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### Recommended Citation

American Dental Association, "1988 Supplement Vol. 1" (1988). *Transactions of the American Dental Association*. 165.

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# 1988

Supplement One to Annual  
Reports and Resolutions

129th Annual Session

Washington, D.C.

October 8-13, 1988







# 1988

## Supplement One to Annual Reports and Resolutions

129th Annual Session

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October 8-13, 1988

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211 East Chicago Ave.  
Chicago, IL 60611

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*Special Note*

Copies of the 1988 *Supplement One to Annual Reports and Resolutions* have been mailed to both delegates and alternate delegates. Please bring your copy to the meetings of the House of Delegates.

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# House of Delegates

## Notes

# Agenda

Sunday, October 9, 1988

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## First Meeting of House of Delegates, 9:00 AM

---

1. Meeting called to order by the Speaker of the House, Joseph G. DiStasio
2. Invocation
3. Introduction of distinguished guests
4. Report of Committee on Credentials: Vincent N. Liberto, Louisiana, chairman
5. Report of Committee on Rules and Order: Charles E. Wilson, California, chairman
6. Address of President, James A. Saddoris
7. Reports of Board of Trustees
  - A. Report 1: Association Affairs and Resolutions (*Supplement 1:257*)
  - B. Report 2: Recommendations on Reports and Resolutions (*Supplement 1:269*)
  - C. Report 3: Financial Affairs and Recommended Budget for Fiscal Year 1989 (*Supplement 1:273*)
  - D. Report 4: Life Membership (*Supplement 1:301*)
  - E. Report 5: Association Activities Regarding Human Immunodeficiency Virus (HIV) Infection (*Supplement 1:304*)
  - F. Report 6: Alternate Methods of Dues Payments (*Supplement 1:310*)
  - G. Report 7: Dues Reduction for Advanced Training Graduates (*Supplement 1:311*)
8. Nominations of officers, trustees and members of councils/commissions
9. Referrals of reports and resolutions: "Prior to each session of the House of Delegates, the Speaker of the House shall prepare a list of recommended referrals to reference committees, such list to be available at the opening meeting of the House of Delegates and be subject to amendment or approval on vote of the House of Delegates" (*Trans. 1953:208*).\*
10. Unfinished Business
11. New Business
12. Adjournment

---

\*A summary of the referrals to each reference committee appears on page 317 of this publication. A supplemental list of referrals (in the form of an Updated General Index to resolution worksheets) will be distributed on Sunday morning. This list will include referral of supplemental reports and resolutions not printed in *Annual Reports and Resolutions, 1988* or in this *Supplement*. The "(Reports:000)" refers to the page number of the printed *Annual Reports and Resolutions*, and the term "(Supplement 1:000)" refers to the page number of this publication. Attention is also called to the Index to Resolutions on page 319 of this publication.

# Agenda

Wednesday, October 12, 1988

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**Second Meeting of House of Delegates, 9:00 AM**  
**Third Meeting of House of Delegates, 1:00 PM**

---

**Election Notice:** Polls will be open from 12:00 PM to 2:00 PM in the State Room, Terrace Level, Washington Hilton Hotel for the first of two possible elections for President-Elect. Please come early and bring your credentials to avoid delay at the voting machines.

1. Meeting called to order by the Speaker of the House, Joseph G. DiStasio
2. Invocation
3. Introduction of distinguished guests
4. Report of Committee on Credentials: Vincent N. Liberto, Louisiana, chairman
5. Additional nominations of officers, trustees and members of councils and commissions
6. Reports of Reference Committees of the House of Delegates
  - A. Resolutions Committee—Priority Items: Presentation will be by respective Reference Committee Chairmen
  - B. Budget and Administrative Matters: Seymour Nash, New York, chairman
  - C. Communications, Membership and Marketing Services: Edward Bonk, Illinois, chairman
  - D. Dental Care Programs and Practice: Robert E. Lauer, Ohio, chairman
  - E. Dental Education and Health: Fitzhugh N. Hamrick, South Carolina, chairman
  - F. Legal and Legislative Matters: Henry M. Sorrels, Texas, chairman
  - G. President's Address and Miscellaneous Matters: Myron L. Pudwill, Nebraska, chairman
  - H. Scientific Matters: Henry V. Van Hassel, Oregon, chairman
7. Unfinished business
8. New business: "No new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, unless submitted by a Trustee District. No new business shall be introduced into the House of Delegates at the last meeting of a session except when such new business is submitted by a Trustee District and is permitted to be introduced by a two-thirds (2/3) vote of the House of Delegates. The motion introducing such new business shall not be debatable. 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. Reference committee recommendations shall not be deemed new business" (*Bylaws*, Chapter V, Section 130Ad).
9. Adjournment

# Agenda

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Thursday, October 13, 1988

## Fourth Meeting of House of Delegates, 9:00 AM

---

**Election Notice:** Polls will be open from 8:00 AM to 10:00 AM in the State Room, Terrace Level, Washington Hilton Hotel, for the election of officers and trustees if any contested elections remain undecided. Please come early and bring your credentials to avoid delay at the voting machines.

1. Meeting called to order by the Speaker of the House, Joseph G. DiStasio
2. Invocation
3. Report of Committee on Credentials: Vincent N. Liberto, Louisiana, chairman
4. Reports of Reference Committees
5. Announcement of the election of officers and trustees
6. Installation of officers and trustees
7. Unfinished business
8. Adjournment

# Standing and Reference Committees

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## Standing Committees

---

### Constitution and Bylaws

Stroud, Donald E., *chairman*, Michigan (9)  
 Feldman, Roddy, California (13)  
 Gottschalk, Jack W., Ohio (7)  
 Noya, Carlos J., Puerto Rico (4)  
 Sewright, James R., South Dakota (10)  
 Czarnecki, Eugene, Pennsylvania (3)  
 Lawson, William, Alabama (5)  
 Siroky, Charles L., Arizona (14)

### Credentials

Liberto, Vincent N., *chairman*, Louisiana (12)  
 Auvil, J. Thomas, Missouri (6)  
 Bressman, Herbert, New Jersey (4)  
 Brett, George W., Pennsylvania (3)  
 Hinkle, Robert C., Ohio (7)  
 Repass, Robert, Georgia (5)  
 Sammartino, Clark A., Rhode Island (1)  
 Seberg, Donald C., Texas (15)

### Rules and Order

Wilson, Charles E., *chairman*, California (13)  
 Anderson, E. Paul, New Mexico (14)  
 Carrillo, Peter A., New York (2)  
 Duncan, Terry, Kansas (12)  
 Maggio, Frank A., Illinois (8)  
 Murphy, James, Kentucky (6)  
 Stordal, G.D., North Dakota (10)  
 Thompson, Kay F., Pennsylvania (3)

## Reference Committees

---

### Budget and Administrative Matters

Nash, Seymour, *chairman*, New York (2)  
 Redish, Charles H., Indiana (7)  
 Brown, Eugene M., California (13)  
 Sessa, Frank, Connecticut (1)  
 Joseph, Daniel I., West Virginia (6)  
 Lathrop, John B., Pennsylvania (3)  
 Welch, Scott, Wyoming (14)  
 Wessinger, N. Carl, South Carolina (16)

### Communications, Membership and Marketing Services

Bonk, Edward, *chairman*, Illinois (8)  
 Crawford, Felix C., Texas (15)  
 Garren, Robert D., North Carolina (16)  
 Leary, James M., Iowa (10)  
 Roy, Jacqueline A., New York (2)  
 Smith, Curtis F., Washington (11)

Tigani, Pasquale, Washington, DC (4)  
 Willoughby, John W., Michigan (9)

### Dental Care Programs and Practice

Lauer, Robert E., *chairman*, Ohio (7)  
 Bast, Fred D., Alaska (11)  
 Chalpin, John W., New Hampshire (1)  
 Faucett, Robert R., Wisconsin (9)  
 Hess, Richard D., Illinois (8)  
 Miller, Marlin, Pennsylvania (3)  
 Meierhenry, Dwight W., Nevada (14)  
 Owen, Kenneth D., North Carolina (16)

### Dental Education and Health

Hamrick, Fitzhugh N., *chairman*, South Carolina (16)  
 Alley, Robert, Tennessee (6)  
 Bluit, Juliann S., Illinois (8)  
 Brown, D.A. Michael, Maryland (4)  
 Henry, James O., Jr., Texas (15)  
 Hunt, Lawrence E., Michigan (9)  
 Reiting, Charles G., Colorado (14)  
 Savage, Jean, California (13)

### Legal and Legislative Matters

Sorrels, H.M., *chairman*, Texas (15)  
 Budge, Gerald S., Idaho (11)  
 Feldstein, Stanley, New York (2)  
 Gwynn, J. Cliff, Jr., Florida (5)  
 Hapcook, Charles, Massachusetts (1)  
 Roebuck, Tommy, Arkansas (12)  
 Stone, Howard A., Illinois (8)  
 Till, Michael J., Minnesota (10)

### President's Address and Miscellaneous Matters

Pudwill, Myron L., *chairman*, Nebraska (10)  
 Black, William M., Ohio (7)  
 Eklund, Richard A., Texas (15)  
 Lohman, John, Montana (11)  
 Long, James, Mississippi (5)  
 McGinty, Charles C., Missouri (6)  
 Sandler, Arthur C., Massachusetts (1)  
 Torchia, James S., Oklahoma (12)

### Scientific Matters

Van Hassel, Henry V., *chairman*, Oregon (11)  
 Gause, Curtis E., Florida (5)  
 Kaufman, Gerry L., Indiana (7)  
 Langbert, Carl G., New Jersey (4)  
 Lensch, Bruce O., California (13)  
 Lindstrom, Steven R., Wisconsin (9)  
 Malbon, Bennett, Virginia (16)  
 Quartararo, Ignatius N., New York (2)

## Hearings of Reference Committees

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Hearings will be held by the reference committees of the House of Delegates in the Washington Hilton Hotel on Monday, October 10. Please note that the hours of the hearings are staggered to facilitate the attendance of members at more hearings. All members of the American Dental Association are privileged to attend hearings conducted by the reference committees of the House of Delegates and to participate in the deliberations.

8:30 AM TO 10:30 AM	<b>Dental Education and Health</b>	Jefferson West Room
9:00 AM TO 11:00 AM	<b>Dental Care Programs and Practice</b>	Monroe Room
9:00 AM TO 11:30 AM	<b>Budget and Administrative Matters</b>	Georgetown Room
10:00 AM TO 12:00 PM	<b>Legal and Legislative Matters</b>	Lincoln West Room
	<b>Scientific Matters</b>	Lincoln East Room
11:00 AM TO 1:00 PM	<b>Communications, Membership and Marketing Services</b>	Thoroughbred Room
	<b>President's Address and Miscellaneous Matters</b>	Jefferson East Room



## Trustee District Meetings

---

All of the following caucuses will be held in the Washington Hilton Hotel.

**First District** (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont), Jefferson West, October 9, 7:00 AM and October 11, 9:00 AM; Jack S. Opinsky, trustee.

**Second District** (New York), Exhibit Room #2, October 9, 7:30 AM and October 11, 8:30 AM; Wilfred A. Springer, trustee.

**Third District** (Pennsylvania), Cabinet Room, October 9, 7:30 AM and October 11, 8:00 AM; Alex J. McKechnie, Jr., trustee.

**Fourth District** (Air Force, Army, Delaware, District of Columbia, Maryland, Navy, New Jersey, Panama Canal, Public Health Service, Puerto Rico, Veterans Administration, Virgin Islands), Thoroughbred Room, October 9, 7:00 AM and October 11, 9:00 AM; Eugene J. Truono, trustee.

**Fifth District** (Alabama, Florida, Georgia, Mississippi), Lincoln West, October 9, 6:00 AM; and October 11, 7:00 AM; Lewis S. Earle, trustee.

**Sixth District** (Kentucky, Missouri, Tennessee, West Virginia), Jefferson East, October 9, 7:00 AM and October 11, 9:00 AM; R. Malcolm Overbey, trustee.

**Seventh District** (Indiana, Ohio), Hemisphere Room, October 9, 7:30 AM and October 11, 10:00 AM; H. William Gilmore, trustee.

**Eighth District** (Illinois), Lincoln East, October 9, 7:00 AM and October 11, 10:00 AM; Cyril L. Friend, Jr., trustee.

**Ninth District** (Michigan, Wisconsin), Exhibit Room #1, October 9, 7:30 AM and October 11, 10:00 AM; Gerald A. Larson, trustee.

**Tenth District** (Iowa, Minnesota, Nebraska, North Dakota, South Dakota), Hemisphere Room, October 8, 1:00 PM and Monroe West, October 11, 9:00 AM; Richard J. Schoessler, trustee.

**Eleventh District** (Alaska, Idaho, Montana, Oregon, Washington), State Room, October 9, 7:00 AM and October 11, 9:00 AM; Geraldine Morrow, trustee.

**Twelfth District** (Arkansas, Kansas, Louisiana, Oklahoma), Military Room, October 9, 7:00 AM and October 11, 8:00 AM; J.P. Chancey, Jr., trustee.

**Thirteenth District** (California), Monroe East, October 9, 7:30 AM and October 11, 8:00 AM; Douglas R. Franklin, trustee.

**Fourteenth District** (Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah, Wyoming), Thoroughbred Room, October 8, 10:00 AM and International East, October 11, 9:00 AM; Bert Y. Hayashi, trustee.

**Fifteenth District** (Texas), Georgetown East, October 9, 7:30 AM and October 11, 8:00 AM; Jack H. Harris, trustee.

**Sixteenth District** (North Carolina, South Carolina, Virginia), Georgetown West, October 9, 7:00 AM and October 11, 9:00 AM; James H. Gaines, trustee.

## Ex Officio Members, Delegates, Alternates

---

**Note:** Delegate and alternate listings printed here are current as of August 19, 1988.

### *Speaker*

DiStasio, Joseph G., Revere, MA

### *Executive Director*

Ginley, Thomas J., Chicago

### *Officers*

Saddoris, James A., Tulsa  
Dugoni, Arthur A., San Francisco  
Nichols, Jack E., Seattle  
Rogers, Sam W., Jr., Houston  
Wathen, William F., Chicago

### *Trustees*

Chancey, J.P., Jr., Fort Smith, AR  
Earle, Lewis S., Winter Park, FL  
Franklin, Douglas R.,  
San Leandro, CA  
Friend, Cyril L., Jr., Metropolis, IL  
Gaines, James H., Greenville, SC  
Gilmore, H. William, Indianapolis  
Harris, Jack H., Pearland, TX  
Hayashi, Bert Y., Honolulu  
Larson, Gerald A., Brookfield, WI  
McKechnie, Alex J., Jr., Camp  
Hill, PA  
Morrow, Geraldine, Anchorage  
Opinsky, Jack S., Hartford, CT  
Overbey, R. Malcolm, Memphis  
Schoessler, Richard J., Pierre, SD  
Springer, Wilfred, A., Rochester, NY  
Truono, Eugene J., Greenville, DE

### *Past Presidents*

Alstadt, William R., Little Rock, AR  
Bentley, Donald E., Hawley, MN  
Bomba, John L., Ocean City, NJ  
Bowyer, Frank P., Knoxville, TN  
Cappuccio, Joseph P., Baltimore  
Deines, John M., Seattle  
Devine, Joseph A., Cheyenne  
Griffiths, Robert H., Charleston, IL  
Hine, Maynard K., Indianapolis  
Houlihan, John J., Claremont, NH  
Kennedy, L.M., Dallas  
Kerr, I. Lawrence, Vestal, NY  
Kobren, Abraham, Bridgeport, CT  
Laughlin, Carl A., Pittsburgh  
Lyons, Harry, Richmond, VA  
Ostrander, Darl, Ann Arbor  
Press, Burton H., Walnut Creek, CA  
Saporito, Louis A., West Orange, NJ  
Shira, Robert B., Boston  
Shuler, Frank F., Clinton, WI  
Williams, Carlton H., San Diego

### **Air Force**

*Delegate 1 (964 members)*  
Butz, Donald J., Bolling, AFB, DC

### *Alternate*

Neurock, Isadore, Bolling AFB, DC

### **Alabama**

*Delegates 5 (1,295 members)*  
McCulloh, J. Calvin, Birmingham  
Dawson, C. Paul, Scottsboro  
Lawson, William M., Birmingham  
Anderson, John P., Rainsville  
Wright, William E., Tuscaloosa

### *Alternates*

Studstill, Zach, Montgomery  
Strickland, Chalmus W., Huntsville  
DuBose, William J., Montgomery

### **Alaska**

*Delegates 2 (234 members)*  
Hansen, George M., Anchorage  
Bast, Fred D., Fairbanks

### *Alternates*

Gregg, Steven E., Fairbanks  
Shaffer, George E., Ketchikan

### **American Student Dental Association**

*Delegate 1*  
Nelson, Steven R., Dallas, TX

### **Arizona**

*Delegates 5 (1,299 members)*  
Christensen, Kenneth, Flagstaff  
Seklecki, Eugene, Tucson  
Siroky, Charles, Phoenix  
Utzinger, David, Scottsdale  
Zent, Curtis, Phoenix

### *Alternates*

Biddulph, John, Phoenix  
Hawke, Robert, Tucson  
Hicks, Morris, Tucson  
Hooker, William, Flagstaff  
Trueblood, Roger, Jr., Glendale

### **Arkansas**

*Delegates 4 (897 members)*  
Davis, Fallon A., Little Rock  
Kent, Robert F., Harrison  
Loyd, Marvin D., Lake Village  
Roebuck, Tommy G., Arkadelphia

### *Alternates*

Burch, Robert H., Monticello  
Grammer, Frank, Fayetteville  
Fitzgerald, Paul D., Sheridan  
Smith, Robert L., Jr., Little Rock

### **Army**

*Delegate 1 (866 members)*  
Lefler, Bill B., Falls Church, VA

### *Alternate*

Johnson, Billy, Fort Sam Houston, TX

### **California**

*Delegates 42 (14,313 members)*  
Bauerfiend, Richard F., El Cajon  
Berman, Barry, Bakersfield  
Bromberg, Myron J., Reseda  
Brown, Eugene M., La Palma  
Chess, J. Thomas, Los Angeles  
Conley, Jack F., Glendale  
Cowan, Edward B., Jr., Riverside  
Craven, Martin D., San Luis Obispo  
Cusenza, Anthony J., Modesto  
Emigh, Robert F., Long Beach  
Feldman, Rod N., Fairfield  
Harada, Harold S., Culver City  
Johnson, Esler H., Pasadena  
Johnson, Paul M., Newport Beach  
Kalebjian, Dennis M., Fresno  
Klooster, Judson, Loma Linda  
Lau, Calvin S., Los Angeles  
Lawrence, Richard W., Napa  
Lehman, John P., Whittier  
Lensch, Bruce O., Chino  
Lewis, Richard A., Long Beach  
Loos, James F., Long Beach  
Loveridge, L. Neil, Carmichael  
McCann, David T., Stockton  
Miller, Michael R., San Bernardino  
Mott, William J., Canoga Park  
Nagel, Norman J., Simi Valley  
Nakata, Ted M., Fresno  
Owens, Jack A., Livermore  
Passantino, Frank R., San Francisco  
Payne, George S., Santa Rosa  
Savage, Jean H., Santa Monica  
Sekiguchi, Eugene, Monterey Park  
Severson, Andrew J., San Diego  
Simms, Richard A., Harbor City  
Smith, Jeffery W., Cutler  
Swimmer, Alan J., Lafayette  
Turchi, Lewis J., Rolling Hills Estates  
Valentine, Bruce, Modesto  
Van Dyk, William A., San Pablo  
Wilson, Charles E., Fairfield  
Yuen, Stephen S., Hayward

*Alternates*

Brink, Justin L., Merced  
 Harris, Gordon F., Roseville  
 Kelly, Robert P., Orange  
 Campbell, Jean E., Placentia  
 Fortier, Theodore T., Los Angeles  
 Bailey, Shirley J., Los Angeles  
 Hemm, Arthur R., Thousand Oaks  
 Gaynor, J. David, Sacramento  
 Redig, Dale F., Sacramento  
 Fine, Jared, Oakland  
 Wolf, Charles H., III, Berkeley  
 Turner, Barry A., Grass Valley  
 Pedersen, Jac, II, San Luis Obispo  
 Taylor, Kent, Antioch  
 Smith, Brian M., Fresno  
 Fasnacht, Lynn A., Long Beach  
 Wolven, Richard F., Eureka  
 Grabowsky, Richard L., Bakersfield  
 Kurumanda, Stephen K., Los Angeles  
 Stuart, Dennis D., San Rafael  
 Durando, Richard, Palo Alto  
 Gorman, Thomas E., Salinas  
 Miller, Rodger, Vacaville  
 Willian, David E., Chico  
 Curry, Frank T., Newport Beach  
 Kofler, Micheal F., Petaluma  
 Skinner, Walter D., III, Auburn  
 Donnelly, David, San Diego  
 Rognison, Dennis, Woodland Hills  
 Saroyan, Jack M., San Francisco  
 Broussard, Jack, Jr., Pasadena  
 Grabow, Leon, Sonora  
 Moore, David D., San Mateo  
 Ashamalla, Mounir, Santa Barbara  
 Comport, William J., San Jose  
 Chan, Steven D., Newark  
 Pearson, Dan D., Modesto  
 Domb, William C., Upland  
 Nevarez, Gustavo, Visalia  
 Rounsavel, Richard, Torrance  
 Hoffman, Alan, Merced

**Colorado***Delegates 7 (1,921 members)*

Eisenson, Jaccob M., Lakewood  
 Forney, John A., Denver  
 Heil, Jacob, Westminster  
 Johnson, Dana J., Boulder  
 Kruse, James H., Colorado Springs  
 Pearce, James H., Jr., Denver  
 Reitingner, Charles G., Gunnison

*Alternates*

Bigelow, Tod A., Aurora  
 Brown, F. Dean, Durango  
 Meyer, Gene E., Denver  
 Nock, James C., Denver  
 Spence, Peter K., Englewood  
 Whitmarsh, Stewart B., Lakewood

**Connecticut***Delegates 8 (2,504 members)*

Sessa, Frank A., Stamford  
 Caldwell, Samuel L., North Haven  
 Friedman, Robert E., Bridgeport  
 Wolfe, Stanton, Southington  
 Marcus, Nathan, Vernon  
 MacDonnell, William, West Hartford  
 Coratola, Joseph, Bristol  
 Slagle, Charles, Greenwich

