member of that Association, may continue as a member of the Commission for the balance of that member's term.

C. When a member of the Commission on National Dental Examinations, who was selected by the American Association of Dental Schools, shall cease to be a member of the faculty of a member school of that Association, such membership on the Commission shall terminate, and the President of the American Dental Association shall declare the position vacant.

D. CHAIRMEN. A member of the Commission on Relief and Disaster Fund Activities shall be appointed annually by the Board of Trustees to serve as chairman. The Commission on National Dental Examinations shall elect its own chairman. The chairman of the Council on Dental Education shall be the chairman of the Commission on Continuing Dental Education and the Commission on Dental Accreditation.

Section 50. CONSULTANTS, ADVISERS AND SECRETARIES.

A. **CONSULTANTS AND ADVISERS.** Each commission shall have the authority to nominate consultants and advisers in conformity with rules and regulations established by the Board of Trustees except as otherwise provided in these *Bylaws*. The Commission on National Dental Examinations also shall select consultants to serve on the Commission's test construction committees.

B. **SECRETARIES.** Secretaries of commissions, in the event they are employees, shall be employed by the Executive Director of the Association subject to the approval of the Board of Trustees.

Section 60. TERM OF OFFICE. The term of office of members of the commissions shall be three (3) years except that (a) the term of office of members of the Commission on Dental Accreditation and the Commission on Continuing Dental Education who are not members of the Council on Dental Education of this Association shall be governed by the *Bylaws of the Commission on Dental Accreditation* and (b) the term of office of the dental student selected by the American Student Dental Association for membership on the Commission on National Dental Examinations shall be one (1) year.

The consecutive tenure of a member of a commission shall be limited to two (2) terms of three (3) years each except (a) the consecutive tenure of members of the Commission on Dental Accreditation and the

Commission on Continuing Dental Education of this Association shall be governed by the *Bylaws of the Commission on Dental Accreditation* and (b) the tenure in office of the dental student selected by the American Student Dental Association for membership on the Commission on National Dental Examinations shall be one (1) term.

Section 70. VACANCY. In the event of a vacancy in the office of a commissioner, the following procedure shall be followed:

A. In the event the member of a commission whose office is vacant is or was a member of and was appointed or elected by this Association, the President of this Association shall appoint a member of this Association possessing the same qualifications as established by these *Bylaws* for the previous member, to fill such vacancy until a successor is elected by the next House of Delegates of this Association for the remainder of the unexpired term.

B. In the event the member of a commission whose office is vacant was selected by an organization other than this Association, such other organization shall appoint a successor possessing the same qualifications as those possessed by the previous member of the commission.

C. In the event such vacancy involves the chairman of a commission, the President of this Association shall have the power to appoint an *ad interim* chairman, except as otherwise provided in these *Bylaws*.

Section 80. QUORUM. A majority of the members of any commission shall constitute a quorum.

Section 90. PRIVILEGE OF THE FLOOR. Chairmen and members of the commissions who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports but shall not have the right to vote.

Section 100. ANNUAL REPORT AND BUDGET.

A. **ANNUAL REPORT.** Each commission shall submit, through the Executive Director, an annual report to the House of Delegates and a copy thereof to the Board of Trustees.

B. **PROPOSED BUDGET.** Each commission shall submit to the Board of Trustees, through the Executive Director, a proposed itemized budget for the ensuing fiscal year.

Section 110. DUTIES.

A. **COMMISSION ON CONTINUING DENTAL EDUCATION.** The duties of the Commission on Continuing Dental Education shall be the formulation and adoption of standards and guidelines for the approval of continuing dental education sponsoring organizations and institutions.

B. **COMMISSION ON DENTAL ACCREDITATION.** The duties of the Commission on Dental Accreditation shall be:

a. To formulate and adopt requirements and guidelines for the accreditation of dental educational and dental auxiliary educational programs.

b. To accredit dental educational and dental auxiliary educational programs.

c. To provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.

d. To submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission's annual budget to the Board of Trustees of the Association either through or in cooperation with the Council on Dental Education of this Association.

e. To submit the Commission's articles of incorporation and bylaws and amendments thereto to this Association's House of Delegates for approval by majority vote either through or in cooperation with the Council on Dental Education.

C. **COMMISSION ON NATIONAL DENTAL EXAMINATIONS.** The duties of the Commission on National Dental Examinations shall be:

a. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dentists who seek license to practice in any state, district or dependency of the United States. Dental licensure is subject to the laws of the state, district or dependency and the conduct of all clinical examinations for licensure is reserved to the individual board of dental examiners.

b. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dental hygienists who seek license to practice in any state, district or dependency of the United States. Dental hygiene licensure is subject to the laws of the state, district or dependency and the conduct of all clinical examinations for licensure is reserved to the individual board of dental examiners.

c. To make rules and regulations for the conduct of examinations and the certification of successful candidates.

d. To serve as a resource of the dental profession in the development of written examinations.

D. **COMMISSION ON RELIEF AND DISASTER FUND ACTIVITIES.** The duties of the Commission on Relief and Disaster Fund Activities shall be:

a. To formulate programs for increasing the principal of the American Dental Association Relief Fund and the American Dental Association Disaster Victims Emergency Loan Fund.

b. To recommend to the Board of Trustees rules and regulations for the granting of financial aid to

dentists, their dependents and survivors, and for the granting of emergency assistance loans to dentists who are victims of natural disasters.

and be it further

Resolved, that Chapters XVII through and including XXII be consecutively renumbered Chapters XV through and including XX.

**COUNCIL ON DENTAL CARE PROGRAMS
SUPPLEMENTAL REPORT 1 TO HOUSE OF DELEGATES:
FUNDING FOR RESEARCH ON
DENTAL CAPITATION**

At its September 1980 meeting, the Council on Dental Care Programs reviewed the *Bureau of Economic and Behavioral Research Supplemental Report 1 to the House of Delegates: Feasibility of Conducting Research on Dental Capitation* (Supplement 1:268). This report, which responds to Resolution 131H-1979 (*Trans. 1979:650*), directing that the feasibility of conducting a research study on the effects of capitation on the practice of dentistry and the public health be determined, was developed with the assistance of a committee of the Council serving as consultants.

The Council concurs in the Bureau's conclusion that a single, comprehensive, definitive research study on the effects of capitation on the practice of dentistry and on the dental health of patients is not feasible, although specific research projects on various concerns detailed in Resolution 131H-1979 are feasible. The Bureau cited two of the proposals, submitted in response to a solicitation of leading researchers, as reasonable and promising: The University of California, Los Angeles (UCLA), "A Study of the Effects of Capitation Upon Dental Practice, Dental Patients and Oral Health Status" (cost: \$415,496) and Resources Research Corporation (RRC), "The Impact of Capitation Risk Upon the Dentist" (cost: \$123,208).

The Council also is in agreement with the comment of the Board of Trustees on this report, to wit, that it is important for the Association to consider orderly and scientific investigation into this increasingly important area of private practice dentistry and that, as funding becomes available, such research be implemented (*Supplement 1:289*).

While the Council is, of course, cognizant of the present state of the national economy and of the tremendous difficulties encountered by the Board of Trustees in carrying out its fiscal responsibilities in light of the economy, it nevertheless believes that the collection of data on the effects of this alternative form of dental practice is of such importance to the dental profession that it should not be delayed.

In the Council's view, the RRC proposal, to be completed in 13 to 16 months, represents one excellent opportunity to begin this data collection. Accordingly, the Council recommends that this project be funded for implementation and submits a resolution incorporating this recommendation.

RESOLUTION

81. Resolved, that the American Dental Association fund for implementation the Resources Research Corporation research project, "The Impact of Capitation Risk Upon the Dentist," at a cost of \$123,208 (*Supplement 1:270*).

**COUNCIL ON DENTAL HEALTH AND HEALTH PLANNING
SUPPLEMENTAL REPORT 3 TO HOUSE OF DELEGATES:
DEFINITIONS OF "PRIMARY DENTAL CARE" AND
"PRIMARY DENTAL CARE PROVIDER"**

Background Statement: The Council on Dental Health and Health Planning is of the opinion that dentistry is currently at a distinct disadvantage within the national health planning process due to the absence of an officially adopted definition of "Primary Care Dentistry." Presently, dentistry is susceptible to widely varying approaches to its inclusion in the health planning system. The adoption of a definition would enable dentists serving on health planning boards and committees to more effectively assure proper involvement of dentistry within the total health care system both locally and nationally.

At its April 1980 meeting the Council decided to prepare a definition for ultimate adoption by the House of Delegates. The Council initially mailed 1,600 requests for review and comment to constituent and component dental societies, specialty groups, dental schools, auxiliary organizations and others. Utilizing comments received in response to the mailing dated May 16, 1980, the Council felt it necessary to construct two separate definitions; one defining "Primary Dental Care" and one defining "Primary Dental Care Provider" to replace the current definition adopted as policy in 1977 (*Trans.1977:914*). This approach appeared to most effectively address the two concepts implicit in the original intent.

Accordingly, the Council at its September meeting formally adopted the following resolutions for transmittal to the 1980 House of Delegates for approval.

77. Resolved, that the following definition of "Primary Dental Care" be adopted:

Primary Dental Care: Primary dental care is continuing comprehensive oral health care. It encompasses diagnostic, preventive, educational, and therapeutic or surgical services, and coordination of episodic care, and may include screening, referral, and monitoring for certain nondental health problems. Primary dental care involves the management and overall coordination of services to meet the patient's oral health needs for the prevention and treatment of oral disease and injury and the maintenance and restoration of health.

78. Resolved, that the following definition of "Primary Dental Care Provider" be adopted:

Primary Dental Care Provider: The primary dental care provider is a dentist or a dental care team under the direction of a dentist who accepts professional and legal responsibility for direct or indirect provision of dental services for total oral health and well-being of the patient.

and be it further

Resolved, that the following Resolution 120H-1977 (*Trans.1977:914*) be rescinded.

Resolved, that the American Dental Association recognize the general dentist as the primary dental health provider for patients of all ages.

**COUNCIL ON LEGISLATION AND WASHINGTON OFFICE
SUPPLEMENTAL REPORT 2 TO HOUSE OF DELEGATES:
UPDATE ON MAJOR LEGISLATION**

This report provides an update on the status of major legislation of interest to the dental profession as of September 22, 1980. Only changes in legislation which have occurred since July 11, 1980, the date of the Council's first supplemental report to the House, will be reflected in this report.

STATUS OF LEGISLATION

Federal Trade Commission: The Senate Consumer Subcommittee chaired by Senator Wendell Ford, D-KY, has tentatively scheduled hearings sometime after the November elections on the extent of FTC authority, if any, to override state laws regulating professionals.

Senator Ford promised these hearings during the efforts by the Association to obtain enactment of the McClure-Melcher amendment which would have specifically prohibited the FTC from acting in areas already regulated by the states. The FTC, ADA and other professional associations will testify at these hearings.

National Health Insurance: It appears that Senate Finance Committee Chairman Russell Long, D-LA, will no longer push for enactment of a catastrophic health insurance program in this Congress. Time and budget limitations have finally halted this effort.

Based on current conditions, particularly the economy and the variety of approaches already developed, it also would appear that future discussions of national health insurance will center on the so-called "pro competition" approach.

Health Manpower: The House of Representatives has adopted H.R. 7203 which would extend with modifications the Health Professions Educational Assistance Program. Of special importance would be a three-year phase out of capitation support. Although the Senate version of this legislation, S. 2375, was approved by the Labor and Human Resources Committee over two months ago, no floor action has yet been scheduled on this measure. Senate action can be expected in the near future and while there are significant differences between the House and Senate versions a final agreement on this legislation is possible, even though there are only relatively few remaining days of this Congress. A lame duck session could further increase the likelihood that a health manpower bill will finally be enacted.

Radiation: Council on Dental Education Chairman William Brown testified before the House Commerce Health Subcommittee on September 15 on proposals to establish federal standards for licensure or credentialing of health care personnel who use diagnostic X-ray equipment and for the accreditation of institutions providing instruction in radiology. The legislation before the House is similar to that adopted by the Senate Labor and Human Resources Committee as part of its health manpower bill. Dr. Brown's testimony was strongly in opposition to this further federal infringement into areas which are traditionally under the jurisdiction of the states.

Medicare Reimbursement and PSRO Amendments: The House and Senate still have not reconciled their differences on the proposed budget expenditures for fiscal year 1981. The House version of the budget reconciliation proposal retains support for funding of Association sponsored dental amendments to the Medicare program. The Senate version does not include authority for these amendments.

Council on Hospital and Institutional Dental Services Chairman Dr. Joseph Kelly testified before the House Ways and Means Health Subcommittee during hearings on implementation of the PSRO program. Dr. Kelly took the opportunity of these hearings to stress to the Subcommittee the importance of obtaining final enactment of the PSRO and other dental amendments to the Medicare program which have been approved by the full Committee but are stalled by the budget reconciliation process.

National Health Service Corps: Hearings concerning difficulties experienced by constituent dental societies and individual dentists in implementation of the

National Health Service Corps program have been scheduled for September 24 by the Senate Human Resources Health Subcommittee.

Military Dependent Dental Care: An Administration proposal to establish a cost-sharing program of comprehensive dental services for military dependents is under consideration by the House Armed Services Committee. Association witnesses, led by Dr. I. Lawrence Kerr, testified in support of the concept in a Congressional hearing held earlier. Under the plan, dental care for approximately 2.9 million dependents of active duty military personnel would be authorized and provided by civilian practitioners. It is understood that influential members of the House panel may seek an amendment to the proposal calling for some dependent dental services to be rendered at military facilities on space available basis. This is the requirement that is currently in force for the existing medical benefit program (CHAMPUS) for military dependents. Final action on the plan in this Congress is uncertain.

VA Dental Pay: Congress has overridden a Presidential veto in establishing a revised pay system for VA health professionals. Under the new law (P.L. 96-330), which takes effect in 1981, VA physicians would be authorized substantial increases in special pays. For a majority of VA dentists, however, the statutes will provide only marginal improvements over the compensation system currently in effect. Proposed increases in bonus pays for dentistry were contained in the original legislation which passed the House earlier this year. Because of Senate and White House objections, these improvements in dental pays were sharply curtailed in the final, compromise bill agreed to by Congress in August. The absence of significant dental recruitment and retention problems was cited as the major reason for this action.

Federal Dental Pay: Legislation making special pays a permanent authority for health professionals in the uniformed services has been signed into law (P.L. 96-284) by the President. Under the provisions of the new law, continuation pay for military dental officers would become a statutory entitlement, thus preventing unilateral reductions in compensation rates by the Defense Department. White House approval of the legislation represents a major concession by the Carter Administration. The President had vetoed an earlier bill, citing the proposed entitlement provisions for dental officers as a major objection.

Despite the stated intent of Congress in this matter, the Defense Department has recently indicated that a pay cut for certain dental officers may be implemented. Pentagon officials have stated that a "loophole" in the new law will permit a reduction of one-half in continuation pay for those dental officers who have not received 10 consecutive months of advanced training.

Congressional efforts to block this action are being initiated by the Chairman of the House Armed Services Subcommittee on Military Compensation, Representative William Nichols, D-AL.

NIH Funding: The House and Senate have approved substantially different bills to modify the statutory authorities of the National Institutes of Health. The House measure, H.R. 7036, would for the first time place in law time and spending limitations on each of the institutes, including NIDR. Currently only the Cancer and Heart, Lung and Blood Institutes are subject to the reauthorization process. All other institutes have a permanent authorization.

The Senate bill, S. 988, does not include new time and spending limitations. The Association has opposed the limitation provisions on the basis that they will create uncertainty in the future of research activities. House and Senate conferees are expected to meet shortly to resolve these major differences.

The House also has added to H.R. 7036 provisions to grant states an additional year to implement certificate of need requirements of the Health Planning Act and to authorize funding for the National Health Service Corps for fiscal year 1981. This latter provision was hastily added as a means for providing adequate funding for the NHSC pending final approval of new health manpower legislation.

HHS Appropriations: The House has adopted H.R. 7998 appropriating funds for the Health and Human Services Department for fiscal year 1981. No Senate action has yet been scheduled on this legislation. The House passed bill retains funding for grants to communities which wish to fluoridate their water supplies and includes an increase in funding for the National Institute of Dental Research. The bill does not contain funds to implement the health manpower law or the National Health Service Corps program because legislation authorizing those programs for fiscal year 1981 has not yet been enacted.

Child Health Assurance Program: Renewed efforts are underway attempting to obtain Senate approval of a modified form of S. 1204, the Child Health Assurance

Act. Senate consideration is possible now that emphasis on a catastrophic health insurance program has lessened. However, there still are major differences between the House and Senate bills, particularly with regard to dental benefits where the Senate bill is very deficient. The inclusion of anti-abortion language and legislative veto authority over regulations implementing CHAP in the House bill also significantly threaten final passage.

Keogh Amendments: Several members of Congress have expressed interest in and support for the Association developed amendments to allow increased deductible contributions to an individual's Keogh plan. These members are reviewing further the proposed change to allow an individual to be his own plan trustee.

These members recommend that this issue not be pursued until the current budget pressures are reduced. Other Associations, including the American Medical Association and American Bar Association, have expressed support for the increase but also believe it is more practical to wait until next year to attempt this change.

Other Legislation: No action has been taken since the last Council report on the Federal Employees Dental Benefits Act, H.R. 6077; legislation to prohibit enforcement of the EPA requirements to defluoridate certain community water supplies; the so-called "Truth-In-Testing" legislation; and other issues of interest to the dental profession.

Manpower Conference: The ADA will sponsor a conference on September 15 in Washington to review the impact of possible changes in federal aid to health professions education institutions and students. The ADA Board of Trustees' Committee on Inter-Agency Affairs, representatives of involved ADA Councils as well as representatives of the dental schools and dental student associations will attend this conference.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

**COUNCIL ON PROSTHETIC SERVICES AND DENTAL LABORATORY RELATIONS
SUPPLEMENTAL REPORT 1 TO HOUSE OF DELEGATES:
UPDATE ON COUNCIL ACTIONS AND LEGISLATIVE ACTIVITIES**

Meetings: The Council met on September 8–9, 1980 at the Headquarters Building in Chicago with six members present; Dr. Sowter was unable to attend. Also in attendance were representatives from the Federation of Prosthodontic Organizations and the National Association of Dental Laboratories.

Personnel: On July 15, 1980, Ms. Rhonda J. Boggs joined the Council staff as Program Director.

Liaison with the Dental Laboratory Industry: The second joint media interview involving a dentist and a dental laboratory owner communicating to the public the respective roles of the profession and the industry in the delivery of oral health care was held in Dallas on August 21, 1980. Radio and print media interviews were held, including live telephone communication with listeners. Based on this second positive experience, the Council plans to work with the Public Relations Committee of the NADL to arrange additional joint interviews around the country.

Council staff met with the Chairman of the NADL Public Relations Committee to provide input and assistance on joint efforts to be pursued in 1981. Included in the proposed programs are joint continuing education courses, continued exchange of articles and editorials, pilot programs for senior citizens to communicate to the elderly community the roles of dentists and dental technicians in the delivery of denture care, and joint efforts at improving the involvement of dental laboratories in dental society sponsored programs to increase the accessibility of dental care for special populations.

Statutory Regulations of Dental Laboratories and Technicians: Since the Council's annual report, further action has occurred on the Illinois bill to regulate dental laboratories. The Senate Rules Committee referred the bill to the Senate Insurance and Licensed Activities Committee where the bill was defeated by a vote of 6 to 4. A motion was made in the Senate to discharge the committee. This motion was temporarily tabled. The motion for discharge may be considered for action at the fall session, and thereby may be voted on the Senate floor.

Denture Referral Access Programs: Since the publication of the Council's annual report, three additional constituent dental societies have established statewide denture referral access programs, bringing the total of statewide programs sponsored by constituent dental societies to 23.

Implementation of Laws Allowing Nondentists to Provide Prosthetic Care: A second examination qualifying 21 denturists was held in Oregon since the submission of the annual report. This brings the total number of certified denturists eligible to practice to 71. Approximately 200 classroom hours of study were completed prior to the examination; two of the individuals certified are dentists; and the average age of the certified denturists is 50 years. Yet to be determined by the Health Division are enforcement procedures, quality assurance mechanisms and consumer complaint procedures.

Legislation to Establish Alternate Methods of Providing Denture Care: The following report on bills to allow nondentists to provide denture care includes information on legislative action which has occurred since the publication of the Council's annual report in *Annual Reports and Resolutions, 1980*. Currently, no bills are pending legislative action in 1980.

California: SB 1927 was held in the Business and Professions Committee at an April 9 hearing for lack of support. The recorded vote was 2 to 4, with five "yes" votes needed for passage.

In another action in California, denturism proponents failed to obtain sufficient signatures to qualify the petition submitted to the Secretary of State's Office on June 9, 1980. This is the second failure to qualify a denturism petition in California in 1980.

Delaware: SB 85 will not be heard in 1980 because the legislature adjourned without acting on the bill.

Florida: Both HB 326 and HB 1245 will not be heard in 1980 because the legislature adjourned without further action on either bill.

Michigan: At a hearing by the Committee on Public Health on May 28, the Committee substituted for HB 4385 a draft House bill that followed the Health Occupations Council Subcommittee's recommendation to consider legislation that allows denturists to practice under the "assignment" of a dentist. After incisive questioning of the denturist proponents, the Chairman announced that the bill was "dead" for lack of support.

Washington: SB 2125 was heard by the Social and Health Services Committee on May 30 in Interim Session. The bill will be reconsidered in the 1981 session.

HB 1702 was heard by the Social and Health Services Committee on June 20 in Interim Session. The bill will be reconsidered in the 1981 session.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Resolutions

SUBMITTED BY CONSTITUENT AND COMPONENT SOCIETIES AND OTHER AGENCIES

District of Columbia Dental Society

ANNUAL SESSION SITE ROTATION SYSTEM

The following resolution was adopted by the District of Columbia Dental Society on September 9, 1980 and transmitted under date of September 15, 1980 by Mr. Michael L. Cady, executive director.