*Alternates*

Premru, John, Westport  
 McDermott, Arthur, Hamden  
 Lacovara, George, Fairfield  
 Kennedy, James, Farmington  
 Sunshine, Kenneth P., New London  
 Moreau, James, Wethersfield  
 Ernest, Michael, Torrington  
 McLaughlin, A. Howard, Woodbury

**Delaware***Delegates 2 (271 members)*

Sarro, Francis C., Jr., Wilmington  
 Stewart, R. Alan, Wilmington

*Alternates*

Isaacs, Milton, Wilmington  
 Wright, Bruce B., Rehoboth Beach

**District of Columbia***Delegates 3 (575 members)*

Mattox, Balfour, Washington, DC  
 Tigani, Pasquale, Washington, DC  
 Salcetti, Joseph R., Washington, DC

*Alternates*

McDermott, Bernard K., Washington, DC  
 Chavoor, Ashur, Arlington, VA  
 Lindquist, Clarence C., Washington, DC

**Florida***Delegates 15 (4,718 members)*

Beattie, Jack R., Orlando  
 Cadle, Donald I., Jr., New Port Richey  
 Christian, Deuel W., Tampa  
 Foster, Harold M., Miami Beach  
 Gause, Curtis E., St. Petersburg  
 Gwynn, J. Cliff, Jr., Tallahassee  
 Hinton, Andrew C., Pensacola  
 Jordan, John R., Jr., West Palm Beach  
 Klein, H. Raymond, Jacksonville  
 Scures, Chris C., Orlando  
 Soutar, Jack H., Miami Shores  
 Stocks, Gideon J., Miami  
 Todd, H. Wayne, Maitland  
 Uchin, Robert A., Ft. Lauderdale  
 Williams, Earl L., Jacksonville

*Alternates*

Bauknecht, Albert J., Jacksonville  
 Danziger, Paul A., Miami Lakes  
 Dixon, Mervyn J., Ft. Lauderdale  
 Downey, Robert B., Indian Harbor Beach  
 Ferris, Robert T., Altamonte Springs  
 Galin, Clark D., Plantation  
 Hart, Robert S., II, Tampa  
 Legler, Donald, Gainesville  
 Marks, Clifford, Miami  
 Morgan, Lawrence R., Naples  
 Parker, David G., Port Charlotte  
 Paul, Russell A., Tallahassee  
 Perkins, Gordon D., III, Jacksonville  
 Rosenberg, Michael N., Miami  
 Scott, Michael A., Pompano Beach

**Georgia***Delegates 7 (2,060 members)*

Langenfeld, James M., Tifton  
 Mallernee, Rollin E., Atlanta  
 McCaslin, A. Jay, Savannah  
 Norton, Bennie J., Smyrna  
 Repass, Robert P., Athens  
 Smith, Charles H., Atlanta  
 Strawn, Loy L., Jr., Macon

*Alternates*

Allen, J. David, Decatur  
 Buchanan, Bruce P., Marietta  
 Eleazer, Paul D., Albany  
 Hopkins, R. Stan, Decatur  
 Kennedy, Michael R., Columbus  
 Lane, W. Blake, Columbus  
 Walton, DeWitt T., Macon

**Hawaii***Delegates 3 (781 members)*

Loo, Theodore, Honolulu  
 Hammer, Henry, Kailua  
 Minato, Kenneth S., Honolulu

*Alternates*

Fujimoto, Patsy, Hilo  
 Courson, Richard, Honolulu  
 Berringer, Raymond, Honolulu

**Idaho***Delegates 2 (452 members)*

Cutler, A. Riley, Boise  
 Budge, Gerald S., Burley

*Alternates*

Morris, Charles, Blackfoot  
 Weitz, Gerald E., Moscow

**Illinois***Delegates 19 (6,386 members)*

Bluitt, Juliann S., Chicago

Bonk, Edward L., Park Ridge  
 Cascio, Samuel J., Chicago  
 Discipio, Joseph V., Berwyn  
 Finley, Leo R., Jr., Riverdale  
 Fischl, Richard G., Evanston  
 Gorman, James E., Girard  
 Henderson, William G.D., Danville  
 Hess, Richard D., Kankakee  
 Kort, William B., Westchester  
 Kowalik, Michael J., Burbank  
 Lawler, William M., Marion  
 Lingen, George, W., Jr., Oak Lawn  
 Maggio, Frank A., Elgin  
 Moon, G. Rodger, Peoria  
 Newkirk, Robert W., Glenview  
 Stone, Howard A., Decatur  
 Sturm, Donald C., Wonder Lake  
 Zibby, Michael P., Centralia

*Alternates*

Weese, Carlisle L., Oak Park  
 Provenzale, Donald J., Downers Grove  
 Perry, Richard P., Oak Park  
 Esposito, John O., Lombard  
 Schmeda, John A., Des Plaines  
 Maclin, David N., Chicago  
 Fifield, Charles A., Jr., Galesburg  
 Sunkel, Eugene, E., Paris  
 Epstein, Steven M., Kankakee  
 Lamacki, Walter F., Burbank  
 Simpson, James E., Carbondale  
 Roberson, Peter D., Chicago  
 Kallstrom, Charles C., Geneva  
 Harbeck, John C., Ottawa  
 Grothaus, Bernard J., Glenview  
 Goin, John S., Champaign  
 Hochstatter, Jerome P., Amboy  
 Skiba, Thomas J., Crystal Lake  
 Caringella, John A., Highland Park

**Indiana**

*Delegates 7 (2,243 members)*  
 Redish, Charles H., Indianapolis  
 Polizotto, Scott H., Valparaiso  
 Kaufman, Gerry L., Ft. Wayne  
 Frey, James D., Ft. Wayne  
 Corns, Alan E., Valparaiso  
 Compton, Duane E., Indianapolis  
 Record, William M., Plymouth

*Alternates*

Rahe, John A., Aurora  
 Maddox, Raymond M., Rushville  
 Fox, Edward C., Richmond  
 Platt, James R., Ft. Wayne  
 Brinker, Eugene E., Evansville  
 Bade, Daniel M., Highland  
 Harris, David J., South Bend

**Iowa**

*Delegates 5 (1,548 members)*  
 Clark, James N., Dubuque  
 Geiger, Richard E., Cedar Rapids  
 Hanger, Herbert L., Dubuque  
 Leary, James M., Washington  
 Tucker, Charles W., Storm Lake

*Alternates*

Barrett, C.F., Davenport  
 Degnan, Edward V., Dubuque  
 Erbe, C. Frederic, Iowa City  
 Trewet, Carrol C., Atlantic  
 Whittemore, David K., Waterloo

**Kansas**

*Delegates 4 (1,113 members)*  
 Duncan, Terry, Wichita  
 Dyer, Dean, Prairie Village  
 Smith, Robert, Prairie Village  
 Parsons, Ray, Winfield

*Alternates*

Scheer, Harold, Wichita  
 Porch, Richard, Prairie Village  
 Brotherson, Steve, Kansas City  
 Newman, Gary, Topeka

**Kentucky**

*Delegates 6 (1,629 members)*  
 Yates, Morris C., Madisonville  
 Clines, John L., Louisville  
 Lange, Karl W., Lexington  
 Murphy, James C., Richmond  
 Logan, Theodore, E., Jr., Louisville  
 Lovin, William, Ashland

*Alternates*

Logan, Theodore E., Sr., Louisville  
 Jones, Joe W., Jr., Madisonville  
 Wharton, William B., Lexington  
 Spedding, Robert H., Lexington

**Louisiana**

*Delegates 6 (1,681 members)*  
 Buford, Skip D., Shreveport  
 Dauterive, F. Ralph, Arabi  
 DeNicola, Ross J., Baton Rouge  
 Henderson, James H., New Iberia  
 Liberto, Vincent N., New Orleans  
 Toso, Donald R., New Orleans

*Alternates*

Corley, C. Richmond, Jr., Lake  
 Charles  
 Gallo, Louis J., Covington

Tarver, E. Lester, Jr., Monroe  
 Single, Kenneth A., Alexandria  
 Corbett, James J., III, Baton Rouge  
 Faget, E. Harold, New Orleans

**Maine**

*Delegates 3 (549 members)*  
 Kay, Roger A., Livermore Falls  
 Reynolds, Mark M., Augusta  
 Bates, Howard A., Augusta

*Alternates*

Schmidt, James L., Togus  
 Caddoo, William C., Ellsworth  
 Limoges, Robert D., Auburn

**Maryland**

*Delegates 8 (2,256 members)*  
 Brown, D.A. Michael, Gambrills  
 Finagin, William B., Annapolis  
 Johnson, M. Pitkin, Jr., Pasadena  
 Kogan, Stanley, Pikesville  
 Romeo, Frank J., Baltimore  
 Antonelli, Morris, Beltsville  
 Sykes, Murray D., Silver Spring  
 Johns, Laurence E., Hagerstown

*Alternates*

Burnett, Sidney O., Jr., Baltimore  
 LaParle, Frank A., Cumberland  
 Jansen, Alfred H., Jr., Bel Air  
 Simeone, Richard, Potomac  
 Levickas, Thomas R., Pasadena  
 Daley, Thomas E., Towson  
 Colliver, William E., Frederick  
 Wilson, Robert J., Jr., Gaithersburg

**Massachusetts**

*Delegates 12 (3,980 members)*  
 Sandler, Arthur C., Revere  
 Rosenfeld, Leonard B., Pittsfield  
 Hapcook, Charles P., Springfield  
 Chaput, Ronald M., Chelmsford  
 Burba, Stanley J., Salem  
 Morgan, Warren A., Springfield  
 Rechtman, Ovadia, Arlington  
 Kalil, Joseph G., Methuen  
 Bilionis, Angelo L., Springfield  
 Losert, Robert E., Shrewsbury  
 Kittredge, Robert L., Hyannis  
 Toll, Samuel M., Dedham

*Alternates*

Swartz, Michael S., West Roxbury  
 Ciampa, Joseph H., Winthrop  
 Nesti, James, Pittsfield

Spingler, Robert A., South Hamilton  
 Schwartz, Arthur I., Stoneham  
 Carrier, Gerald R., New Bedford  
 Leavitt, William M., Randolph  
 Zale, Andrew P., Groton  
 Bhiladvala, Pallonji M., East Boston  
 McKenna, William H., Wellesley Hills  
 Schilder, Herbert, Boston  
 Sellers, William W., Reading

### Michigan

*Delegates 15 (4,932 members)*

Cooley, David F., Kalamazoo  
 Bonofiglio, Eugene, Grand Rapids  
 Barrett, Edward D., Detroit  
 Brodoski, Richard V., Sterling Heights  
 Hinterman, John V., Flint  
 Willoughby, John W., Lansing  
 Breza, John A., Fraser  
 Hunt, Lawrence E., Battle Creek  
 Sullivan, Thomas P., Bloomfield Hills  
 Hollman, Gary C., Saginaw  
 Paler, Ronald J., Westland  
 Marcotte, Lawrence R., Grand Rapids  
 Jennings, William G., Grosse Pointe  
 Werschky, Jay, Flint  
 Woolley, Carl T., Ann Arbor

#### Alternates

Moseley, Robert L., Detroit  
 Ballard, R. Blake, Gladstone  
 Beaver, Harvey A., Warren  
 Comar, Terence R., Kalamazoo  
 Ursu, Samuel C., Birmingham  
 Baker, Arnold, Holland  
 Gardner, Loren, Traverse City  
 Nolen, John G., Lansing  
 Kotowicz, William, Ann Arbor  
 King, Charles, Detroit  
 Bletsas, George, Lincoln Park  
 Weisenfeld, Michael D.L., Farmington Hills  
 Schumann, O. William, Detroit  
 Avery, William, Grand Rapids  
 Jankowski, Richard, Lansing

### Minnesota

*Delegates 9 (2,690 members)*

Bates, Bruce D., St. Paul  
 Check, Richard K., Wayzata  
 Etem, Robert R., Wayzata  
 Levasseur, John A., Duluth  
 McDonnell, Robert E., St. Paul  
 Morris, Mylon B., Duluth  
 Till, Michael J., Minneapolis  
 Towner, Richard M., Mankato  
 Westman, James F., Duluth

#### Alternates

Albright, Ronald L., New Ulm  
 Brandstetter, Dennis J., Hopkins

Churchill, Keith A., Rochester  
 Hanley, Yvonne S., Fergus Falls  
 Nelson, Edward T., Thief River Falls

### Mississippi

*Delegates 3 (833 members)*

Simmons, Heber, Jr., Jackson  
 Lefevre, Robert, Gulfport  
 Long, James, Starkville

#### Alternates

Spivey, E. Gil, Jr., Canton  
 Williams, Dean, Pascagoula  
 Boswell, Bryant, Jackson

### Missouri

*Delegates 7 (2,214 members)*

Lippert, Jacob J., Union  
 Mangos, Christ T., Festus  
 Selfridge, George D., Chesterfield  
 Edwards, A.C., Kansas City  
 Hayes, Samuel E., Kansas City  
 Auvil, J. Thomas, Springfield  
 McGinty, Charles C., Joplin

#### Alternates

Grana, Joseph M., St. Louis  
 Hartenbach, Norbert, St. Louis  
 Livingston, Daniel B., St. Louis  
 Parrott, James, Kansas City  
 Meyer, Donald K., Independence  
 Weathers, G. Wendell, Sikeston  
 Pratt, Joel, Unionville

### Montana

*Delegates 2 (434 members)*

Flynn, Lorence R., Kalispell  
 Lohman, John W., Butte

#### Alternates

Kiesling, Roger L., Helena  
 Stroehrer, J. Samuel, Butte

### Navy

*Delegate 1 (1,313 members)*

Shaffer, R.G., Washington, DC

#### Alternate

Morse, R.P., San Diego

### Nebraska

*Delegates 4 (865 members)*

Fenster, Donald E., Omaha  
 Hinrichs, Robert L., Lincoln  
 Pudwill, Myron L., Lincoln  
 States, James K., North Platte

#### Alternates

Holthause, William T., Omaha  
 Wessel, Wayne E., Wayne

### Nevada

*Delegates 2 (410 members)*

McCulloch, John S., Reno  
 Meierhenry, Dwight W., Las Vegas

#### Alternates

Jackson, Gerald C., Reno  
 Evans, James C., Las Vegas

### New Hampshire

*Delegates 3 (593 members)*

Chalpin, John W., Exeter  
 Christensen, Steven C., Concord  
 Peer, Stephen D., Tilton

#### Alternates

Storace, Anthony M., Nashua  
 Stahl, David G., Manchester  
 Paisner, Eliot L., Nashua

### New Jersey

*Delegates 13 (4,079 members)*

Churgin, Lawrence S., Bloomfield  
 D'Eustachio, Richard W., Cherry Hill  
 Dolinsky, Herbert B., Jersey City  
 Bressman, Herbert B., Dunellen  
 Isaacson, Robert, West Long Branch  
 Katz, Harmon R., New Brunswick  
 Katz, Harold L., Emerson  
 Krause, Frank W., Cranford  
 Roemer, Jack L., Princeton  
 O'Kuhn, Sherwood, Passaic  
 Sterling, Raymond A., Jr., Linwood  
 Vogelson, Kenneth, Morristown  
 Langbert, Carl G., Highland Park

#### Alternates

Barow, Sigmund, Manasquan  
 Bickert, Gustave, Hasbrouck Heights  
 Bressman, Herbert B., Dunellen  
 Cahan, Herbert N.D., Ventnor  
 Finger, Henry, Medford  
 Kramer, Gary, Elizabeth  
 Leizer, Joel E., East Brunswick  
 Levine, Frank L., Paterson  
 LoMonaco, Carmine J., West Caldwell  
 McCrae, William P., Covent Station  
 Milone, Andrew S., Jersey City  
 Unger, Michael W., Livingston

### New Mexico

*Delegates 3 (559 members)*

Anderson, E. Paul, Albuquerque  
 Hawkins, Arthur C., Albuquerque  
 Redman, Michael G., Espanola

#### Alternates

Graham, Warren K., Albuquerque  
 Luna, Gilbert C., Jr., Los Alamos  
 Dean, R. Allen, Albuquerque

**New York***Delegates 43 (14,618 members)*

Anker, Edward, Riverhead  
 Carrillo, Peter A., Rochester  
 Carter, Robert W., Staten Island  
 Chick, Robert M., No. Tonawanda  
 Clary, Thomas A., Auburn  
 Cobin, Arthur S., Yonkers  
 Coleton, Stuart H., White Plains  
 Divack, Morton L., Jackson Heights  
 Fallon, Michael W., Jr., Camillus  
 Feldman, Mark J., Garden City  
 Feldstein, Stanley, Flushing  
 Glat, Jay I., Bronx  
 Gott, Murray, Staten Island  
 Gross, Gary D., New York  
 Halik, Frederick J., Rochester  
 Hanover, J. Martin, St. James  
 Hoexter, David L., New York  
 Iacono, John M., Manhasset  
 Kaufman, Edward G., Great Neck  
 Kessler, Marvin L., Troy  
 Kraushaar, David H., Hastings on Hudson  
 Lawney, Milton L., Conklin  
 Mascola, Richard F., Jr., Jericho  
 Moon, John R., Schenectady  
 Nash, Seymour L., Hastings on Hudson  
 Orcutt, James R., Ithaca  
 Quartararo, Ignatius N., Garden City  
 Raskin, Robert B., Lindenhurst  
 Rosenthal, Robert Z., Flushing  
 Roy, Jacqueline A., Utica  
 Schachner, Joseph, Bronx  
 Seldin, Leslie W., New York  
 Seminara, Robert A., Staten Island  
 Sorrel, Jerome M., New York  
 Spencer, James E., Brooklyn  
 Sprowl, Harvey D., Buffalo  
 Strychalski, James T., Dunkirk  
 Susskind, Marvin S., Levittown  
 Sweet, Thomas O., No. Syracuse  
 Vlock, Richard S., Gloversville  
 Walters, Warren W., Scarsdale  
 Watson, Robert E., Gowanda  
 Weinberger, Mark J., Brunswick

*Alternates*

Archer, Fred D., Buffalo  
 Boyd, William F., Garden City  
 Coppola, Samuel J., Scotia  
 Downes, Edward J., Albany  
 Edwab, Robert Roy, Brooklyn  
 Egan, William J., Manlius  
 Essepian, John P., Latham  
 Feinberg, Elliot, Scarsdale  
 Gates, Richard H., Utica  
 Lancaster, William S., Cobleskill  
 Gold, Stephen B., Pt. Jefferson Station  
 Hertz, Matthew J., Riverdale

Isaacson, Bernard, Rochester  
 Jablonski, Robert D., Pearl River  
 Jacobs, Samuel, Jr., Yonkers  
 Jarvis, Ronald H., Buffalo  
 Jones, S. Steven, New York  
 Karnoff, Elias M., New York  
 Klein, Sanford E., Roslyn Heights  
 Kratenstein, David I., New York  
 Kupfer, Sidney R., Rockville Centre  
 Linz, Andrew M., New York  
 Malamy, Allan, New York  
 Meisels, Murray, Eggertsville  
 Nicosia, Nicholas A., Rochester  
 O'Connell, William L., Garden City  
 Passes, Harvey, Manhasset  
 Pasternak, Richard, Hempstead  
 Payne, David B., Binghamton  
 Peyser, Allen C., Lindenhurst  
 Redhead, R. Chester, New York  
 Roberts, Steven L., Huntington  
 Rouff, Lawrence N., Binghamton  
 Saper, Murray, New York  
 Shomer, Irving, Flushing  
 Strauss, Frank B., Scotia  
 Tanz, Norman P., Somers  
 Taub, Herbert L., Rockville Centre  
 Thomas, Mohan, New York  
 Tillis, Bernard P., New York  
 Turoff, Michael, Brooklyn  
 Weseley, Paul D., Hewlett

**North Carolina***Delegates 8 (2,315 members)*

Mynatt, William A., Asheville  
 Rucho, Robert A., Charlotte  
 Sugg, Robert W., Durham  
 Bitler, Glenn F., Raleigh  
 Morgan, W. Kenneth, Jacksonville  
 Harrell, James A., Sr., Elkin  
 Garren, Robert D., Asheville  
 Owen, Kenneth D., Charlotte

*Alternates*

Brown, Benjamin W., Raleigh  
 Sowter, John, Raleigh  
 Chadwick, D. Gregory, Charlotte  
 Hord, Dwight B., Lawndale  
 Lopp, Fred B., Greensboro  
 Jewell, E. Smith, Wilmington  
 Griffin, Morris, Durham  
 Fountain, Stuart, Greensboro

**North Dakota***Delegates 2 (333 members)*

Nutter, O.R., Minot  
 Stordal, G.D., Minot

*Alternates*

Iverson, Paul H., Fargo  
 Johnson, Roger C., Devils Lake

**Ohio***Delegates 15 (4,942 members)*

Ansted, Richard A., Toledo  
 Black, William M., Cincinnati  
 Buchanan, Richard S., Spencerville  
 Clemens, Kenneth, Lima  
 Fanno, James T., Canton  
 Fisk, Marvin M., Cleveland  
 Gottschalk, Jack W., Cincinnati  
 Hinkle, Robert C., Columbus  
 Lauer, Robert E., Columbus  
 Metro, Patrick S., Cleveland  
 Rasor, Richard D., Steubenville  
 Shaheen, Masid, Canton  
 Sherriff, Stanley D., Dayton  
 Smith, John P., Logan  
 Snelson, Ralph E., Warren

*Alternates*

Bowers, Donald F., Columbus  
 Buchsieb, Walter C., Dayton  
 Dixon, Philip, New Philadelphia  
 Foster, William E., Youngstown  
 Glendenin, Don, Springfield  
 Main, Richard M., Newark  
 McFarland, J. Richard, Cincinnati  
 Mercer, James F., Akron  
 Nelson, Robert, Portsmouth  
 Occhionero, Ronald, Richmond Heights  
 Pelok, David R., Wauseon  
 Rummel, David G., Columbus  
 Shaffer, C. David, Akron  
 Stack, John N., Vermilion  
 Wallace, William R., Columbus

**Oklahoma***Delegates 5 (1,334 members)*

Torchia, James S., Tulsa  
 Haught, W. Richard, Tulsa  
 Kouri, Charles M., Chelsea  
 Hickman, French E., Midwest City  
 Bartheld, Robert L., McAlester

*Alternates*

Freeman, Westley D., Oklahoma City  
 Limestall, James D., Yukon  
 Goodman, William E., Miami  
 Keenan, Allen C., Tulsa  
 Cohlmiia, Ray, Oklahoma City

**Oregon***Delegates 6 (1,640 members)*

Curtis, Howard F., Eugene  
 Richardson, Bruce L., Newport  
 Muck, George E., Portland  
 Van Hassel, Henry J., Portland  
 Darke, George J., Portland  
 TenPas, William S., Corvallis