Whereas, the American Dental Association circulated a questionnaire to its members asking them to rate each of 16 cities insofar as desirability as locations for ADA annual sessions, it is implied that all 16 of the cities are acceptable to the ADA as locations for the annual sessions, and

Whereas, each constituent dental society in which the 16 above mentioned cities are located should be given an opportunity to host its national professional meeting, the District of Columbia Dental Society feels that there is no reason to limit to five the number of cities in which annual sessions are held, and further feels that the session should be rotated among more than five cities, therefore, be it

76. Resolved, that the American Dental Association's annual session be rotated among a minimum of ten cities so that the annual session is not held in the same city more frequently than once every ten consecutive years, and be it further

Resolved, that the selection of these cities be made by the Board of Trustees.

Indiana Dental Association

SUBSTITUTE FOR RESOLUTION 73

AMENDMENT OF "MANUAL OF HOUSE OF DELEGATES"

The following substitute resolution for Resolution 73 (*Supplement 1:255*) was submitted on October 9, 1980 by Dr. Robert A. Moon, president, Indiana Dental Association.

Background: Resolution 73 as proposed by the Standing Committee on Rules and Order is a dramatic improvement over existing House procedure. However, it is still confusing because it advocates the routine use of subsidiary motions as main motions. House procedure would be much simpler and definitely more parliamentary if the resolution itself would be the main motion. Reference committees would not exceed their authority "to recommend" as specified in the *Bylaws*. Debating and voting would be straightforward and in harmony with conventional parliamentary procedure as described by *Sturgis*. Therefore, the following substitute resolution is offered.

73S-1. Resolved, that the *Manual of the House of Delegates 1980*, p. 13, be amended by deleting the section entitled "Motions to Adopt, Postpone Indefinitely or Reject Resolutions" and substitute the following:

Recommendations and Actions of Reference Committees: Resolutions that come to the House of Delegates are main motions to be debated and voted upon by the House after a reference committee has thoroughly studied the resolution and made its recommendation to the House. The recommendation may be in one of the following forms:

1. Reference Committees may recommend that the resolution be adopted or defeated.
2. Reference Committees as a group of members of the House of Delegates may introduce subsidiary motions as described by *Sturgis*. This would include motions to amend (or substitute), to refer, etc.

Indiana Dental Association

QUALIFICATION STATEMENTS FOR COUNCIL AND COMMISSION NOMINEES

The following resolution was adopted by the Indiana Dental Association's delegation on September 6, 1980

and transmitted under date of September 25, 1980 by Dr. John C. Gorman, secretary.

Background Statement: In order to have a well-informed and knowledgeable ADA electorate in selecting its members of various ADA councils and commissions, it would be helpful if the members of the House of Delegates had some background information on the individuals for whom they are asked to vote. For example, in Board Report 1 (*Supplement 1:285*) of the current House of Delegates material, the delegates are asked to vote on nominations to councils and commissions via Resolution 63. There are 16 important ADA councils represented here with 38 individual nominees (ADA members). There are two equally important commissions with three nominees. With these nominees scattered through the United States, it is difficult for delegates to know that much about their qualifications. A brief (one page) statement of each nominee's qualifications would be most helpful. Therefore, be it

82. Resolved, that the Board of Trustees prepare and submit to the House of Delegates with its report on nominations to councils and commissions a one-page or less statement of qualifications for each nominee.

Indiana Dental Association

ADA BOARD OF TRUSTEES' MINUTES TO CONSTITUENT SOCIETIES

The following resolution was adopted by the Indiana Dental Association's delegation on September 6, 1980 and transmitted under date of September 25, 1980 by Dr. John C. Gorman, secretary.

Background Statement: During the ADA Presidents-elect Conference held in Chicago on March 2, 1980, the subject of ADA trustees' reports and Board minutes was discussed. The consensus of that discussion indicated general dissatisfaction with the lack of in-depth information coming back to constituent societies from the Board of Trustees. Since only a thoroughly informed electorate can be an intelligent electorate; and since the law of the land makes all levels of government answerable to ordinary citizens via "Sunshine Legislation," it becomes vital to the well-being of our American Dental Association members that they may, if they desire, share full knowledge of the deliberations of their Board of Trustees. The full and open sharing of problems and concerns which are facing the elected officials of our ADA is vital to our ADA if it is to survive into the twenty-first century as a representative professional organization.

The Indiana Dental Association delegation to the 1980 ADA House of Delegates submits this resolution to the ADA, for debate, in order to help create further openness between our ADA leadership and our membership during these critical times. Therefore, be it

83. Resolved, that complete copies of the official minutes of all American Dental Association Board of Trustees' meetings be made available on an ongoing basis to each constituent society of the American Dental Association, and be it further

Resolved, that any member of the American Dental Association shall have access to these minutes by visiting the central office of his/her constituent society during regular business hours.

Indiana Dental Association

INDIVIDUAL TRUSTEE'S VOTES RECORDED AND REPORTED

The following resolution was adopted by the Indiana Dental Association delegation on September 6, 1980 and transmitted under date of September 25, 1980 by Dr. John C. Gorman, secretary.

Background Statement: In order to have a well-informed and knowledgeable ADA electorate in selecting its officers and trustees, the 1979 ADA House of Delegates adopted Resolution 94H (*Trans.1979:583*) providing that the individual trustee's votes be recorded and published with respect to special reports and "white papers." Further, the resolution provided that trustees' votes on resolutions presented to the House of Delegates be recorded as to numerical votes pro and con or abstaining and reported for each resolution.

The Board of Trustees and the Executive Director are to be commended for following through on this resolution. The Board's Reports to the House this year show the proper information, and it is most helpful to the delegates and alternates. Since this has been so successful, it would be even more helpful if all individual vote actions by the Trustees were recorded and reported in conjunction with the Board of Trustees' reports. Therefore, be it

84. Resolved, that the ADA Trustees' individual votes pro and con or abstaining be recorded and reported to the House of Delegates on all Board of Trustees' actions, and be it further

Resolved, that Resolution 94H-1979 (*Trans.1979:583*) be rescinded.

Indiana Dental Association

REDEFINITION STUDY OF THE TERMS "USUAL FEE," "CUSTOMARY FEE" AND "REASONABLE FEE"

The following resolution was adopted by the Indiana Dental Association delegation on September 6, 1980 and transmitted under date of September 25, 1980 by Dr. John C. Gorman, secretary.

Background Statement: The usual, customary and reasonable (UCR) fee concept as defined by the ADA (*Trans.*1973:668) was once accepted and understood by the profession. However, because of arbitrary interpretations and modifications of those definitions by third party carriers, careful study and revision are in order. It is imperative that this basis of reimbursement be explained, so it will be easily understood by dentistry and the public we serve.

The definitions need to include the following basic understandings:

A *usual fee* in reality is the fee that an individual dentist most frequently charges the majority of his patients for a given service. This is an important clarification, and it should be noted in the definition. Likewise, a dentist's usual fee would reflect current economic patterns and conditions.

As for a *customary fee*, carriers continue to base these fee determinations on a zip code and/or statewide basis. There is little attempt to recognize any socioeconomic fee area as mentioned in the present definition. Problems associated with customary are further compounded, as carriers' fee data may be significantly behind current economic conditions. This then leads the public to believe the profession is charging too much for a given service.

A *reasonable fee*, as presently defined by the ADA, authorizes a dental association review committee to comment on and render a decision concerning fees arising out of special circumstances. In light of the Goldfarb decision of 1975 and the possibility of a very real price-fixing violation by a constituent review committee, this definition also needs an in-depth evaluation and updating. If the definition of a reasonable fee cannot be justified, then it should be rescinded. Therefore, be it

85. Resolved, that the ADA Council on Dental Care Programs be directed to undertake a study of the definitions of "usual," "customary" and "reasonable" to clarify such terms, update and justify their existence, and be it further

Resolved, that the results of this study be reported to the 1981 ADA House of Delegates.

Minnesota Dental Association

DEVELOPMENT OF DEFINITION FOR METAL CASTING ALLOYS FOR INCLUSION IN DENTAL PROCEDURE CODES

The following resolution was adopted by the Minnesota Dental Association delegation to the ADA House of Delegates and transmitted under date of September 22, 1980 by Mr. Robert A. Harder, executive director.

Background Statement: New metallurgy technology has increased the dental profession's acceptance and usage of dental casting metals of lower gold and other noble metal content. The current *ADA Code on Dental Procedures and Nomenclature*, however, does not adequately describe the casting metals that are being utilized in the restorative services that are now being provided to dental patients. Therefore, be it

80. Resolved, that the ADA Council on Dental Materials, Instruments and Equipment be directed to develop and adopt definitions for metal casting alloys, and be it further

Resolved, that appropriate dental procedure codes then be adopted by the ADA Council on Dental Care Programs.

Wisconsin Dental Association

AMENDMENT OF "BYLAWS" (LIFE MEMBERSHIP)

The following resolution was adopted by the Wisconsin Dental Association delegation on September 2, 1980 and transmitted under that date by Mr. Joseph P. D'Amico, executive director.

Background Statement: The purpose of this resolution is to direct the attention of the profession to the granting of life membership to certain retired members. Active members, who have acquired the number of years for life membership before reaching the age of sixty-five (65) and then revert to retired membership, are not eligible to apply for life membership at age sixty-five (65) without paying active member dues once again. This appears to be an injustice. The *ADA Bylaws*, Chapter I, Section 20B, state, "An active member in good standing who has been an active member in good standing for thirty-five (35) consecutive years or a total of forty (40) years of active membership, having attained the age of sixty-five (65) years, may be classified as a life member upon application. . . ."

It is unfair to have a retired member who has been an active member for thirty-five (35) or more years to once again revert to an active status upon reaching the age of sixty-five (65) merely to gain life membership; therefore, be it

75. Resolved, that Chapter I, Membership, Section 20, Qualifications, Subsection B, Life Member, of the *Bylaws* be amended by deleting the words "an active," appearing as the introductory words of the first sentence of the first paragraph (line 116) and in the second sentence of the first paragraph (line 122) and substituting therefor the article "a," to make the amended first paragraph read as follows:

B. LIFE MEMBER. A member in good standing who has been an active member in good standing for thirty-five (35) consecutive years or a total of forty (40) years of active membership, having attained the age of sixty-five (65) years, may be classified as a life member upon application to the Executive Director and upon proof of qualification. Such applicant shall be a member in good standing at the time of classification as a life member. Maintenance of membership in good standing in the applicant's constituent and component societies, if such exist, shall be requisite for continuance of life membership in this Association.

Pennyrile Dental Society, Kentucky

**DEVELOPMENT OF ADVISORY OPINION ON ETHICS OF USE
BY DENTISTS OF GHOST WRITTEN ARTICLES FOR
PURPOSE OF SOLICITING PATIENTS**

The following resolution was adopted by the Pennyrile Dental Society of Kentucky and transmitted under date of September 18, 1980 by Dr. Jeffrey D. Adams, president-elect.

86. Resolved, that the Council on Bylaws and Judicial Affairs of the American Dental Association be requested to consider developing and promulgating an advisory opinion on the ethics of a dentist who advertises by purchasing and publishing or placing for publication as his or her own work a ghost written article for the purpose of soliciting patients.

First Trustee District

**SUBSTITUTE FOR RESOLUTION 8
COMBATING THE INDEPENDENT DELIVERY OF
PROSTHETIC CARE BY NONDENTISTS**

The following substitute resolution for Resolution 8 (*Reports:115*) was submitted on October 6, 1980 by Dr. Charles J. Slagle, First Trustee District.

Background: The First District wishes to amend Resolution 8 by adding the word "independent" between the words "nondentists as" and "providers of," the amended resolution to read as follows:

8S-2. Resolved, that constituent societies take steps to ensure that program activities be directed to include all acknowledged steps to preclude the legislation of nondentists as independent providers of prosthetic dental care.

First Trustee District

**SUBSTITUTE FOR RESOLUTION 49
INSTITUTIONAL ADVERTISING PROGRAM**

The following substitute resolution for Resolution 49 (*Supplement 1:324*) was submitted on October 6, 1980 by Dr. Charles J. Slagle, First Trustee District.

Background: The First District has reviewed Board Report 6 (*Supplement 1:314*) and makes the following observations:

1. Electronic media is probably the most effective mode of advertising.
2. Electronic media advertising and related research have been established in test areas in 1980.
3. Another year of study and evaluation is needed in order to effectively determine the impact of institutional advertising on dental practices.

Therefore, the First District submits the following substitute resolution.

49S-2. Resolved, that the Association continue only the test marketing of electronic media and related research in 1981, at the same level at which it was conducted in 1980.

First Trustee District

**SUBSTITUTE FOR RESOLUTION 65
OPPOSITION TO EXPENDING FEDERAL FUNDS
FOR ADVERTISING TO PROMOTE HMOs**

The following substitute resolution for Resolution 65 (*Supplement 1:293*) was submitted on October 6, 1980 by Dr. Charles J. Slagle, First Trustee District.

Background: The First District, in order to strengthen Resolution 65, submits a second resolving clause to have the substitute resolution read:

65S-1. Resolved, that the Association oppose the expenditure of federal funds for advertising to promote HMOs, and be it further

Resolved, that the Board of Trustees direct the proper agencies of the ADA to actively pursue this policy of opposition to the expenditure of federal funds for advertising to promote HMOs.

First Trustee District**DENTAL HEALTH MONTH**

The following resolution was adopted by the First Trustee District and submitted on October 6, 1980 by Dr. Charles J. Slagle, chairman of the Resolutions Committee for the First District.

Background: In order to broaden the scope of messages aimed at dental health education during Children's Dental Health Month, the First District offers the following resolution.

90. Resolved, that the name Children's Dental Health Month be changed to Dental Health Month.

Second Trustee District

**SUBSTITUTE FOR RESOLUTION 28RC
ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION
OF PRACTICE**

The following amended resolution for Resolution 28RC was submitted on October 14, 1980 by Dr. Joseph A. Accardo, delegate, Niagara Falls, New York.

Background: Add a second resolving clause, so that the resolution reads as follows:

28RC-S-1. Resolved, that the third paragraph of 5C, Announcement of Specialization and Limitation of Practice, of the *ADA Principles of Ethics and Code of Professional Conduct* be amended to read as follows:

Dentists who choose to announce specialization should use "specialist in" or "practice limited to" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.

and be it further

Resolved, that the last sentence of the first paragraph of Section 5D of the *ADA Principles of Ethics and Code of Professional Conduct* be deleted so that the last paragraph shall read:

5-D General Practitioner Announcement of Services

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.*

Third Trustee District

**SUBSTITUTE FOR RESOLUTION 95RC
ACCESS FOR THE ELDERLY**

The following substitute for Resolution 95RC was submitted on October 15, 1980 by Dr. John T. Ziegler, delegate, Third Trustee District.

Background: The Third Trustee District would like to amend Resolution 95RC by deleting the words "reduced fee" to make the amended resolution read:

95RC-S-1. Resolved, that constituent dental societies be encouraged to develop access programs providing comprehensive dental care to financially distressed individuals.

Fourth Trustee District

**SUBSTITUTE FOR RESOLUTION 46
RETAINING PANAMA CANAL JURISDICTION AS A
CONSTITUENT DENTAL SOCIETY**

The following substitute resolution for Resolution 46 (*Supplement 1:299*) was adopted by the Fourth Trustee District and transmitted under date of October 7, 1980 by Dr. Ashur G. Chavoor, trustee of the Fourth District.

Background: Resolution 46 proposes to remove the Panama Canal Zone from constituent society status in the American Dental Association because the Panama Canal Zone no longer has the status of a United States "possession." The Fourth District believes that a constituent society should remain in the area of the Panama Canal; an appropriate substitute for Resolution 46 is proposed at the end of this statement.

Although the Panama Canal Zone no longer has legal recognition as a US "possession," the Canal itself and its immediately adjacent territory will continue to have United States participation in their control and United States influence in their successful operation. The Fourth Trustee District recommends, therefore, that the word "dependency" wherever it appears in ADA *Bylaws*, and particularly in Chapter II, Sections 10 and 20, be construed to include the Panama Canal and its immediately adjacent territory.

The principal reason for continuing a constituent dental society in the Panama Canal area is, of course, the continuing presence of a substantial number of US citizens assigned to the Panama Canal area as military or civilian employees. The dentists who serve these US citizens are also both military and civilian. The Fourth Trustee District believes, therefore, that action to remove the Panama Canal jurisdiction from the status of an ADA constituent dental society should not be considered at this time.

The following is submitted as a substitute for Resolution 46:

46S-1. Resolved, that the ADA *Bylaws*, Chapter II, "Constituent Societies," line 582, "Panama Canal Zone Dental Society," be amended to read "Panama Canal Dental Society," and be it further

Resolved, that the words "dependency of the United States" wherever they appear in the ADA *Bylaws* be construed to include the Panama Canal area where US citizens are assigned and reside.

Fourth Trustee District

**QUALITY OF HEALTH CARE TO THE PUBLIC
ANNUAL SESSION SITE ROTATION SYSTEM**

The following substitute resolution for Resolution 76 was submitted on October 10, 1980 by Mr. Michael L. Cady, executive director, District of Columbia Dental Society.

Whereas, the American Dental Association circulated a questionnaire to its members asking them to rate each of 16 cities insofar as desirability as locations for ADA annual sessions, it is implied that all 16 of the cities are acceptable to the ADA as locations for the annual sessions, and

Whereas, each constituent dental society in which the 16 above mentioned cities are located should be given an opportunity to host its national professional meeting, the District of Columbia Dental Society feels that there is no reason to limit to five the number of cities in which annual sessions are held, and further feels that the session should be rotated among more than five cities, therefore, be it

76S-1. Resolved, that the American Dental Association annual session be rotated among a minimum of eight cities, and be it further

Resolved, that each city on the roster be considered only once in the rotation cycle, unless the constituent society in which a city is located requests to host the annual session on a more frequent basis, and be it further

Resolved, that the selection of these cities be made by the Board of Trustees.

Fourth Trustee District

**SUBSTITUTE FOR RESOLUTION 76
ANNUAL SESSION SITE ROTATION SYSTEM**

The following substitute resolution for Resolution 76 was submitted on October 15, 1980 by Mr. Michael L. Cady, executive director, District of Columbia Dental Society.

76S-2. Resolved, that the Board of Trustees be urged to consider rotating the annual session among a minimum of eight cities, and be it further

Resolved, that each city on the roster be considered only once in the rotation cycle, unless the constituent society in which a city is located requests to host the annual session on a more frequent basis.

Fourth Trustee District

**PROPOSED REVISION OF ADVISORY OPINION ON SECTION
1, SERVICES TO THE PUBLIC AND QUALITY OF CARE, OF
THE "ADA PRINCIPLES OF ETHICS AND CODE OF
PROFESSIONAL CONDUCT"**

The following resolution was adopted by the Fourth Trustee District and submitted on October 10, 1980 by Mr. Michael L. Cady, executive director, District of Columbia Dental Society.

Background: In accordance with Resolution 23H-1979 (*Trans.*1979:601) which was originally introduced to the New Jersey Delegation, the ADA Judicial Council developed four Advisory Opinions interpreting Section 1, Service to the Public and Quality of Care, of the *ADA Principles of Ethics and Code of Professional Conduct*. Due to these Advisory Opinions, the Council submitted for consideration by the 1980 House Resolution 11 (*Reports*:139), in an attempt to outline the ADA position on overbilling. The New Jersey delegation supports Resolution 11, but believes that the wording used in the Advisory Opinion number 1 does not adequately reflect the intention of the 1979 House of Delegates, nor define the fraudulent act of overbilling.

97. Resolved, that the 1980 House of Delegates amend Advisory Opinion number 1 by deleting, in its entirety, the following:

1. The fee that the dentist accepts as payment in full for any given dental procedure or service, except for such payments accepted under certain governmentally funded programs and component and constituent dental society sponsored programs, shall be considered the dentist's usual fee. Therefore, a dentist who submits a claim form or bill to a third party asserting a fee for any given dental procedure or service rendered to a patient covered by a dental plan greater than the fee the dentist usually charges is engaged in making an unethical false and misleading representation either to the third party or the patient, or both.

and replacing it with:

1. The fee that the dentist routinely accepts as payment in full for any given dental procedure or service, except for such payments accepted under certain governmentally funded programs and component and constituent dental society sponsored programs, shall be considered the dentist's usual fee. Therefore, a dentist who submits a claim form under a co-payment plan to any third party without disclosing, in a clear and unambiguous manner, that the co-payment or any part thereof will not be collected is engaged in making a false and misleading representation.

Fourth Trustee District

**QUALITY OF HEALTH CARE TO
THE PUBLIC**

The following resolution was adopted by the Fourth Trustee District and submitted on October 12, 1980 by Mr. Michael Cady, executive director, District of Columbia Dental Society.