*Alternates*

Fratzke, James P., Salem  
 Olfson, George R., Grants Pass  
 Vorhies, Carl B., Beaverton  
 Straka, Edward A., Bend  
 Dumont, Thomas D., Ashland  
 Terkla, Louis, Portland

**Panama***Delegate 1 (7 members)*

Nahmad, Maurice, Balboa

**Pennsylvania***Delegates 19 (6,333 members)*

Brett, George W., Clearfield  
 Thompson, Kay F., Carnegie  
 Czarnecki, Eugene S., Ambler  
 Sammartino, Frank J., Sr.,  
 Philadelphia  
 Toplan, Stanley B., Philadelphia  
 Lathrop, John B., West Chester  
 Parkinson, William L., Bethlehem  
 Ploumis, Emanuel, Drexel Hill  
 Aqua, Herman M., Luzerne  
 Detweiler, Samuel B., Schuylkill  
 Haven  
 Calderazzo, Joseph P., York  
 Miller, Marlin A., Chambersburg  
 Lopatofsky, George J., Troy  
 Foreman, Thomas A., Clarion  
 Trice, William B., Erie  
 Lancione, Raymond R., McDonald  
 McCarthy, Edward W., Pittsburgh  
 Pelle, Joseph M., Beaver  
 Carder, John E., State College

*Alternates*

Saccone, Nicholas D., Scranton  
 Booth, William A., Sharon  
 Tully, John J., Gettysburg  
 Lavalla, Gaetan J., Drexel Hill  
 Chialastri, A.J., Norristown  
 Bushick, Ronald D., Boothwyn  
 Gross, Ronald B., Pottstown  
 Piacine, Mark J., Pottstown  
 Jones, Richard S., Scranton  
 Dougherty, Harry H., West Reading  
 Kuntz, David G., Lancaster  
 Ludwig, Charles M., Harrisburg  
 Ruhl, John W., Lewisburg  
 Cressley, Thomas E., Jr.,  
 Punxsutawney  
 Hanek, John R., Meadville  
 Kondis, Stephen L., Munhall  
 McDermott, Charles E., Pittsburgh  
 Perkins, Thomas L., Bradford Woods  
 Howells, Richard, Huntingdon

**Public Health Service***Delegate 1 (361 members)*

Whiteside, Daniel F., Rockville

*Alternate*

Littleton, Preston A., Jr., Bethesda

**Puerto Rico***Delegates 2 (424 members)*

Joglar, Fernando L., Trujillo Alto  
 Noya, Carlos J., Santurce

*Alternates*

Martinez, Edmundo I., Rio Piedras  
 Rodriguez, Herman A., Hato Rey

**Rhode Island***Delegates 3 (561 members)*

Sammartino, Clark A., Providence  
 DiPiro, Frank A., Lincoln  
 DaSilva, John P., Pawtucket

*Alternates*

Champagne, Robert G., Providence  
 Mehlman, Edwin S., Providence  
 Barner, Phillip C., North Providence

**South Carolina***Delegates 4 (1,168 members)*

Hamrick, Fitzhugh M., Charleston  
 Hines, Franklin B., Jr., Columbia  
 Player, T. Carroll, Florence  
 Wessinger, N. Carl, Clinton

*Alternates*

Marsh, Samuel J., Columbia  
 Langston, Ray A., Manning  
 Crotts, Everett B., Charleston  
 Jabbour, Richard E., Spartanburg

**South Dakota***Delegates 2 (316 members)*

Dendinger, Donald C., Yankton  
 Sewright, James R., Hot Springs

*Alternates*

Barden, Robert G., Pierre

**Tennessee***Delegates 7 (2,004 members)*

Alley, Robert B., Knoxville  
 Brooks, Jack C., Memphis  
 LaFont, William L., Jr., Jackson  
 Montgomery, Robert H., Kingsport  
 Rogers, Charles L., Manchester  
 Sawrie, Stephen M., Chattanooga  
 Franklin, Carl W., Hendersonville

*Alternates*

Fitts, Harold L., Bolivar  
 Garner, Stacey, Pulaski  
 Miller, H. Franklin, Memphis  
 Prince, Joseph D., Chattanooga  
 Landis, Charles F., Jr., Chattanooga

Varallo, Nick F., Jr., Nashville

Price, Lloyd H., Kingsport

**Texas***Delegates 20 (6,532 members)*

Adams, Samuel H., Houston  
 Sorrels, H.M., Houston  
 Dixon, Robert B., Austin  
 Clitheroe, William R., Houston  
 Meador, Robert C., Houston  
 Kunik, Burton J., Houston  
 McClure, G. Jerry, Pasadena  
 Rosas, Rene M., El Paso  
 Wier, Leighton A., San Antonio  
 Eklund, Richard A., San Antonio  
 Seberg, Donald C., Corpus Christi  
 Park, John H., Bedford  
 Crawford, Felix C., Plainview  
 Cobb, J.W., Ft. Worth  
 Wood, Ben D., Sulphur Springs  
 Rainwater, A. Gary, Dallas  
 Mikulencak, Albert F., Jr., Waco  
 Anderton, Robert M., Carrollton  
 Henry, James O., Jr., Dallas  
 Richards, George A., Dallas

*Alternates*

Weatherall, John T., Texas City  
 Harrison, Thomas C., Katy  
 Butcher, Percy C., Houston  
 Stubbs, Paul E., Austin  
 Stovall, John M., Crockett  
 Birdwell, William R., Bryan  
 Sauer, Edward H., Houston  
 Parsons, John C., San Antonio  
 Ingraham, Richard L., Corpus Christi  
 Tietz, Ronald G., San Antonio  
 Eads, John S., III, El Paso  
 Pierce, Jack L., Ft. Worth  
 Appleton, F. George, Ft. Worth  
 Hall, Glen D., Abilene  
 Richardson, P. Parmer, Dallas  
 England, Fred A., Irving  
 Smith, Harold L., Tyler  
 Kenworthy, Joseph M., Gatesville  
 Lutes, Don A., Mt. Pleasant  
 Aurbach, Fred E., Dallas

**Utah***Delegates 4 (897 members)*

Hopkins, Clair R., Salt Lake City  
 Foster, Charles E., Salt Lake City  
 Matis, John A., Ogden  
 Petty, Richard O., Ogden

*Alternates*

Black, Jerry B., Salt Lake City  
 Chambers, John L., Provo  
 Thornley, Brian F., Logan

**Vermont***Delegates 2 (286 members)*Herbert, Richard A., Montpelier  
Neumeister, David R., Brattleboro*Alternates*

Nelson, Dennis L., South Burlington

**Veterans Administration***Delegate 1 (647 members)*

Rhyne, Robert R., Washington, DC

*Alternate*

Floyd, Daniel E., Washington, DC

**Virginia***Delegates 9 (2,638 members)*Allison, William H., Warrenton  
Ames, J. Wilson, Jr., Smithfield  
Hoffman, Arnold M., Virginia Beach  
Huff, Wallace L., Blacksburg  
Malbon, Bennett A., Richmond  
Marshall, Virgil H., Charlottesville  
Michaels, Emanuel W., Norfolk  
Wendt, Douglas C., Fairfax  
Whiston, David A., Falls Church*Alternates*Bissell, Stephen L., Petersburg  
Brown, Clark B., Springfield  
Grabeel, Daniel E., Lynchburg  
Hunt, Lindsay M., Jr., Richmond  
Moore, French H., Jr., Abingdon  
Radcliffe, Edward H., Richmond  
Tankersley, Ronald L., Newport News  
Webb, Leslie S., Jr., RichmondCopeland, Kenneth E., Colonial  
Heights**Virgin Islands***Delegate 1 (25 members)*

Hertz, Sidney, Charlotte Amalie

*Alternate*

Bricker, Michael J., Saint Croix

**Washington***Delegates 9 (2,720 members)*McGraw, James C., Bellevue  
Smith, Curtis F., Bellingham  
Nugent, Jack L., Aberdeen  
Volz, Wallace C., Jr., Bremerton  
Bender, Stuart A., Vancouver  
Compaan, Donald E., Seattle  
Hearon, Donald L., Tacoma  
Plihal, James R., Edmonds*Alternates*Omnell, Karl Ake, Seattle  
Barry, Victor J., Seattle  
Alexander, Leib D., Bellingham  
Berwind, John M., Longview  
Caldwell, Clifton O., Jr., Spokane  
Ferguson, Richard P., Seattle  
Leshgold, Richard D., Seattle  
Wandell, Timothy E., Hoquiam**West Virginia***Delegates 3 (773 members)*Joseph, Daniel I., Wheeling  
Stevens, Frank H., Morgantown  
Dyer, Jay Henry, Wheeling*Alternates*Fleckenstein, Leo J., Huntington  
Nagem, E. Thomas, Wellsburg  
Bowling, Everett W., Pineville**Wisconsin***Delegates 9 (2,689 members)*Groth, Gerald K., Appleton  
Van Miller, James L., Green Bay  
Bauer, Frederick J., Waukesha  
D'Angelo, Daniel J., Waukesha  
Faucett, Robert R., West Bend  
Killinger, James B., Oshkosh  
Lindstrom, Steven R., Howards Grove  
Rose, S. Timothy, Appleton  
Shuler, Carl B., Clinton*Alternates*Oberbreckling, Paul J., Mequon  
Comeau, Roger L., Appleton  
Fortune, Russell A., La Crosse  
Inda, Michael J., Waukesha  
Leone, Edward F., West Allis  
Lofgren, Gordon C., McFarland  
Maihofer, Glenn T., Milwaukee  
Mollick, Sheppard B., Bayside  
Stifter, Ronald P., Milwaukee**Wyoming***Delegates 2 (244 members)*Kincheloe, Earl B., Cheyenne  
Welch, Scott M., Lovell*Alternates*Roussalis, John E., Casper  
Hoffmann, Kenneth A., Powell



## Report of Standing Committee on Rules and Order

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**Minutes of 1987 Session of the House of Delegates:** The minutes of the 1987 session of the House of Delegates have been published (*Trans.* 1987:479-524) and circulated to the members of the House of Delegates and the officers of constituent and component dental societies. No formal requests for corrections or amendments have been received.

**29. Resolved,** that the minutes of the 1987 session of the House of Delegates, as published in *Transactions, 1987*, pages 479-524, be approved.

The Chairman moves the adoption of this resolution.

**Minutes of Previous Meetings:** If minutes of a previous meeting are required during this session for purposes of reference, the verbatim record shall constitute the minutes of that meeting.

**Adoption of Agenda and Order of Agenda Items:** The Committee has examined the agenda for the meetings of the House of Delegates (*Supplement 1:225*). Accordingly, the Committee recommends (1) approval of the agenda as the official order of business for this session and (2) that the Speaker of the House be allowed to rearrange the order of the agenda of the House of Delegates as deemed necessary to expedite the business of the House.

**30. Resolved,** that the agendas on pages 225 to 227 of *Supplement 1 to Annual Reports and Resolutions, 1988* be adopted as the official order of business for this session, and be it further

**Resolved,** that with the consent of the House, the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House of Delegates.

The Chairman moves the adoption of this resolution.

**Referrals of Reports and Resolutions:** A standing rule of the House of Delegates directs that "prior to each session of the House of Delegates, the Speaker of the House shall prepare a list of recommended referrals to the reference committees, such list to be available at the opening meeting of the House of Delegates and be subject to amendment or approval on vote of the House of Delegates."

This preliminary list is found on pages 317 to 318 of *Supplement 1* and an additional list in the form of the Updated General Index to the resolution worksheets will be provided at the first meeting of the House. Additional referrals will be made by the Speaker during the first meeting and a complete list of referrals, in the form of an agenda, will be available in the reference committee hearing rooms on Monday morning.

**31. Resolved,** that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

The Chairman moves the adoption of this resolution.

**"Annual Reports and Resolutions," "Supplement 1" and Resolution Worksheets:** Copies of *Annual Reports and Resolutions, 1988* and *Supplement 1 to Annual Reports and Resolutions, 1988* were mailed to delegates and alternate delegates in mid-July and late-September, respectively. In addition, the first set of resolution worksheets was mailed to delegates and alternate delegates in late August.

Because of the increasing costs related to publication/duplication, paper stock, postage and labor, additional copies of these items will not be distributed at the annual session. Appropriate announcements were included in both publications and in the cover letter transmitting the worksheets as well as in the *ADA News*. A limited number of all these items have been brought to the annual session and are available in the Information and Services Office upon request.

**Hearings of Reference Committees:** The reference committees will hold hearings Monday, October 10, in the various rooms of the Washington Hilton Hotel. The list of reference committee hearing rooms appears on page 229 of this publication.

### Monday, October 10, 1988

8:30 AM	Dental Education and Health
to	
10:30 AM	
9:00 AM	Dental Care Programs and Practice
to	
11:00 AM	
9:00 AM	Budget and Administrative Matters
to	
11:30 AM	
10:00 AM	Legal and Legislative Matters
to	Scientific Matters
12:00 PM	
11:00 AM	Communications, Membership and Marketing
to	Services, President's Address and
1:00 PM	Miscellaneous Matters

If everyone has not had an opportunity to be heard or if the complete agenda has not been covered, the hearing will continue beyond the scheduled hour.

Any member of the Association, whether or not a member of the House of Delegates, is privileged to attend and participate in the discussions during the hearings of the reference committees. Guests of the Association are also welcome to attend reference committee hearings. Nonmembers of the Association may participate in the discussion at hearings only on the invitation of a majority of the reference committee. American Dental Association staff members are available at hearings to provide information requested by members of reference committees or through the Chairman by those participating in the discussion.

**Reports of Reference Committees:** All available reference committee reports for all delegates, and for alternate delegates based on those present and registered at the conclusion of business of the House of Delegates on Sunday evening, will be made available to the chairman of record of each delegation on Tuesday morning. Chairmen are requested to report to the Terrace Reception Area of the Washington Hilton Hotel no earlier than 7:00 AM on Tuesday.

It should be noted that all delegates must bring their copies of reference committee reports to the meetings of the House of Delegates since additional copies will not be available. Those alternate delegates not registered at the conclusion of the House of Delegates on Sunday evening will receive copies of reference committee reports on Wednesday morning in the section of the House of Delegates reserved for alternate delegates.

**Nominations of Officers:** The nominations of officers will take place at the meeting on Sunday morning. Nominating speeches will not exceed four minutes in length. Seconding speeches are not permitted except that two members of the House of Delegates will be permitted to indicate their second from the floor.

**Nominations of Trustees:** Nominations of members of the Board of Trustees from Districts 1, 6, 7, 10, 14, 15 and 16 will take place on Sunday, with any additional nominations on Wednesday. Prior to such nominations, the delegates from each of the districts concerned must caucus for the purpose of determining their nominee or nominees in accordance with provisions of Chapter VI, Section 40, of the *Bylaws*. A list of caucus meetings will be found on page 230 of this publication and this listing constitutes official notice of caucus.

The results of the caucus must be reported to the Secretary of the House of Delegates not later than the opening of the meeting on Wednesday. In the event of a contested trustee election, a nominating speech of four minutes is allowed on behalf of each nominee. Seconding speeches are not permitted except that two members of the House of Delegates will be permitted to indicate their second from the floor.

**Nominations to Councils and Commissions:** The Board of Trustees presents the list of its nominations to councils and commissions in Report 1 (page 259 of this publication) and on the appropriate resolution worksheet. Additional nominations may be made from the floor of the House of Delegates prior to the election of the council and commission members.

**Voting Procedures in House:** The method of voting in the House of Delegates is usually determined by the Speaker of the House who may call for a voice vote, show of hands (voting cards), standing vote, roll call of the delegations, electronic voting or such other means that the Speaker deems appropriate. The House may also, by majority vote, determine the method of voting that it prefers.

**Election Procedures:** Voting machines will be used in contested elections and in decisions on such other issues as

the House may determine. Voting will be conducted in the State Room, Terrace Level of the Washington Hilton Hotel from 12:00 PM to 2:00 PM on Wednesday, October 12 for the first balloting for the office of President-Elect only and from 8:00 AM to 10:00 AM on Thursday, October 13 for the second balloting, if necessary, for office of President-Elect and all other contested elections. Members are asked to bring their credentials and to vote early in order to avoid delay.

**Standing Order of Business—Installation of New Officers and Trustees:** The installation ceremony for new officers and trustees is a standing order of business on Thursday, October 13, at 11:30 AM during the final meeting of the House of Delegates.

**Introduction of New Business:** The Committee calls attention to the *Bylaws*, Chapter V, Section 130(Ad) which provides that “no new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, unless submitted by a trustee district. No new business shall be introduced into the House of Delegates at the last meeting of a session except when such new business is submitted by a trustee district and is permitted to be introduced by a two-thirds ( $\frac{2}{3}$ ) vote of the House of Delegates. The motion introducing such new business shall not be debatable. 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. Reference committee recommendations shall not be deemed new business.”

**Nonpolicy Resolutions:** The Committee calls attention to an action of the 1977 House of Delegates which states that “resolutions which (1) merely reaffirm or restate existing Association policy, (2) commend or congratulate an individual or organization, or (3) memorialize an individual shall not be introduced in the House of Delegates” (*Trans.* 1977:958).

**Explanation of Resolution Numbering System for New Delegates and Alternate Delegates:** Original resolutions are numbered consecutively regardless of the source: council, other Association agency, constituent society, delegate, Board of Trustees or House reference committee.

Revisions made by the Board, reference committee or House are considered “amendments” to the original resolution. If amended by the Board, the suffix “B” follows the resolution number (Res. 24B); if amended by a reference committee, the suffix “RC” follows (Res. 24RC).

If a resolution is adopted by the House, the suffix “H” follows the resolution number (Res. 24H). The “H” always indicates that the resolution was adopted.

If a resolution is referred or postponed indefinitely by the House of Delegates, the resolution number remains the same. For example:

Res. 78B is considered by the House and postponed indefinitely—the number remains the same, Res. 78B.

Res. 7RC is considered by the House and referred for study—the number remains the same Res. 7RC.

If a “B” or “RC” resolution is a substitute for several

original resolutions, the Board's recommended substitute or the reference committee's recommended substitute uses the number of the first resolution submitted and adds the proper suffix (B or RC), but the report will clearly state that the other resolution or resolutions have been considered and are included in the "B" or "RC" resolution.

A resolution submitted by an agency other than the Board or a reference committee as a substitute or amendment retains the number of the original resolution followed by the suffix "S-1" (Res. 24S-1). If two substitute resolutions are submitted for the same original resolution the suffixes are "S-1" and "S-2" (Res. 24S-1, Res. 24S-2).

*Note: If a substitute is received too late to be introduced into the House of Delegates through a reference committee report, it is the responsibility of the originator of the substitute resolution to call it to the attention of the Speaker at the time the original resolution is being discussed by the House of Delegates.*

**Recognition of Those Wanting to Speak:** When a member wishes to address the House, the individual should approach the microphone, secure the attention of the Speaker through the attendant at the microphone and not begin to speak until he/she has been recognized by the Chair. He/she should then state his/her name, district and state for the benefit of the official reporter. If all members of the House follow this procedure, work will be expedited and all who wish will be given an opportunity to be heard.

**Access to Floor of House:** Access to the floor of the House of Delegates is limited to the officers and members of the House of Delegates, the elective and appointive officers and members of the Board of Trustees, the past presidents, the chairmen of councils, the members of councils when requested by the chairman, the secretaries and executive secretaries of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association, and members of the Headquarters Office staff.

Admission to the floor will not be granted without the display of the appropriate annual session badge. Every delegate must also hand to the attendant at the door an attendance card for each meeting so that the official record of attendance may be maintained.

Again this year, the first row of the section reserved for alternate delegates has been reserved for editors. Past vice-presidents and past trustees will also be admitted to the section reserved for alternate delegates. Past trustees, past vice-presidents and editors will receive all materials distributed to delegates and alternate delegates.

**Secretaries and Executive Secretaries of Constituent Societies:** In accordance with the standing rule of the House, "the secretary and executive secretary of a constituent society may be seated with the constituent society delegation on the floor of the House of Delegates" even though they are not official delegates. Under the standing rule, it is not permissible to designate an "acting" secretary or executive secretary of a constituent society so that he/she may be seated on the floor of the House under the standing

rule, unless that person is designated as "acting" secretary or executive secretary for the remaining portion of the annual session.

**Substitution of Alternate Delegates for Delegates:** If a delegate wishes to substitute an alternate delegate from his/her delegation for him/herself during a meeting of the House of Delegates, the delegate must complete the appropriate delegate-alternate substitution form. The delegate is required to sign the form and surrender his/her admission card for the meeting or meetings not attended before admission cards will be issued to the alternate delegate by the Committee on Credentials.

Substitution of alternate delegates may be made during all four meetings of the House of Delegates.

**"Manual of the House of Delegates":** Each member of the House of Delegates has received a copy of the *Manual of the House of Delegates*, 1988. The *Manual* contains the standing rules of the House of Delegates and the pertinent provisions of the *Bylaws*.

*It is imperative that members of the House familiarize themselves with the rules and procedures set down in the "Manual" so that the work may proceed as rapidly as possible.*

**Distribution of Materials in the House of Delegates:** The Committee calls attention to the procedure to be followed for the distribution of materials in the House of Delegates: (1) no material may be distributed in the House without obtaining permission from the Secretary of the House; (2) material to be distributed must relate to subjects and activities that are proposed for House action or information; (3) material to be distributed on behalf of any member's candidacy for office shall be limited to campaign literature and nothing else (*House Manual*: 10).

**Media Representatives at Meetings of the House:** It should be noted that, from time to time, representatives of the press and other communications media may be in the visitor's section of the House and in reference committee hearings.

**Information and Services Office:** The Information and Services Office will be in operation from October 7 through October 11 and will be located in the Chevy Chase Room of the Washington Hilton Hotel. This office is being maintained to provide a wide range of informational services and general assistance to everyone attending the Association's annual session and specifically to delegates, alternate delegates and constituent society officers and staff.

Association executive staff will be available for general assistance and secretarial staff will also be provided. The Information and Services Office will be equipped with typing and duplicating equipment for the use of any individuals so desiring.

**Amendment of "Manual of the House of Delegates":** The Committee notes that recent changes in the parliamentary authority used by the House of Delegates will affect its standing rules in regard to rejecting resolutions.