Whereas, in dental practice, the dentist is responsible for diagnosis, treatment planning, treatment and treatment supervision pertaining to the patient's total oral health care and for assurance that dental hygiene services be compatible with the treatment plan prescribed by the dentist, and

Whereas, from its inception into the dental health care delivery system, the role of the dental hygienist has been one of an auxiliary acting under the supervision of a dentist, and

Whereas, the dentist's role, as a supervisor, is to exercise direction and control over the dental procedures undertaken by dental hygienists, and

Whereas, acting in that capacity, the dentist would inspect and direct the oral care administered by the dental hygienist, be it

103. Resolved, that the American Dental Association expresses its grave concern for the quality of the dental health care to the public in states where, by law, rule, or regulation, dental hygienists are permitted to administer intraoral dental care procedures in any dental treatment facility not under the general or direct supervision and responsibility of a dentist, and be it further

Resolved, that when the employer is other than a dentist, the method of compensation for the dental hygienist must not interfere with the quality of dental care provided or the relationship between the responsible supervising dentist and the dental hygienist.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 3
QUALIFYING DENTAL ASSISTANTS TO
EXPOSE RADIOGRAPHS**

The following substitute resolution for Resolution 3 (*Supplement 1*:289) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: The Fifth Trustee District recommends that Resolution 3B be amended by inserting the word "may" between the words "dentists" and "delegate" and by striking the word "assistants" in every instance and inserting in its place the word "auxiliaries," the amended resolution to read as follows:

3S-1. Resolved, that the American Dental Association supports the principle that dentists may delegate the responsibility of exposing radiographic film to dental auxiliaries who have had adequate education in such procedures, and be it further

Resolved, that qualifications for the exposure of radiographic films by dental auxiliaries be determined and evaluated on a state level.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 8 SELF-ASSESSMENT OF ACTIVITIES TO COMBAT INDEPENDENT DELIVERY OF PROSTHETIC CARE BY NONDENTISTS

The following substitute resolution for Resolution 8 (*Reports:115*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: The Fifth Trustee District is offering a substitute resolution for Resolution 8 which provides for an additional resolving clause at the end of the resolution. The additional resolving clause indicates that each constituent society report the information on activities obtained through the self-assessment to the American Dental Association no later than June 30, 1981, the amended resolution to read as follows:

8S-1. Resolved, that constituent societies conduct a self-assessment of their activities related to combating the independent delivery of prosthetic care by nondentists, and be it further

Resolved, that the self-assessment address: (1) liaison with outside groups; (2) programs involving the individual dentists; (3) education of the public and profession; (4) legislative action; (5) political action; (6) institutional and Association advertising; and (7) publication of facilities for providing quality dental care for all Americans, and be it further

Resolved, that constituent societies take steps to ensure that program activities be directed to include all acknowledged steps to preclude the legislation of nondentists as providers of prosthetic dental care, and be it further

Resolved, that each constituent society report information on activities obtained through the self-assessment to the American Dental Association no later than June 30, 1981.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 11 DELIBERATE IRREGULARITIES IN BILLINGS SUBMITTED TO THIRD PARTIES

The following amendment by substitution for Resolution 11 (*Reports:139*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

11S-1. Resolved, that Section 1, Service to the Public and Quality of Care, of the *ADA Principles of Ethics and Code of Professional Conduct*, be amended by the addition of the following Code Provision 1-I:

1-I. Representation of Care and Fees

Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false and misleading manner, nor shall they participate in a dental delivery program that advertises fees of other dentists.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 13 APPOINTMENT OF SUBSTITUTE FOR MEMBER OF BOARD OF TRUSTEES

The following substitute resolution for Resolution 13 (*Reports:140*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

13S-1. Resolved, that Chapter VI, Board of Trustees, of the *Bylaws* be amended by deleting Section 70, Vacancy, and substituting therefor the following new Section 70:

Section 70. VACANCY AND ABSENCE.

A. VACANCY. In the event of a vacancy in the office of trustee, an active, life or retired member shall be appointed by the President to fill such office until a successor is elected by the next House of Delegates for the remainder of the unexpired term in accordance with the following:

a. In a single constituent society trustee district, the President shall appoint an active, life or retired member of that constituent society with its advice and consent, unless yielded.

b. In a multiple constituent society trustee district, the President shall appoint an active, life or

retired member of the former trustee's district in accordance with that district's rules, which shall be on record at the American Dental Association headquarters.

B. ABSENCE FOR ENTIRE OR PART OF SESSION. In the event a trustee is to be absent for an entire session or part of a session of the Board of Trustees, the appointment of a substitute active, life or retired member shall be made by the President as follows:

a. In a single constituent society trustee district, the President shall appoint an active, life or retired member of that constituent society with its advice and consent, unless yielded.

b. In a multiple constituent society trustee district, the President shall appoint an active, life or retired member of the trustee's district in accordance with that district's rules, which shall be on record at the American Dental Association headquarters.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 14 AMENDMENT OF "BYLAWS" (DEFINITION OF "IN GOOD STANDING")

The following amendment by substitution for Resolution 14 (*Reports*:142) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

14S-1. Resolved, that Chapter I, Section 30, be amended by addition of the words "the member is in good standing with this Association's constituent and component societies, where such membership exists, and provided," following the word "provided," and the deletion of the words at the end of the paragraph "and provided further that a member, to remain in good standing, may be required, under the bylaws of the member's constituent or component society, to meet standards of continuing education, pay special assessments, or cooperate with peer review bodies or committees on ethics," the amended first paragraph of Section 30 to read as follows:

Section 30. DEFINITION OF "IN GOOD STANDING." A member of this Association whose dues for the current year have been paid shall be in good standing; provided the member is in good standing with this Association's constituent and component societies, where such membership exists, and provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until the member's disciplinary sentence has terminated.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 19 AMENDMENT OF "BYLAWS" (INTRODUCTION OF NEW BUSINESS)

The following substitute resolution for Resolution 19 (*Supplement 1*:291) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

19S-1. Resolved, that Chapter V, House of Delegates, Section 120, Rules of Order, Subsection A, Standing Rules and Reports, Subpart d, Introduction of New Business, of the *Bylaws* be amended by deleting the phrase "except in the case of bylaw amendments which require a two-thirds (2/3s) vote" (lines 913-4) and by substituting therefor the phrase "except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting" to make the amended sentence read:

No new business shall be introduced in the House of Delegates at the last meeting of a session except by unanimous consent. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 28 ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE

The following substitute resolution for Resolution 28 (*Reports*:185) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

28S-2. Resolved, that Section 5C, Announcement of Specialization and Limitation of Practice, of the *Principles of Ethics and Code of Professional Conduct* be amended in paragraph 3 by deleting the words "Dentists who choose to announce specialization should use 'specialist in'" and substituting therefor the words "Dentists who choose to announce limitation shall use 'practice limited to' or 'specialist in,'" the amended paragraph to read as follows:

Dentists who choose to announce limitation shall use "practice limited to" or "specialist in" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and

standards set forth by the American Dental Association.

and be it further

Resolved, that Section 5D, General Practitioner Announcements of Services, of the *Principles of Ethics and Code of Professional Conduct* be amended by striking the word "dentists" in every instance and inserting in its place the word "practitioners" and by deleting the last sentence of that section and substituting therefor the sentence "General practitioners shall not use the phrase 'practice limited to' or 'specialist in,' but may use the phrase 'general practitioner with practice restricted to,'" the amended section to read as follows:

General practitioners who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General practitioners shall also state that the services are being provided by general practitioners. No dentist shall announce available services in any way that would be false or misleading in any material respect. General practitioners shall not use the phrase "practice limited to" or "specialist in," but may use the phrase "general practitioner with practice restricted to."

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 35 RADIATION MODEL LEGISLATION

The following resolution amending Resolution 35B (*Supplement 1:291*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: The Fifth Trustee District recommends that Resolution 35B be amended by striking the words "a model bill" following the word "develop" and inserting the word "guidelines," the amended resolution to read as follows:

35S-1. Resolved, that the Council on Legislation, in consultation with appropriate Association councils and agencies, develop guidelines on dental ionizing radiation for utilization by constituent dental societies at their discretion.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 47 THE RELATIONSHIP BETWEEN DENTISTS AND DENTAL HYGIENISTS

The following substitute resolution for Resolution 47 (*Supplement 1:313*) was adopted by the Fifth Trustee District Caucus, October 12, 1980, and transmitted under date of October 12, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: For the second year in a row the Board of Trustees has presented a joint "Statement of the Relationship Between Dentists and Dental Hygienists" which contains provisions in conflict with existing ADA policy. Resolution B-246-1979 (*Trans.1979:565*) directed that any developed statement "conform to existing ADA policy (Resolution 125H-1979—*Trans.1979:618*). In the interest of reducing division within ADA membership and between the ADA and ADHA, be it

47S-1. Resolved, that Resolution 47, Board Report 4, Statement of the Relationship Between Dentists and Dental Hygienists, be postponed indefinitely.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 47S-1 THE RELATIONSHIP BETWEEN DENTISTS AND DENTAL HYGIENISTS

The following substitute resolution for Resolution 47S-1 was adopted by the Fifth Trustee District Caucus on October 14, 1980 and submitted on October 15, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

47S-2. Resolved, that Resolution 47, Consensus Statement on "The Relationship Between Dentists and Dental Hygienists" be referred to the appropriate Association council, with the recommendation that the Council consider the testimony given before the Reference Committee on the resolution which specifically deals with conflicts with existing ADA policy; statements which obfuscate the definitions of dental hygiene, dental hygienist and dental profession and omission of ADA policy on supervision, and be it further

Resolved, that the appropriate Association council submit a proposed position statement for the ADA on the Relationship Between Dentists and Dental Hygienists to the 1981 House of Delegates.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 49
INSTITUTIONAL ADVERTISING PROGRAM**

The following substitute resolution for Resolution 49 (*Supplement 1:324*) was adopted by the Fifth Trustee District and submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: The Fifth Trustee District recommends that Resolution 49 be amended by deleting the phrase "contingent upon adoption of Resolutions 50 and 51" following the word "Resolved," to make the amended resolution read as follows:

49S-1. Resolved, that the Association's 1981 experimental institutional advertising program conform to the \$3.75 million plan recommended in Board Report 6.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 55
"BYLAWS OF THE JOINT COMMISSION ON NATIONAL
DENTAL EXAMINATIONS"**

The following substitute resolution for Resolution 55 (*Supplement 1:362*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

55S-1. Resolved, that Article I. PURPOSE, paragraphs A. and B., of the *Bylaws of the Joint Commission on National Dental Examinations* be amended by inserting the phrase "which recognize the National Board exam," following the words "United States" on line 8 and on line 14, the amended paragraphs to read as follows:

A. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dentists who seek licensure to practice in any state, district or dependency of the United States, which recognize the National Board exam, here and after referred to as National Board dental examinations.

B. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dental hygienists who seek licensure to practice in any state, district or dependency of the United States, which recognize the National Board exam, here and after referred to as the National Board dental hygiene examination.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 60
DEVELOPMENT OF SUBSIDIARY CORPORATION**

The following substitute resolution for Resolution 60 (*Supplement 1:300*) was submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

60S-1. Resolved, that a separate profit-making corporation be developed as a subsidiary corporation of the American Dental Association, and be it further **Resolved,** that the Board of Trustees implement, when appropriate, appropriate membership service programs which should function within the profit-making corporation, with House of Delegates approval for each service envisioned, and be it further **Resolved,** that any start-up monies, plus interest, provided by the American Dental Association be returned to the American Dental Association by the subsidiary corporation.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 66
1981 BUDGET**

The following substitute resolution for Resolution 66 (*Supplement 1:305*) was adopted by the Fifth Trustee District and submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

66S-1. Resolved, that the 1981 Annual Budget of Income, Expense (excluding depreciation) and Nonoperating Disbursements be approved with a 5% across-the-board cut in expenses, and be it further **Resolved,** that building and building furniture and equipment depreciation in the amount of \$326,000 and depreciation on other furniture and equipment of the American Dental Association in the amount of \$220,000 be approved.

Fifth Trustee District

**SUBSTITUTE FOR RESOLUTION 72
ORDER OF AGENDA ITEMS**

The following substitute resolution for Resolution 72 (*Supplement 1:255*) was adopted by the Fifth Trustee District and submitted on September 30, 1980 by Dr. Lewis Earle, secretary, Fifth Trustee District.

Background: The Fifth Trustee District recommends that Resolution 72 be amended by adding the phrase "with House of Delegates approval" at the end of the resolving clause, to make the amended resolution read as follows:

72S-1. Resolved, that the Speaker of the House of Delegates be authorized to rearrange the order of the agenda of the House of Delegates as deemed necessary in order to expedite the business of the House of Delegates, with House of Delegates approval.

Fifth Trustee District

DEVELOPMENT OF GUIDELINES FOR CHOOSING SATISFACTORY PORCELAIN FUSED-TO-METAL SYSTEMS

The following resolution was adopted by the Fifth Trustee District Caucus on September 27-28, 1980 and transmitted under date of September 30, 1980 by Dr. Lewis Earle, secretary.

Background Statement: At present there are many reduced gold and base metal alloy compositions being offered for enamel veneering. The dentist or laboratory clinician may have as many as 50 products to choose from. Because of the escalating cost of precious metal, nickel-chromium and palladium-silver compositions have received a great deal of attention.

While a number of these systems have proven to be clinically successful, there are at least as many that are unsatisfactory. Unfortunately, little or no information currently exists for the clinician or the technician to use as a guideline for selecting systems that are mechanically or physically compatible. A number of high fusing casting alloys are being advertised as materials that are compatible with most ceramic veneering agents. Unfortunately, it is the technician or clinician who must be the one to determine whether or not such a claim is valid. Many times the restoration results in failure at the time of insertion or shortly thereafter. In this regard, there is a growing demand by users of these materials for information or guidelines that will help them to select metals and ceramics that can be successfully used together. Presently, there are few or no guidelines to follow. About the only information available is that which is provided by the respective manufacturer. The more reputable firms recommend a specific ceramic that can be used with their alloy. Others suggest an unlimited list of enamel veneering agents. Specific abstract information of coefficients of thermal expansion, wetting angles and work of adhesion is not sufficient to predict clinical or laboratory performance. While no specific recommendations can be made at this time to remedy this serious

problem, it is suggested that the entire problem be addressed in an effort to search for a solution.

87. Resolved, that the American Dental Association's House of Delegates direct the Council on Dental Materials, Instruments and Equipment to develop guidelines and viable usable data concerning semiprecious and non-precious metal systems as they relate to porcelain fused-to-metal and report to the profession in 1981.

Fifth Trustee District

SUBSTITUTE FOR RESOLUTION 87 DEVELOPMENT OF GUIDELINES FOR CHOOSING SATISFACTORY PORCELAIN FUSED-TO-METAL SYSTEMS

The following amendment to Resolution 87 was submitted on October 15, 1980 by Dr. W. L. Hand, Fifth Trustee District.

Amend Resolution 87 by inserting the word "clinically" in line 3 in lieu of the word "viable" and by inserting the word "practical" after the word "usable" in the same line, so that the amended resolution reads as follows:

87S-1. Resolved, that the American Dental Association's House of Delegates direct the Council on Dental Materials, Instruments and Equipment to develop guidelines and clinically usable practical data concerning semiprecious and non-precious metal systems as they relate to porcelain fused-to-metal and report to the profession in 1981.

Fifth Trustee District

RECOGNITION OF SERVICE TO THE ASSOCIATION AND PROFESSION

The following resolution was adopted by the Fifth Trustee District Caucus on September 27-28, 1980 and transmitted under date of September 30, 1980 by Dr. Lewis Earle, secretary.

Background Statement: Members of the ADA House of Delegates and of ADA commissions and councils serve freely and out of dedication to the Association and the profession. This service requires a large measure of time and effort on their part and, as such, represents a generous contribution to American dentistry. Monetary compensation has never been a consideration. In the

last few years, the House of Delegates has ceased to receive resolutions of personal recognition, and rightly so, but in order that these dedicated persons might in some way be recognized, the following resolution is presented.

88. Resolved, that the American Dental Association send to each retiring member of ADA commissions and councils, and the ADA House of Delegates, a certificate or plaque to acknowledge service to the Association. The chairman of each state delegation shall be responsible for providing the proper information to the ADA Executive Director.

Fifth Trustee District

REPRIMAND OF AMERICAN DENTAL ASSOCIATION BOARD OF TRUSTEES

The following resolution was adopted by the Fifth Trustee District Caucus on September 27–28, 1980 and transmitted under date of September 30, 1980 by Dr. Lewis Earle, secretary.

Background Statement: At the October 25, 1979 meeting of the American Dental Association Board of Trustees, the Fifth Trustee District Trustee was unable to be in attendance due to a death in his immediate family.

The Trustee informed most of the Officers and other Trustees of his necessary absence and, in so doing, introduced his replacement Trustee, the Fifth District Chairman, who had been duly authorized by unanimous vote of the Fifth Trustee District.

The replacement Trustee was accepted and participated in Board actions. He was abruptly disqualified on legal technicalities from representing over 14,474 dentists of seven constituent societies.

89. Resolved, that the American Dental Association House of Delegates reprimand the Board of Trustees, although being technically correct but morally wrong, for disenfranchising an entire trustee district.

Fifth Trustee District

ESTABLISHMENT OF A COUNCIL ON COMMUNICATIONS

The following resolution was adopted by the Fifth Trustee District and submitted on October 7, 1980 by Dr. Lewis S. Earle, secretary, Fifth Trustee District.

Background: The Association's *Bylaws* provides two alternatives for managing ADA programs and activities:

(1) Councils, which are policy-making agencies, and (2) Bureaus, which are support agencies. The Board of Trustees has chosen a special Inter-Agency Affairs Committee of the Board to manage the communications activities of the Association, using the Bureau of Communications as support.

In 1978, the Association recognized the expanding role of communications programs and activities, and in its reorganization plan created the Bureau of Communications in order to consolidate all programs and activities in one area of responsibility. It did, however, maintain the Council on Journalism and the PEP Committee as separate entities with their communication activities not under the Bureau's authority.

In 1979, the House approved a paid dental health education program, expanding even further the Association's programs and activities in communications. Then the Board ended the PEP Committee and replaced it with the Inter-Agency Committee, which has broader responsibilities. In 1980, the Board of Trustees is asking the House to expand the institutional advertising program and is noticing a dues increase to fund the continuation and expansion of the Association's communication activities.

These multi-million dollar programs and activities are being developed and implemented with little or no dentist input, except for that which time allows to be provided by the Board's Inter-Agency Committee. Because of the importance of these programs and the emphasis placed on them, and their profound effect on the dental profession, it is desirable that full-time dentist surveillance of all communication programs and activities be provided by a Council, with representatives from each trustee district.

The California Dental Association, in reference to Resolution 57 (*Supplement 1:274*), talked about the explosion of communications activity in the last two years. California's statement provides good argument for the coordination of the communications program related to marketing of dental services via institutional advertising. We believe this should be expanded to incorporate the coordination of all communications programs and activities so that each segment is in concert with short- and long-range goals of the Association's communications plan.

In the vital Association activities encompassed by all Councils, Committees and Commissions, there is no substitute for the experience and expertise and supervision of broadly representative member dentists. Communications is no exception. A permanent organizational structure for all Association communications activities is necessary. This structure would in no way impair the Board of Trustees' administrative authority to manage the Association's programs and activities. To accomplish this, the following resolution is presented.

92. Resolved, that the American Dental Association *Bylaws*, Chapter IX, Councils and Commissions,

Section 10, Name, be amended by deleting "Council on Journalism" (line 1316) and inserting "Council on Communications," and be it further

Resolved, that the American Dental Association *Bylaws*, Chapter IX, Councils and Commissions, Section 110, Duties, paragraph N, Council on Journalism, be amended by deleting the entire paragraph "N" and sub-paragraphs "a. through d.," and the concluding paragraph (lines 1678 through 1689) and inserting in its place the following:

N. COUNCIL ON COMMUNICATIONS. The Council shall be composed of fourteen (14) members, one (1) member from each trustee district, and its duties shall be:

a. To formulate plans and recommend policies relating to the planning, administration and financing of communications programs.

1. dental journalism
2. institutional advertising
3. public relations
4. public education program
5. media relations
6. membership awareness
7. communication aspects of access programs

b. To study, evaluate and disseminate information on the planning, administration and financing of communications programs.

c. To assist the constituent and component societies and other agencies in planning and developing communications programs.

and be it further

Resolved, that the American Dental Association *Bylaws*, Chapter XII, Bureaus, Section 10, Name, paragraph F, Bureau of Communications, be amended by deleting the entire paragraph "F" (line 1952), and in Section 30, Duties, paragraph F, Bureau of Communications, by deleting the entire paragraph "F" and all of sub-paragraphs "a. through d." (lines 2005 through 2112).

Seventh Trustee District

SUBSTITUTE FOR RESOLUTION 99RC PLASTIC MEMBERSHIP CARDS

The following substitute resolution for Resolution 99RC was submitted on October 15, 1980 by Dr. Weldon Blodgett, delegate, Seventh Trustee District.

Background: The current practice of issuing plastic membership cards is costly. The cards are bulky and add additional strain to already overloaded billfolds. Therefore, we would like to submit the following substitute resolution.

99RC-S-1. Resolved, that the practice of issuing plastic membership cards be discontinued starting immediately, and cards issued in the future be computer printed on paper cards.

Eighth Trustee District

STUDY OF CONTINUING EDUCATION

The following resolution was adopted by the Eighth Trustee District and submitted on October 11, 1980 by Mr. Robert Rechner, executive director, Illinois State Dental Society.

Background: The American Dental Association and the Academy of General Dentistry have long endorsed and promulgated the concept of continuing dental education for all dentists as a useful and necessary endeavor. An understanding of the vital importance of continuing education for the current competence of professionals and the evolution of the discipline to the status of an academically recognized part of our educational system is now favorable and necessary. Original concepts must be revised and the present format restructured so that continuing education will become a recognized academic discipline with college accreditation for those concerned with such recognition. Several problems do arise and are in need of study in this regard; namely, acceptance of continuing education as a true discipline by the universities and professions, lengthening of the time factor to achieve recognition, tuition, recognized faculty, and additional load to the universities.

98. Resolved, that the American Dental Association study the concept of establishing programs of continuing education in the universities as a formal academic discipline for those dentists who are so motivated, and be it further

Resolved, that the Association urge universities to consider awarding full academic recognition to participants in a continuing education curriculum agreed upon by the profession and the universities, and be it further

Resolved, that the results of this study be reported to the 1981 House of Delegates.

Ninth Trustee District

**SUBSTITUTE FOR RESOLUTION 48
ASSIGNMENT OF BENEFITS**

The following substitute resolution for Resolution 48 was submitted on October 14, 1980 by Dr. Carl Shuler, delegate, Clinton, Wisconsin.

Background: The Ninth District has reviewed Connecticut Resolution 48 regarding the release of patient information and the assignment of insurance benefits.

It is the opinion of the Ninth District that the signature blocks and statements relating to the release of patient information and assignment of insurance benefits remain separate and independent of each other on the ADS-75. However, it is the opinion of this district that the current statement being used on the ADS-75 for assignment of benefits needs to be strengthened by clarifying the patient's financial responsibilities to his attending dentist beyond his insurance benefits. On this basis, the Ninth District proposes that the language for assignment of benefits be revised and proposes the following substitute resolution:

48S-1. Resolved, that the ADA Uniform Claim Form (ADS-75) be reviewed for possible inclusion of a statement similar to that which follows:

I understand that I am responsible for all costs of treatment not covered by my insurance contract.

and be it further

Resolved, that this matter be referred to the Council on Dental Care Programs for evaluation and action, as appropriate, with a report back to the 1981 House of Delegates.

Ninth Trustee District

**SUBSTITUTE FOR RESOLUTION 81
FEASIBILITY OF CONDUCTING RESEARCH AND FUNDING
FOR RESEARCH ON DENTAL CAPITATION**

The following substitute resolution for Resolution 81 was submitted on October 14, 1980 by Dr. Wilbert C. Fletke, delegate, Lansing, Michigan.

Background: The Ninth Trustee District believes the profession is in immediate need of in depth information regarding capitated dental care programs. Presently, capitation programs are being implemented or designed for implementation in many areas. These programs are of significant size to be of concern to the profession. Such program provides payment for services to the

teamsters, the United Auto Workers, automotive management and others.

The membership is entitled to receive an extensive analysis of capitated dental care programs so that it can reasonably consider and evaluate these programs. Therefore, the Ninth Trustee District proposes the following substitute resolution for Resolution 81.

81S-1. Resolved, that the American Dental Association provide up to \$123,208 to fund a study entitled "The Impact of Capitation Risk Upon the Dentist" to be conducted by the Resources Research Corporation, and be it further

Resolved, that the results of this research study be distributed to the constituent dental societies.

Ninth Trustee District

ATTEMPT TO SECURE AMENDMENT OF HR 6077

The following resolution was adopted by the Ninth Trustee District and submitted on October 6, 1980 by Dr. John G. Nolen, executive director of the Michigan Dental Association.

Background: The 1979 ADA House of Delegates adopted two resolutions regarding HR 5151 (amended and reintroduced as HR 6077 on December 10, 1979), Resolutions 55H-1979 and 127H-1979. These resolutions request amendment to the original bill, HR 5151, in order to bring the bill into compliance with ADA policy.

The Ninth District delegation has obtained copies and evaluated the amended bill, HR 6077. The Ninth District delegation finds that one section of the bill continues to be objectionable. It is believed that Section V, sub-paragraph (H) should be modified.

Section V, sub-paragraph (H) presently reads as follows:

The provisions of any contract under this Act which relate to the nature or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to dental insurance or plans to the extent that such law or regulation is inconsistent with such contractual provisions.

The Ninth District contends that this sub-paragraph could potentially give the federal government the authority to supersede state law. We believe the language might give the federal government the authority to unilaterally increase or decrease "Dental Auxiliary Functions" or allow for the treatment of the public by unqualified, unlicensed personnel (denturists).

This delegation has reviewed the ADA Board of Trustees' comments in regards to Section V,

sub-paragraph (H), and concurs that the "dire consequences" predicted in this section have not come to fruition in the past. However, it appears that the possibility for such consequences should be removed. To this end, the Ninth District recommends adoption of a resolution urging that HR 6077, Section V, sub-paragraph (H) be amended so that the federal dental program may be assured of uniformity of contract benefit structure in a multi-state contractual environment, and at the same time insure that the state laws affecting the practice and licensure of dentists prevail.

91. Resolved, that the Association attempt to secure the amendment of HR 6077, Section V, sub-paragraph (H) to provide federal government employees with uniformity of benefit structure in a multi-state contract and also insure the recognition of the individual state's dental practice acts and commissions of insurance.

Ninth Trustee District

PLASTIC MEMBERSHIP CARDS

The following resolution was adopted by the Ninth Trustee District and submitted on October 12, 1980 by Mr. Joseph P. D'Amico, executive director, Wisconsin Dental Association.

Whereas, issuance of the plastic membership card, inclusive of a member dentist's name, address and ADA number, had the potential of providing an expedient method of registering members at dental meetings, continuing education programs and a correct legible address when applying for information from technical exhibitors, and

Whereas, the cost of duplicating lost or damaged cards or replacing a card because of address correction can be offset by a nominal charge payable by the member requesting the replacement of the plastic membership card for reasons of address change, loss or damage, therefore be it

99. Resolved, that the ADA Department of Membership Services be directed to return to the method of issuing plastic membership cards which include the members names, addresses and ADA numbers.

Ninth Trustee District

RESTORING BUDGET ALLOCATION FOR ANNUAL CONFERENCE ON JOURNALISM

The following resolution was adopted by the Ninth Trustee District and transmitted under date of October 12, 1980 by Dr. John G. Nolen, secretary, Michigan Dental Association.

Whereas, dental editors are vital to the communication network of the ADA, and

Whereas, the importance of having knowledgeable and effective editors is obvious, and

Whereas, the annual seminar taught by professional journalists provides essential training and a fundamental learning experience for this nation's dental editors, and

Whereas, the publication and distribution of the papers presented at the annual conference on journalism serve as an important learning resource for all editors, therefore be it

102. Resolved, that the Board of Trustees be requested to restore \$22,800 to the Budget of the Council on Journalism for the purpose of supporting the annual Conference on Journalism and the publication and distribution of the resulting papers.

Tenth Trustee District

SUBSTITUTE FOR RESOLUTION 49RC INSTITUTIONAL ADVERTISING PROGRAM

The following substitute resolution for Resolution 49RC was submitted on October 14, 1980 by Dr. Walter Ackerman, Tenth Trustee District.

49RC-S-1. Resolved, that the Association continue only the test marketing of electronic media and related research in 1981, at the same level at which it was conducted in 1980, as described in the second "option" outlined in Board Report 6, and be it further

Resolved, that subsequent to results from current research of present Association institutional advertising programs, the Board of Trustees be authorized to expend funds, as available from the current program, to develop and produce other public education and institutional advertising material for regional and local utilization.

Tenth Trustee District

ADA DEVELOPMENT OF INSTITUTIONAL ADVERTISING
MATERIALS FOR REGIONAL AND LOCAL UTILIZATION

The following resolution was adopted by the Tenth Trustee District and submitted on October 12, 1980 by Dr. Willis B. Irons, president, Minnesota Dental Association.

Whereas, the American Dental Association is a federation of autonomous constituent societies, and

Whereas, the Association has adopted the concept of expanding the dental health education of the public by including institutional advertising as authorized by 113aH-1979 (*Trans.1979:598*), and

Whereas, it is felt that the divergencies of regional and local economic factors and social conditions are such that institutional advertising should be utilized as to content, scope, timing and fiscal commitment at the constituent level, be it

101. Resolved, that the Association proceed to conclusion the institutional advertising program as defined by Resolution 113bH-1979 (*Trans.1979:598*), and be it further

Resolved, that the Association develop and produce public education and institutional advertising materials for regional and local utilization, and be it further

Resolved, that the materials developed by the Association be directed toward that segment of the population that does not now seek dental care on a regular basis, and be it further

Resolved, that the Association may expend up to \$500,000 in developing and producing the material.

Eleventh Trustee District

SUBSTITUTE FOR RESOLUTION 27
AMENDMENT OF "BYLAWS" (SEMIANNUAL PAYMENT OF
DUES)

The following substitute resolution for Resolution 27 (*Reports:184*) was submitted on October 12, 1980 by Dr. A. Lynn Ryan, trustee, Eleventh Trustee District.

27S-1. Resolved, that Chapter 1, Membership, Section 50, Dues and Reinstatement, of the *Bylaws* be amended to read as follows:

1. In Subsection A, Active Members, delete the words "January 1 of each year" in the second and third

lines of the first sentence (lines 296-297) and substitute therefor the words "and payable at the election of the constituent society either in one payment on January 1 of each year or in equal semiannual installments of seventy-five dollars (\$75.00) plus a semiannual surcharge of two and one-half dollars (\$2.50) on January 1 and July 1 of each year," the amended sentence to read:

A. ACTIVE MEMBERS. The dues of the active members shall be one hundred fifty dollars (\$150.00) due and payable at the election of the constituent society either in one payment on January 1 of each year or in equal semiannual installments of seventy-five dollars (\$75.00) plus a semiannual surcharge of two and one-half dollars (\$2.50) on January 1 and July 1 of each year, except that any dentist who is an active member of component and constituent societies of this Association and who is engaged full time in (1) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by the Association nor accredited by the Commission on Dental Accreditation of this Association or (2) a residency program or advanced education program in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association shall pay three dollars and fifty cents (\$3.50) due on January 1 of each year until the December 31 following completion of such a residency or advanced education program.

and

2. In Subsection 1, Loss of Membership and Reinstatement, delete Subpart a and substitute therefor the following new Subparts a and d:

a. If an active member, after having been permitted to pay dues for the current year in a single payment only, has not paid the dues for the current year by February 15, such active member shall cease to be a member of this Association. If an active member, after having been permitted to pay dues for the current year in two installments, has not paid the applicable installment of dues plus the surcharge specified elsewhere in these *Bylaws* by February 15 or August 15 of the current year, such active member shall cease to be a member of this Association.

d. A retired or student member whose dues have not been paid by February 15 of the current year shall cease to be a member of this Association.

Eleventh Trustee District

ISSUES OF MUTUAL CONCERN TO DENTISTS AND
HYGIENISTS

The following resolution was adopted by the Eleventh Trustee District and submitted on October 7, 1980 by Dr. A. Lynn Ryan, trustee.

93. Resolved, that the American Dental Association and the American Dental Hygienists' Association discuss the issues of mutual concern identified in Board Report 5 (Informational Report on Additional Issues of Mutual Concern to Dentists and Hygienists) (*Supplement 1:313*), and be it further

Resolved, that a report on the results of the discussions be submitted to the 1981 ADA House of Delegates.

Eleventh Trustee District

AMENDMENT OF "BYLAWS"
(COLLECTION OF DUES AND SPECIAL ASSESSMENTS)

The following resolution was adopted by the Eleventh Trustee District and submitted on October 7, 1980 by Dr. A. Lynn Ryan, trustee.

94. Resolved, that Chapter II, Constituent Societies, Section 30, Powers and Duties, of the *Bylaws* be amended as follows:

In Subsection E, following the word "dues," insert the words "and special assessments"; following the word "with" delete the word and figure "Section 50" and insert in lieu thereof the words and figures "Sections 50 and 60"; and following the period add a second sentence to read, "Whenever a member pays dues in semiannual installments, the constituent society shall be entitled to retain five percent of each installment payment as a service charge," to make the amended subsection read as follows:

E. It shall be its duty to collect membership dues and special assessments for this Association in conformity with Chapter I, Sections 50 and 60, of these *Bylaws*. Whenever a member pays dues in semiannual installments, the constituent society shall be entitled to retain five percent of each installment payment as a service charge.

Twelfth Trustee District

ADA LIFE INSURANCE PROGRAM FOR STUDENT
MEMBERS

The following resolution was adopted by the Twelfth Trustee District and submitted on October 12, 1980 by Dr. Ernest H. Besch, secretary-treasurer, Twelfth Trustee District.

Background: In Board Report 8, there is a resolution, approved by the Board, which relates to a group life insurance plan for the student members of the ADA (*Supplement 1:356*). The meaning of this resolution is clear; it instructs the Council on Insurance to implement a life insurance program for the student members of the ADA. The cost of this program, ranging from \$384,000 to \$512,000, is to be borne by the ADA Group Life Program. It is estimated that the cost to the participants in the Group Life Program, in the form of reduced premium refunds, will average somewhat less than \$8 per participant.

The program overall is perceived as being of benefit to the student member, to the ADA and to the Group Life program participants. It is seldom that a program is developed which has as many attractive features. Those who conceived it are to be congratulated and appreciated.

It is a matter of concern, however, that the members of the ADA, who participate in the Group Life Program, will have the perception that they are being required to finance the costs of the program of which they had no previous knowledge. Additionally, they, who constitute a part of the total ADA membership, will be supplying total monetary support of a program which benefits the entire ADA.

100. Resolved, that the Council on Insurance, through the administrators or underwriters of the Group Life Insurance Program, fully inform the participants in the Group Life Program of the proposed group life insurance program for student members of the ADA and that a poll of the participants be taken indicating their approval or disapproval of the plans and to fund said program as outlined in Board Report 8, and be it further **Resolved**, that the proposed group life insurance plan for student members of the ADA be funded as outlined in Board Report 8 only if a majority of the respondents approve this means of funding.

Second and Thirteenth Trustee Districts
SUBSTITUTE FOR RESOLUTION 57RC
APPOINTMENT OF COMMITTEE ON MARKETING
OF DENTAL SERVICES

The following substitute resolution for Resolution 57RC was submitted on October 14, 1980 by Dr. Michael Perich, Sacramento, California.

Background: The Second and Thirteenth Trustee Districts propose a substitute resolution for Resolution 57RC. This substitute resolution, if adopted, will allow the intent of Resolutions 57RC and 25RC to be accomplished by the formation of a single committee. A single committee will be more cost efficient for the Association.

57RC-S-1. Resolved, that the Board of Trustees be urged to appoint, at the earliest possible date, a Special Communications Coordinating Committee for the purpose of long-range planning, guiding, integrating and, eventually, developing an umbrella approach to promote the public's interest in dental care, and be it further

Resolved, that this Committee study the character, cost effectiveness, and desirability of a continuing institutional advertising program, and be it further

Resolved, that the results of this study be reported to the 1981 House of Delegates, and be it further

Resolved, that the Committee seek appropriate consulting services as necessary.

Delegate William Allen, California

SUBSTITUTE FOR RESOLUTION 103
QUALITY OF HEALTH CARE TO THE PUBLIC

The following amended resolution for Resolution 103 was submitted on October 15, 1980 by Dr. William Allen, delegate, Pasadena, California.

103S-1. Resolved, that the American Dental Association expresses its grave concern for the quality of the dental health care to the public in states where, by law, rule, or regulation, dental hygienists are permitted to administer intraoral dental care procedures in any dental treatment facility not under the general or direct supervision and responsibility of a dentist, and be it further

Resolved, that the American Dental Association through its state legislative liaison of the Council on Legislation place highest priority on encouraging constituent and component societies to legislatively promote and maintain the 1977 policy regarding auxiliary status of dental hygienists.

Delegate Charles Lewis, Texas

SUBSTITUTE FOR RESOLUTION 44
PUBLIC FUNDS FOR DELIVERY OF DENTAL SERVICES

The following substitute resolution for Resolution 44 was submitted on October 15, 1980 by Dr. Charles Lewis, delegate, Texas.

Background: Because many members of the ADA feel that there is a uniqueness in the federal government as an employer and an absence of specific policies dealing with this uniqueness.

44S-1. Resolved, that the Council on Dental Care Programs be directed to study the unique character and nature of the federal government as an employer as it relates to the provision of dental health care to its employees and report its recommendation back to the 1981 House of Delegates.

Delegate R. A. Probst, Pennsylvania

SUBSTITUTE FOR RESOLUTION 3RC
DELEGATION OF RESPONSIBILITY OF EXPOSING
RADIOGRAPHIC FILM

The following substitute resolution for Resolution 3RC was submitted on October 15, 1980 by Dr. R. A. Probst, delegate, Pennsylvania.

3RC-S-1. Resolved, that the American Dental Association supports the principle that dentists who choose to delegate the task of exposing radiographic films should delegate the function to personnel who have had sufficient education in quality and safety of such procedures, and be it further

Resolved, that the individual state regulation determine the qualification for individuals who are delegated the task of exposing radiographic films.

Delegate Robert Raskin, New York

**SUBSTITUTE FOR RESOLUTION 66
APPROVAL OF 1981 BUDGET**

The following substitute resolution for Resolution 66 (*Supplement 1:305*) was submitted on October 14, 1980 by Dr. Robert Raskin, delegate, Lindenhurst, New York.

66S-2. Resolved, that the Board of Trustees be directed to amend the 1981 proposed budget so that the projected expenditures be no more than the projected revenues.

Academy of General Dentistry

**SUBSTITUTE FOR RESOLUTION 28
AMENDMENT OF "ADA PRINCIPLES OF ETHICS AND CODE
OF PROFESSIONAL CONDUCT"**

The following substitute resolution for Resolution 28 (*Reports:185*) was adopted by the Academy of General Dentistry's Executive Committee on September 13, 1980 and transmitted under date of September 29 by Mr. Harold E. Donnell, Jr., executive director.

Background Statement: The American Dental Association's 1979 House of Delegates changed the terminology by which a specialist announces from the phrase "practice limited to" to "specialist in." Many specialists immediately changed their stationery to indicate the new designation. However, many specialists have not yet done so. Obviously the public is confused as is evidenced by a recent survey taken by the Dental Society of the State of New York. The Dental Society of the State of New York has recommended that the *Principles of Ethics* revert back to the old phrase "practice limited to." It is understandable that the Board of Trustees has recommended referral of the resolution from the Dental Society of the State of New York since many specialists have already made an investment in changing the method in which they announce a limitation of practice to the public. The Academy of General Dentistry, however, does not believe that it is in the best interest of the public for the profession to be constantly changing its mind as to how a specialist should be designated.

On the other hand there should be some mechanism by which a general practitioner may indicate to the public that he is restricting his practice to one or a few areas of dentistry. For these reasons, the Academy believes that it would be wise for specialists to be

allowed to use either the designation "practice limited to" or the phrase "specialist in." The public has already begun identifying the specialist with these two (2) phrases and the general practitioner has never been permitted to use them. We do not believe that there are any legal problems involved with prohibiting the general dentist from using the phrase "practice limited to" as long as you permit the general dentist to use a suitable substitute. For this reason we are suggesting that general dentists be allowed to use the phrase "general dentist with practice restricted to" when they want to restrict their practices. The following resolution is suggested to accomplish this purpose.

28S-1. Resolved, that Section 5C, Announcement of Specialization and Limitation of Practice of the *Principles of Ethics and Code of Professional Conduct* be amended in paragraph 3 by deleting the words "Dentists who choose to announce specialization should use 'specialist in'" and substituting therefor the words "Dentists who choose to announce limitation shall use 'practice limited to' or 'specialist in'" so that the amended paragraph shall read as follows:

Dentists who choose to announce specialization shall use "practice limited to" or "specialist in" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.

and be it further

Resolved, that Section 5D, General Practitioner Announcements of Services of the *Principles of Ethics and Code of Professional Conduct* be amended by deleting the last sentence of that section and substituting therefor the sentence "General dentists shall not use the phrases 'practice limited to' or 'specialist in' but may use the phrase 'General dentist with practice restricted to'" so that the amended section shall read as follows:

General dentists who choose to announce the services available in their practices are permitted to announce the availability of these services as long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect. General dentists shall not use the phrases "practice limited to" or "specialist in" but may use the phrase, "General dentist with practice restricted to. . . ."

1978 RESOLUTION REFERRED TO 1980 HOUSE OF DELEGATES

Louisiana Dental Association

ANNUAL PROVISION OF PROFESSIONAL PROTECTOR
PLAN DATA TO CONSTITUENT SOCIETIES

98-1978. Resolved, that the Council on Insurance provide to constituent societies the experience statistics, by state, relative to the Professional Protector Plan on an annual basis to include a breakdown for each category of insurance (i.e., professional liability, office liability, non-owned auto liability, personal injury liability and personal excess liability); also property

coverage for operatories, and office equipment, records and money, in transit loss, accounts receivable, practice interruption and employee dishonesty (bond), and be it further

Resolved, that these figures be distributed to each constituent society on an annual basis, and be it further

Resolved, that the Council on Insurance explain to the constituent societies, in detail, the reporting format of Chubb as to how reserves are calculated, how they are carried forward and credited and how the IBNR losses are computed.

Reports of Board of Trustees TO HOUSE OF DELEGATES

REPORT 9 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: PLANNING AND IMPLEMENTATION OF ACCESS PROGRAM

Background: The 1979 House of Delegates adopted Resolution 55H-1979 (*Trans.1979:596*):

Resolved, that the House of Delegates approves the scope and direction of Report 5 on the *Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care* and requests implementation of its recommendations through coordinated Association activity, and be it further

Resolved, that the report as amended be presented to the Board of Trustees for approval and then be published with the recommended changes, and be it further

Resolved, that evaluation of the implementation of this program be reported to the House of Delegates in 1980.

In response to this resolution, the Associate Executive Director, Policy and Planning, with the cooperation of staff representing appropriate Association agencies, revised Board Report 5, 1979, in accordance with the recommendations of the Reference Committee on Access to Comprehensive Dental Care (*Trans.1979:593*). This revision was approved by the Board of Trustees at its December 1979 session, was published in February 1980 and distributed to the Officers and Trustees, 1979 Delegates, Council members, other national dental organizations, allied health organizations and, upon request, to individuals. Throughout the development of this report, it was the view of the Board of Trustees that, because the report encompassed the objectives and activities of many Association agencies, coordination would best be effected by staff in concert with Councils and Bureaus, under the overall supervision of the Board Committee on Inter-Agency Affairs.

As a preliminary measure, ongoing activities of the Association agencies were identified and coordination of those activities shared by agencies was emphasized through a meeting of the chairmen (or their designees) of the Councils on Dental Care Programs, Dental Health and Health Planning, Dental Practice, Hospital

and Institutional Dental Services, Legislation and Prosthetic Services and Dental Laboratory Relations followed by a February meeting of the Board Committee on Inter-Agency Affairs.

Implementation Plan: In March 1980, a plan was developed for the coordination of ongoing Association activities to improve access to comprehensive care, the development of new activities and the securing of appropriate publicity for these efforts. Briefly, this plan involves identifying and monitoring 1980 Association agency activities to achieve the objectives of the Access Program; development within agencies of new activities in furtherance of this Association objective; the development of proposals for action projects to resolve specific access problems for identified populations; the publicizing of these activities to the membership through Association publications and periodic meetings and promotion of Access Program objectives through the Association's Institutional Advertising Campaign.