Chapter V, Section 130B of the *Bylaws* provides that the current edition of *Sturgis Standard Code of Parliamentary*

*Procedure* is the parliamentary authority for the Association. The third edition of *Sturgis* was published this year and it identifies certain motions used in the House of Delegates as being disapproved or obsolete. Perhaps the most significant change for the American Dental Association House of Delegates was elimination of the motion to postpone indefinitely: the motion often used in the past to reject a resolution. *Sturgis* also states that the motion to object to consideration is no longer approved, and it suggests that other motions can be used in its place. One of these is a motion to postpone temporarily or to table. However, it consistently has been the policy of the House that a reference committee cannot “pigeon hole” a resolution and a resolution cannot be postponed by the House beyond the end of the session (except *Constitution and Bylaws* matters that are required to lay over for one year).

The Committee on Rules and Order believes that the 1988 House of Delegates should follow its existing standing rules and the second edition of *Sturgis*. This procedure will avoid unnecessary confusion in this year’s House since there already are resolutions in process that involve postpone indefinitely. It also will permit the House to consider and take action on the changes to its standing rules emanating from the third edition of *Sturgis*.

The Committee notes that the Speaker is also referring this issue to the Reference Committee on President’s Address and Miscellaneous Matters to enable a full hearing by members of the House.

The changes proposed in the following resolution would amend the *Manual of the House of Delegates* to:

- change the reference from second edition to current edition of *Sturgis*
- eliminate references to postpone indefinitely and explain the new procedure for rejecting a resolution
- clarify the fact that this House does not table resolutions as a means of rejecting them.

The Committee also feels that these changes should become effective at the close of the 1988 annual session.

The following resolution includes both the existing wording hatched (///) and the new wording underscored.

**32. Resolved**, that the “Rules of the House of Delegates” set forth in the *Manual of the House of Delegates* be amended to refer to the current edition of *Sturgis* by deleting the section entitled “Rules of Order” and substituting therefor a new section entitled “Rules of Order” to read as follows:

Rules of Order: The rules contained in the current edition of *Sturgis* Standard Code of Parliamentary Procedure ~~second edition~~ govern the deliberations of the House of Delegates in all cases in which they are applicable and not in conflict with the standing rules or the Bylaws.

and be it further

**Resolved**, that the “Rules of the House of Delegates” set forth in the *Manual of the House of Delegates* be amended to reflect the elimination of the motion to postpone indefinitely by deleting the section entitled “Action on Motions Recommended by Reference Committee” and substituting therefor a new section entitled “Action on Motions Recommended by Reference Committee” to read as follows:

Action on Motions Recommended by Reference Committee: A reference committee request for action on an item of business (resolution) shall be brought to the floor of the House for debate in the form of a main motion. The main motion ~~may be~~ possible ~~to~~ adopt ~~to~~ negatively ~~to~~ postpone indefinitely ~~so that~~ it should present the substantive proposal to the House for consideration and action, with a recommendation that precisely reflects the ~~reference committee~~ reference committee position of the reference committee on that particular resolution. House of Delegates procedure requires the reference committee chairman to make the appropriate main motion immediately following the reading of the resolution and the portion of the reference committee report related to that resolution. (It should be noted that the content of the resolution is actually part of the main motion.)

The current edition of *Sturgis* (3d ed. 1988) has eliminated the motion to postpone indefinitely because the revisers feel that it is confusing and prolongs debate unnecessarily. A motion is now defeated by simply voting against the motion to adopt. Therefore, on a motion to adopt, the reference committee chairman will offer the committee’s recommendation to vote for or against the motion.

Thus, The main motion may be to adopt the resolution, postpone indefinitely, refer or any other action deemed appropriate by the reference committee. A motion is rejected by that motion failing to receive the vote necessary for adoption. This is in contrast to the method used by some other organizations, such as legislative bodies, which have a complex series of screenings to evaluate the merit of any proposed legislation. Therefore, any resolution or proposal able to survive the screening mechanism of these organizations is always presented in a favorable manner, since it takes a majority of those involved in the screening process to bring the legislation to the floor for vote. Reference committees are the only screening mechanism in the legislative process of the ADA House of Delegates. Reference committees cannot “pigeon hole” any resolution presented to them even though that resolution has the support of only a single delegate. Therefore, to aid the House in its deliberations, the main motion together with the committee’s recommendation should reflect the majority opinion of the members of the reference committee.

Following the presentation of a main motion by the chairman of the reference committee (whether that be to adopt, postpone indefinitely, amend, refer or any other), the motion is subject to all the specified rules which govern main motions as outlined in the parliamentary authority of the House of Delegates (*Sturgis*).

After any main motion regarding a resolution is presented, debate is opened and any subsidiary motion including motions to amend (or substitute) may be applied to it in order of precedence as outlined in *Sturgis*.

To avoid confusion, it must be emphasized that motions usually considered to be subsidiary may be, and are in fact, main motions when presented by reference

committee chairmen in cases such as those outlined in the previous paragraphs. Otherwise, those motions (as listed in Sturgis) are subsidiary motions when presented from the floor and are subject to the particular rules which commonly apply to them.

If a main motion to adopt a resolution passes or fails, the vote of the House disposes of the resolution.

If a main motion other than to adopt is presented and it passes, the resolution is disposed of in the manner presented (~~postponed/indefinitely~~, referred to a committee or whatever).

If a main motion other than to adopt is presented (e.g., a motion to ~~postpone/indefinitely~~, refer) and it fails, a motion to adopt the resolution is then in order and is usually made by a delegate who favors adoption of the resolution. This resolution is now before the House for debate, amendment and action.

and be it further

**Resolved**, that the "Rules of the House of Delegates" set forth in the *Manual of the House of Delegates* be amended by adding a new section entitled "Motion to Postpone Temporarily (Table)" following the section entitled "Motions to Vote Immediately," the new section to read as follows:

Motion to Postpone Temporarily (Table): A motion to postpone temporarily (table) shall not be used in the House of Delegates since it stops debate and could force the delegates to vote without full information.

and be it further

**Resolved**, that the "General Procedures for Reference Committees" set forth in the *Manual of the House of Delegates* be amended in the third paragraph by deleting the words "postpone indefinitely (reject)" and by adding the words "not adopt," after the word "adopt," and by adding the word "refer" after the word "or," so the amended section reads as follows:

Duties: The primary duty of a reference committee is to recommend to the House of Delegates an appropriate course of action on matters which have been placed before it. This duty can best be discharged by evaluating all resolutions which it has received from the councils, Board of Trustees and other agencies, by basing its recommendations on the best information and advice which is available and by making its decision in the best

interests of the public, the Association and the dental profession.

The reference committee shall not prevent the House of Delegates from taking action on any matter which has been presented. Nor is it the committee's duty to accept automatically and without deliberation the opinions of its own members or, on the other hand, the opinions of those who have testified.

The reference committee fulfills its duty when it takes into consideration all of these factors and advises the House of Delegates to adopt, not adopt, amend or ~~postpone/indefinitely (reject)~~ refer a resolution which has been placed before it.

The reference committee has the final duty of taking action on all matters assigned to it. A reference committee may not "pigeon-hole" any item but must refer it to the House of Delegates for final disposition.

and be it further

**Resolved**, that the "General Procedures for Reference Committees" set forth in the *Manual of the House of Delegates* be amended in the last sentence of the section entitled "Authority" by deleting the words "postponed indefinitely (rejected)" and by substituting therefor the words "not adopted," so the amended section reads as follows:

Authority: Reference committees have a good deal of authority but must act within the standing rules of the House of Delegates and within the framework of the Constitution and Bylaws. The reference committees may not only act on resolutions before them but may also propose resolutions on their own initiative dealing with matters placed before it. They may call upon the officers, members of the Board of Trustees and councils, commissions and the members of the staff when they desire to gain information. They may make an explanation of the committee's decision before recommending to the House of Delegates that a resolution be adopted, ~~postponed/indefinitely (rejected)~~ not adopted, amended or replaced by a substitute resolution or referred.

and be it further

**Resolved**, that all of the aforementioned amendments to the "Rules of the House of Delegates" and "General Procedures for Reference Committees" shall become effective upon the adjournment sine die of the 1988 House of Delegates.

## Officers, Trustees, Council/Commission Members

### Nominations and Elections

**Election Procedures:** The following are the provisions of the *Bylaws* which govern the election of the elective officers, members of the Board of Trustees and members of councils of the American Dental Association (Chapter V, Section 150):

Elective officers, members of the Board of Trustees and members of councils and committees shall be elected by the House of Delegates except as otherwise provided in these *Bylaws*. Voting shall be by ballot, except that when there is only one candidate for an office, council or committee, such candidate may be declared elected by the Speaker. The Secretary shall provide facilities for voting. The polls shall be open for at least two (2) hours.

a. When one is to be elected, and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority of the votes cast on the first ballot, the two (2) candidates receiving the greatest number of votes shall be balloted upon again.

b. When more than one is to be elected, and the nominees exceed the number to be elected, the votes cast shall be noncumulative, and the candidates receiving the greatest number of votes shall be elected.

**Nomination and Election of Officers:** Nominations of the elective officers will take place at the Sunday, October 9 meeting of the House of Delegates. Additional nominations may be made at the Wednesday, October 12 meeting of the House of Delegates. Officers to be elected are: President-Elect, First Vice-President, Second Vice-President and Speaker of the House of Delegates.

Because of multiple candidates for the office of President-Elect, the polls will be open on Wednesday, October 12 for the first of two possible elections for this office only. The polls will be open on Wednesday, October 12 from 12:00 PM to 2:00 PM in the State Room, Terrace Level of the Washington Hilton Hotel. Voting machines will be used for all contests. The possible second ballot for President-Elect and all other contested elections will take place on Thursday, October 13. On Thursday the polls will be open from 8:00 AM to 10:00 AM. The Committee on Credentials will announce in the House of Delegates the time at which the official roll will be closed to changes in the membership of the delegations.

The following are the provisions of the *Bylaws* which govern the nomination and election of the elective officers (Chapter VII, Sections 20-40):

*Section 20. Eligibility.* Only an active, life or retired member, in good standing, of this Association shall be eligible to serve as an elective officer.

*Section 30. Nominations.* Nominations for the offices of President-Elect, First Vice-President, Second Vice-President and Speaker of the House shall be made in accordance with the order of business. The nominating speech shall not exceed four (4) minutes in length.

Seconding speeches are not permitted except that two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

*Section 40. Elections.* The elective officers shall be elected in accordance with Chapter V, Section 150.

**Nomination and Election of Trustees:** Nomination of members of the Board of Trustees will take place at the Sunday, October 9 meeting of the House of Delegates. Additional nominations may be made at the Wednesday, October 12 meeting of the House of Delegates. The terms of the following members of the Board of Trustees will expire with the current session.

*District 1.* Jack S. Opinsky

This district is composed of the constituent societies of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

*District 6.* R. Malcolm Overbey

This district is composed of the constituent societies of Kentucky, Missouri, Tennessee and West Virginia.

*District 7.* H. William Gilmore

This district is composed of the constituent societies of Indiana and Ohio.

*District 10.* Richard J. Schoessler

This district is composed of the constituent societies of Iowa, Minnesota, Nebraska, North Dakota and South Dakota.

*District 14.* Bert Y. Hayashi

This district is composed of the constituent societies of Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah and Wyoming.

*District 15.* Jack H. Harris

This district is composed of the constituent society of Texas.

*District 16.* James H. Gaines

This district is composed of the constituent societies of North Carolina, South Carolina and Virginia.

The following are the provisions of the *Bylaws* which govern the nomination and election of members of the Board of Trustees (Chapter VI, Sections 20-50):

*Section 20. Qualifications.* A trustee must be an active, life or retired member, in good standing, of this Association and an active, life or retired member of one of the constituent societies of the trustee district which the trustee is elected to represent. Should the status of any trustee change in regard to the preceding qualifications during the trustee's term of office, that office shall be declared vacant by the President and the President shall fill such vacancy as provided in Chapter VI, Section 70, of these *Bylaws*.

*Section 30. Term of Office.* The term of office of a trustee shall be four (4) years. The tenure of a trustee shall be limited to one (1) term of four (4) years.\*

*Section 40. Nomination.* The delegates from the constituent societies of the trustee district in which the term of the trustee is to terminate shall hold a caucus to select a nominee or nominees for the office of trustee. Such caucus shall be called by the trustee whose term is about to expire, or by the trustee's designee. The notice of the time and place of such caucus shall be reported to the Secretary of the House.

At the caucus the delegates shall nominate one (1) or two (2) candidates for the office of trustee, whose name or names shall be presented to the House of Delegates in accordance with the following rules. An action taken at a duly constituted caucus of the trustee district to nominate or select a trustee may be reconsidered at a later caucus during the appropriate annual session.

A. A person receiving the unanimous vote of the delegates present and voting at the caucus shall be the only nominee presented by the district.

B. In the event that one (1) candidate receives a majority vote, one (1) or more of the delegates voting in the minority may select another nominee and the names of both nominees shall be presented to the House of Delegates as the nominees of that district.

C. The number of votes received by each nominee in the caucus shall be reported to the House of Delegates.

D. A nominating speech of four (4) minutes shall be allowed in the House of Delegates on behalf of each nominee. Seconding speeches are not permitted except that two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

*Section 50. Election.* The trustee shall be elected by the House of Delegates according to the following rules:

A. If there is only one (1) nominee from a trustee

district, the Speaker shall declare such nominee elected.

B. If there are two (2) nominees from a trustee district, the election shall be by ballot in accordance with Chapter V, Section 150. The nominee receiving the larger number of votes cast shall be declared elected.

In the case of contests, election of members of the Board of Trustees will take place on Thursday, October 13. Voting machines will be used and the polls will be open only from 8:00 AM to 10:00 AM.

**Nomination and Election of Members of the Councils and Commissions:** The nomination of members of councils and commissions of the Association will be presented to the House of Delegates on Sunday, October 9. Additional nominations may be made from the floor of the House on Wednesday, October 12. Election of council and commission members will also be held at the Wednesday, October 12 meeting.

**Appointment of Tellers:** The following have been appointed by the Speaker of the House of Delegates to serve as tellers to assist the Committee on Credentials in the performance of its duties:

Richard A. Herbert, Vermont (District 1); John R. Moon, New York (District 2); Herman M. Aqua, Pennsylvania (District 3); Lawrence S. Churgin, New Jersey (District 4); H. Wayne Todd, Florida (District 5); Christ T. Mangos, Missouri (District 6); Stanley D. Sherriff, Ohio (District 7); Leo R. Finley, Jr., Illinois (District 8); David F. Cooley, Michigan (District 9); Herbert L. Hanger, Iowa (District 10); William S. TenPas, Oregon (District 11); Ross J. DeNicola, Louisiana (District 12); Bruce Valentine, California (District 13); John A. Matis, Utah (District 14); Robert C. Meador, Texas (District 15); David A. Whiston, Virginia (District 16).

## **Election Results**

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President-Elect  
 First Vice-President  
 Second Vice-President  
 Speaker of House of Delegates  
 Trustee, District 1  
 Trustee, District 6  
 Trustee, District 7  
 Trustee, District 10  
 Trustee, District 14  
 Trustee, District 15  
 Trustee, District 16

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\*The provisions hereinafter set forth in this footnote shall determine the term of office of all new and incumbent trustees until adjournment of the annual session of the House of Delegates in 1992.

a. Except as otherwise provided in this footnote, effective with newly elected trustees beginning in 1986, the term of office for such trustees shall be limited to one (1) term of four (4) years each.

b. The trustee from the newly established 16th trustee district shall serve an initial term of two (2) years and shall also be eligible for election to a second term of four (4) years duration.

c. All trustees serving in their first three-year term in 1986 shall complete the remainder of their term and shall be eligible for election to a second term of three (3) years duration.

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# Resolutions



## Notes

## Resolutions

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### Submitted by Constituent and Component Societies and Other Agencies

#### New Jersey Dental Association

##### Listing and Coding of Accepted Diagnosis and Procedures

The following resolution was adopted by the New Jersey Dental Association and transmitted on June 7, 1988 by Mr. Philip J. Cocuzza, executive director, New Jersey Dental Association.

**Background:** Medical insurance carriers and hospital medical records personnel use code numbers contained in the American Medical Association's CPT-4 manual and the Health and Human Services ICD-9-CM. Dental diagnosis and procedures are contained within the ICD-9-CM but are not representative and organized to be useful in description of the current dental diagnosis and modalities of dental care. No representative from the American Dental Association is listed with the contributors to the ICD-9-CM. Therefore, the New Jersey Dental Association recommends adoption of the following resolution.

**12. Resolved,** that the American Dental Association attempt to provide input as to the listing and coding of accepted diagnosis and procedures in federal publications.

#### New Jersey Dental Association

##### Definition of Term "Young Dentist"

The following resolution was adopted by the New Jersey Dental Association and transmitted on June 7, 1988 by Mr. Philip J. Cocuzza, executive director, New Jersey Dental Association.

**Background:** The New Jersey Dental Association's definition of a young dentist (ten years or less in practice) is different than the American Dental Association's definition (less than 40 years old). Therefore, the New Jersey Dental Association recommends adoption of the following resolution.

**16. Resolved,** that Chapter XIII, Commissions, Section 40, Eligibility, Subsection E, Commission on the Young Professional, of the *Bylaws* be amended by deleting the said subsection and by substituting therefor a new subsection to read as follows:

E. *Commission on the Young Professional.* Members of the Commission on the Young Professional shall be dentists with less than ten (10) years in practice at the time of appointment.

and be it further

**Resolved,** that the foregoing amendment to Chapter XIII, Section 40, Subsection E shall become effective on January 1, 1989.

#### New Jersey Dental Association

##### Reduced Dues After Graduate Training

The following resolution was adopted by the New Jersey Dental Association and transmitted on June 7, 1988 by Mr. Philip J. Cocuzza, executive director, New Jersey Dental Association.

**Background:** Since many dentists continue their training through a residency or specialist program after graduation from dental school and since the reduced dues structure begins immediately after graduation from dental school, the New Jersey Dental Association requests the adoption of the following resolution:

**17. Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by the addition of a new condition (5) to read as follows:

(5) Notwithstanding the provisions of the foregoing condition (4), the dentist who, immediately upon being awarded a D.D.S. or D.M.D. degree, is engaged full-time in a residency program or advanced education program accredited by the Commission on Dental Accreditation of this Association shall pay five dollars (\$5.00) due on January 1 of each year until December 31 following completion of such a residency or advanced education program. Such dentist, who pays dues of five dollars (\$5.00) per annum while in such a program, shall also be exempt from the payment of active member dues for the remaining period of the year when the residency or advanced education program is completed and the first full calendar year following completion thereof and shall pay 40% of active member dues in the second year, 60% in the third year, 80% in the fourth year and 100% in the fifth year and thereafter.

and be it further

**Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by renumbering condition (5) of the said subsection as condition (6).

#### Thirteenth Trustee District

##### New Product Advisory

The following resolution was adopted by the California Dental Association House of Delegates and transmitted on July 8, 1988 by Dr. Dale F. Redig, executive director, California Dental Association.

**Background:** Dentists are frequently consulted about over-the-counter products and often are at a loss to advise patients on new products about which they have yet to be informed. It would seem reasonable that manufacturers would want practitioners to have early access to product information as long as proprietary goals were not compromised. Therefore, be it

**22. Resolved,** that the appropriate American Dental Association agencies petition known major advertisers of dental products and materials to make product information available to the profession as early as possible prior to release to the media and general public.

### Thirteenth Trustee District

#### Eligibility for Recent Graduate Reduced Dues

The following resolution was adopted by the California Dental Association House of Delegates and transmitted on July 8, 1988 by Dr. Dale F. Redig, executive director, California Dental Association.

**Background:** The 1988 California Dental Association House of Delegates adopted a resolution that establishes eligibility for CDA recent graduate reduced dues that is based solely upon year of graduation from dental school or completion of postgraduate studies.

The CDA Council on Education and Membership Services recommended this resolution to simplify and streamline the recent graduate dues structure to allow for dues quoting by the component, simplified application and election processing and all-around easier communication and understanding.

CDA believes that the ADA recent graduate dues should be in concert with the state association to standardize the reductions and further streamline the entire process. An overly complicated dues structure, even for reduced dues, is a barrier to membership.

The Thirteenth District requests that the ADA amend its *Constitution and Bylaws* which defines recent graduate reduced dues.

Therefore, be it

**23. Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by deleting condition (1) and its footnote and by substituting therefor a new condition (1) to read as follows:

(1) On a one-time basis, the dentist who graduates from a dental school accredited by the American Dental Association or completes graduate studies in an advanced training course or a residency program of not less than one academic year's duration, shall be exempt from the payment of active member dues for the remaining period of that year and the first full calendar year following graduation from dental school or completion of graduate studies, and shall pay 40% of active member dues in the second year, 60% in the third year, 80% in the fourth year, and 100% in the fifth year and thereafter.

and be it further

**Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by deleting conditions (2) and (3), and be it further

**Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by adding a new condition (2) to read as follows:

(2) The dentist who is engaged full-time in (a) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by the Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by the Association and a program accredited by the Commission on Dental Accreditation of this Association shall pay five dollars (\$5.00) due on January 1 of each year until December 31 following completion of such a residency or advanced education program. Such dentist, who pays dues of five dollars (\$5.00) per annum while in such a program will be required to pay dues for active members upon completion of such program at the next period-in-time level under the applicable foregoing condition (1), measured from the date awarded a D.D.S. or D.M.D. degree.

and be it further

**Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by renumbering condition (5) as condition (3), so that Subsection A with all of foregoing amendments reads as follows:

*A. Active Members.* The dues of active members shall be two hundred and forty-three dollars (\$243.00) due January 1 of each year except that any dentist, who satisfies the eligibility requirements for active membership under Chapter I, Section 20A, of these *Bylaws* and who satisfies any of the following conditions shall be entitled to pay the reduced active member dues listed under such satisfied condition so long as such dentist maintains continuous membership, subject to the further reductions permitted under the provisions of Chapter I, Section 50H, of these *Bylaws*:

(1) On a one-time basis, the dentist who graduates from a dental school accredited by the American Dental Association or completes graduate studies in an advanced training course or a residency program of not less than one academic year's duration, shall be exempt from the payment of active member dues for the remaining period of that year and the first full calendar year following graduation from dental school or completion of graduate studies, and shall pay 40% of active member dues in the second year, 60% in the third year, 80% in the fourth year, and 100% in the fifth year and thereafter.

(2) The dentist who is engaged full-time in (a) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by

the Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program in areas recognized by the Association and a program accredited by the Commission on Dental Accreditation of this Association shall pay five dollars (\$5.00) due on January 1 of each year until December 31 following completion of such a residency or advanced education program. Such dentist, who pays dues of five dollars (\$5.00) per annum while in such a program will be required to pay dues for active members upon completion of such program at the next period-in-time level under the applicable foregoing condition (1), measured from the date awarded a D.D.S. or D.M.D. degree.

(3) An active member who is serving dentistry full-time for a charitable organization and is receiving neither income nor a salary for such charitable service other than a subsistence amount which approximates a cost of living allowance shall pay dues of five dollars (\$5.00) due January 1 of each year provided that such charitable service is being performed continuously for not less than one year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

**Thirteenth Trustee District**

**Percent Reductions for Recent Graduate Reduced Dues**

The following resolution was adopted by the California Dental Association House of Delegates and transmitted on July 8, 1988 by Dr. Dale F. Redig, executive director, California Dental Association.

**Background:** The California Dental Association (CDA) has taken a critical look at its Association's recent graduate dues structure. At its June 1988 meeting, the CDA House of Delegates adopted a resolution that establishes eligibility for CDA recent graduate reduced dues based solely upon year of graduation from dental school or completion of graduate studies.

In addition to the cumbersome eligibility requirements, CDA also recommended further improvement to the schedule in the area of percent reductions. The current four-year schedule is based on percent reductions of full, active member dues. They are:

<u>Billing Year</u>	<u>Percent of Active Dues</u>	<u>Current \$ Amount</u>	<u>ADA Current Amount*</u>
First full year following graduation	0%	\$ 0.00	\$ 0.00
Second full year following graduation	40%	\$140.00	\$ 98.00
Third full year following graduation	60%	\$210.00	\$146.00
Fourth full year following graduation	80%	\$280.00	\$195.00
Fifth full year following graduation	100%	\$351.00	\$243.00

CDA recommends that the percent reductions be modified to increase dues in more logical steps over the four-year period. The following reductions were recommended:

<u>Billing Year</u>	<u>Percent of Active Dues</u>	<u>Current \$ Amount</u>	<u>ADA Current Amount*</u>
First full year following graduation	0%	\$ 0.00	\$ 0.00
Second full year following graduation	25%	\$ 87.50	\$ 61.00
Third full year following graduation	50%	\$175.00	\$122.00
Fourth full year following graduation	75%	\$262.50	\$182.00
Fifth full year following graduation	100%	\$351.00	\$243.00

CDA believes that it is important to maintain consistency with the American Dental Association recent graduate reduced dues. Therefore, it was recommended that the above reductions be implemented by CDA with the 1989 membership year only if the ADA approves similar reductions.

Therefore, be it

**24. Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by deleting condition (1) and by substituting therefor a new condition (1) to read as follows:

(1) The dentist who maintained student membership in this Association for the final two years of dental school shall also be exempt from the payment of active member dues for the remaining period of the year when awarded and the first full calendar year following the year awarded a D.D.S. or D.M.D. degree and shall pay 25% of active member dues in the second year, 50% in the third year, 75% in the fourth year and 100% in the fifth year and thereafter.

and be it further

**Resolved,** that the aforementioned amendment shall become effective for the membership year beginning January 1, 1989.

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Note: The third column, "ADA Current Amount" was added by the ADA for clarity.

## 1987 Resolutions Referred to 1988 House of Delegates for Action

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### American Association of Orthodontists

#### Dues Reduction for Advanced Training Graduates

The following resolution was adopted by the Board of Trustees of the American Association of Orthodontists on May 14, 1987 and transmitted on June 11, 1987 by Mr. Robert L. Wagner, executive director, American Association of Orthodontists.

**Whereas**, in light of the AAO demonstration of cooperative spirit in requiring ADA membership as a prerequisite for membership in the AAO; and

**Whereas**, the current policy of the ADA to require third year entry level dues of recently graduated specialty students could impart financial hardships at a critical time of practice development; therefore, be it

**18-1987. Resolved**, that Chapter 1, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by deleting condition number (4) (lines 339-355) and by substituting therefor two new conditions numbered (4) and (5), to read as follows:

(4) The dentist who is engaged full-time in 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 shall pay three dollars and fifty cents (\$3.50) due on January 1 of each year until December 31 following completion of such a residency or advanced education program. Such dentist, who pays dues of three dollars and fifty cents (\$3.50) per annum while in such a program, shall be required to pay dues for active members upon completion of such program at the next period-in-time level under the applicable foregoing condition (1), (2), or (3), measured from the date awarded a D.D.S. or D.M.D. degree.

(5) The dentist who, within six months from the date awarded a D.D.S. or D.M.D. degree, is engaged full-time in an advanced education program, two or more years in length, in one of the special areas of dental practice recognized by the Association, which is 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 December 31 following completion of such an advanced education program. Such dentist, who pays dues of three dollars and fifty cents (\$3.50) per annum while in such a program, shall pay 40% of active member dues in the second year, 60% in the third year, 80% in the fourth year, and 100% in the fifth year and thereafter.

and be it further

**Resolved**, that Chapter 1, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by renumbering condition number (5) (line 356) as condition number (6).

Delegate A.C. Edwards, Missouri

#### ADA Restructure Proposal

The following resolution was submitted by Dr. A.C. Edwards, delegate, Missouri, on July 22, 1987.

**Background:** Within the last two years, the trustee districts of the American Dental Association (ADA) have grown from 14 to 16 and increased the operating expense for this body by over \$75,000 per year. The increase of two trustees has created a voting board of 19 members.

A large number of dentists have expressed the feeling that the Board of Trustees is getting too large to be effective in reacting to the problems of today. There usually are not 19 different good solutions to a problem so let us trust 12 minds to come up with two or three good solutions and pick the best one.

The House makes policy and represents the opinions of the members which should guide the Board of Trustees in its decision-making process.

Fairness of representation in government is important in the mind of the membership. There is a great discrepancy in the power of the individual voice of the member with the present trustee districts. Membership in the largest district amounts to over 14,000 and in the smallest district about 6,000. The members of the smallest trustee district have more than twice the power of the members of the largest district on the Board of Trustees.

The present policy, that any state or group of states with more than 6,000 constituents may apply for separation to become an individual trustee district, has placed the ADA in the position where we could have 20 or more trustees. This would be too large to be efficient and too costly.

The rule that denies a state the right to have two or more trustee districts is unfair to the members in those states with more members than would be required to form two trustee districts if they were in separate states. These members do not have equal voice on the Board of Trustees.

**American Dental Association Restructure Proposal:** Listed below is a proposal for a nine (9) trustee district ADA and changes in the size of the councils and committees to meet the need for effective leadership with economy.

District new	District old	Changes state	Members	District new
1st	1st	+ Air Force	868	12,472
		Army	839	
		Navy	1,037	
		Panama	13	
		Puerto Rico	436	
		Virgin Islands	22	
		Public Health Service	325	
		Veterans Administration	612	
			4,152	
2nd	2nd			13,851
3rd	3rd			13,862
	4th	(less those moved to the 1st district)		
4th	5th			14,592
	16th			
5th	6th			13,989
	7th			
6th	8th			14,149
	9th			
7th	10th	+ Colorado	1,793	14,495
	11th	Kansas	1,071	
		Wyoming	249	
8th	12th	less Kansas		14,079
	14th	less Colorado & Wyoming		
	15th			
9th	13th			14,065

The membership on all Councils and Committees would be reduced accordingly. The cost savings of this move would be in the area of more than \$500,000 a year.

**Trustee Rotation:**

Trustee District	Election Year Scheduled 4 Year Term			
	1988	1989	1990	1991
1				X
2			X	
3		X		
4			X	
5		X		
6	X			
7		X		
8	X			
9				X

All districts will have an election in 1988 to pick a trustee from the present district trustees to serve out that portion of the term before the regular scheduled term. The exception to the above elections would be the 2nd and 9th districts which would continue with their present trustees.

The above plan would assure that there would be experienced members on the Board of Trustees and provide a smooth transition.

**31-1987 Resolved**, that Article 111, Organization, Section 70. Trustee Districts, of the *Constitution* be amended by deletion of the word and number "sixteen (16)" (line 37) and by substitution therefor of the word and number "nine (9)" so the amended section reads:

Section 70. Trustee Districts. The constituent societies of the Association and the federal dental services shall be grouped into nine (9) trustee districts, as provided in Chapter IV of the *Bylaws*.

and be it further

**Resolved**, that Chapter IV, Trustee Districts, Section 10. Organization, of the *Bylaws* be amended by deletion of the word and number "sixteen (16)" (line 691) and by substitution therefor of the word and number "nine (9)," so the amended section reads:

Section 10. Organization. The constituent societies and federal dental services shall be organized into nine (9) trustee districts.

and be it further

**Resolved**, that Chapter IV, Trustee Districts, Section 30. Composition of the *Bylaws* be amended by deletion (lines 700-773) and substitution therefor of the following:

Section 30. Composition. The trustee districts are numbered and composed as follows:

*District 1*

- Connecticut State Dental Association
- Maine Dental Association
- Massachusetts Dental Society
- New Hampshire Dental Society
- Rhode Island Dental Association
- Vermont State Dental Society
- Air Force Dental Corps
- Army Dental Corps
- Navy Dental Corps
- Panama Canal Dental Society
- Public Health Service
- Puerto Rico, Colegio de Cirujanos Dentistas de
- Veterans Administration
- Virgin Islands Dental Association

*District 2*

- New York, The Dental Society of the State of

*District 3*

- Delaware State Dental Society
- District of Columbia Dental Society, The
- Maryland State Dental Association
- New Jersey Dental Association
- Pennsylvania Dental Association

*District 4*

- Alabama Dental Association
- Florida Dental Association
- Georgia Dental Association
- Mississippi Dental Association, The
- North Carolina Dental Society, The
- South Carolina Dental Association
- Virginia Dental Association

*District 5*

- Indiana Dental Association
- Kentucky Dental Association
- Missouri Dental Association
- Ohio Dental Association
- Tennessee Dental Association
- West Virginia Dental Association

*District 6*

Illinois State Dental Society  
Michigan Dental Association  
Wisconsin Dental Association

*District 7*

Alaska Dental Society  
Colorado Dental Association  
Kansas Dental Association  
Idaho State Dental Association  
Iowa Dental Association  
Minnesota Dental Association  
Montana Dental Association  
Nebraska Dental Association, The  
North Dakota Dental Association  
Oregon Dental Association  
South Dakota Dental Association  
Wyoming Dental Association  
Washington State Dental Association

*District 8*

Arkansas State Dental Association  
Arizona State Dental Association  
Hawaii Dental Association  
Louisiana Dental Association, The  
Nevada Dental Association  
New Mexico Dental Association  
Oklahoma Dental Association  
Texas Dental Association  
Utah Dental Association

*District 9*

California Dental Association

**Commission on Relief and Disaster Fund Activities****Amendments to the Relief and Disaster Funds “Indentures of Trust”**

**Background:** With the 1986 restructure of the Association, the Commission on Relief and Disaster Fund Activities was increased in number from seven to eight members. The newly composed Commission this year has reviewed the *Indenture of Trust* for the Relief Fund and the *Indenture of Trust* for the Disaster Victims Emergency Loan Fund to ensure that they comport with the directives of the House of Delegates for the 1986 restructure. The Commission had noted several areas in each *Indenture of Trust* that should be amended in order to comply with the directives of the restructure, to be consistent with the Association’s *Bylaws* and to be consistent with the Commission’s historical practice. These areas are as follows:

1. Introductory paragraph of each *Indenture* refers to seven Commission members. With the restructure, there are now eight members of the Commission.
2. Article III, “Investment of the Trust Property,” of the Relief Fund’s *Indenture* states (in pertinent part):

The Trustees shall from time to time, with the approval of the Board of Trustees of the

Association, employ an investment counsellor. Such professional counsel shall be either advisory to the Investment Committee in all matters relating to the investment policies and practices of the Trust Property or may be given discretionary authority by the Investment Committee to buy and sell securities for the portfolio *provided that the investment counsel promptly reports to the Trustees through the Commission on Relief and Disaster Fund Activities Secretary, each purchase and sale of a security as soon as completion of any such transaction is confirmed (emphasis added). The Trustees shall from time to time select three of their members who together with the Treasurer of the Association and Chairman of the Commission shall constitute the Relief Fund Investment Committee.* The Committee shall monitor the activities of the investment counsel and make recommendations to the Trustees on investment programs (emphasis added).

This provision does not comport with the historical practice of the Commission. First, the “investment counsel” referred to in the *Indenture* is the Association’s bank, Lake Shore Bank. The bank, of necessity, makes investment buy/sell decisions daily. Those decisions are reported promptly to the Association’s accounting department. In addition, a listing of transactions is compiled monthly and mailed to each Commission member. The Commission Secretary receives quarterly reports from Lake Shore Bank, which he promptly provides to the Commission members (the Trustees). It would not be practical, and has never been necessary, to provide the Commission members with reports each time an investment is made, particularly during periods when there is heavy trading activity of 50 or more trading decisions in one year. Therefore, the Commission believes this provision should be amended to reflect the Commission’s actual practice.

Second, this provision requires that the Commission establish an investment committee. Each year the Commission complies with this mandate but then votes to act as a committee of the whole, thus eliminating the need for an investment committee. Therefore, as a practical matter, the Commission believes this provision should be amended to give the Commission the discretion as to whether or not a separate investment committee is needed in any given year.

3. Article IV of the Relief Fund *Indenture*, “Grants to Beneficiaries,” states in pertinent part:

Unless and until this *Indenture of Trust* be amended to provide otherwise, grants to beneficiaries shall be made only from investment income heretofore received (when the fund was a fund of the Association) or investment income hereafter received by the Trustees. Provided, however, that sums refunded to constituent

society relief funds out of contributions to the American Dental Association Relief Fund may be applied by the Constituent societies to the fulfillment of grants approved by the Trustees.

This provision lacks clarity as to what funds are available to make relief grants to beneficiaries and the Commission is seeking to amend the language, to comport with its interpretation and past practices. The Commission believes that all monies, including, but not limited to, contributions, capital gains and bequests, as well as accumulated interest and dividends, should be available for charitable purposes, with the exception of the initial endowment of the Relief Fund by the Association. This endowment consisted of cash and other securities totaling \$670,964.23. Although the Commission is of the opinion that this position reflects the intent of the *Indenture*, the existing provision could be construed as limiting grant payments to the amount of investment earnings generated in any one year. Such a policy could seriously curtail Commission activities and the ability to offer aid during periods of great need. The Commission believes that its mission is better served by the amended provision, which reaffirms that it has the freedom and latitude to adequately assist those facing difficult financial circumstances.

4. Article VIII of the Relief Fund *Indenture* and Article IX of the Disaster Fund *Indenture*, "Limitation of Liability and Indemnification of Trustees," state as follows:

No Trustee shall be liable for any loss not attributable to his or her own dishonesty or to the willful commission by him or her of an act known by him or her to be a breach of trust. A Trustee shall not be liable for any wrongful act or omission of any other Trustee, nor of any investment counsellor, agent, attorney or employee of the Trustees. Each trustee shall be indemnified by the (Fund/Trust) and held harmless by it from and against all claims and liabilities including the reasonable expenses of defending against them, to which he or she may be or become subject by reason of his or her being or having been a Trustee, except liabilities arising out of his or her negligence or willful misconduct.

This provision is inconsistent with the liability and indemnification provision in the Association's *Bylaws* and, therefore, should be amended so that the two provisions are consistent.

Consequently, the Commission recommends adoption of the following resolution.

**39-1987. Resolved**, that the introductory paragraph of the Relief Fund's *Indenture of Trust* be amended to read as follows:

This *Indenture of Trust* executed the 30th day of September, 1948, by and between the American Dental

Association, a nonprofit corporation organized and existing under the laws of the State of Illinois and having its principal office in the City of Chicago, County of Cook and State of Illinois, hereinafter sometimes called the "Association," Party of the First Part, and the eight duly elected members of the Commission on Relief and Disaster Fund Activities of the American Dental Association, each of whom has subscribed his name hereto, hereinafter called the "Trustees," Parties of the Second Part,

and be it further

**Resolved**, that the introductory paragraph of the Disaster Victims Emergency Loan Fund's *Indenture of Trust* be amended to read as follows:

This *Indenture of Trust* is between the American Dental Association as settlor and eight trustees to be appointed from time to time by the Board of Trustees of the American Dental Association. This *Indenture of Trust* shall take effect on November 15, 1972. The Association and the Fund Trustees consent to the stipulation in this paragraph and the following articles of agreement:

and be further

**Resolved**, that Article III, "Investment of the Trust Property," of the Relief Fund's *Indenture of Trust* be amended to read as follows:

That part of the Trust Property which the Trustees deem available for investment shall be invested by them in assets legal from time to time for investment by trustees under the laws of the State of Illinois. The Trustees shall from time to time, with the approval of the Board of Trustees of the Association, employ an investment counsellor. Such professional investment counsellor shall be either advisory to the Investment Committee in all matters relating to the investment policies and practices of the Trust Property or may be given discretionary authority by the Investment Committee to buy and sell securities for the portfolio provided that the investment counsellor periodically reports to the Trustees through the Commission on Relief and Disaster Fund Activities Secretary, regarding purchases and sales of securities. The Trustees may from time to time select three of their members who together with the Treasurer of the Association and Chairman of the Commission would then constitute a Relief Fund Investment Committee. If so selected, the Committee shall monitor the activities of the investment counsellor and make recommendations to the Trustees on investment programs. Otherwise, the Commission as a whole shall monitor such activities.

and be it further

**Resolved**, that Article IV of the Relief Fund's *Indenture of Trust*, "Grants to Beneficiaries," be amended to read as follows:

Unless and until this *Indenture of Trust* be amended to provide otherwise, grants to beneficiaries and administrative expenses shall not be made from the original endowment but rather shall be made only from



accumulated income including, but not limited to contributions, capital gains, bequests, interest and dividends heretofore or hereafter received by the Trustees. Sums refunded to constituent society relief funds out of contributions to the American Dental Association Relief Fund may be applied by the constituent societies to the fulfillment of grants approved by the Trustees.

and be it further

**Resolved**, that Article VIII of the *Indenture of Trust* of the Relief Fund and Article IX of the *Indenture of Trust* of the Disaster Victims Emergency Loan Fund, "Limitation of Liability and Indemnification of Trustees," be amended to read as follows:

Each Trustee shall be held harmless and indemnified by the Association against all claims and liabilities and all costs and expenses, including attorneys' fees, reasonably incurred or imposed upon such person in connection with or resulting from any action, suit or proceeding, or the settlement or compromise thereof, to which such person may be made a party by reason of any action taken or omitted to be taken by such person as a trustee in good faith. This right of indemnification shall inure to such person whether or not such person is a trustee at the time such liabilities, costs or expenses are imposed or incurred and, in the event of such person's death, shall extend to such person's legal representatives. To the extent available, the Association shall insure against any potential liability hereunder.

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**Reports of  
Board of Trustees to  
House of Delegates**

## Notes

# Report 1

## Association Affairs and Resolutions

This is the first of a series of reports to be presented by the Board of Trustees to the House of Delegates at the 129th annual session.

### **Appreciation to Council on ADA Sessions and International Relations and Committee on Local Arrangements:**

The ADA/FDI Joint 1988 World Dental Congress in Washington, D.C. marks the first time since 1974 that the Association has met there, and the first time since 1975 that the Association has met jointly with the Federation Dentaire Internationale. With the assistance of this year's Committee on Local Arrangements, the Council on ADA Sessions and International Relations, serving as the congress organizing committee, has planned a scientific session and schedule of social activities which is sure to offer those who attend a most enjoyable and beneficial experience.

The Board of Trustees wishes to express its sincere appreciation to the members of the Council, who under the most capable leadership of its chairman, Dr. Donald E. Compaan, has planned and coordinated this joint congress. Dr. David L. Grodberg, who served as 1988 meeting chairman and special consultant to the Council, is also to be recognized for his role in planning this year's meeting. Dr. Compaan and Dr. Grodberg and all the members of the Council, Drs. Walter C. Buchsieb, Anthony L. DiMango, Fred A. England, John M. Fujioka, Louis J. Hendrickson, Robert E. Hunter, Johnny N. Johnson, Francis L. Lock, Robert A. Mathews, Bernard K. McDermott, Howard B. Menell, Paul H. H. Reinke, Frank A. Schroeder, R. J. Shankle and Robert J. Smith, are all to be commended for their efforts in producing such an outstanding meeting.

Dr. Bernard K. McDermott, who has served on the Council since 1987 as general chairman of the 1988 Committee on Local Arrangements, must also be specially recognized for his part in planning this year's meeting. Dr. McDermott has been most capably assisted by Dr. Mohamed Zamaludin, vice-chairman of the committee; Dr. Gerald Morais, chairman of the Program Coordinating Committee; Dr. Richard and Mrs. Judith Giuliani, co-chairmen of the Committee on Social Activities; and Dr. Clarence Lindquist, chairman of the Committee on Special Services.

On behalf of all those who will attend this year's joint congress, the Board of Trustees expresses its most sincere appreciation to the Council and the entire Committee on Local Arrangements who have contributed so much to assure the success of this year's meeting.

**Deaths of the Former ADA Officials:** Since the 1987 session of the House of Delegates, the following former officials have passed away: Dr. Walter E. Dundon, past vice-president, 1958-1959; Dr. Aloyse E. Kopp, past trustee, 1959-1965; Dr. Edward F. Mimmack, past vice-president, 1963-1964 and past trustee, 1957-1963 and 1965-1966; Dr. Russell I. Todd, past vice-president, 1960-1961; and Dr. C.

Gordon Watson, past executive director, 1969-1978. The Board of Trustees joins the members of the House of Delegates in expressing sympathy to the families of these departed friends.

**Election to Honorary Membership:** In accordance with Resolution 79H-1980 (*Trans.* 1980:590) which empowers the Board of Trustees to elect honorary members of the Association, the following distinguished professionals have been elected to Honorary Membership:

Dr. Lois R. Cohen  
 Dr. Roy Duckworth  
 Mr. Terrance Keenan  
 Dr. David B. Mahler  
 Dr. William Mayer  
 Mr. Douglas L. Meyer  
 Dr. Juan Morales, Jr.  
 Professor Albert Gustav Richards  
 Dr. Chu Hsi-Tao  
 Mr. E. B. "Bud" Tarrson  
 Dr. Reynaldo Todescan

**Distinguished Service Award:** The Distinguished Service Award was established by the Board of Trustees in 1970 as the "highest award which the Association can confer on members of the dental profession or of allied health professions." The Board of Trustees takes great pleasure in announcing that the recipient of the 18th Distinguished Service Award is Dr. Lynden M. Kennedy.