Ongoing Activities: During 1979-80, some of the principal Association activities in furtherance of the objective of improving access to comprehensive care were:

The Vermont Pilot Project was conducted by the Vermont State Dental Society under the general supervision of the Council on Dental Health and Health Planning, to gain practical experience in developing comprehensive dental care access programs for the elderly and handicapped (*Reports:104*).

The "Manual on Comprehensive Dental Care Access Programs," to be published in October by the Council on Dental Health and Health Planning, provides guidance on the establishment of such programs for specific populations, based on the experience of the Vermont Project and information collected in the Council's survey of constituent and component dental societies regarding access programs in their jurisdictions (*Reports:99*).

The "Manual on Dental Care for the Institutionalized Geriatric Patient," published by the Council on Dental Health and Health Planning under the title "Oral Health Care for the Geriatric Patient in a Long-Term Care Facility," offers guidance to the nursing home administrator, nursing staff and advisory dentist on the implementation of dental care programs for their patients (*Reports:100*).

The American Society for Geriatric Dentistry, in consultation with the Council on Dental Health and Health Planning, is developing a proposal outlining its strategy for supporting the Association's Access Program as the national organization concerned with the dental health of the elderly, as called for in Board Report 5, 1979 (*Supplement 1, 1979:339*).

The Medicaid Liaison Network is a project under development in the Council on Dental Care Programs with the cooperation of the Health Care Financing Administration, Department of Health and Human Services (HHS); the National Dental Association; the American Academy of Pedodontics and the American Society of Dentistry for Children. Its purpose is to seek to improve the dental components of state Medicaid programs through continuing liaison between representatives of constituent dental societies and the state legislatures and Medicaid agencies. It is anticipated that this concept will be tested in one HHS region during 1981 (*Reports:73*).

Dental prepayment workshops were conducted by the Council on Dental Care Programs at the invitation of eight additional constituent dental societies for the purpose of assisting these societies in developing and refining their prospective purchaser contact programs, promoting the concept of dental benefit plans, thereby effecting a reduction in uninsured workers in the nation (*Reports:73*).

Denture referral access programs, sponsored by constituent and component dental societies, are in place in 34 states and the District of Columbia. Many of these programs were designed and implemented with the assistance of the Council on Prosthetic Services and Dental Laboratory Relations. Further, the Council developed criteria for dental societies requesting financial assistance from the Association for the implementation of denture referral access programs (*Reports:110*).

The National Opinion Leader Contact Program, developed by the Council on Prosthetic Services and Dental Laboratory Relations, has as its purpose the enlistment of support of organizations that share the Association's interest in improving access to comprehensive dental care (*Reports:114*).

The National Health Professions Placement Network, sponsored by the American Dental Association Health Foundation and funded in part by the W. K. Kellogg Foundation, seeks to match dental personnel with practice opportunities. In its first year of operation (July 1979-June 1980), the Network processed nearly 3,000 applications, principally from dentists and senior dental

students. Current activity emphasizes publicity for the purpose of explaining the program to dental leaders and promoting the cooperation of constituent dental societies, national dental organizations and federal agencies to increase utilization of the Network.

Dental care for military dependents. Representatives of the Councils on Federal Dental Services and Dental Care Programs provided assistance to the Office of Civilian Health and Medicaid Programs of the Armed Forces (OCHAMPUS) in developing a program of benefits for military dependents covering dental services provided in private offices (*Reports:150*).

Dental benefits for federal employees. In June, the Chairman of the Council on Legislation, accompanied by the Chairman of the Council on Dental Care Programs, testified at hearings of the Subcommittee on Compensation and Employee Benefits, House Committee on Post Office and Civil Service, in support of the Federal Employees Dental Benefits Act (HR 6077), offering two amendments to improve the bill. It was acknowledged at the hearing that fiscal constraints virtually prohibited enactment of this legislation during the current Congress. Other means of providing dental benefits to federal employees were explored at the hearings, among them the possibility of including dental coverage under the existing Federal Employees Health Benefits Plan (FEHBP). In September, it was announced that the FEHBP Government-wide Plan offered by Blue Cross-Blue Shield would include dental benefits under its high option coverage, beginning in January 1981.

Future Projects: In June, the Executive Director streamlined the staff administration of the Access Program through the appointments of Mr. Delmar J. Stauffer, assistant executive director: Health Affairs, and Mr. John F. O'Donnell, secretary, Council on Dental Care Programs, to serve as Access Program director and coordinator, respectively. Requests for proposals to improve access to care for specific populations were requested of all departments of the Association.

In August, a plan was approved by the Executive Director to resolve special access problems for the elderly. In this regard, a project whose purpose is to persuade the Congress and the Administration to amend Title XVIII of the Social Security Act to include dental benefits under Medicare is being prepared for the consideration of the Board of Trustees. It is intended that this campaign will be conducted concomitant with four current Association activities: encouraging insurance firms and service plans to provide dental benefits to organizations of elderly persons; urging employers to extend dental benefits into retirement; developing interest among health insurers in adding dental benefits to "Medicare Supplement" plans; and encouraging constituent dental societies to inaugurate programs to provide comprehensive care at reduced fees for senior citizens.

With the financial support of the Robert Wood Johnson Foundation, the National Foundation of Dentistry for the Handicapped has developed a pilot program to train students in management of handicapped patients. Eleven dental schools participated in this program. Curriculum guidelines formulated from this program are now available to all dental schools. Continuing emphasis upon the needs of the handicapped, institutionalized and homebound is planned for 1981. It is intended that this emphasis will principally center upon further Association support for the Campaign of Concern, an outreach program sponsored by the National Foundation.

Involvement of Allied Organizations: Board Report 5, 1979 (*Supplement 1*, 1979:328) stressed that the goals of the Access Program are not attainable without the active cooperation of organizations and individuals whose interests in this regard are compatible with the dental profession's. To encourage such cooperation, President

I. Lawrence Kerr hosted a special meeting of representatives of the dental trades, dealers and manufacturers in July. A meeting with representatives of appropriate federal agencies, to determine their roles in advancing the objectives of the Access Program, has been scheduled for fall 1980. In addition, the Association is sponsoring a "Mini-Conference on the Oral Health Care Needs of the Elderly" to be held November 19 to 20, 1980 in Chicago. Additional funding in support of this min-conference is being sought. The proceedings of this mini-conference will become part of the agenda for the 1981 White House Conference on Aging. These meetings are in addition to the ongoing liaison with interested public and private agencies effected by the several departments of the Association.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

REPORT 10 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: INCREASING THE BUSYNESS OF DENTISTS AND EXPANDING THE DENTAL HEALTH CARE DELIVERY SYSTEM

Background: The purpose of this report is to provide the House of Delegates with a brief compilation of some of the ADA program activities and initiatives that are designed to extend the dental health care delivery system to a greater segment of the population.

During the last 18 months, the Board of Trustees and its Planning Committee have tried to focus the Association's attention on major issues. The issue of increasing the busyness of dentists was determined to be one of the highest priority concerns of Association members. There are several factors which could alter the busyness of dentists. Clearly, a significant increase in the demand for dental services would have the largest impact on this concern. Since the issue of busyness of dentists is perceived to be a growing problem for the profession, the Board concluded that this question should remain a high priority for Association planning activities. The Board is cognizant of the multifactorial nature of the busyness question and took note that some of the perceptions of the profession are based on documentable facts and some are not. The need for adequate documentation of the many economic and behavioral variables related to dentist busyness is critical to emphasize. Although some data are now available, it was agreed that the work plans of the Bureau of Economic and Behavioral Research should include continuing analysis of this question. The Board believes that the preliminary work necessary for the development of a sound economic data base is well underway and essential.

Assuming, however, that the perception is correct that today the profession is witnessing a problem of a decrease in busyness, it is incumbent upon the Association to attempt to resolve this problem. It is the belief of the Board of Trustees that no single program activity can result in a substantial increase in the dental care delivery system. Since this problem is extremely complex, a multitude of complementary program activities and initiatives are needed. In this regard, many program activities were initiated and attempts have been made to improve coordination and emphasis on related existing Association programs. The following list identifies some of the major activities currently underway.

Summary of Association Program Activities and Initiatives:

1. *The development in 1979 of a report on "The Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care" and the implementation of selected recommendations.* Recommended target actions relate to:

- The poor and working poor
- The elderly
- The handicapped, institutionalized and homebound
- Remote area residents
- The uninsured worker

A coordinated activity to improve access to comprehensive care has been underway for some time.

The report developed in 1979 simply focused existing Association policy and activity on improving access to comprehensive dental care. A discussion of the activities of the Association related to improving access to dental care is included in many council reports and is also the subject of a separate report to the House of Delegates.

2. *The development of a national institutional advertising program.* The Board believes that one of the most obvious tools for motivating more Americans to seek regular dental care is institutional advertising, an approach that benefits the profession as a whole. Recognizing advertising's potential in this area, the 1979 House of Delegates approved expenditure of up to \$2 million for an experimental advertising program. The program consisted of three basic elements:

- A three-city test market of television commercials
- Extensive research on both the print and television ads

- A national magazine campaign in the spring and fall

From the outset, it was recognized that it would take at least two years to evaluate properly the effectiveness of the advertising campaign. Extensive information about the first-year advertising program and the preliminary research findings are presented in Board Report 6, along with a proposal for continuing the program in 1981.

The Board believes that the advertising program is directly responsive to the profession's concern and that advertising can have a significant effect on patient motivation although the costs for an effective national program are considerable.

3. *ADA/Major League Baseball All-Star Funstakes.* The Association this year initiated a first-of-its-kind program in cooperation with Major League Baseball—the Honorary All-Star Bat Boy/Girl Funstakes. The focal point of the promotion was a nationwide sweepstakes for children ages 8 to 13, in which two children were selected in a random drawing to become the Honorary Bat Boy/Girl for the 1980 All-Star Game. Contest information and entry forms were included in a four-color booklet—The Major League Baseball American Dental Association 1980 *Youth Scorebook*. The *Scorebook* provided baseball tips and dental health hints from nine of baseball's top players and managers. Dental offices served as the primary distribution point for the *Youth Scorebooks* and Funstakes entry forms. The youngsters who wished to participate obtained a signed application from an Association member dentist and mailed the entry form to the American Dental Association.

The 1980 program was successful although the agreement to participate with major league baseball did not occur until the spring of 1980. The 1981 program will begin much earlier and tie the initial promotion to the National Children's Dental Health Program. Further, the promotion of the entry forms and *Youth*

Scorebooks will be initiated months in advance of the opening of the spring training baseball season.

This "Funstakes" program has a great deal of potential. The program combines dental health education with the appeal of professional sports. It offers a totally unique and innovative approach to promoting good oral health to children at an age when they can establish lifelong health habits. The program offers excellent prospects for positive national publicity, including an opportunity to reach millions of television viewers during each annual All-Star Game. The favorable publicity received from youngsters and families was overwhelming. Through the profession's support in obtaining the entry forms and scorebooks and in locally promoting this activity, it is estimated that 500,000 youngsters could participate during the 1981 program.

4. *Revised public relations activities.* During the past year, the Bureau of Communications has folded many of the activities formerly associated with the PEP program into its ongoing program, and reoriented them to the new Access and motivational messages. These activities include spokesmen programs, national media relations, consumer advisors tours and others. In addition, the Family Day at the Dentist Office pilot program, initiated last year under the auspices of PEP, was packaged for implementation by constituent and component societies. This program, which is specifically aimed at increasing dentist busyness by attracting new patients to dental offices, has been well received by dental societies.

5. *Legislative initiatives.* In addition to other Washington activities that have occurred recently, the Association has been quite active in trying to involve dentistry in Medicare and to federally mandate dentistry's participation in state Medicaid programs. Should dentistry be included in these national programs, one barrier to providing care to the elderly and poor would be effectively removed. There is no question, however, that the financial ability to pay for dental services is not the exclusive factor to whether these individuals will indeed avail themselves of the opportunity to receive dental care. Nevertheless, it is admittedly a major factor which must be considered.

In addition to these legislative activities, the Association has actively supported the inclusion of federal employees in a dental benefit plan which would allow this large segment of the working population to have the same fringe benefit options as do many corporate employees. This legislative initiative has been the subject of much debate and will be considered as a separate item of business during the House of Delegates meeting.

Another major activity of the Association has been the Washington initiatives to gain a dental program for military dependents. Each of these Association activities would directly contribute to both providing more care to more people and to fostering an improved level of dental care in the United States.

6. Promotion and expansion of dental benefit plans.

The Council on Dental Care Programs maintains direct liaison with national and multistate firms and labor unions currently providing dental benefits to their employees and members. The purpose of this liaison is to provide advice on improvement of dental benefit plans, where appropriate, through expanded coverage of services and extension of benefits into retirement. In the case of intrastate firms, the Council provides advice through the counterpart councils of constituent dental societies. The availability of information on dental benefit plans is publicized by the Council through advertisements in employee benefit and personnel trade publications.

7. Urging all Association agencies to focus on the issue of increasing dental demand. The Board of Trustees believes that the Association's operating agencies, ie, councils and bureaus, should devote a proportion of their activity to focusing on issues of increasing dental demand. Each of the councils and bureaus has bylaw authority for specific program and policy development activities. The Board believes this resource should be exploited as well in trying to deal effectively with the complex factors associated with increasing dental demand. Council, bureau and Board reports and activities will be developed during 1981 related to this matter.

8. Increasing patient motivation and reduction of psychological barriers. As a part of the development of the Access report, a comprehensive paper is being prepared dealing with the question of patient motivation and reduction of psychological barriers. The Board believes that this factor has been largely overlooked in the past and should be emphasized in terms of future activity. Part of the institutional advertising program is geared to improve patient motivation. The complexities associated with motivating factors will continue to be studied during the additional phases of the Association's research activity related to the institutional advertising program.

9. Expansion of dental health education programs. The Bureau of Health Education and Audiovisual Services is responsible for developing printed and audiovisual health education material for use in patient education, school health programs and for the general public. With over 120 pamphlets and brochures as well as numerous films on patient education, the individual practitioner has many new tools with which to build a positive doctor/patient rapport. As this relationship needs to be fostered, the Bureau conducts patient

education seminars designed to help dentists communicate more effectively with patients and to use the most appropriate health education materials and methods in the dental office. To respond to the growing demand for versatile patient education material, the Bureau has made many of its film titles available on videocassettes. In addition, a new videocassette continuing education program will be offered to the members shortly. This provides yet another method of conveying accurate and scientifically accurate dental health information. For 32 years, National Children's Dental Health Week, now Month, has created a highly visible awareness campaign to promote dental health across the nation. This campaign has consistently increased the level of awareness among children and adults through the conduct of special programs at the community level which has enjoyed great local dentist involvement.

Summary: With the exception of the institutional advertising and the Baseball Funstakes programs, existing Association resources have been used to focus on the other program activities. The importance of the Association having coordinated and adopted a major blueprint for the prevention and control of dental disease has augured well for the Association to retain its professional image and leadership position. Consumer critics have found it most difficult to challenge the profession's public responsibility and initiatives by claiming that the profession is exclusively self-centered and disinterested in providing care to more people and in working with others in removing effective barriers. These activities are not static and must be evaluated on an ongoing basis. Approaches and new programs will continue to evolve.

In establishing a reoriented direction for the Association in 1979, the Officers and Board continue to believe that this renewed direction will be in the best interests of the public and, as a result, the profession. The staff has worked diligently in trying to develop programs that respond to Board member, Association member and public issues. It is important for the Association members to be aware of these numerous activities and assist the Association through local support.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

REPORT 11 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: JOINT MEETING OF THE AMERICAN DENTAL ASSOCIATION AND THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS

Background: On September 15, 1980, representatives of the American Dental Association and the American Association of Dental Schools met at the Crystal City Marriott in Arlington, Virginia to discuss issues related to financing of dental education; the profession's perspectives of what dental schools should be doing about enrollment; the attractiveness of dentistry as a career; the future of postdoctoral education; the emphasis on general practice residency programs; and ways to establish a closer liaison between practitioners and educators to explore mutual concerns. The meeting of interested and concerned groups was needed because of some of the urgent problems facing the profession such as availability of funds to support dental education and its students, the perceived oversupply of dentists and other related issues.

For many years the ADA and the AADS have testified before the Congress and other groups regarding the need for federal support for dental education, including institutional support, student assistance, project grants and other features. In more recent years, the Associations have testified that continued mandatory enrollment expansion as a condition to the receipt of federal institutional support was unwarranted and, if continued, would have an adverse effect upon the quality of dental education. At the time the 1974-76 extension of the health manpower authority was being considered, the Associations opposed further mandatory enrollment increases and urged the Congress to provide continuing support to retain fiscal viability, continuity of support, adequate student financial assistance and project grants. The Associations were successful in gaining the adoption of amendments that permitted schools to assure that students would receive off-site training rather than to further increase their entering class size. A majority of schools selected the off-site provision.

It is encouraging to note that the House and Senate version of the proposed extension of the health manpower authority (HR 7203 and S 3575) would repeal the mandatory enrollment clauses and permit schools to establish class sizes and total enrollments appropriate with the requirements for the nation and allow flexibility for schools to maintain quality education programs. However, while the proposals retain limited institutional support without enrollment assurances, the assistance that would be available is minimal, and it is possible that many schools would not choose to seek federal funds. However, it seems apparent that sustaining institutional support from the federal government will be further reduced in an extended authority and ultimately phase-out for more targeted project grant support.

The conference participants were encouraged to note that additional, mandatory enrollment increases would not be a condition of federal institutional support in the health manpower legislation now pending in Congress. Of particular importance is the proposed repeal of provisions in current law which require schools of dentistry to maintain enrollment levels previously assured under both the construction and capitation grant programs.

Both Associations are committed to preserving quality education in the nation's dental schools. Abrupt elimination or significant reduction of institutional support and other funds such as direct student loans and insured student loans at reasonable interest rates poses serious problems for dental education. Already, reductions in financial support to dental schools and their students coupled with inflation are contributing factors to the decline in dental school applicants and to the instability of dental school financing. As outside support for dental education is reduced, it is predictable that tuition will continue to increase and student costs will continue to escalate. In addition, it is predictable that dental school enrollments will decrease and not have a deleterious effect on the ability of the profession to provide adequate dental care to meet the demand for the people of the nation.

Historically, during the 1960's, the nation's interests were served by developing more health manpower through the improvement of health professions schools and the increased number of health care providers. It was a national goal during the 1960's to construct more educational facilities and to accomplish badly needed modernization of existing schools. The modernization and health professions schools construction era extended, unrealistically beyond needed expansions, well into the 1970's. As a result of this zealotry of national health planners to use health manpower production to stimulate both redistribution of services and the anticipated "cost-containment" of health care services, the dental profession and the dental schools are besieged with residual problems.

The nation's dental schools and the dental education community currently face numerous problems, many of which impact on each other making it necessary that they be considered together. The profession must be sensitive to these problems and concerns and appreciate that the educational community is equally interested in resolving the problems in an appropriate manner. Some of the issues examined included:

The educational facilities have been modernized and enlarged to respond to the national goals for increased health manpower.

Federal mandatory enrollment requirements as well as construction enrollment maintenance levels

are now compounding the problems of program quality.

State enrollment levels mandated by legislative edicts or university governing boards have added to the problem in selected schools.

Rapidly rising tuition to offset increased educational costs.

Declining federal, state and private support to dental education.

Increasing student indebtedness coupled with diminishing student financial assistance.

Severely declining applicant pool.

Need for stable financial support for dental education programs.

Graduates seeking alternatives to private practice because of high indebtedness.

Dental education is flexible and resilient, and must adjust to current conditions by curtailing costs; maintaining cost effective programs; conducting programs that meet national, regional and state demands; remaining fiscally viable; and maintaining quality education. This report is intended to outline some of the current problems and present suggested actions which will be considered by the Board of Trustees. The Board will determine which activities it will pursue during 1981.

I. Need for Master Plan for the Dental Profession and Education:

In the 1960's, the incentives for dental education were to expand enrollment, replace facilities, obtain support to assist students and improve the financial condition of dental education. With justified reasons, schools worked diligently on these incentives and realized significant improvement in all areas.

Unfortunately, the incentives for the 70's remained, for all practical purposes, the same as those established for the 60's. Unfortunately, the incentives were not based upon valid data and long-range planning. As a result, class sizes and enrollments of dental schools are now being questioned, students do not have adequate financial support, financing of dental education lacks stability and, in short, a master plan still does not exist.

Without the development of a long-range, coordinated plan that has input from the involved communities of interest such as dental practitioners, dental educators, dental researchers, students and others, the various constituencies of the profession will suffer seriously in the years ahead. Evidence to that effect has been demonstrated in 1980 when the practitioner and educator face crises related to the viability of the dental educational system.

Adequate statements of the various problems exist, it is now time to develop a plan to deal with the matters of education and manpower availability. It is believed that the American Dental Association should develop a master plan related to education and manpower for the future of the dental profession. It is understood that the development of the plan will occur in cooperation with

various organizations central to the future of the profession such as the constituents of the American Dental Association, the American Association of Dental Schools, the American Association of Dental Research and other similar groups. It is anticipated that the Board will consider the development of the master plan during its next Board meeting in January 1981 and provide the House of Delegates with a progress report during the 1981 ADA annual session. The Board will consider this a priority issue when developing its program activities for the next year. It is believed that this need is of paramount importance.

II. Need to Develop Adequate Student Financial Assistance

Mechanisms: The concept of federal funding for institutional support cannot be divorced from federal support for student assistance. Currently, federal financial support for students is provided primarily through the Health Professions Student Loan Program (HPSL), the Health Education Assistance Loan Program (HEAL), the Exceptional Financial Need Scholarship Program (EFNS), the Loan Repayment Program under the Health Professions Educational Assistance Act, the National Direct Student Loan Program (NDSL) and the Guaranteed Student Loan Program under the Higher Education Act. Virtually all of the bills to reauthorize these authorities which are before the Congress would raise interest rates on the various loan programs available to dental students. Some states also offer student loan programs.