*Dr. Lynden M. Kennedy*, past president of the American Dental Association, was an honor graduate of Baylor University College of Dentistry, where in 1940 he received the Baylor Gold Medal Award for leading his class. Dr. Kennedy served as a full-time faculty member at Baylor until he volunteered for the dental corps of the U.S. Navy during World War II. He returned to civilian life in 1946 to practice general dentistry and in 1969, he was appointed assistant professor of practice administration at Baylor. Dr. Kennedy is a past president of the Dallas County Dental Society, the Texas Dental Association, the Texas Academy of General Dentistry, the Texas State Board of Dental Examiners and a past editor of the *Texas Dental Journal*.

Dr. Kennedy served as a delegate to the American Dental Association and was a member of the ADA task force on national health programs. He is a fellow of the American College of Dentists and served as president of its Texas section. He is also a fellow of the International College of Dentists and received an award for editorial writing from its Texas section. He was named "Dentist of the Year" by the Texas Academy of General Dentistry and the Dallas County Dental Society, and holds honorary memberships in both the Dallas County Dental Hygienist's Association and the Texas Dental Hygienist's Association. Other memberships include the Pierre Fauchard Academy, the Federation Dentaire Internationale and the American Association of Dental Examiners.

**Retiring Officers and Trustees:** The Board of Trustees wishes to express its gratitude for the service that Dr. Jack E. Nichols, first vice-president; Dr. Sam W. Rogers, Jr., second vice-president; Dr. Joseph G. DiStasio, speaker of the House of Delegates; Dr. H. William Gilmore, trustee, District 7; Dr. R. Malcolm Overbey, trustee, District 6; and Dr. Richard J. Schoessler, trustee, District 10 have rendered to the Association during their tenure on the Board.

**Appreciation to Employees:** The Board of Trustees is pleased to bring to the attention of the House of Delegates 13 members of the Association staff for their years of service: Dr. Thomas J. Ginley, Office of the Executive Director, 25 years; Mr. Thomas M. Gregory, Paffenbarger Research Center, 25 years; Ms. Jean M. DePaolo, Conference Services and Meeting Planning, 20 years; Mr. Raymond J. Nelligan, Accounting, 20 years; Mr. Michael A. Salemme, Human Resources, 20 years; Mr. David R. DeMarais, Joint Commission on National Dental Examinations, 15 years; Mr. Richard J. Geary, Council on Dental Materials, Instruments and Equipment, 15 years; Mrs. Sofia N. Jose, Council on Dental Materials, Instruments and Equipment, 15 years; Mr. Jack F. O'Donnell, Washington Office, 15 years; Mr. J. Vincent Shuck, Commission on the Young Professional, 15 years; Mrs. Stephanie G. Starsiak, Legal Affairs, 15 years; Karen S. Wagner, Bureau of Economic and Behavioral Research, 15 years; and Mr. Leonard P. Wheat, Council on Governmental Affairs and Federal Dental Services, 15 years.

These employees have served the American Dental Association with loyalty and competence, and they deserve the gratitude of all members of the Association for their contributions to the dental profession.

**Life Membership:** Life members of the Association are automatically notified of their election to Life membership when they become eligible. ADA *Bylaws* (Chapter I, Section 20B) define a Life member as a member in good standing who has been an active and/or retired member in good standing for thirty (30) consecutive or a total of forty (40) years of active and/or retired membership and has attained the age of 65. Life membership becomes effective the year following the year in which the requirements are fulfilled. In 1987, 2,028 members were elected to Life membership for 1988. As of June 29, 1988, the total number of ADA Life members is 21,577.

#### Life Members

Constituent Society	Number of Life Members
Air Force	28
Army	45
Civil Service	2
Navy	85
Public Health	24
Unorganized	4
Veterans Administration	119
Alabama	168
Alaska	5
Arizona	114
Arkansas	112

#### Life Members continued

Constituent Society	Number of Life Members
California	2,351
Colorado	183
Connecticut	513
Delaware	45
District of Columbia	170
Florida	460
Georgia	245
Hawaii	121
Idaho	48
Illinois	1,300
Indiana	363
Iowa	314
Kansas	180
Kentucky	222
Louisiana	243
Maine	95
Maryland	289
Massachusetts	723
Michigan	881
Minnesota	492
Mississippi	114
Missouri	435
Montana	68
Nebraska	173
Nevada	30
New Hampshire	71
New Jersey	955
New Mexico	65
New York	3,820
North Carolina	302
North Dakota	64
Ohio	868
Oklahoma	179
Oregon	248
Panama Canal Zone	1
Pennsylvania	1,330
Puerto Rico	40
Rhode Island	153
South Carolina	93
South Dakota	42
Tennessee	263
Texas	777
Utah	131
Vermont	46
Virgin Islands	1
Virginia	304
Washington	443
West Virginia	127
Wisconsin	454
Wyoming	36
TOTAL	21,577

**Retired Membership:** Active members of the Association may be elected to Retired membership status in accordance with the ADA *Bylaws* (Chapter I, Section 20G). For 1988, 592 active members were granted Retired membership status. As of June 29, 1988 that total number of ADA Retired members is 1,768.

**Retired Members**

Constituent Society	Number of Retired Members
Air Force	26
Army	15
Navy	34
Public Health	12
Unorganized	5
Veterans Administration	16
Alabama	11
Alaska	1
Arizona	24
Arkansas	11
California	304
Colorado	32
Connecticut	36
Delaware	4
District of Columbia	7
Florida	60
Georgia	14
Hawaii	3
Idaho	6
Illinois	56
Indiana	29
Iowa	21
Kansas	11
Kentucky	26
Louisiana	15
Maine	7
Maryland	37
Massachusetts	38
Michigan	108
Minnesota	43
Mississippi	4
Missouri	22
Montana	11
Nebraska	14
Nevada	5
New Hampshire	7
New Jersey	28
New Mexico	6
New York	157
North Carolina	29
North Dakota	3
Ohio	90
Oklahoma	14
Oregon	30
Pennsylvania	86
Puerto Rico	3
Rhode Island	6
South Carolina	8
South Dakota	6
Tennessee	18
Texas	74
Utah	6
Vermont	5
Virginia	25
Washington	50
West Virginia	8
Wisconsin	38
Wyoming	3
TOTAL	1,768

**Nominations to Councils and Commissions:** In accordance with Chapter VI, Section 90(H) of the *Bylaws*, the Board of Trustees presents the following nominations for membership on the Councils and Commissions of the Association. In response to the directive from the House of Delegates (*Trans.* 1980:588) the Board is submitting a brief statement of qualifications for each nominee.

**ADA Sessions and International Relations**

*Brewster, James E., California, 1992.* Dr. James E. Brewster completed a tour of duty in the U.S. Navy Dental Corps and has been in private practice in general dentistry since 1962. He has served on the Council of Scientific Sessions, California Dental Association for several years and was chairman for three years. He served as co-chairman of the local arrangements committee for the 1985 annual session of the American Dental Association. Dr. Brewster has held many positions in the San Francisco Dental Society and represented that component on the CDA Board of Trustees. Additionally, he is an instructor for the state board of dental examiners and has served several years as a delegate to the California House of Delegates. He has served the California Dental Association as chairman of the Council on Dental Care, Committee on Quality Assurance, Interdisciplinary Affairs Committee and various other positions.

*Harrell, James A., Sr., North Carolina, 1992.* Dr. James Harrell, a full-time general practitioner, founded his local dental society. He served as president of both his component and constituent societies and served as a delegate to the ADA House of Delegates for 14 years. In addition, he is a past president of the Academy of General Dentistry, a former ADA vice president, and is president-elect of the American College of Dentists. He has held a host of other leadership positions in the profession at the state, national and international levels.

Dr. Harrell's expertise in meeting planning and international relations are well established and his friendly, effective, diplomatic nature will benefit the Association while he serves as a member of the Council.

*Morawa, Arnold P., Michigan, 1992.* Dr. Arnold Morawa is an educator, clinician, author and pediatric dental practitioner. In addition to his dental degree and pediatric speciality, he has earned a Ph.D. in cell biology. In 1987 Dr. Morawa was general chairperson of the Michigan Dental Association Annual Session and is presently a consultant to the Committee of Annual Session of which he was a member for ten years. Dr. Morawa served with the Committee on Scientific Program since 1977 and was chairperson from 1981-1983. At the national level, he was a member of the Michigan delegation to the ADA House of Delegates in 1981-1982 and a member of the Public Relations Committee of the American Academy of Pediatric Dentistry. His memberships include Sigma Phi (research), OKU, Pierre Fauchard Academy and the American and International Colleges of Dentists.

**Community Health, Hospital, Institutional and Medical Affairs**

*Allen, J. David, Georgia, 1992.* Dr. David Allen is a board certified oral and maxillofacial surgeon, engaged in private practice in Decatur, Georgia for the past 13 years. He is a graduate of Emory University School of Dentistry and

Emory/Grady Hospital Oral and Maxillofacial Surgery Program. He is a clinical assistant professor of oral and maxillofacial surgery at Emory University.

Dr. Allen is an examiner for the American Board of Oral and Maxillofacial Surgery (Advisory Committee) and serves on the Executive Board of the Southeastern Society of Oral Surgeons. He is a fellow of the American College of Dentists and is vice president of the Georgia Dental Association.

Dr. Allen is an active staff member of four hospitals in the Atlanta metropolitan area. His clinical, educational and institutional qualifications have prepared him uniquely well to serve on the Council on Community Health, Hospital, Institutional and Medical Affairs.

*Harris, David J., Indiana, 1992.* Dr. David J. Harris graduated from Indiana University School of Dentistry in 1962 and completed oral surgery training at the University of Oklahoma. He is a board certified oral and maxillofacial surgeon practicing in South Bend, Indiana, with staff privileges at four hospitals. Dr. Harris has been a strong supporter of organized dentistry and has served as a trustee and president of the Indiana Dental Association.

In his community, Dr. Harris has worked extensively in institutional settings and has also contributed to the Dental Hygiene Program of Indiana University at South Bend as an advisor-lecturer.

*Melnick, Harry J., Illinois, 1992.* Dr. Harry Melnick, a winner of the *Chicago Sun-Times* Thomas Jefferson Award for Community Service to Preventive Dentistry Programs, has organized the Chicago Dental Society's Portable Equipment Program and has served as its chairman for five years. He created the Illinois Foundation of Dentistry for the Handicapped and has helped raise over \$300,000 in the past six years. He serves on the Illinois State Dental Society Access to Care Committee and is consultant to the Chicago Dental Society Access to Care Program.

*Romeo, Frank J., Maryland, 1992.* Dr. Frank J. Romeo has been in full-time private practice, limited to oral and maxillofacial surgery, since 1972. He graduated from Baltimore College of Dental Surgery Dental School, University of Maryland, and earned a certificate in oral surgery from Tufts University School of Dental Medicine. He served his oral surgery residency at Washington Hospital Center, Washington, D.C. He is a diplomate of the American Board of Oral and Maxillofacial Surgery.

Dr. Romeo has been actively involved and has served on many councils and committees in his component and constituent societies. He has been chairman of the Medico Legal, Hospital Officers, Dental Health and Legislative councils. He has been a liaison to the Department of Health and Mental Hygiene for the State of Maryland.

He is a past president of the Maryland Dental Association, Baltimore City Dental Society, Maryland Society of Oral and Maxillofacial Surgeons, and Maryland Dental Society of Anesthesiologists, in addition to serving in the various offices of his component and constituent societies.

He has served as a delegate and alternate for his constituent society and the American Dental Association. He chaired the ADA Reference Committee on President's Address and Administrative Matters in 1987.

He is a fellow in both the American and International

Colleges of Dentists and is editor of the *Alumni Associates* newsletter of Baltimore College of Dental Surgery Dental School. In his community he is actively involved in both church and community activities.

### Dental Care Programs

*Dubowsky, Scott M., New Jersey, 1992.* Dr. Scott Dubowsky is in private practice in general dentistry in Bayonne, New Jersey. He graduated from the University of Pennsylvania School of Dental Medicine in 1975. He served in a teaching fellowship in the Department of Periodontics at the University of Pennsylvania, followed by a general practice residency at Metropolitan Hospital Center in New York City. Currently he is teaching part-time at NYU School of Dentistry in the Department of Comprehensive Care.

He became actively involved in his component society shortly after beginning practice. He has served as treasurer and trustee of the Hudson County Dental Society. He was appointed to the Council on Dental Care Programs of the New Jersey Dental Association in 1978 and has served continually since that time. Since 1986 he has served as chairman of that council. In addition, Dr. Dubowsky has chaired two Regional Dental Care Conferences in 1987 and 1988, with representatives from New England and Mid-Atlantic dental societies.

He is a fellow in the Academy of General Dentistry and the Pierre Fauchard Academy. He has written and published an article on "The Corporatization of Dentistry" for the *Journal of the New Jersey Dental Association* and collaborated on another article on "A Primer for Alternate Delivery Systems."

*Kirchner, George A., Pennsylvania, 1992.* Dr. George A. Kirchner became involved in the activities of his local and state societies immediately after beginning a practice in general dentistry in 1971. He has been chairman of the Pennsylvania Dental Association Council on Dental Care for the past three years; served as a delegate to the PDA House of Delegates for eight years; served as a member of the peer review committee; and has been secretary of the Keystone state's largest component. Dr. Kirchner is a lecturer, consultant and hospital staff member. He exemplifies and epitomizes what we hope for in the young dental professional today.

*LaCoste, Roger R., Massachusetts, 1992.* Dr. Roger R. LaCoste graduated from the University of Pennsylvania School of Dental Medicine and received a certificate in endodontics from Boston University School of Graduate Dentistry. He is currently chairman of the Council on Dental Care Programs for the Massachusetts Dental Society; treasurer of the Massachusetts Association of Endodontists; and a member of the Committee on Dental Care and Clinical Practice for the American Association of Endodontists. Other professional positions include president of both the New Bedford Dental Society and Fall River Dental Society; chairman of the Southeast District Dental Society; and secretary of the Massachusetts Association of Endodontists.

*Straka, Edward A., Jr., Oregon, 1992.* Dr. Edward A. Straka has been an active member of the Oregon Dental Association serving as chairman of the Records Committee;

member of the Executive Committee; member of the Environmental Hazards Committee; and chairman of the Dental Care Council. He served as a director of the Oregon Academy of General Dentistry and president and trustee of the Central District Dental Society. Dr. Straka is also involved in many community and civic organizations.

#### Dental Education

*Wolfe, Stanton H., Connecticut, 1992.* Dr. Stanton H. Wolfe graduated from New York University College of Dentistry in 1974 and completed an Oral and Maxillofacial Surgery Program at Johns Hopkins in 1977. He is a member of the American Dental Association, American Association of Oral and Maxillofacial Surgery, Connecticut State Dental Association and Pierre Fauchard Academy. He has been a test constructor for the University of Connecticut Department of Oral and Maxillofacial Surgery and the Joint Commission on National Dental Examinations. From 1977-1979, Dr. Wolfe was a course director in continuing education and assistant professor at the School of Medicine and School of Dental Medicine at the University of Connecticut. He is presently a lecturer at Yale University, School of Medicine and instructor at Mount Sinai Hospital Dental Clinic.

#### Dental Materials, Instructions and Equipment

*Anusavice, Kenneth J., Florida, 1992.* Dr. Kenneth J. Anusavice received a B.S. degree in mechanical engineering from Worcester Polytechnic Institute and a Ph.D. in metallurgical and materials engineering from the University of Florida. He was employed as an aerospace industry design analyst in Massachusetts and conducted metallurgical research as a graduate student. After receiving his Ph.D. he was employed as a metallurgical engineer by the U.S. Atomic Energy Commission, Savannah River Plant, South Carolina.

In 1973, Dr. Anusavice joined the faculty of the Medical College of Georgia, administering research activities on porcelainmetal adherence, and teaching dental physical science courses to dental students and graduate students. He simultaneously completed requirements for a dental degree, receiving his D.M.D. in 1977 from the Medical College of Georgia. He subsequently conducted research and taught there in dental materials, ceramics, clinical operative dentistry and fixed prosthodontics.

Since 1983, Dr. Anusavice has been professor and chairman of the Department of Biomaterials, College of Dentistry, University of Florida. His dental research activities have included some 16 grants as principal or co-investigator. He has published 45 manuscripts and an equal number of dental research abstracts, and has lectured extensively on both basic science and clinical applications of dental biomaterials.

Dr. Anusavice serves as an editorial reviewer for the *Journal of Dental Research*, *Journal of Biomedical Materials Research*, *The Journal of the American Dental Association* and *Dental Materials*. He is a member of the American and International Associations for Dental Research, the American Association of Dental Schools and the American Dental Association. He is a fellow of the Academy of Dental Materials and the American College of Dentists.

Dr. Anusavice's expertise and current principal interests include dental porcelain systems, dental metallurgy, composite resins, allergic responses to metal and mercury toxicity. He has been an articulate spokesman to the public and news media, providing sound scientific professional information concerning issues such as mercury toxicity.

*Mohl, Norman D., New York, 1992.* As a member of the faculty of the School of Dental Medicine of the State University of New York at Buffalo, Dr. Norman D. Mohl serves as professor of oral medicine, associate professor of anatomical sciences, director of the occlusion program and director of the M.S. graduate degree program in the oral sciences. He is a member of the International Association for Dental Research and the American Association of Dental Schools. Dr. Mohl has lectured extensively and published numerous articles on the subjects of occlusion and TMJ diagnosis and therapy. He has edited a new book "A Textbook on Occlusion." In private practice Dr. Mohl limited his practice to restorative dentistry and prosthodontics. He has been the recipient of several research grants and is presently the program director for a national research service award project on "neuromuscular research in clinical dentistry."

*Overberger, James E., West Virginia, 1992.* Dr. James Overberger has the qualifications, experience and desire to be an active member of the Council on Dental Materials, Instruments and Equipment. He has a bachelor of science degree, a D.D.S. degree from the University of Pittsburgh and a master of science degree in operative dentistry from the University of Michigan. Dr. Overberger was a guest worker in Dental Materials Research at the National Bureau of Standards. He has published numerous papers in various journals, lectured extensively across the country, and conducted research of most every subject in operative dentistry and dental materials. He has held academic appointments in dental materials and prosthodontics; has acted as director of the General Practice Residency Program; and currently is associate dean at the West Virginia School of Dentistry.

Dr. Overberger is a fellow of the American and International Colleges of Dentists, a member of Omicron Kappa Upsilon, and is involved in many community service projects.

#### Dental Practice

*Amundson, Vernon L., Minnesota, 1992.* Dr. Vernon L. Amundson has practiced dentistry in Minnesota for 26 years. He has served every major office in his district and is presently president of the Minnesota Dental Association. Dr. Amundson has been a delegate to the American Dental Association House of Delegates for the past three years and has served as a member of a reference committee. He is a member of both the American and International Colleges of Dentists. Dr. Amundson is active in his community, serving on various civic and church committees.

*Hearon, Donald L., Washington, 1992.* Dr. Donald L. Hearon, a graduate of Creighton University Dental School, is in private practice of dentistry in Tacoma, Washington. He presently serves as director of the dental clinic at Clover Park



Vocational-Technical School and Dental Assistant School. He is the current president of the Pacific Gold Inlay Study Club and is a Washington State Dental Association Legislative Director. He has served in many offices in his constituent society, and during his term as president he instituted a chemical and alcohol dependency committee. Dr. Hearon served on a special committee studying the Dental Practice Act for the State of Washington; he served as a member of the House of Delegates of the American Dental Association and the Washington State Dental Association; and is a member of several professional organizations. Additionally, Dr. Hearon is active in numerous church, civic and community activities.

*Prevost, Gibbs M., Sr., Tennessee, 1992.* A successful practicing general dentist for 36 years, Dr. Gibbs M. Prevost, Sr. has demonstrated excellent practice management skills. He has an understanding of dental laboratory and dental auxiliary relations. He has been active in organized dentistry throughout his career including involvement in continuing education and public health activities; serving in all offices of his component and constituent societies; and serving as a delegate to the ADA House of Delegates.

*Van Dyk, William A., California, 1992.* Dr. William Van Dyk, a general practitioner in private practice, will complete his first term on the Council on Dental Practice this year. He has been a member of the ADA Committee on Clinical Dependency since 1986 and is currently chairman. Additionally, he is a member of the ADA Committee on Review of Specialties. He has been a member of the Council on Dental Education and Membership Services of the California Dental Association since 1982 and now serves as chairman. He is an author of several published articles and a fellow of the International College of Dentists.

### Dental Research

*Anderson, Allen, Illinois, 1992.* Dr. Allen Anderson as dean of the University of Illinois College of Dentistry is well versed and knowledgeable in the field of dental research including its needs, funding, application and standards. Before being appointed interim dean he was assistant dean for Clinical Affairs. He is a 1964 graduate of the University of Illinois College of Dentistry and 1966 graduate of the University of Illinois Pediatric Dentistry Program. He has served as a consultant to the American Dental Association Commission on Accreditation and will bring this experience with him as a member of this council.

*Genco, Robert J., New York, 1989.* Dr. Robert Genco is a 1963 cum laude graduate of the School of Dentistry at the State University of New York at Buffalo. He completed a residency in periodontics and received a Ph.D. in microbiology and immunology from the University of Pennsylvania. Dr. Genco is presently professor and chairman of the Oral Biology Department at the State University of New York at Buffalo. He established and directs the School's periodontology graduate program, which over the last 15 years has trained many periodontists active today in research and testing. Dr. Genco is also the director of the Buffalo Periodontal Disease Clinical Research Center, one of three such centers in the country whose research efforts are directed to clinical studies of periodontal disease.

Dr. Genco served as president of the American Association for Dental Research, the nation's largest organization of dental researchers with approximately 3,500 members. He is also active in the American Society of Microbiologists, American Association of Immunologists, the American Association for the Advancement of Science and the American Academy of Periodontology, which has named him editor of its journal. He was recently elected to membership in the Institute of Medicine.

*Greenspan, John S., American Association for Dental Research, 1989.* Dr. John Greenspan is professor of Oral Biology and Oral Pathology, Department of Stomatology, School of Dentistry and Department of Pathology, School of Medicine, University of California, San Francisco. Dr. Greenspan earned his dental degree at the Royal Dental Hospital of London, School of Dental Surgery in 1962 and earned a Ph.D. in experimental pathology in 1967. He has served as a dental surgeon consultant at St. Georges Hospital, London; consultant in oral pathology at St. John's Hospital and Institute of Dermatology, London; and currently serves as a consultant at the Letterman Army Medical Center in San Francisco. A member of numerous professional organizations, Dr. Greenspan has served in several offices of the American Association for Dental Research. He has published numerous articles and has presented papers and case presentations at professional meetings and workshops. He was recently awarded three major grants from the National Institutes of Health, all dealing with various aspects of AIDS.

*Morgan, Warren A., Massachusetts, 1992.* Dr. Warren A. Morgan, a graduate of Tufts University School of Dental Medicine, is in private practice of general dentistry in Springfield, Massachusetts. He has served in the Valley District Dental Society as chairman, vice-chairman and member of the Executive Committee and as a member of the Peer Review Committee, Nominating Committee and Ethics Committee. He has served as president, president-elect, vice-president and trustee of the Massachusetts Dental Society. Dr. Morgan has published reports and articles for various lay and professional organizations and is an active member of his community.

### Dental Therapeutics

*Ferrillo, Patrick J., Jr., Illinois, 1992.* Dr. Patrick J. Ferrillo, Jr., a board qualified endodontist, is presently dean of Southern Illinois University School of Dental Medicine. With this background, he is more than familiar with conducting and evaluating clinical studies and research as well as having been a principal in the same. He is the youngest dental school dean in the country and a very willing volunteer for the time and effort to serve on this council. A 1976 graduate of Baylor University College of Dentistry, Dr. Ferrillo has served his profession in many ways including section head of the Endodontic Department of Southern Illinois University and director of Curricular Affairs. An author of scientific articles, a researcher, a practicing dentist and a dean, he will add much to this council.

*Terezhalmay, Geza T., Ohio, 1992.* Dr. Geza T. Terezhalmay received his D.D.S. degree from New York University in 1946 and his M.S. degree from the University of

Pennsylvania Graduate School of Medicine in 1957. He is currently professor of oral diagnosis, radiology and biology at the Case Western Reserve University School of Dentistry. He is a popular lecturer on infection control and pharmacology and has written or co-authored over 65 research papers.

In addition to membership in organized dentistry, Dr. Terezhalmly has served in a leadership role in the American Academy of Dental Radiology and the American Association of Dental Schools through his contributions as consultant, editor and membership in an advisory group.

*Van Hassel, Henry J., Oregon, 1992.* Dr. Henry J. Van Hassel brings to this nomination an extensive background in dentistry, endodontics and neurophysiology. Dr. Van Hassel is a board certified endodontist and from 1963 to 1981 had considerable experience in general dentistry and oral diagnosis. He has served as deputy director of a general practice residency in the Public Health Service and also served as associate professor, Department of Endodontics, School of Dentistry, University of Washington.

Dr. Van Hassel holds memberships in the Academy of General Dentistry, American Association of Dental Schools, American Association of Endodontics, the American Dental Association and the Oregon Dental Association. He is a diplomate of the American Board of Endodontics and has been consultant to several ADA councils. His honors include Alpha Gamma Sigma, Omicron Kappa Upsilon, Who's Who in American Colleges and Universities, University of Maryland Award for Highest Achievement in Basic Sciences, the first recipient of the Carl A. Schlack Award for "outstanding contributions to dental teaching and research" from the Association of Military Surgeons of U.S., and the USPHS Meritorious Service Medal.

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

*Burch, Robert H., Arkansas, 1992.* Dr. Robert H. Burch is highly qualified to serve on the Council on Ethics, Bylaws and Judicial Affairs. He has practiced dentistry for over 25 years and his dedication to the profession, his professional values and ethics are above reproach.

Dr. Burch is now serving a five year term as secretary-treasurer of the Arkansas State Dental Association. He is a past president of the Arkansas Unit, American Society of Dentistry for Children. He is a past president of the Southeast District Dental Society (Arkansas), and served five years as a member of the Executive Council of the Arkansas State Dental Association. He is a past president of the Arkansas State Dental Association, and he has served two terms in the House of Delegates of the American Dental Association. Dr. Burch is a fellow of the Academy of General Dentistry, International College of Dentists and American College of Dentists.

*Cartwright, O.V., Texas, 1992.* Dr. O.V. Cartwright has been an active member of the dental profession. He served as president and vice president of the Texas Dental Association as well as chairman of the legislative council; president and secretary-treasurer of the Dallas County Dental Society; and chairman of the Dallas Mid-Winter Meeting. He is a member of the American Endodontic Society and Academy of General Dentistry and is a fellow of the American and International Colleges of Dentists. Dr. Cartwright served for

12 years as a member of the ADA House of Delegates and is currently serving as a member of the ADA's Council on Ethics, Bylaws and Judicial Affairs. Additionally, Dr. Cartwright is active in many community and civic activities.

*Cooley, David F., Michigan, 1992.* Dr. David Cooley has been in general practice since 1970. He served as a trustee and four-term treasurer of the Michigan Dental Association. He was also a member of the Michigan Board of Dentistry from 1980-1984 and its chairperson in 1984. He served as a member of the Michigan delegation to the ADA House of Delegates for eight years and was appointed to the Reference Committee on Budget and Administrative Matters in 1985.

At the present time Dr. Cooley is president of the Michigan Dental Association and a chief examiner for the Northeast Regional Board of Dental Examiners. He is a fellow of the American and International Colleges of Dentists and the Academy of General Dentistry.

*Sewright, James R., South Dakota, 1992.* Dr. James R. Sewright is being renominated for a second term on the Council. He has held every major office in his district and has served as president of the South Dakota Dental Association. He has served on the South Dakota Board of Dental Examiners as president and continues to serve as a consultant to the Central Regional Dental Testing Service. Dr. Sewright also serves as a delegate to the ADA House of Delegates. He is active in two dental study clubs, has served his community as president of his church and as a member of the Lions Club and local school board.

#### **Governmental Affairs and Federal Dental Services**

*Cross, Chauncey, Illinois, 1992.* Dr. Chauncey Cross, a 1957 graduate of Loyola University Dental School, has served as chairman of the Illinois State Dental Society Legislative Committee for the past 16 years. In addition to his state level experience, he has served in all offices of the G.V. Black Dental Society.

*Gwynn, James C., Jr., Florida, 1992.* Dr. Cliff Gwynn is president of the Florida Dental Association and has practiced general dentistry in Tallahassee, Florida for the past 25 years. He is a graduate of Emory University School of Dentistry. He has a broad background of service to the profession, with special expertise and experience in governmental affairs and political action.

Dr. Gwynn is an experienced ADA delegate and has served as a contact dentist for several prominent public officials. He has been the personal friend and contact dentist for two Florida governors and two United States senators. He practices in the state capital and has similar contacts with several legislators and other governmental officials.

Dr. Gwynn is a past member and past chairman of the Florida Board of Dentistry. He is a past member and past chairman of the Florida Dental Association Council on Governmental Affairs. He has been active as a member of the Florida Dental Political Action Committee for many years. He has been a consultant to both the Florida Department of Professional Regulation and the Department of Health and Rehabilitative Services. He will make an outstanding member of the ADA Council on Governmental Affairs.

*Mehlman, Edwin S., Rhode Island, 1992.* Dr. Edwin Mehlman received his dental degree from the University of Pennsylvania and a certificate in endodontics from Boston University School of Graduate Dentistry. He has held academic appointments at various times at Forsyth Dental Center, Harvard School of Dental Medicine and Tufts University School of Dental Medicine. As a member of the Rhode Island Dental Association he has served on the Council on Dental Education, the Committee to Update Rhode Island Dental Practice Act, Council on Scientific Sessions and Legislative Commission to Study Malpractice Crisis. In addition, Dr. Mehlman served as a captain in the U.S. Air Force from 1961-1963.

Dr. Mehlman is a member of numerous professional organizations including the Alpha Omega Fraternity, the Pierre Fauchard Academy and the American and International Colleges of Dentistry.

*Sampe, David A., Wisconsin, 1992.* Dr. David Sampe has been a general dentist in a group practice for 20 years. He served as president, two-term trustee and legislative committee chairperson of the Wisconsin Dental Association. He was a member of the American Dental Political Action Committee from 1981-1987 and served as treasurer for two years. Additionally, he served for nine years as a member of the Wisconsin delegation to the ADA House of Delegates.

At the present time Dr. Sampe is active with the Wisconsin Dental Political Action Committee, chairperson of the Wisconsin Select Program and the Advisory Council to Marquette University School of Dentistry. His memberships include the FDI, the Pierre Fauchard Academy and the International College of Dentists.

### Insurance

*Katz, Eugene E., Pennsylvania, 1992.* Dr. Eugene Katz has a high level of special understanding and expertise which results from over 15 years of intensive activity with the various insurance programs offered by the local and state societies. He is familiar and conversant with Association plans and, as a state committee chairperson on Insurance for four years, is an able, knowledgeable and effective spokesperson on the subject.

Dr. Katz has always been willing to devote unlimited time to mastering the complex issues of insurance with an objectivity of serving dentistry beneficially and fairly. He has an excellent business sense and his sound counsel and judgment is respected and sought by his colleagues. Because of his broad insurance background and familiarity with the present issues, Dr. Katz will bring an immediate involvement in Council deliberations and decisions.

*McKrill, Edward M., Alaska, 1992.* Dr. Edward M. McKrill earned his dental degree from the University of Oregon Dental School in 1970. He served as dental director at Mt. Hood Community College Dental Hygiene Program from 1972-1974. He has maintained a solo dental practice in Juneau, Alaska for the past ten years. He served for seven years as president of the Southeast District Dental Society; was president of the Alaska Dental Society; and is currently state ADPAC co-chairman. Dr. McKrill was a member of the Alaska Medical Payments System Selection Committee in 1981 when an insurance company was selected to administer the state's medicaid programs. He has been involved in the

organization of insurance plans and in negotiations with insurance brokers and carriers over the past four years as a member of the Alaska constituent insurance committee.

Dr. McKrill is a fellow of the Academy of General Dentistry and currently serves as Alaska constituent president. He is a fellow of the Pierre Fauchard Academy and of the International College of Dentists.

*Seldin, Leslie W., New York, 1992.* Dr. Leslie Seldin is a general practitioner in New York City. He is the present chairman of the Council on Insurance. He has very ably presented testimony before several congressional committees on behalf of the American Dental Association. He has been a delegate to the ADA House of Delegates since 1981 and is the immediate past president of The Dental Society of the State of New York. Dr. Seldin was chairman of the Council on Insurance of the DSSNY for five years. He designed the risk management course endorsed by The Dental Society of the State of New York and the Hartford Insurance Company. Additionally, he has authored numerous articles and lectured extensively on professional liability insurance and risk management. Dr. Seldin is a fellow of the American and International Colleges of Dentists, the New York Academy of Dentistry and the Pierre Fauchard Academy.

*Sokoloff, Jack P., Delaware, 1992.* Dr. Jack Sokoloff is completing a term on the Council on Insurance. He has assumed the duties and responsibilities of this particular Council and has served in a credible manner. In addition, he has been a valuable resource, not only to all of the constituent societies within the Fourth District, but also, several other Districts, particularly during the period of the "liability crisis issue" the past few years.

His background and experience in the general and life insurance arena, relate directly to the Universal Life Plan and other types of insurance relating to important membership benefits.

Dr. Sokoloff continues to serve as chief of the Section on General Practice, Department of Dentistry at the Medical Center of Delaware. He is a member of the Boards of Directors of the Delaware Academy of Medicine and Medical-Dental Bureau of New Castle County and is currently serving as president-elect of Temple University School of Dentistry Alumni Society after serving a number of years as secretary.

### Relief and Disaster Fund Activities

*Hinkle, Robert C., Ohio, 1992.* Dr. Robert C. Hinkle graduated from Ohio State University College of Dentistry with honors in 1952 and practices general dentistry in Columbus, Ohio. He has been active in organized dentistry for 35 years, serving the Ohio Dental Association in various leadership roles. He currently is president of the Ohio Dental Association after serving as secretary-treasurer and has been a delegate to the ADA House of Delegates for 13 years. For the last ten years Dr. Hinkle has served on both the Finance and the Relief Fund Committees of the Ohio Dental Association. His experiences in finance have been recognized by numerous civic organizations in the Columbus, Ohio area. Dr. Hinkle has also been active in teaching and study club activities in practice management and restorative procedures.

*Passantino, Frank R., California, 1992.* Dr. Frank R. Passantino has been in private practice since 1959. He has held numerous academic appointments including that of associate professor and professor. He has served as chairman of the Division of Prosthodontics and chief of the Division of Oral/Maxillo Surgery in hospital settings. Dr. Passantino is a former expert examiner, California State Board of Dental Examiners and is a consultant to the San Francisco Peer Review Organization. He is a former trustee of the California Dental Association and is presently chairman of the CDA Council on Insurance. He is a former president of the San Francisco Dental Society and currently serves as a delegate to the California and ADA House of Delegates. In addition to the honors of fellowships in the American College of Dentists, International College of Dentists, Tau Kappa Upsilon, and American Institute of Oral Biology, Dr. Passantino holds prestigious positions on the civic level.

The Board of Trustees submits the following resolution:

**27. Resolved**, that the nominees for membership on the councils and commissions of the Association, submitted by the Board of Trustees, in accordance with Chapter VI, Section 90(H), of the *Bylaws* be elected.

**Retiring Council/Commission Members:** The Board wishes to acknowledge with appreciation the years of service of the following members who complete their terms with this annual session:

#### **ADA Sessions and International Relations**

Walter C. Buchsieb, Ohio  
 Donald E. Compaan, Washington  
 David L. Grodberg, New Jersey  
 Louis J. Hendrickson, Nevada  
 Robert E. Hunter, Massachusetts  
 Johnny N. Johnson, Washington  
 Robert A. Mathews, Tennessee  
 Bernard K. McDermott, Washington, D.C.  
 Howard B. Menell, New York  
 Frank A. Schroeder, Illinois

#### **Community Health, Hospital, Institutional and Medical Affairs**

Albert J. Aaronian, Maryland  
 Marvin B. Kline, Illinois  
 Walter F. Lamacki, Illinois  
 Brodie G. Secrest, Jr., Ohio  
 Naseeb L. Shory, Alabama

#### **Dental Care Programs**

Stuart A. Bender, Washington  
 Richard D'Eustachio, New Jersey  
 Albert H. Guay, Massachusetts  
 Lester L. Levin, Pennsylvania

#### **Dental Education/Dental Accreditation**

George M. Chatalas, Washington  
 Joseph Diana, Michigan  
 James E. Kennedy, Connecticut  
 John J. Miller, Missouri  
 Edward M. Osetek, Illinois  
 William Wallace, Ohio  
 Shirley Wilson, Michigan

#### **Dental Materials, Instruments and Equipment**

James R. Platt, Indiana

#### **Dental Practice**

Vernon Manny, Oregon  
 Charles W. Tucker, Iowa

#### **Dental Research**

Richard L. Christiansen, Michigan  
 Donald W. Legler, Florida  
 Irwin D. Mandel, New York  
 Jon G. Scrabeck, Wisconsin  
 Louis G. Terkla, Oregon  
 Edward M. White, Ohio

#### **Dental Therapeutics**

Sam V. Holroyd, Missouri

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

Earl H. Mabry, Oklahoma  
 Donald E. Stroud, Michigan

#### **Governmental Affairs and Federal Dental Services**

Charles J. Baumann, Wisconsin  
 Francis E. Keith, Iowa  
 Aaron J. Shatkin, Rhode Island  
 Antonio J. Venezia, Illinois  
 Robert W. Williams, Florida

#### **Insurance**

Stephen L. Black, Montana  
 Donald P. Lavelly, Pennsylvania

#### **National Dental Examinations**

Henderson P. Graham, Virginia  
 John Hasler, Maryland  
 Todd Napieralski, Michigan  
 Robert C. Weber, Wisconsin

#### **Relief and Disaster Fund Activities**

Simon A. Horkowitz, Pennsylvania  
 James C. McGraw, Washington  
 Richard H. Overgaard, Maine

#### **Responses to Assignments from 1987 House of Delegates**

##### **Continuation of the Associate Membership Category:**

Resolution 45H-1987 (*Trans.* 1987:496) requested the appropriate agency of the ADA to study the advisability of continuing the category of associate membership. Concerns had been expressed that there might be abuse of the associate membership category in two areas: those members once granted associate membership who subsequently qualified for full active membership but did not initiate a change in status; and the possibility of associates using their membership status for commercial purposes.

The Board of Trustees reviewed a report of the Department of Membership Records which addressed these concerns. The report described the approval process, provided data concerning current associate members, and concluded that with few exceptions, there did not appear to

be abuse of the associate membership category. Associate members are prominent in their field and have made outstanding contributions to the profession of dentistry. The Board felt that associate membership remains a valuable category for the Association and should be continued. Accordingly, the Board recommended that the appropriate agency continue to monitor the qualifications and activities of associate members. When it comes to the attention of that agency that a current associate member no longer qualifies for the category, the Association, in concert with the appropriate constituent society, will notify that associate member of his/her opportunity to join the Association as a full active member.

**Prototype Hazard Communication Program:** In response to Resolution 47H-1987 (*Trans.* 1987:492), the Board notes that the Division of Scientific Affairs in cooperation with the Washington Office prepared a prototype hazardous communication program which was distributed to the entire membership through the *ADA News*. The document was reviewed by OSHA for accuracy prior to its distribution and there is no reporting mechanism required by OSHA. Dentists are required, however, to keep on file Material Safety Data Sheets, provided by the manufacturers, for these substances.

OSHA has been designated as the federal agency which will regulate hazardous substances and has indicated that dentists will be required to train their personnel in the handling and disposal of those substances used in the dental office. The document sent to the membership should provide the necessary information to allow the dentist to develop an instruction program for his/her personnel.

**Conflicts of Interest:** Resolution 54H-1987 (*Trans.* 1987:522) was referred to the Executive Director for verification that all Association employees and outside contractors are working without conflict to any programs of the Association. In response, Division Directors and Council Secretaries have been asked to be particularly mindful of the conflict of interest provision in the *Standing Rules for Councils and Commissions*. Personnel policy relative to employee conflict of interest has been updated and a policy statement communicated to all employees.

**State Society Officers Conference:** Resolution 61 (*Trans.* 1987:522) was referred to the Board of Trustees for study of the issue of continued election of officers for the State Society Officers Conference. The study was to consider current program planning by senior management staff and to substantiate this program development method. However, it should be noted that the continuation of the conference was never in question.

The Board reviewed its March 1987 discussion on the traditional planning activity by conference officers for whom no budget nor consistent planning methodology had been established. The Board had unanimously recommended to the 1987 House that Resolution 61-1987 be postponed indefinitely.

The Board had solicited a recommendation on this issue from constituent executive directors and subsequently requested that current state society officers vote on the future election of conference officers. On October 10, 1987,

the majority of those constituent officers present at the Conference voted to eliminate conference planning officers. The constituent executive directors discussed this issue again at their March 7, 1988 forum and restated their view that conference officers should not be elected.

The Board recognizes that program development should be based on the needs of conference attendees and evaluated as such on an annual basis. Additionally, the Board believes that a state legislative program administered by ADA staff will provide a timely and informative program for constituent officers. The Board maintains that the tradition of electing officers to plan the conference should not be Association policy.

**Commemorative Stamp Honoring Dr. Horace Wells:** In response to Resolution 63H-1987 (*Trans.* 1987:522) the American Dental Association has urged the United States Postal Service to issue a commemorative postal stamp, in 1994, to honor Dr. Horace Wells, the discoverer of general anesthesia. Letters were sent by Dr. James A. Saddoris to both the Citizen Stamp Advisory Committee and the Stamp Development Branch of the U.S. Postal Service.

In addition, articles have been included in the *ADA News* and *Update for Dental Editors*, which reaches 500 state and local dental editors across the country. Constituent and component societies have been urged to write to the Citizen Stamp Advisory Committee in support of the issuance of the stamp and to publicize the fact that Dr. Wells was a dentist.

**Study of the Development of Fund Raising Activities for the ADA:** Resolution 65H-1987 (*Trans.* 1987:487) directed a study and development of a program "that would allow ADA members to leave money to the ADA to fulfill the objectives and programs of that particular member's choice."

The Division of Finance and Business Affairs and the Division of Scientific Affairs were assigned to research the above subject and to develop a comprehensive program to meet the requirements of Resolution 65H-1987.

The vehicle needed to manage such a program is presently in place at the Association. That mechanism is the American Dental Association Health Foundation. This corporation meets the Internal Revenue Code requirements as a 501(c)(3) organization and is eligible to receive tax-free bequests and tax deductible contributions.

The Association's tax counsel (Peat Marwick Main & Co.) has confirmed that such a program can be handled by the Foundation and therefore methods of implementation are being assessed.

The following methods of giving are presently being investigated:

- cash contributions
- receiving appreciated property
- whole life insurance proceeds
- charitable remainder trusts
- charitable lead trusts
- planning after death gifts

Upon finalization of an implementation plan it is anticipated that a series of articles in the *ADA News* will be used to advise the membership of the program. The first of such articles will be informative, while subsequent articles will be more specific as to the types of bequests. Brochures

also will be developed that explain the program and bequest opportunities in detail. Implementation is targeted for mid-1989.

In addressing the matter of establishing a bequest program, the Board was mindful of several considerations that must be carefully assessed. These include the effect of an ADAHF bequest program on other dentally related foundations, i.e., National Foundation of Dentistry for the Handicapped, American Fund for Dental Health, specialty organizations and constituent societies' foundations; whether acceptance of either restricted or unrestricted cash contributions would have an adverse effect on the Association's Relief Fund and Disaster Victims Emergency Loan Fund; and the potential adverse effect of numerous fund raising agencies seeking funds from the same pool of potential donors.

The Board of Trustees will continue to seek information from various sources and assess these issues so that the fund raising program of the Association will not adversely affect similar programs of other dentally related groups.

**Fee Differentials—Nonmembers Surcharge for Services and Materials:** Resolution 66H-1987 (*Trans.* 1987:496) which was adopted by the House of Delegates directed the Board of Trustees to study the Association's current policy on availability and pricing of Association programs and services with the intent of increasing the member/nonmember fee differential if it could be done without compromising legal/policy considerations. In reviewing this matter, the Board noted that the Association wished to maintain its favorable tax exemptions and also to comply with the letter of the law on anti-trust issues. It concurred that these legal considerations could be upheld while also assisting recruitment and retention by increasing the fee differential from 25% to 30% for services and products currently carrying a charge. For those other appropriate materials or services distributed through the Association for which there is not a charge, a \$10 handling charge will be assessed to nonmembers.

The Board therefore approved the implementation of the following revised guidelines on differential pricing and availability of programs and services.