Higher tuitions certainly make the viability of these student assistance packages imperative. It must be emphasized that immediate availability of funding and attractiveness of loan terms are of prime concern and interest to dental students. High debt levels upon graduation plus expensive costs related to establishing a dental practice are not conducive to selection of traditional private practice modes nor do they encourage practice site selection in identified, underserved areas. In addition, high debt levels do not encourage attempts to address health care cost containment objectives. Federal funds must be made available with sufficient capital and on terms consistent with the reasonable feasibility of repaying these loans.

Because programs such as HPSL, NDSL and EFN are subject to the annual appropriations process, federal money for them has fluctuated. Students are unable to predict packaging of their loans from year to year and are not always able to budget themselves accordingly. In any event, projection of eventual debt accrual by graduation by the individual student is nearly impossible. Consistency of dollar support is as important as the substance of the programs themselves.

The profession must intensify its efforts to assist the educational programs to obtain support for student assistance through loan programs. The funding of any loan program should be made available to students at loan terms which are reasonable. Profession-wide activities should be initiated to assist the student indebtedness issue.

III. Need for Adequate Manpower Study and Manpower

Data: It is apparent that the profession needs to increase its efforts in the area of manpower and economic statistics to assess, on a continuing basis, current and future dental manpower needs. The existing forecasts contained in the US government publication "Forecasts of Employment in the Dental Sector to 1995" need to be carefully reviewed and, when appropriate, challenged with a more careful analysis of manpower statistics. Such review and analysis have been given first-order priority for the Association's Bureau of Economic and Behavioral Research. A report on manpower projections is due in the near future.

Another issue discussed by the conference participants is the need for application of economic theory to the market for dental care, particularly in light of concerns expressed about cost containment. The supply and distribution of dental manpower, location decisions being made by new graduates, the supply of dental services, and the level and distribution of demand for dental services are some examples of the economic issues that currently are being addressed by the Bureau of Economic and Behavioral Research as a part of the long-range planning and economic forecasts for the dental profession. The conferees are of the opinion that these and other economic activities should continue as high priorities for the profession and are areas which require the continued support by both Associations.

These and similar economic and manpower concerns underscore the need for the ADA to develop a national Dental Planning Information system that will accurately report state-based dental manpower needs for the future. It was noted that the Dental Planning Information system is being revised and that priority will be given to its implementation. The Bureau of Economic and Behavioral Research in conjunction with other agencies should continue to compile data to form a base from which to project long-range planning and economic forecasts for the dental profession and dental education.

IV. Need to Explore all Transitional Sources of Funding for

Dental Education Programs: Early in the history of federal support for health profession schools, including dental schools, institutions sought federal funds to purchase equipment that needed to be replaced, assist in the construction of new and renovation of existing facilities and, in general, assist the schools in maintaining quality education. To obtain such support, schools had to provide assurances that could not be adjusted with the amount of federal payments. As federal funds for institutional support were reduced and schools received less support, it was evident to some schools that serious thought had to be given to future replacement of such funds. Indeed, as federal institutional support has been reduced, in general, tuitions have increased dramatically to replace loss of capitation revenue. Today, six schools do not accept federal capitation

support and have been through the transition. To eliminate all federal institutional support in one year could be disastrous for several schools. An abrupt loss in institutional support, without a way to replace the revenue or to coordinate changes that would be required in the curriculum and/or in the programs of the school, faculty size and class size, would make it difficult for some schools to survive. Given a transition period of three years, schools could make adjustments in class size, tuition levels and seek replacement income so that it would be feasible for schools to operate without federal institutional support. Without an orderly transition, the fiscal position of some schools could be in serious jeopardy.

It was agreed by the conference participants that there is need for all dental schools to study immediately the actions that individual schools must take to eliminate the dependence on federal institutional support and be able to maintain a quality education program within available resources.

V. Schools Should Study Alternative Funding Mechanisms and Cost Effective Approaches to Education Including Program Curtailment as it Relates to Quality Education:

During the deliberations, the conferees were mindful of the fact that decisions on dental enrollment do not rest ultimately with the dental school administration or with its faculty. Rather, such determinations are ultimately rendered through a decision making process involving such groups as the university's governing board and, with public institutions or state supported private schools, the state boards of higher education and state coordinating boards. It is recognized that the state legislature also frequently stipulates enrollment.

Despite these realities, it is believed that a need exists for each school to study comprehensively and on a continuing basis, the impact of loss of financial support on the quality and scope of its educational program. In this context, it appears that schools should explore and evaluate what economics could be achieved through reduction in class size. Attention should be directed to assessing the optimal reduction necessary to achieve effective economics. In this regard, the AADS encourages its member dental institutions to explore such possibilities as an integral part of the school's short-, intermediate- and long-range planning. It would be appropriate for the American Association of Dental Schools to encourage its member institutions to study the costs associated with each of the educational programs it sponsors and the relationship to the respective enrollment in each so that the school can realistically plan within the financial resources available.

VI. Need for the American Fund for Dental Health to Study the Feasibility of Attracting Nontraditional Sources of Funds to Support Dental Education Programs: There are a number of critical problems facing dental education today which

are threatening acute crises in dental education, some of which are likely to result in severe alterations in the dental health care delivery systems. These crises, if not dealt with, will result in an erosion of public confidence in the entire dental health care system. While the causes of these problems are manifold, the rising cost of education is considered the chief culprit.

The acute economic crises facing dental schools today require the exploration of nontraditional sources of support to maintain the quality of dental education and of dental health care delivery systems. The American Fund for Dental Health was originally established to assist students in defraying some of their costs and to serve as a source of funds for faculty development. Since then, its mandate has been broadened to include practically every area of dental education. As the AFDH has developed, it has identified and explored the feasibility of increasing numbers of fund-raising mechanisms. While these mechanisms have been developed to support AFDH programs, they are broadly applicable to all of those needs facing the educational system.

Representatives of the ADA and AADS urge the American Fund for Dental Health to study the feasibility of identifying or developing nontraditional sources of financial support for dental education.

VII. Need for Increased Efforts to Eliminate Mandatory Enrollment Requirements as a Condition for Federal Support: Following lengthy discussion of Board Resolution 61 (*Supplement 1:300*), the conferees unanimously agreed to recommend its adoption. During the discussions, concern was expressed that maintaining present enrollments as a condition for federal assistance, if continued, could compromise the quality of dental education. Through the accreditation process it has been determined that adequate faculty size, physical plant and clinic patient flow are necessary to quality education. The conference participants believe that in the interest of maintaining the high level of health care provided to the public by the dental profession, a joint committee should be established by the AADS and the ADA to study the effect of class size on quality of dental graduates.

VIII. Need for Commission on Dental Accreditation to Review Appropriateness and Cost Effectiveness of the Accreditation Programs, Standards and Procedures: Dental education today faces a rapidly changing environment with financial pressures and educational demands which bear heavily not only on the school's resources but on those of the student, new graduate and eventually on choices of modes of practice. Teachers and teaching methods must adapt to these changes and become more efficient by developing new modes of education. The educational community must also adapt to changing dental practice to truly prepare the graduate for his professional life.

Consistent with this, the Commission on Dental Accreditation must continually review and revise the requirements and guidelines the schools must meet so that these will be consistent with the requirements for dental practice and attainable goals of the schools.

The accreditation process itself adds to the drain on education's overburdened resources with further demands on faculty and staff as well as expense. The accreditation procedure, while necessary and beneficial, must not make unnecessary demands upon the schools. The Commission on Dental Accreditation will be requested to review its standards and guidelines as well as the accreditation procedures to maintain the quality of education while facilitating the schools' efforts to be as cost effective as possible.

Further discussions included the following topics:

The attractiveness of dentistry as a career. The questions being raised by potential or prospective students about careers in dentistry should be of concern to all segments of the profession. Further, preprofessional advisors are also raising questions about the advisability of suggesting dentistry as a career. There is a general impression that potential students are being dissuaded from considering dentistry as a career option. Although the reasons for this phenomenon may be varied, multifaceted and complex, it must be recognized that the decline in numbers of applicants is continuing. There is little question that the declining applicant pool is, at least in part, attributable to the rising cost of a dental education. There is considerable concern about the impact such an occurrence will have upon the future of students from the middle and lower socioeconomic segment of society to seek a dental education.

Since the future of any learned profession is dependent upon those entering the profession as students, it is incumbent upon all segments of the profession to assist schools in their recruiting efforts to ensure an adequate pool of qualified applicants from all socioeconomic strata of society. It was agreed that a concerted and combined effort be made to assist in the recruitment of qualified, potential candidates for careers in dentistry. It is imperative that dental schools have an adequate pool of qualified applicants from all segments of society.

The future of postdoctoral education and the emphasis on general practice residency programs. In recent years, students completing their predoctoral education have increasingly expressed a need for further clinical experience before entering practice. As a result, general practice residency programs have increased in number and in size, but the demand still exceeds the number of positions available. As a further alternative, the Commission on Dental Accreditation recently approved standards for general dentistry programs to be established. A recent AADS/ADA Task Force Study on Graduate Dental Education recommend-

ed expansion of these two programs to provide spaces for 50% of graduating dental students by 1985. The conference participants recognized, however, that presuming continued competition for these spaces, it is probable that this additional experience will not be available to all those who desire it.

Establishment of a closer liaison between the practitioner, educator and researcher to explore mutual concerns. Both groups were unanimously agreed that there is a need to continue dialogue on a continuing basis so that practitioners, educators, and researchers are fully apprised of the problems and concerns facing the profession, dental education and dental research. The group also recognized that a closer liaison would not only assist in understanding the problems facing the various constituencies, but would serve to explore potential resolution of these problems.

During the discussion, a question was raised about the number of dental educators who are members of the ADA. Although there are no hard data currently available, the group was advised that attention is being directed to ascertaining how many dental educators belong to the ADA. It was also brought to the attention of the conferees that plans are underway to communicate with all faculty about the advantages of ADA membership, including availability of ADA sponsored insurance programs.

The groups were advised that, at some schools, membership dues to the ADA are among the fringe benefits provided faculty. It was also brought to the groups' attention that many dental faculty do not belong to the American Association of Dental Schools. It seems important that faculty be encouraged to belong to and support both organizations.

Summary: While some of the items considered in this report are in progress, the Board of Trustees believes that it should give high priority to many of those issues that relate to American Dental Association activities. Since the development of the master plan is central to the Board's consideration of these issues, greater emphasis will be given to that matter when the Board reconvenes during its January 1981 meeting.

The Board is providing this report to the House of Delegates for its information regarding the matters that are of contemporary significance to the educational community and the profession. Many of the issues are critical at this time and the Board is attempting to deal with some of the matters now.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

PARTICIPANTS LIST: JOINT ADA/AADS MEETING, CRYSTAL CITY MARRIOTT, September 15, 1980

AMERICAN DENTAL ASSOCIATION REPRESENTATIVES

Committee on Inter-Agency Affairs

Dr. I. Lawrence Kerr, chairman
Dr. John J. Houlihan
Dr. Robert Dixon
Dr. Donald Bentley
Dr. Abraham Kobren
Dr. John Bomba
Dr. Robert Griffiths
Dr. John M. Coady
Dr. Burton Press, *ex-officio*

ADA Staff

Dr. Thomas Ginley
Mr. Bernard Conway
Mr. Delmar Stauffer
Mr. Hal Christensen
Dr. Robert Pollock
Dr. Mario Santangelo
Mr. Roy Bredder
Mr. Leonard Wheat

Council on Legislation

Dr. Wilfred Springer
Dr. William Ikard
Mr. Stuart Ginsberg, student

Council on Dental Education

Dr. William Brown

AMERICAN ASSOCIATION OF DENTAL SCHOOLS REPRESENTATIVES

Dr. Walter V. Mann, Jr.
Dr. D. Walter Cohen
Dr. Enid A. Neidle
Dr. James W. Smudski
Dr. Richard Bradley
Dr. Fred G. Emmings

AADS Staff

Dr. Harry Bruce
Mr. Michael Dyer

REPORT 12 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: INFORMATIONAL REPORT ON SPECIAL CONFERENCE ON INSTITUTIONAL ADVERTISING, MARKETING AND PROMOTION

Background: Recent years have witnessed the entry of professional organizations into the arena of institutional advertising, as many associations have initiated paid advertising campaigns. Major national associations currently engaged in paid institutional advertising include the American Bankers Association, the American Optometric Association and the National Association of Realtors. Other professional associations are also entering the scene.

Initially, the thrust of most professional association advertising campaigns was to enhance the image of the profession and the general public's understanding and perception of that profession. More recently, however, the trend has shifted toward using institutional advertising for the purpose of promoting members' services.

Within the dental profession, the use of promotional institutional advertising has increased significantly in the past two years. In 1979, the American Association of Orthodontists launched a national advertising campaign that was both informational and promotional in nature. Responding to a membership concern over declining busyness of dental offices, the American Dental Association this year initiated a \$2 million paid advertising campaign. In recent months the Academy of General Dentistry and the American Association of Oral and Maxillofacial Surgeons also have approved pilot and/or national paid advertising programs; the American Academy of Periodontology will make a decision on an advertising campaign in October.

At the constituent and component society level, substantial advertising activity also is taking place. At least eight societies have availed themselves of the opportunity to "piggyback" on the Association's advertising campaign, utilizing the nationally produced advertising materials at the state and local level. Four state societies have undertaken development and placement of their own advertising materials and others are involved in various stages of study committees, membership surveys and marketing research—all related to institutional advertising. It is now anticipated that, in 1981, nearly \$10 million overall may be spent by the dental profession on paid advertising activities.

Call for Conference: The Board of Trustees has been concerned over the prolific growth of advertising campaigns and expenditures within the profession. It recognizes that a coordinated approach that allows for different messages and mediums while ensuring against conflicting ones is highly desirable if advertising monies are to be wisely spent and the desired results achieved. In addition, the Board is concerned that without coordination and comprehensive planning, fragmentation of the profession and confusing messages in the marketplace may result.

Accordingly, the Board concurred with President Kerr's recommendation that a special conference on institutional advertising be convened. The conference was held on September 16, in conjunction with the Board's Committee on Inter-Agency Affairs meeting in Washington, DC. Represented at the conference were 5 national dental organizations, 15 constituent societies and 6 component societies.

Purpose of Conference: The purpose of the conference was twofold: (1) to provide a forum for the exchange of information about the advertising and marketing activities of the participant organizations and (2) to discuss the need for and desirability of coordinating various dental association activities related to improving utilization of dental services. Participants were asked to explore the feasibility of pooling advertising resources and establishing a coordinating mechanism such as proposed in California Resolution 57 (*Supplement 1:274*), calling for appointment of a Committee on Marketing of Dental Services "for the purpose of long-range planning, guiding, integrating and—eventually—directing an umbrella approach to marketing dentistry. . . ."

Guest Speaker: Setting the stage for the conference was guest speaker Mr. Greg Korneluk, chairman of the American Marketing Association's Committee on Health Care Marketing. In presenting an overview of the relatively new phenomenon of "health care marketing," Mr. Korneluk particularly noted the increasing trend in recent years toward the "production of services." As a result, he said, the professions are on a threshold of a new long-term thrust in marketing their services. He also pointed out that whereas in the past marketing was viewed as something that could give an organization a "competitive edge," today it is rapidly being perceived as essential to an organization's survival.

Marketing is characterized by four elements, he said: promotion, price, product and place. Each of these elements is made up of the following sub-elements:

- Promotion
 - Advertising
 - Selling
 - Public relations
- Price
 - Credit
 - Pricing strategy
- Product
 - Quality
 - Characteristics
- Place
 - Access
 - Location

He noted that advertising is just one part of the marketing mix and that advertising alone does not constitute marketing.

Following Mr. Korneluk's presentation, representatives of the participating organizations in the conference provided a thumbnail sketch of their current advertising activities or those that are planned. Opportunity was provided for question and answer exchange in conjunction with each individual program summary. Comments of the conferees indicated they thought this type of exchange was valuable, enlightening and worthwhile.

Discussion Groups Consensus: To facilitate discussion, participants were broken into two groups led by the president and president-elect: Group A representing constituent and component societies and Group B representing national dental organizations. Among the points of consensus of the two groups were the following:

Continuing exchange. A need exists for a forum for the continuing exchange of information on dental marketing

and advertising activities.

Autonomy. While such a forum would provide an opportunity for coordination and cooperation, it should in no way have "control" over the marketing activities of the participating organizations.

Common theme. In view of the fact that many of these advertising programs are in the embryonic stages, it was believed that these programs should be fully developed and assessed in order to determine whether a common goal or theme is desirable or attainable.

Cost. Membership concerns over the proliferation of costs to support multiple advertising campaigns must be recognized.

Other marketing activities. The profession should explore and develop additional health care marketing activities.

Glossary. The conferees expressed a need for a glossary of marketing and advertising terms.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

REPORT 13 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: STUDENT LOAN PROGRAM

Background: In 1977, the American Fund for Dental Health (AFDH) presented a grant request to the ADA in the amount of \$750,000 for the purpose of cosponsoring a student loan program. This request reflected a concern of AFDH, shared by the Board of Trustees, over the increasing cost of a dental education and over the lack of sufficient private loan funds. While the Board, in its 1977 Report 3 to the House of Delegates (*Supplement 1*, 1977:438), endorsed the concept of a student loan program, it believed that other alternatives should be placed before the House before final approval.

Therefore the Board recommended that \$1 million be placed into the three-year budget for 1978-80 to fund a possible student loan program. The Board also placed Resolution 80 before the House which was amended and approved as follows (*Trans.1977:895*):

Resolved, that the Association endorse the concept of participating in a Student Loan Program, and be it further

Resolved, that the Board of Trustees determine the extent to which the Association shall participate in such a program, and be it further

Resolved, that the Board of Trustees submit the proposed Student Loan Program to the 1978 House of Delegates for approval.

Activity Since 1977: In 1978, the House of Delegates received a progress report written by Dr. Lloyd J. Phillips, then-president of AFDH. This report

(*Supplement 1*, 1978:207) stated that it was premature to present a final program for approval by the House. Further, this report stated that adequate outside funding was available through 1979, mostly as a result of the Robert Wood Johnson Student Loan Guarantee Program; and that a program would be presented to the 1979 House. A survey of dental school deans taken during 1978 confirmed the growing need for additional funds. Also during 1978, the AFDH reviewed available data and other material, raised a series of issues for study and established some preliminary criteria to be met by any program jointly funded by ADA/AFDH.

During 1979, the Council on Dental Education examined the issue of student finances as well as a variety of other topics related to dental students. However, the Board of Trustees, concerned about the impact on Association finances of a major financial commitment, postponed indefinitely the following Resolution B-189-1979 (*Trans.1979:510*) presented by the Council on Dental Education:

Resolved, that the ADA participate in the American Fund for Dental Health guaranteed student loan fund by providing financial support and that the ADA assist in stimulating other funding sources to provide support, both public and private sources.

During 1980: A presentation to the Board was made by Dr. Dale Redig, president, American Fund for Dental Health, and Mr. Herbert "Buddy" Myers, AFDH

treasurer, serving as a consultant to the AFDH. Mr. Myers highlighted the rapidly escalating costs of a dental education and beginning a practice, and reiterated the AFDH concern that, given these increases as well as present economic conditions, students from middle-income backgrounds may soon be prevented from entering dentistry. He said that except for Chase Manhattan Bank, student loan funds were drying up; and that, under the HEAL program, Chase could provide \$100 million in loans over a five-year period—if funds could be found to make up 100 basis points between its interest rate and the government guarantee rate. Since the \$1 million currently in the ADA reserve fund could hardly make an impact in a \$230 million loan market, AFDH proposes that the ADA and AFDH jointly sponsor an “interest excuse program” to make up this difference. Each organization would contribute \$250,000 per year; the total (\$500,000) would be matched by the dental schools. Most likely, this would be an ongoing program.

The Board discussed the AFDH material and considered its report at some length. However, at the present time the Board believes that the Association cannot now support either a direct student loan program or an interest subsidy program such as that proposed by AFDH. The following reasons are key to the Board's thinking:

The inability of the Association to make a continuing financial commitment to the program.

The relatively small impact that such a large expenditure (for the Association) would have on the problem.

Current in-house studies of other mechanisms to

assist dental students, both as a group and as individuals.

Therefore, the Board of Trustees has voted not to accept the AFDH proposal. The \$1 million set aside in 1977 to fund a possible student loan program has been released and made available as needed to fund general operating programs of the Association.

Related Matters: The Board of Trustees wishes to point out its continuing concern about, and interest in, matters affecting dental students. The Board and staff, in conjunction with the American Student Dental Association (ASDA), are looking for ways to give meaningful help to current and future students as well as to its active members. For example:

The ADA is funding a \$50,000 grant to the University of Pennsylvania to study the whole issue of dental student financing.

The Board has forgiven the \$7,000 balance on a 1971 \$10,000 loan to ASDA.

A proposal by the Council on Insurance to provide dental students with \$25,000 in life insurance as a benefit of membership under the member insurance program has been approved by the Board and will go into effect on January 1, 1981.

Staff and the Board are actively lobbying government on issues of importance to dental students and dental schools.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

REPORT 14 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: 1979 FINANCIAL RESULTS AND 1980 PROJECTION

Background: The financial results of the 1979 fiscal year were reported to the delegates and alternates in *Annual Reports and Resolutions, 1980*, pages 188 to 234. This material reports the December 31, 1979 audited financial position of the Association and contains unaudited detail statements of 1979 actual results compared to budget and to 1978 results. A financial projection for fiscal 1980 has been prepared by the Association staff and forwarded to each delegate and alternate in accord with the policy of the House of Delegates. A third piece of financial information is the proposed budget for 1981, contained in Board Report 3 (*Supplement 1:307*).

The purpose of this report is to summarize the major points with respect to 1979 and 1980 actual and projected results compared to budget. In addition, this report points out the steps taken by staff and the Board of Trustees to improve the Association's budget performance.

1979 Financial Results: The Association completed 1979 with a surplus of revenue over expenditures in the amount of \$1.2 million. This was \$130,000 less than budgeted. As summarized below, revenues were on budget, operating expenditures exceeded budget by \$238,000, and nonoperating disbursements were \$109,000 under budget.

	Budget	Actual	Actual + (-) budget	
			\$	%
Revenue	\$22,330,000	\$22,329,000	\$ (1,000)	-0.0%
Expenses				
Operating	\$20,137,000	\$20,375,000	\$ 238,000	1.2%
Nonoperating	840,000	731,000	(109,000)	(13.0%)
Total	\$20,977,000	\$21,106,000	\$ 129,000	0.6%
Surplus	\$ 1,353,000	\$ 1,223,000	\$ (130,000)	(9.6%)

The on-budget revenue performance was due to a combination of favorable and unfavorable variances. Revenues from advertising, subscriptions, testing fees, and the sales of educational materials were below budget by from \$25,000 (advertising) to \$156,000 (educational materials sales). These unfavorable variances were offset by over budget (favorable) variances in income from investments (\$343,000) and headquarters building income (\$54,000). The increase in investment income is probably a short-term situation and reflects high interest rates earned by invested cash reserves.

Operating expenditures exceeded budget by \$238,000, or 1.2%, in 1979. Staff salaries, which are the Association's largest single cost, were \$191,000 below budget, and printing, the second largest cost, was \$67,000 below budget. These savings, however, were offset by over budget conditions in real estate taxes (\$237,000), legal fees (\$176,000), social security and unemployment insurance taxes (\$57,000) and travel (\$56,000). All other expense items were within +(-) 5% of budget, or are insignificant in terms of total dollars.

1980 Projection: Staff has projected the 1980 year-end results based on actuals through July 31, 1980. The current projection suggests a deficit (excess of expenses over revenue) of \$325,000. This deficit is an improvement over the \$500,000 projected in Board Report 3 (*Supplement 1:303*), principally due to a major cost reduction effort on the part of Association staff. However, the \$325,000 deficit compares to an \$836,000 surplus budgeted for 1980—an unfavorable variance of \$1,161,000. As summarized below, the unfavorable variance is due to two factors—revenue is projected at \$794,000 below budget, and operating expenses are projected at \$367,000 over budget.

	Budget	Projection	Projection + (-) budget	
			\$	%
Revenue	\$25,565,000	\$24,771,000	\$ (794,000)	(3.1%)
Expenses				
Operating	\$24,038,000	\$24,405,000	\$ 367,000	1.5%
Nonoperating	691,000	691,000	-0-	-0-
Total	\$24,729,000	\$25,096,000	\$ 367,000	1.5%
Surplus (deficit)	\$ 836,000	\$ (325,000)	\$ (1,161,000)	(138.9%)

Note: Increased from published projection of \$288,000 due to Board reinstatement of \$37,000 in staff cuts.

Advertising revenue for *JADA* and *ADA News* is projected at \$521,000 below budget and is the greatest shortfall in 1980 as a planned increase in ads has failed to materialize so far. The 1981 budget has been trimmed back to a more realistic level and steps have been taken to increase ad revenue. Some of these, including a streamlining of the advertising review process, already appear to be having a beneficial effect.

Income from rent and services to building tenants is projected at \$200,000 below budget and about \$184,000 below the 1979 level, reflecting increased Association occupancy of the building. Other revenue shortfalls include the sale of exhibit space at the annual session (\$50,000) and subscription sales (\$35,000 for *Dental Abstracts* and the *Journal of Endodontics*). Membership dues are projected at \$15.1 million, or \$100,000 below budget. Favorable revenue variances are projected for investment income (\$50,000), data processing income (\$40,000) and overhead on government grants (\$40,000).

Operating expenditures are projected at \$367,000 or 1.5% over budget. Besides the increases noted below, the Association has been hard hit by increases in travel and other operating costs due to inflation—as has every other organization. The 1980 budget was prepared in April–June 1979 and did not adequately anticipate many of these cost increases. Staff has attempted to counter the effect of inflation through reducing trips and cutting back on certain activities. However, because a large portion of these activities are essentially fixed—ie, they must be funded at a given level—substantive reductions are not possible without terminating or severely curtailing programs.

On a positive note, the Association staff has not increased from 1979 to 1980. As discussed in Board Report 3, new programs have been taken on with no additional staff by adjusting responsibilities and, to a large extent, increasing the productivity of existing staff.

Individual salary increases have averaged 7% to 8% although the Association's new merit policy allows the payment of both higher and lower rates of increase, depending upon individual performance. Actual total salaries are projected within \pm 1% of the 1980 budget.

The \$367,000 unfavorable operating expense variance is a net of savings by many agencies and several major unanticipated expenditures. In addition, allocations from the Contingent Fund have been approved by the Board of Trustees which have resulted in an over-expenditure of the Contingent Fund by \$420,000 (as of the August Board meeting). During the year, each request for Contingent Fund monies is carefully evaluated by the Committee on Finance and Investments and the Board of Trustees. Numerous requests are rejected. While the Board recognized that it was over-spending the Contingent Fund budget, the approved requests are, in the judgment of the Board, supportive of the long-range objectives and priorities of the profession.

Specific major expense increases during 1980 have included:

\$295,700 in added payments to officers, trustees, council members and consultants:

Increase in the per diem rate: \$119,700.

Added day of travel (rescinded in August 1980): \$100,000.

Increase in officer and trustee stipends: \$76,000.

\$200,100 for the All-Star Funstake program. This includes a write-off of \$160,000 in scorebooks which were not purchased by member dentists.

\$170,000 for increased employee benefit costs—principally medical and dental insurance, pension plan deposits and unemployment insurance taxes. This increase does not reflect plan improvements, only increased costs for existing plans.

An increase of \$135,000 in the Association's data processing costs over the approved budget. Since the original budget was prepared, hardware and software requirements were revised, and the systems development plan was advanced to provide added benefits earlier, eg, continuing education registry and membership records.

Grants to dentally-related organizations, primarily constituent and component societies, in the amount of \$111,000.

\$87,000 in consulting fees and purchased systems to upgrade the Association's personnel practices and information systems.

\$74,500 to establish a new Department of Membership Services.

Increase in the cost of printing and mailing JADA—\$57,000 over the approved budget.

Greater than budgeted costs of materials sold. Besides the baseball scorebooks, this item is

\$51,000 over budget. This increase reflects both increased sales and unit costs (to the Association).

\$46,000 to fund the in-bound WATS lines, first on a three-state pilot program and now on a nationwide basis.

Offsetting these increases are a wide-range of reductions in program and agency expenditures, which have been accomplished through careful management and the curtailment or postponement of unnecessary expenditures. Staff travel has been cut back. Approved open positions have not been filled as rapidly as possible. The staff of the Bureau of Economic and Behavioral Research has been cut from 17 to 10. The use of temporary help has been curtailed. In fact, the large majority of Association agencies are expected to be operating below their 1980 budget by the time the year is out.

Action Steps: When the current projection of 1980 results was made, the figures prepared by agency managers yielded a \$969,000 deficit—or a deficit of \$681,000 greater than that currently projected. Association staff was directed to identify budget cuts to be made over the last three months of the year, and a target reduction was assigned to each division. The cuts were to be made so as not to seriously harm ongoing Association programs. The result of this exercise was to reduce the projected 1980 deficit from \$969,000 to \$288,000. Subsequently, the Board reinstated \$37,000 in cuts, bringing the projected deficit to \$325,000. Specific cuts included deferring the filling of selected open positions, a freeze on overtime, curtailment of planned travel, a reduction in issues of the *ADA News*, postponement of some activities into 1981, and selected reductions in annual session costs.

In addition to these reductions, many of which cannot be continued over an extended period without harming Association programs, three important steps are being taken to improve the Association's overall financial performance. For example:

The 1981 budget has been prepared with a more conservative projection of revenues, program costs, inflation rates, etc.

The new financial management information system (FMIS) is now installed. It is expected that, by January 1, 1981, the Association will have a budgeting and reporting system which is fully supportive of its planning and cost control requirements.

Proposals are being studied to increase the non-dues portion of the Association's revenue base, eg, advertising and material sales, "for profit" corporation. The House will consider some of these proposals at the current session.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

REPORT 15 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: AMENDMENT TO THE 1981 BUDGET

During its October meeting, the Board of Trustees reviewed several requests for additions to the 1981 budget. While the Board is most sensitive to the present financial position of the Association, it believes that certain of these requests are in the best long-range interest of the profession. Therefore, the following additions to the Board are recommended:

	<u>Addition to budget</u>
Department of Membership Services	\$ 18,000
Headquarters Building	79,500
Council on Insurance	1,000
Board of Trustees	45,000
Bureau of Communications	290,200
Contingent Fund	<u>10,800</u>
Total additions	<u>\$444,500</u>

These increases will result in a 1981 budget as follows:

Revenue	\$23,392,500
Expense	<u>25,760,400</u>
Deficit	\$ (2,367,900)

The Board of Trustees submits the following resolution to the House of Delegates with the recommendation that it be substituted for Resolution 66 (Vote: Unanimous).

66B. Resolved, that the 1981 Annual Budget of Income, Expense (excluding depreciation) and Nonoperating Disbursements as amended be approved, and be it further

Resolved, that building and building furniture and equipment depreciation in the amount of \$326,000 and depreciation on other furniture and equipment of the American Dental Association in the amount of \$220,000 be approved.

REPORT 16 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: FURTHER RECOMMENDATIONS ON REPORTS AND RESOLUTIONS

The following are comments of the Board of Trustees on reports and resolutions which will be considered by the House of Delegates.

Bylaws and Judicial Affairs, Council on, Supplemental Report 1 on Amendment of "Bylaws" to Consolidate Commissions Under Separate Chapter (*Supplement 2:392/Resolution 9S-1*): *The Board recommends approval of Resolution 9S-1* (Vote: 16 Yes, 0 No).

Dental Care Programs, Council on, Supplemental Report 1 on Funding for Research on Dental Capitation (*Supplement 2:395/Resolution 81*): The Board of Trustees reviewed Supplemental Report 1 of the Council which presents Resolution 81 calling for the research project, "The Impact of Capitation Risk Upon the Dentist," at a cost of \$123,208. The Board observes that, as noted in the Bureau of Economic and Behavioral Research Supplemental Report 1 (*Supplement 1:268*), a single, definitive research study on this subject is not feasible. The Board notes that individual studies, such as the one proposed for funding in Resolution 81, are feasible but must be viewed as increments in a long-term commitment to research on capitation, that could conceivably cost in excess of \$1,000,000. In the Board's view, no change has occurred in the Association's

financial position or in the national economic outlook to warrant advancing the priority of this research beyond that recommended at the August session of the Board of Trustees, ie, that implementation be contingent upon the availability of funding for a research commitment of this kind (*Supplement 1:289*). *Accordingly, the Board recommends that Resolution 81 be postponed indefinitely* (Vote: 13 Yes, 2 No plus the negative vote of Dr. Devine).

Dental Health and Health Planning, Council on, Supplemental Report 3 on Definitions of "Primary Care" and "Primary Care Provider" (*Supplement 2:396/Resolutions 77 and 78*): The Board reviewed Supplemental Report 3 of the Council, presenting in Resolutions 77 and 78 definitions of "primary dental care" and "primary dental care provider." The Board is not convinced of the necessity of developing these definitions and observes that any advantages of such development might well be negated by the potential of definitions of this kind to divide the profession needlessly. *Consequently, the Board recommends that Resolutions 77 and 78 be postponed indefinitely* (Vote: 9 Yes, 4 No plus the negative vote of Dr. Cabot for Resolution 77; 9 Yes, 5 No plus the negative vote of Dr. Cabot for Resolution 78).

California Resolution on Appointment of Committee on Marketing of Dental Services (*Supplement 1:274/Resolution 57*): Based upon comments received at the September 16, 1980 Special Conference on Advertising, Marketing and Promotion and reported in Board Report 12 (*Supplement 2:431*), the Board believes there is little interest and support among prospective participating organizations in creating an ADA-appointed Committee on Marketing of Dental Services for the purpose of long-range planning, integrating and directing an "umbrella" approach to marketing dentistry, as is recommended in California Resolution 57 (*Supplement 1:274*). At the same time, however, the Board recognized that the conferees expressed a strong interest in opportunities for informal—such as that provided by the conference—exchange on a regular basis, and for receiving the *Advertising Update* newsletter more frequently. Additionally, the Board noted that the California resolution provides no cost figures associated with establishing such a coordinating body. Available information indicates that support funds for the proposed committee could run upwards of \$16,000 for a seven-member committee meeting four times a year; retainer fees for professional marketing firms associated with the committee could run between \$20,000 to \$25,000 per firm, per year (about \$2,000 a month). The Board questions whether establishment of such a committee, given the climate of interest and the current financial picture of the Association, is viable. The Board notes that the resolution already has been transmitted to the House of Delegates with an indication that the Board would provide comment following its October session. *The Board recommends that Resolution 57 be postponed indefinitely* (Vote: 13 Yes, 2 No).

District of Columbia Resolution on Annual Session Site Rotation System (*Supplement 2:400/Resolution 76*): The Board reviewed Resolution 76 submitted by the District of Columbia Dental Society and noted that the January 1981 session of the Board of Trustees will address a proposed five-year annual session site rotation plan. Further, the Board believes that the selection of sites for the annual session is a management decision which is the prerogative of the Board of Trustees, rather than a policy decision of the House of Delegates.

The Board is sensitive to the concerns of the District of Columbia Dental Society and will encourage more dialogue between the Association and the District of Columbia Dental Society prior to the January session.

Therefore, the Board recommends that Resolution 76 be postponed indefinitely (Vote: 13 Yes, 2 No.).

Indiana Resolution on Qualification Statements for Council and Commission Nominees (*Supplement 2:400/Resolution 82*): The Board of Trustees reviewed Resolution 82 submitted by the Indiana Dental Association and believes that an electoral body such as the House

of Delegates should be provided with the qualifications of candidates such body is called upon to elect. *Therefore, the Board of Trustees recommends that Resolution 82 be adopted* (Vote: 8 Yes, 4 No).

Indiana Resolution on American Dental Association Board of Trustees' Minutes to Constituent Societies (*Supplement 2:401/Resolution 83*): The Board of Trustees considered Resolution 83 and the issue of distributing "complete minutes of all American Dental Association Board of Trustees' meetings." The Board concurs with Indiana that information concerning Board meetings should be available to each constituent society. However, it was noted that verbatim transcripts which are not considered privileged are available to members for view upon request, but are not sent to anyone, including Officers and Members of the Board of Trustees.

It was decided several years ago to transmit the Board minutes as incorporated in the *ADA Transactions* to each constituent society. This has been done. However, the Board noted that presently it receives the following items during the several months after Board sessions: an unofficial report of Board actions and typewritten abridged minutes for each session.

Recognizing the logical need for the membership to be equally informed as the Officers and Trustees, the Board recommends the following substitute resolution (Vote: 15 Yes, 0 No):

83B. Resolved, that copies of the approved abridged minutes of all American Dental Association Board of Trustees' meetings be sent as soon as available to each constituent society of the American Dental Association.

Indiana Resolution on Individual Trustee's Votes Recorded and Reported (*Supplement 2:401/Resolution 84*): The Board of Trustees carefully reviewed Resolution 84 asking that the Board record and then provide the House of Delegates with the vote of each trustee on all actions of the Board. In response to Resolution 94aH-1979 and Resolution 94bH-1979, the Board of Trustees is now recording and providing the vote of the members of the Board on all its special reports and "white papers" and on resolutions presented to the House of Delegates. The Board has as many as five meetings a year and at these meetings considers many issues and motions related to trustee actions. While the Board does not wish to deny delegates access to necessary information, the Board is reluctant to protract its meetings in order to handle the mechanical procedures associated with individual vote counts. The Board's foremost concern must continue to relate to the substance of each issue, the rationale submitted in support of the issue and the implications of the resolution relating to the issue, rather than a recording of how members of the Board voted on the issue.

For these reasons, the Board of Trustees recommends that Resolution 84 be postponed indefinitely (Vote: 11 Yes, 1 No).

Indiana Resolution on Redefinition of Terms "Usual Fee," "Customary Fee" and "Reasonable Fee" (*Supplement 2:402/Resolution 85*): *The Board of Trustees recommends that Resolution 85 be approved* (Vote: 13 Yes, 0 No).

Minnesota Resolution on Development of Definition for Metal Casting Alloys for Inclusion in Dental Procedure Code (*Supplement 2:402/Resolution 80*): The Board reviewed Resolution 80 submitted by the Minnesota Dental Association requesting the development of definitions for various dental casting alloys by the Council on Dental Materials, Instruments and Equipment for use by the Council on Dental Care Programs in appropriate dental procedure codes. The Board concurs with the intent of the resolution and is aware that the Council on Dental Materials, Instruments and Equipment has already formulated and will, at its November 1980 meeting, consider the classification of dental casting alloys with appropriate definitions based upon the percent of noble metal content. However, the Board is of the opinion that the second resolving clause should be modified to direct the subsequent definitions for study by the Council on Dental Care Programs for possible development of appropriate procedure codes. *Accordingly, the Board recommends that the following substitute resolution be approved* (Vote: 15 Yes, 0 No).

80B. Resolved, that the ADA Council on Dental Materials, Instruments and Equipment be directed to develop and adopt definitions for metal casting alloys, and be it further

Resolved, that the results of the Council on Dental Materials, Instruments and Equipment study be made available to the Council on Dental Care Programs for its consideration of the development of appropriate dental procedure codes.

Washington Resolution on Succession to Elective Offices (*Supplement 1:280/Resolution 69*): The Board notes that Resolution 69 repeats word-for-word the language of Resolution 87-1979 (*Trans.1979:644*) concerning succession to the elective offices of the Association. Resolution 87-1979 was referred to the Council on Bylaws and Judicial Affairs which submitted a proposed substitute, namely Resolution 12 (*Reports:139*). The Board of Trustees at its August 1980 session recommended that Resolution 12 be substituted for Resolution 87-1979 and recommended approval of Resolution 12. *For these reasons, the Board recommends that Resolution 69 be postponed indefinitely* (Vote: 14 Yes, 0 No).

Wisconsin Resolution on Amendment of "Bylaws" (Life Membership) (*Supplement 2:402/Resolution 75*): The Board of Trustees reviewed Resolution 75 submitted by the Wisconsin Dental Association and agrees that it is unfair to have a retired member who already had been an active member for 35 years or more at the time of

classification as a retired member to once again have to revert to active membership upon reaching the age of 65 in order to gain classification as a life member. *Therefore, the Board recommends that Resolution 75 be adopted* (Vote: 13 Yes, 0 No).

Pennyrile Dental Society (Ky) Resolution on Development of Advisory Opinion on Ethics of Use by Dentists of Ghost Written Articles for Purpose of Soliciting Patients (*Supplement 2:403/Resolution 86*): *The Board of Trustees recommends approval of Resolution 86* (Vote: 11 Yes, 5 No).

First Trustee District Substitute for Resolution 49 on Experimental Institutional Advertising Program Conform to \$3.75 Million Plan (*Supplement 2:403/Resolution 49S-2*): The Board reviewed Resolution 49S-2 submitted by the First Trustee District. In light of the fact that the substitute resolution recommends one of the four advertising options discussed extensively by the Board in August and rejected for reasons cited in Board Report VI (*Supplement 1:322*), *the Board recommends it be postponed indefinitely* (Vote: 10 Yes, 6 No).

First Trustee District Substitute for Resolution 65 on Opposition to Expending Federal Funds for Advertising to Promote HMOs (*Supplement 2:404/Resolution 65S-1*): In reviewing Resolution 65S-1, the Board believes that the intent of the second resolving clause can be achieved by revising the first resolving clause and deleting the second resolving clause. *The Board recommends that the following resolution be substituted for Resolutions 65 and 65S-1 and adopted as amended* (Vote: 16 Yes, 0 No).

65BS-1. Resolved, that appropriate agencies of the Association be directed to actively oppose the expenditure of federal funds for advertising to promote HMOs.

First Trustee District Resolution on Dental Health Month (*Supplement 2:404/Resolution 90*): The Board of Trustees reviewed Resolution 90, which calls for the Association's promotion of National Children's Dental Health Month to be changed to National Dental Health Month, and concluded that such a change is not warranted. In view of the long-standing recognition of the public relations advantages of a program to emphasize dental health for children and the repeatedly stated preference of former dental health week chairmen for maintaining the observance as a program for children, *the Board recommends that Resolution 90 be postponed indefinitely* (Vote: 14 Yes, 2 No).

Fourth Trustee District Substitute for Resolution 46 on Discontinuance of Panama Canal Zone Dental Society (*Supplement 2:405/Resolution 46S-1*): The Board of Trustees not only examined substitute Resolution 46S-1 and the background statement accompanying it submitted by the Fourth Trustee District but also heard

an eloquent plea by Dr. Maurice A. Nahmad, president, Panama Canal Dental Society, and reviewed a memorandum of that Society, which read in part as follows:

The Panama Canal Zone Dental Society has been in existence since 1930. During these fifty years, this society has been extremely proud to be a part of the American Dental Association and to be included in the affairs of organized dentistry. Many of the members of this society over many years have been extremely loyal to the American Dental Association and most of them are graduates of American schools. The association with the American Dental Association has offered many of the dentists here the opportunity each year to relate and work with the Panamanian Dental Society, La Asociacion Odontologica Panamena, in a combined meeting at which time continued education and principles of better dental health care are brought to both of our organizations through a combined effort of both societies. Many of us who are in the practice of dentistry in this area are in need of this type of commitment on the part of organized dentistry of the United States. To many, it is the only method through which they continue to develop their professional competency in order to render better dental health care to the people they serve.

It is a fact that the Panama Canal Treaties of 1977 which are not in effect make many areas of the former Canal Zone a part of the Republic of Panama. However, there are areas of the treaty that will still be under the American Government. The best example is that the management, operation and maintenance of the Panama Canal will remain the responsibility of the United States until the treaty terminates at the end of the century. It follows, therefore, that the Panama Canal Commission (which is charged with running the Panama Canal) and the Department of Defense—both agencies of the United States government—will remain active in Panama until December 31, 1999. There are many military and civilian dentists working for the Department of Defense and others are in independent private practice in the Canal area. In compliance with the Treaties, the society is required to apply for recognition by the Republic of Panama and such have been advised that this recognition is shortly forthcoming and we can continue as we are. In compliance with the Treaties, there is no apparent need for a change at this time. We have changed our name to be consistent with the language used in the Treaties. It is very important that at least for now, that the status quo of our society be maintained . . . so as to remain as we are and the only change be that of changing the name from the Panama Canal Zone Dental Society to the Panama Canal Dental Society. This would afford us an opportunity to continue having our association with the American Dental Association and dentistry of the United States and we would continue to foster good relations with the Panamanian Dental Association.

In light of these statements, the Board of Trustees is of the opinion that the Panama Canal Dental Society, formerly known as the Panama Canal Zone Dental Society, can be construed within the meaning and intent of the *Bylaws* as still having a substantial degree of "dependency" status and, therefore, has voted to rescind its Resolution 46 and offers the following substitute for Resolution 46S-1 that more clearly accomplishes the Fourth Trustee District's objective and Dr. Nahmad's recommendation.

The Board of Trustees recommends that Resolution 46BS-1 be adopted.

46BS-1. Resolved, that the *Bylaws* be amended by the addition of the parenthetical phrase "(including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside)" after the word "dependency" wherever it appears, namely as follows:

1. Chapter I, Membership, Section 20, Subsection A, Active Member, lines 91, 97 and 106, and Subsection G, Retired Member, line 180.

2. Chapter II, Constituent Societies, Section 10, Organization, line 405, and Section 40, Membership, Subsection B, Removal from One Jurisdiction to Another, line 465.

and be it further

Resolved, that Chapter II, Constituent Societies, Section 110, Chartered Constituent Societies, be amended by the deletion of the word "Zone" from the name "Panama Canal Zone Dental Society" in line 583, and be it further

Resolved, that Chapter IV, Trustee Districts, Section 30, Composition, be amended by the deletion of the word "Zone" from the name "Panama Canal Zone Dental Society" in the listing of the composition of District 4, line 673.

Fifth Trustee District Substitute for Resolution 3 on Qualifying Dental Assistants to Expose Radiographic Films (Supplement 2:406/Resolution 3S-1): In reviewing Resolution 3S-1 submitted by the Fifth Trustee District the Board reconsidered Resolutions 3 (*Reports:49*) and 3B (*Supplement 1:289*) and agreed with the intent of the substitute resolution 3S-1. However, to clarify the wording to better fulfill both the objective of Board Resolution 3B and the intent of the substitute resolution, *the Board recommends approval of Resolution 3BS-1* (Vote: 16 Yes, 0 No).

3BS-1. Resolved, that the American Dental Association supports the principle that dentists who choose to delegate the responsibility of exposing radiographic film should delegate the function to dental auxiliaries who have had adequate education in such procedures, and be it further

Resolved, that qualifications for the exposure of radiographic films by dental auxiliaries be determined and evaluated on a state level.

Fifth Trustee District Substitute for Resolution 8 on Constituent Society Self-Assessment of Activities Related to Combating the Independent Delivery of Prosthetic Care by Nondentists (Supplement 2:407/Resolution 8S-1) and First Trustee District Substitute for Resolution 8 on Constituent Society Self-Assessment of Activities Related to Combating the Independent Delivery of Prosthetic Care by Nondentists (Supplement 2:403/Resolution 8S-2): The Board of Trustees reviewed Resolution 8S-1, submitted by the Fifth Trustee District, which would amend Resolution 8 (*Reports:115*) by imposing upon

constituent societies, engaged in the self-assessment called for in Resolution 8, a reporting requirement. While the Board supports the concept of a report process in regard to this self-assessment itself (*Supplement 1:289*), it believes the language of both Resolution 8 and Resolution 8S-1 should be modified to the provision of recommendations to constituent societies.

Additionally, the Board, in evaluating Resolution 8S-2, which emphasizes the development of legislation to preclude the independent provision of prosthetic dental care by nondentists, concluded that constituent society efforts should ideally be directed to the development of legislation to preclude all provision of prosthetic dental care by nondentists. *Accordingly, the Board recommends that Resolution 8S-2 be postponed indefinitely* (Vote: 12 Yes, 2 No). *Further, the Board recommends that the following Resolution 8B be substituted for Resolutions 8 and 8S-1.*

8B. Resolved, that constituent societies be requested to conduct a self-assessment of their activities related to combating the delivery of prosthetic care by nondentists, and be it further

Resolved, that the self-assessment address: (1) liaison with outside groups; (2) programs involving the individual dentists; (3) education of the public and profession; (4) legislative action; (5) political action; (6) institutional and Association advertising; and (7) publication of facilities for providing quality dental care for all Americans, and be it further

Resolved, that constituent societies be encouraged to take steps to ensure that program activities be directed to include all acknowledged steps to preclude legislation that would allow nondentists as providers of prosthetic dental care, and be it further

Resolved, that each constituent society be urged to report information on activities obtained through the self-assessment to the American Dental Association no later than June 30, 1981.

Fifth Trustee District Substitute for Resolution 11 on Amendment of "ADA Principles of Ethics and Code of Professional Conduct" to Add a Code Provision (*Supplement 2:407/Resolution 11S-1*): The Board studied Resolution 11S-1. The Board believes Resolution 11S-1 is redundant. Any prohibition against advertising in the *Principles of Ethics and Code of Professional Conduct* must be confined to false, fraudulent or misleading representations. Resolution 11 would, therefore, cover the kind of advertising described in the Fifth District amendment. *The Board, therefore, recommends that Resolution 11S-1 be postponed indefinitely* (Vote: 13 Yes, 1 No).

Fifth Trustee District Substitute for Resolution 13 on Amendment of "Bylaws" Regarding Absence from Session or Vacancy on Board (*Supplement 2:407/Resolution 13S-1*): The Board studied Resolution 13S-1 submitted by the Fifth Trustee District as a substitute for Resolution 13 (*Reports:140*). The Board believes that

the Fifth Trustee District's proposal that rules of trustee districts determine the method for selecting a substitute trustee in the absence of the elected trustee would not be feasible from an administrative standpoint. In addition to a probable lack of uniformity in appointing a substitute trustee, maintaining an up-to-date record of rules for each of 10 multiple constituent society trustee districts would be difficult. The Board also points out that not all trustee districts have formalized rules and there is no provision in the *ADA Bylaws* requiring a trustee district to adopt rules on such matters as substitutes for absent trustees. The Board believes that the method for appointing substitutes for absent trustees in Resolution 13 is equitable and provides a degree of uniformity that is administratively desirable. *The Board, therefore, recommends that Resolution 13S-1 be postponed indefinitely* (Vote: 13 Yes, 1 No).

Fifth Trustee District Substitute for Resolution 14 on Amendment of "Bylaws" (Definition of "In Good Standing") (*Supplement 2:408/Resolution 14S-1*): The Board studied Resolution 14S-1 submitted by the Fifth Trustee District as a substitute for Resolution 14 (*Reports:142*). The Board believes that the definition of "In Good Standing" proposed in Resolution 14 sets out specific standards that can readily be applied by constituents and components to require commitments from members to cooperate with ethics and peer review committees, for example. The Board believes, furthermore, that the best way to ensure that the determination of "In Good Standing" meets legally recognized standards is to have these standards clearly identified for all ADA members in the *Bylaws of the American Dental Association*. *The Board recommends, therefore, that Resolution 14S-1 be transmitted to the House of Delegates with the recommendation that it be postponed indefinitely* (Vote: 13 Yes, 1 No).

Fifth Trustee District Substitute for Resolution 19 on Amendment of "Bylaws" (Introduction of New Business) (*Supplement 2:408/Resolution 19S-1*): The Board of Trustees notes that Resolution 19S-1 submitted by the Fifth Trustee District merely reiterates what Chapter V, House of Delegates, Section 120, Rules of Order, Subsection A, Standing Rules and Reports, Subpart d, Introduction of New Business, and Chapter XXII, Amendments, Section 10, Procedure, of the *Bylaws* currently provide. *Therefore, the Board of Trustees recommends that Resolution 19S-1 not be assigned to a reference committee because the resolution merely reaffirms existing Association policy* (Vote: 13 Yes, 0 No).

Fifth Trustee District Substitute for Resolution 35 on Development of Model Bill for Ionizing Radiation (*Supplement 2:409/Resolution 35S-1*): The Board agrees with the word change recommended by the Fifth Trustee District's Resolution 35S-1 but believes it

necessitates the clarifying addition of the words "regulation of" after the word "on." *The Board, therefore, recommends that Resolution 35BS-1 be substituted for Resolutions 35, 35B and 35S-1 and that the substitute resolution be approved* (Vote: 16 Yes, 0 No).

35BS-1. Resolved, that the Council on Legislation, in consultation with appropriate Association councils and agencies, develop guidelines on regulation of ionizing radiation for utilization by constituent dental societies at their discretion.

Fifth Trustee District Substitute for Resolution 49 on Institutional Advertising Program Conform to \$3.75 Million Plan (*Supplement 2:410/Resolution 49S-1*): In reviewing Resolution 49S-1, the Board notes that its intent is to remove language in the original resolution which makes passage of the \$3.75 million advertising program outlined in Board Report 6 contingent upon approval of Resolution 50 (*Supplement 1:324*) and Resolution 51 (*Supplement 1:324*) which relate to a one-year special assessment. It also notes that neither the substitute resolution, nor its background statement, suggests any alternative means for financing the program. Board Report 6 outlines several alternative financing mechanisms for the advertising program which the Board has examined. The Board reaffirms its recommendation to the House that the program be funded in 1981 other than by a one-year, special assessment. *The Board, therefore, recommends that Resolution 49S-1 be postponed indefinitely* (Vote: 12 Yes, 2 No).

Fifth Trustee District Substitute for Resolution 55 on Approval of "Bylaws of the Joint Commission on National Dental Examinations" (*Supplement 2:410/Resolution 55S-1*): The Board reviewed Resolution 55S-1 submitted by the Fifth Trustee District and concurred with the insertion of the phrase "which recognizes the National Board Examination," into Resolution 55 (*Supplement 1:362*). However, Resolution 55S-1 amends the *Bylaws of the Joint Commission on National Dental Examinations* but fails to approve the *Bylaws*. *For this reason, the Board recommends that the following substitute resolution be adopted* (Vote: 13 Yes, 0 No):

55B. Resolved, that Article I. PURPOSE, paragraphs A. and B., of the *Bylaws of the Joint Commission on National Dental Examinations* be amended by inserting the phrase "which recognizes the National Board Examination," following the words "United States" on line 8 and on line 14, the amended paragraphs to read as follows:

A. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dentists who seek licensure to practice in any state, district

or dependency of the United States, which recognizes the National Board examinations, here and after referred to as National Board dental examinations.

B. To provide and conduct written examinations, exclusive of clinical demonstrations, for the purpose of determining qualifications of dental hygienists who seek licensure to practice in any state, district or dependency of the United States, which recognizes the National Board examinations, here and after referred to as the National Board dental hygiene examination.

and be it further

Resolved, that the amended *Bylaws of the Joint Commission on National Dental Examinations* be approved.

Fifth Trustee District Substitute for Resolution 60 on Establishment of a Separate Profit-Making Subsidiary Corporation of the ADA (*Supplement 2:410/Resolution 60S-1*): The Board of Trustees carefully considered Resolution 60S-1 submitted by the Fifth Trustee District and believes the thrust of the amendments it proposes not only, on the one hand, poses a legally questionable form of control of a corporation having a different tax status than that of the American Dental Association but also, on the other hand, presents a threat, through a premature limitation, to the proper capitalization of the proposed profit-making subsidiary.

The Board recommended in its Resolution 60 (*Supplement 1:299*) that the Board of Trustees be authorized by the House of Delegates to develop and then implement, when appropriate, a separate profit-making subsidiary corporation.

The Board of Trustees understands that if the Association, whether through its House or Board, limits the authority of the proposed subsidiary to manage its own affairs, the proposed subsidiary could then be looked upon as being merely a subterfuge vehicle for the Association to do indirectly what it could not do directly and still retain its tax-exempt status. While the Association can be the sole stockholder of the capital stock of the subsidiary and vote such stock to elect the board of directors of the subsidiary, the Association cannot exceed its stockholder authority and dictate the decisions of the subsidiary's board of directors.

The Board of Trustees is exploring the ways available to capitalize the proposed subsidiary. Capital stock needs to be authorized and issued to provide some of the initial capital for the subsidiary to use to finance its operations. In addition, supplementary capitalization could be provided through the subsidiary's issuance of debentures or preferred stock, which could be callable on demand by the Association as the holder of such evidence of the subsidiary's indebtedness to the Association.

For these reasons, the Board of Trustees recommends that Resolution 60S-1 be postponed indefinitely (Vote: 15 Yes, 1 No).

Fifth Trustee District Substitute for Resolution 66 on Approval of the 1981 Budget (*Supplement 2:410/Resolution 66S-1*): The Board considered the Fifth Trustee District's substitute Resolution 66S-1, which imposes an across-the-board 5% reduction in the Association's 1981 operating expense budget. The Board believes that the currently proposed budget is responsive to the objectives, priorities and financial position of the Association and, further, that a 5% across-the-board reduction could not be made without seriously jeopardizing many Association programs and activities. The Board of Trustees has carefully considered individual program budgets which, the Board believes, is a more responsible approach to expense control than to impose an across-the-board reduction. At the same time, the Board would welcome recommendations for specific reductions in programs or activities and would be pleased to consider such recommendations. *The Board recommends that Resolution 66S-1 be postponed indefinitely* (Vote: 15 Yes, 1 No).

Fifth Trustee District Substitute for Resolution 72 on the Order of Agenda Items (*Supplement 2:410/Resolution 72S-1*): *The Board of Trustees recommends that Resolution 72S-1 be referred to the Committee on Rules and Order of the House of Delegates for its consideration.*

Fifth Trustee District Resolution on Development of Guidelines for Choosing Satisfactory Porcelain Fused-to-Metal Systems (*Supplement 2:411/Resolution 87*): *The Board recommends approval of Resolution 87* (Vote: 15 Yes, 0 No).

Fifth Trustee District Resolution on Recognition of Service to the Association and Profession (*Supplement 2:411/Resolution 88*): The Board agrees with the intent of Resolution 88 which would provide a certificate or plaque to recognize retiring members of the Association's commissions and councils and the House of Delegates. The Board notes that every retiring council and commission member currently receives an appropriate certificate in recognition of service. The Board also notes that this is a management decision with a cost factor implicit and believes that it should be dealt with by the Board of Trustees. Furthermore, the Board feels that the responsibility of providing the necessary retiring delegate information is more appropriately placed with the constituent society. *Therefore, the Board recommends the following substitute resolution for Resolution 88* (Vote: 14 Yes, 2 No):

88B. Resolved, that the Board of Trustees be urged to send to each retiring member of the House of Delegates an appropriate acknowledgment of their service to the Association, and be it further

Resolved, that each constituent society be responsible

for providing the proper information to the ADA Executive Director.

Fifth Trustee District Resolution on Reprimand of ADA Board of Trustees (*Supplement 2:412/Resolution 89*): No comment (Vote: 9 Yes, 2 No).

Fifth Trustee District Resolution on Establishment of a Council on Communications (*Supplement 2:412/Resolution 92*): Noting that a special Board session is planned for early 1981 to consider development of Association program priorities and to propose an Association restructure, the Board recommends that the intent of Resolution 92 should be weighed as part of the upcoming review process. The Board also pointed out that the resolution provides no cost figures related to the 14-member council. A 14-member council, meeting several times a year, would cost the Association a minimum of \$30,000 and the Board questioned whether establishment of a new council is prudent given the current financial picture of the Association. Moreover, the Board reaffirmed what already has been stated in Board Report 1 (*Supplement 1:286*) that the bureau structure provides a far more efficient and responsive facility for managing the communications area.

For these reasons, the Board recommends that the resolution be postponed indefinitely (Vote: 15 Yes, 1 No).

Ninth Trustee District Resolution on Attempt to Secure Amendment of HR 6077 (*Supplement 2:414/Resolution 91*): The Board reviewed Resolution 91 and its accompanying background material. The Board does not believe that the cited provision from HR 6077, which is identical to existing law, can reasonably be construed to relate to state laws "affecting the practice and licensure of dentists" but points out that in order to allay any concerns in this regard, the Association has already recommended to Congress that this intent be made explicit (*Supplement 1:298*).

With respect to the "recognition . . . of the individual state's . . . commissions of insurance," the Board is concerned that the rules and regulations of such commissions in 50 states may vary to such an extent that the intent of the resolution relating to benefit structures could not be fulfilled.

The Board also notes that with the adjournment of the 96th Congress, all bills expire and if legislation similar to HR 6077 is reintroduced in the 97th Congress, it will carry a different number. *The Board, therefore, recommends that Resolution 91 be postponed indefinitely* (Vote: 16 Yes, 0 No).

Eleventh Trustee District Resolution on Issues of Mutual Concern to Dentists and Hygienists (*Supplement 2:417/Resolution 93*): *The Board of Trustees recommends approval of Resolution 93* (Vote: 13 Yes, Drs. Austin and Chavoor voted No).

Eleventh Trustee District Resolution on Amendment of "Bylaws" (Collection of Dues and Special Assessment) (*Supplement 2:417/Resolution 94*): The Board studied the proposed resolution and noted that the \$2.50 semiannual surcharge will just cover the Association's lost interest income and handling costs for administering semiannual dues payments. It is a *Bylaws* duty of the constituent societies to collect dues for the Association, and, therefore, the Board is sympathetic with the intent of the Eleventh Trustee District resolution. However, a 5% retention by the constituent societies will place a significant financial burden on the Association—\$750,000 on \$15.0 million in dues collected. Therefore, *the Board recommends that Resolution 94 be postponed indefinitely* (Vote: 15 Yes, 0 No).

Academy of General Dentistry Substitute for Resolution 28 on Amendment of "ADA Principles of Ethics and Code of Professional Conduct" (Specialization and Limitation of Practice) (*Supplement 2:419/Resolution 28S-1*) and **Fifth Trustee District Substitute for Resolution 28 on Amendment of "ADA Principles of Ethics and Code of Professional Conduct" (Specialization and Limitation of Practice)** (*Supplement 2:408/Resolution 28S-2*): The Board carefully reviewed the Academy of General Dentistry's resolution and the Fifth Trustee District's resolution dealing with the same issue, a revision of Section 5C of the *Principles of Ethics and Code of Professional Conduct* relating to announcement of specialization and limitation of practice.

There are two issues that are being proposed for revision:

- a. Converting the use of the phrase "specialist in" to "practice limited to" and
- b. Allowing the general practitioner to utilize some phrase to announce the availability of services.

These matters were carefully evaluated by the Council on Bylaws and Judicial Affairs during a two-year period of study. The 1979 House overwhelmingly approved the result of that study, a revision of the *Principles of Ethics and Code of Professional Conduct* submitted by the Council, including Section 5C.

The Board calls attention to its comments on Resolution 28 (*Reports:185*) submitted by the Dental Society of the State of New York; the Board recommends referral of Resolution 28 to the Council on Bylaws and Judicial Affairs for report to the 1981 House of Delegates. Since the subject of these resolutions is identical, *the Board recommends that Resolutions 28S-1 and 28S-2 be postponed indefinitely since the issue will be considered by the Council on Bylaws and Judicial Affairs for report to the 1981 House of Delegates* (Vote: 13 Yes, 0 No).

Board of Trustees Resolution 79 on Amendment of "Bylaws" on Election of Honorary Members: The Board of Trustees in its 1979 Report 6 (*Supplement 1:358*) (*Trans.1979:591*) suggested the removal of some items from the agenda of the House of Delegates in order that the House might have more time to give attention to policy matters. The House agreed by adopting Resolutions 42H (*Trans.1979:646*) and 82H (*Trans.1979:589*), among others, requesting that the feasibility of an awards luncheon be explored for suitably acknowledging distinguished guests in lieu of having them introduced in the House.

Therefore, in furtherance of the intent expressed through the adoption of the aforementioned resolutions, the Board of Trustees recommends that the Board rather than the House elect honorary members. If this transfer of the power to elect honorary members is made, honorary members then could be elected by the Board at one of its sessions and suitably acknowledged, along with other distinguished guests, at a luncheon following the opening ceremony of each annual session.

Since such transfer of the power to elect honorary members would involve amendments to the *Bylaws*, *the Board of Trustees submits Resolution 79 with the recommendation that it be adopted* (Vote: 14 Yes, 0 No).

79. Resolved, that Chapter V, House of Delegates, Section 30, Powers, of the *Bylaws*, be amended by deleting Subsection G, reading as follows:

G. It shall have the power to elect honorary members.

and be it further

Resolved, that Subsections H through and including J of Chapter V, House of Delegates, Section 30, Powers, of the *Bylaws*, be consecutively renumbered G through I, and be it further

Resolved, that Chapter VI, Board of Trustees, Section 80, Powers, of the *Bylaws*, be amended by the addition of the following Subsection G:

G. It shall have the power to elect honorary members.

and be it further

Resolved, that Chapter VI, Board of Trustees, Section 90, Duties, of the *Bylaws*, be amended by the deletion of Subsection M, reading as follows:

M. To nominate honorary members.

and be it further

Resolved, that Subsections N through and including R of Chapter VI, Board of Trustees, Section 90, of the *Bylaws*, be consecutively renumbered M through and including Q.

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