1. For any service or product sold through the Association (excluding member benefits and those services or programs regulated by external agencies over which the Association has no control) a minimum 30% increase to the price of the service or product will be charged to all nonmembers for those services or products which currently carry a charge. For those other appropriate materials or services distributed through the Association for which there is not a charge, a \$10 handling charge will be assessed to nonmembers.
2. The pricing of any Association service or product will be aimed at recovering direct costs and indirect handling expenses.
3. In conjunction with the annual budgetary process, an administrative committee under the direction of the Director of Finance will analyze an agency's projected revenue against expense, and where

appropriate, suggest necessary alterations to offset the overall budget.

4. Those eligible for the reduced rates will include individuals currently classified as members in any category of membership as established by the ADA *Bylaws* whose dues are posted on or before March 31 of each year; non-profit organizations, governmental agencies, constituent and component societies and other recognized professional dental organizations.

**Study of Temporomandibular Joint Disorders:** Resolution 67H-1987 (*Trans.* 1987:493) called for appropriate agencies of the Association to develop a conference or workshop on diagnostic procedures and treatment modalities for temporomandibular disorders. An Ad Hoc Committee composed of staff was formed to begin planning the meeting and the Board of Trustees approved a supplemental appropriation of \$18,000 to support such a conference at its March meeting.

The Ad Hoc Committee proposes that about ten experts be invited to participate in a two-day workshop in early November. Included in the panel would be: an epidemiologist, a scientist able to analyze the validity of diagnostic and treatment modalities, an expert on differential diagnosis, an individual associated with conservative treatment and ongoing research, an individual capable of providing radical (surgical) treatment but basically conservative in approach, a representative from the insurance industry, a psychologist or psychiatrist, and a practitioner who treats TM disorders and has a university affiliation.

The principal goals of this workshop are to:

- provide answers to a series of questions developed by the panel.
- determine what progress has been made since the 1982 conference.
- define acceptable, scientifically based diagnostic and treatment modalities.
- identify treatment modalities that appear to be worthless.
- encourage the academic community to develop curriculum in this area with the goal of establishing standards of care.
- determine appropriate application of instruments and devices to the diagnosis and treatment of TM disorders.
- provide guidance to insurance carriers on acceptable diagnosis and treatment modalities.
- protect the public from inappropriate, sometimes harmful treatment.
- determine whether a major consensus conference is plausible in the near future.
- provide the Association with guidance in dealing with unproven, unorthodox therapies and their proponents.

A further report on this two-day workshop will be provided to the House of Delegates in 1989.

**Change in Dates for the House of Delegates:** Resolution 69 (*Trans.* 1987:522), directed that the first session of the House of Delegates be held on Saturday and the last session of the

House of Delegates be held on the following Wednesday.

At the request of the Board of Trustees, the Division of Conference and Meeting Services reviewed Resolution 69. The Division reported that the Council on ADA Sessions and International Relations is of the opinion that the days of the meeting of the House of Delegates during the annual session should remain as currently scheduled. The Council expressed concern that the proposed change would seriously affect participation in the scientific session by those associated with the business session.

However, the Board believes that certain modifications could be made in the overall schedule of the annual session which, in future years, might accommodate the first session on Saturday and a final session on Wednesday. The Board will continue to work toward modifying the meeting and will report to the House of Delegates in the future.

**Waste Disposal:** Resolution 74H-1987 (*Trans.*1987:493) requested the Board of Trustees to direct the appropriate councils to identify potential hazardous waste materials that are related to the practice of dentistry and to develop an appropriate protocol for their disposal. The Board notes that the disposal of infectious medical waste, sharp items and materials contaminated by blood or body fluids was addressed in the joint council report, "Infection control recommendations for the dental office and the dental laboratory" *JADA* 116(2):241-248, 1988 and in "Infection control: Fact and reality, a training program for dental offices" *ADA News* February 22, 1988. In addition, a protocol has been developed to provide guidance for waste disposal in the dental office. This protocol classifies different infectious waste and suggests proper disposal methods primarily based on the Centers for Disease Control recommendations. The protocol also classifies chemical wastes, such as scrap metals, acids, solvents and photographic solutions and includes suggestions for their proper disposal. The protocol is being reviewed by the Council on Governmental Affairs and Federal Dental Services as a possible model for legislation by federal, state and local agencies. The protocol, with necessary revisions, will be published after review.

**Implementation of Future of Dentistry Recommendations:** Resolution 95H-1983 (*Trans.*1983:560) and 79H-1983 (*Trans.*1983:560) established six priority guidelines for meeting future challenges to the profession, as identified in the Strategic Plan on the Future of Dentistry. Each subsequent year the Board has reported to the House of Delegates on how these guidelines have been incorporated in Association activities. In December 1987 the Board initiated a long-range planning process to review and update the Strategic Plan on the Future of Dentistry. Working groups composed of Board members and top

management staff have been established corresponding to the five topical areas utilized in the initial Future of Dentistry study. These working groups have identified key issues and objectives in their assigned areas. The next step in the planning process will be to gather necessary data and resources, solicit input from the communities of interest and determine strategies and programs to be employed as part of a long range plan to address the issues important to the profession. The Board will keep the House of Delegates apprised of progress in development of a revised long range plan for the Association.

**Reference to Previous House Action:** The 1987 House of Delegates referred Resolution 97 (*Trans.*1987:523) to the Executive Director for implementation as appropriate. Resolution 97 called for publication of the text of all resolutions being considered for rescission to be included in the background provided to the House of Delegates. The Board notes that the Executive Director carried out this directive through inclusion of all proposed resolutions for rescission as appendix material to the worksheets provided to the delegates. While not printed in the official publications, it was noted that the text of all proposed resolutions for rescission was available upon request.

**Hotel Rates for Session Attendees:** Resolution 100H-1987 (*Trans.*1987:524) directed a study and action to negotiate more favorable rates during the annual sessions of the ADA. After consultation with the Council on ADA Sessions and International Relations, the Board noted that staff works aggressively with hotels to keep hotel rates down and, that by comparison to normal rates in those hotels, the rates during annual session are in most cases lower.

Also, the Board of Trustees knows that there are several variables which affect the setting of rates. These can be mid-week arrivals as opposed to weekends, time of the year, and overall demand for rooms at the time. With this in mind, the Board believes that the Association is doing an excellent job in negotiating room rates during the annual session.

The Board noted that staff is amending the hotel contracts to require specific concessions from hotels in the rate area in addition to what is currently required.

## **Resolution**

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**27. Resolved,** that the nominees for membership on the councils and commissions of the Association, submitted by the Board of Trustees, in accordance with Chapter VI, Section 90(H), of the *Bylaws* be elected.

**Note:** The Board of Trustees voted unanimously to transmit Report 1 and Resolution 27 to the House of Delegates.

## Report 2

### Recommendations on Reports and Resolutions

#### Division of Membership and Marketing Services

**Young Professional, Commission on** (*Reports:35/Resolutions 1-2*): The Board is appreciative of the intent of the Commission on the Young Professional in Resolution 1. The Board believes, however, that Resolutions 1 and 2 submitted by the Commission are submitted as a package in that one increases the dues of graduate students while in the advanced training programs and the other reduces the amount of dues owed upon completion of such training. The Board of Trustees has recommended postponing indefinitely Resolution 2. Believing the Commission would not like to see Resolution 1 passed without Resolution 2 as a companion resolution, the Board therefore recommends that Resolution 1 be postponed indefinitely. (Vote: Unanimous)

There are four resolutions before the House on the subject of extending the dues reduction schedule to graduates of advanced training courses and/or residency programs. At the August meeting, the Board of Trustees adopted a resolution directing that the appropriate agency of the Association solicit input from constituents and components to develop an equitable and simplified dues structure and report to the 1989 House of Delegates. See Board Report 7 (*Supplement 1:311*) for a discussion of this action, the four Resolutions and the Board's rationale for their recommendation. Therefore, *the Board recommends that Resolution 2 be postponed indefinitely.* (Vote: Unanimous)

#### Division of Education and Health Affairs

**Community Health, Hospital, Institutional and Medical Affairs, Council on** (*Reports:85-86/Resolution 3-6*): The Board recommends that Resolutions 3, 5 and 6 be adopted. (Vote: Unanimous)

In its review of Resolution 4, the Board of Trustees notes its support of the proposed consolidation of Association policy regarding the National Health Service Corps (NHSC). However, the Board believes that the third clause in the proposed statement relative to licensure should be strengthened to stipulate that "NHSC dentists should be licensed in and comply with the Board Rules of the state in which they are assigned to practice dentistry." The Board, therefore, recommends adoption of the following substitute resolution, which has an amended third paragraph. (Vote: Unanimous)

**4B. Resolved**, that the following statement on the National Health Service Corps be adopted:

1. The American Dental Association recognizes the concept of the National Health Service Corps (NHSC) as a temporary measure for making dental services available in areas without sufficient dental manpower and where additional private practitioners are not available.

2. The Association believes that dentist placements should be assigned only to areas where a need and demand for dental care has been clearly identified and has been approved by the constituent and component dental societies.
3. NHSC dentists should be licensed in and comply with the Board Rules of the state in which they are assigned to practice dentistry.
4. Constituent and component dental societies should regularly assess the degree and location of dental manpower shortages, if any, within their purview and should respond promptly, in agreement or disagreement to listings of shortage areas issued by federal agencies.
5. The ADA is opposed to the identification of shortage areas primarily on the basis of dentist-to-population ratios without proper assessment of local demand for care and availability of dental manpower via customary trade areas, including those which cross state boundaries.
6. NHSC dental offices should be operated as closely as possible to a private practice fee-for-service basis.
7. The American Dental Association will refrain from any form of support for additional NHSC scholarship awards made after 1980.

and be it further

**Resolved**, that Resolutions 116H-1978 (*Trans.1978:503*), 64H-1979 (*Trans.1979:619*) and 15H-1981 (*Trans.1981:577*) be rescinded.

**Dental Education, Council on** (*Reports:91; 96; 101; 106/Resolutions 7-10*): The Board of Trustees recommends that Resolutions 7, 8, and 9 be adopted. (Vote: Unanimous)

In relation to Resolution 10, the Board concurs with the Council on Dental Education's recommendations regarding the proposed amendments and recommends adoption of the *Comprehensive Policy Statement on Dental Auxiliaries*.

In its review of the statement, however, the Board noted that the terms "complete examination" and "limited examination" are defined in lines 337-350 of the "Glossary of Terminology" section of the statement but are not included in the list of functions that must not be delegated to dental auxiliaries. The Board believes that addition of these procedures to the list of functions would make it more accurate and complete.

For this reason, the Board recommends that the Reference Committee on Dental Education and Health insert the words "complete or limited examination" in line 63 preceding the word "diagnosis," to read: "1. Complete or limited examination, diagnosis and treatment planning; ..."

#### Division of Scientific Affairs

**Dental Therapeutics, Council on** (*Reports:161/Resolution 11*): The Board of Trustees recommends that Resolution 11 be adopted. (Vote: Unanimous)



## Resolutions from Constituent Societies and Trustee Districts

### New Jersey Resolution on Listing and Coding of Accepted Diagnosis and Procedures (Supplement 1:247/Resolution 12):

The Board agrees that it is important for the Association to have input to federal systems of procedure coding. This is currently accomplished through the Association's liaison relationship with the Health Care Financing Administration (HCFA) in its use of the *Code on Dental Procedures and Nomenclature* for inclusion in HCFA's Common Procedural Coding System (HCPCS).

The coding system referred to in the background statement of Resolution 12, the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD9-CM)*, is not a federal publication. It was developed and is maintained by the Commission on Professional Hospital Activities, a private, not-for-profit organization located in Ann Arbor, Michigan.

The *ICD9-CM* is based on the World Health Organization's *International Classification of Diseases*. The *ICD9-CM* is designed for classification of morbidity and mortality information for statistical purposes; for indexing hospital records by disease and operation (treatment); and for data storage and retrieval. It was most recently revised in 1987.

The *ICD9-CM* codes are used primarily to indicate diagnoses and are not generally required by dental benefit programs. However, it is necessary to report *ICD9-CM* codes in order to obtain reimbursement from medical benefit programs for those dental procedures provided as hospital inpatient services.

The Board believes that dentists should have input to coding systems for reporting dental diagnoses and treatment to third-party payers and, therefore, supports the intent of Resolution 12. However, since the *ICD9-CM* is not a federal publication, the Board recommends adoption of the following substitute resolution. (Vote: Unanimous)

**12B. Resolved**, that the Association develop a liaison relationship with the organizations responsible for the development and maintenance of the *International Classification of Diseases, 9th Revision, Clinical Modification*.

**New Jersey Resolution on Definition of Term "Young Dentist"** (Supplement 1:247/Resolution 16): The original Charter for the Special Committee on the Young Dentist (SCYD) adopted by the Board of Trustees in April 1986 (Trans.1986:441) required that members of the Task Force be 40 years of age or younger. When the committee became the permanent Commission on the Young Professional (CYP) in 1987, the ADA *Bylaws* requirement likewise required members be under the age of 40 at the time of appointment.

The rationale for the age requirement was that approximately 35% of the membership is under 40 years of age, a very large constituency with serious problems:

- significant underrepresentation in ADA leadership
- low market share
- high nonrenews

Both the original committee (SCYD) and the current Commission (CYP) are charged with recruitment and retention activities for this constituency.

If the Commission represented only those members in practice ten years or less they would represent only 23% of the membership inasmuch as most dentists in practice ten or more years are age 37 or older.

The Board believes the original young dentist age requirement is preferable to the ten years or less in practice requirement for the following reasons:

1. Dentists under 40 represent 35% of the membership; dentists in practice ten years or less represent only 23%.
2. Even with the larger constituency represented by the dentists under 40, there are very few members of this constituency serving in ADA leadership positions, suggesting the lack of representation does not disappear by the time the dentist has practiced 11 plus years.
3. For greater success in candidacy as an ADA delegate, council member or trustee, a young dentist would need to have acquired experience in volunteer leadership. The larger pool of dentists under 40 assures greater numbers of young members who could have 13 plus years of experience in organized dentistry.
4. A dentist with several years between college and dental school; dental school and specialty training; research and practice could easily be in practice ten years and be over 40 years of age.
5. Dentists under 40 represent 68% of all nonrenewing members from the 1986 to 1987 membership year, the most serious retention problem within the ADA. Current statistics define this category based on age. If the requirement for CYP eligibility changed to ten years or less in practice, the recruitment and retention constituency should also change thus initiating an apples and oranges data base for recruitment and retention statistics.

Therefore, the Board recommends that Resolution 16 be postponed indefinitely. (Vote: Unanimous)

**New Jersey Resolution on Reduced Dues After Graduate Training** (Supplement 1:247/Resolution 17): There are four resolutions before the House on the subject of extending the dues reduction schedule to graduates of advanced training courses and/or residency programs. See Board Report 7 (Supplement 1:311) for discussions of these Resolutions and the Board's rationale for their recommendation. Therefore, the Board recommends that Resolution 17 be postponed indefinitely. (Vote: Unanimous)

**Thirteenth Trustee District Resolution on New Product Advisory** (Supplement 1:247/Resolution 22): The Board of Trustees recommends that Resolution 22 be adopted. (Vote: Unanimous)

**Thirteenth Trustee District Resolution on Eligibility for Recent Graduate Reduced Dues** (Supplement 1:248/Resolution 23): The Thirteenth District resolution actually

seeks two changes: 1) extending reduced dues to all graduates of dental schools, whether they were ASDA members or not; and 2) postponing the reduced dues schedule for dental school graduates who continue their education in an advanced training course or residency program until such training is complete. The Board considered each change separately.

The first ADA reduced dues program that went into effect in 1978 was for a three-year schedule and was contingent on ASDA membership in the junior and/or senior year. This three-year reduced dues structure appears to have helped increase ASDA's market share several percentage points in subsequent years. The current four-year reduced dues program implemented in 1983-84 was also tied to ASDA membership but has not yielded a similar significant increase in ASDA market share over the four years of possible membership. The reduced dues program, therefore, has been a somewhat effective recruitment tool for ASDA. The ADA, however, has not enjoyed success in retaining recent dental school graduates via the reduced dues program.

The Board recognizes the symbiotic relationship that exists between ASDA and the ADA and does not wish to jeopardize the excellent working relationship that exists between the two organizations. However, the primary responsibility of the ADA is to its own membership and a 20% nonrenew rate of graduates in their second year of active membership is indicative of a problem. Extending reduced dues to all dental school graduates could be a step toward rectifying that problem and the Board, therefore, is interested in CDA's proposed resolution in that regard. However, the Board believes strongly that without further analysis, extending reduced dues to non-ASDA graduates would be most unwise. The Board of Trustees adopted a resolution at the August meeting directing that the appropriate agency of the Association solicit input from component and constituent dental societies in order to develop an equitable and simplified dues structure. The Board intends to report the results of this study to the 1989 House of Delegates. As part of this analysis, additional information will be solicited regarding the ASDA requirement for reduced dues eligibility.

The second change in the CDA resolution, extending the dues reduction schedule to graduates who continue their education in an advanced training course or residency program until completion of that program, is the subject of several resolutions before the House of Delegates. At the August meeting, the Board of Trustees adopted a resolution directing that the appropriate agency of the Association solicit input from constituents and components in order to develop an equitable and simplified dues structure and report to the 1989 House of Delegates. See Board Report 7 (*Supplement 1:311*) for a discussion of these resolutions. Therefore, the Board recommends that Resolution 23 be postponed indefinitely. (Vote: Unanimous)

**Thirteenth Trustee District Resolution on Percent Reductions for Recent Graduate Reduced Dues** (*Supplement 1:249/Resolution 24*): The Board agrees with the Thirteenth District that an overly complicated dues structure is a barrier to membership and that recruitment and retention efforts would be enhanced if reduced dues percentages were consistent throughout the tripartite. However, such consistency does not exist. While the California Dental Association (CDA) implemented the same percentages the ADA did in 1984 (0%; 40%; 60%; 80%; 100%) many constituents did not and offer a 25%; 50%; 100%; 100% plan. Components often offer no reduction or a flat rate for the first year in practice only.

Assuming the Thirteenth District resolution was passed, the dues savings for the recent graduate varies from \$37.00 in the second year of practice, \$24.00 in the third year and \$13.00 in the fourth year of the reduced dues schedule. Annual loss of dues revenue to the Association would be over \$200,000.

Another important consideration in revising the reduced dues percentages is whether the entire concept of reduced dues has worked. The analysis suggests it has not been successful in recruiting or retaining greater numbers of recent graduates. Changing the percentages, especially by such a small amount, would not appear to be the solution. Therefore, the Board recommends that Resolution 24 be postponed indefinitely. (Vote: Unanimous)

#### **1987 Referred Resolutions**

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**Relief and Disaster Fund Activities, Commission on—Resolution on Amendments to the Relief and Disaster Fund "Indentures of Trust"** (*Supplement 1:252 and Trans.1987:481/Resolution 39-1987*): The Board of Trustees notes that this resolution was required to lay over for consideration by the 1988 House of Delegates in the absence of unanimous approval by the 1987 House of Delegates (similar to consideration of amendments to the Association's *Constitution*). Again this year, the Board points out that this resolution amends the *Indentures of Trust* to be consistent with the Association's *Bylaws* and the Commission's historical practices. Accordingly, the Board of Trustees recommends adoption of Resolution 39-1987. (Vote: Unanimous)

**Delegate A.C. Edwards, Missouri, Resolution on ADA Restructure Proposal** (*Supplement 1:250 and Trans.1987:481*): The Board of Trustees continues to believe that the actions taken by the House of Delegates over the last several years reflect overwhelming support for the principle of increased membership representation and participation in the Association. This has been true not only in the House-approved creation of two additional trustee districts (*Trans.1985:574 and Trans.1986:489*), but also in the approved expansion of council and commission

representation (*Trans.* 1986:490). In light of this, the Board believes that a proposal to decrease representation is contrary to the principles endorsed by the House and recommends that Resolution 31-1987 be postponed indefinitely. (Vote: Unanimous)

**American Association of Orthodontists Resolution on Dues Reduction for Advanced Training Graduates**

(*Supplement 1*:250 and *Trans.* 1987:497/Resolution 18-1987): There are four resolutions before the House on the subject of extending the dues reduction schedule to graduates of

advanced training courses and/or residency programs. At the August meeting, the Board of Trustees adopted a resolution directing that the appropriate agency of the Association solicit input from constituents and components in order to develop an equitable and simplified dues structure and report to the 1989 House of Delegates. See Board Report 7 (*Supplement 1*:311) for discussions of these Resolutions and the Board's rationale for their recommendation. Therefore, the Board recommends that Resolution 18-1987 be postponed indefinitely. (Vote: Unanimous)

## Report 3

### Financial Affairs and Recommended Budget for Fiscal Year 1989

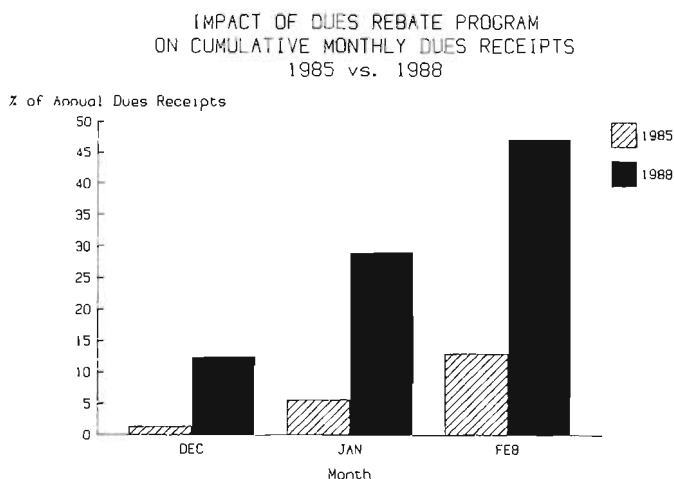
**Introduction:** In accordance with its *Bylaws* duties the Board of Trustees presents Board Report 3 covering the financial affairs of the Association and the recommended budget for 1989. This report incorporates a projection of 1988 financial performance as well as the recommended 1989 Association budget, including revenue and expense projections. The official 1987 Audit Report and narrative commentary is provided in *Annual Reports and Resolutions, 1987* and also will be published in the September issue of *The Journal of the American Dental Association*.

#### Projected Performance—1988

The \$1,086,105 favorable 1987 year-end balance was retained in the Operating Account, allowing for early repayment of 1987 short-term borrowings of \$2,200,000. This in turn allowed for additional short-term investment of excess cash during the first quarter of 1988.

The dues rebate program has contributed to an early surge in membership dues receipts. Chart 1 compares 1988 dues receipts during the three month dues rebate period with the same period in 1985, prior to the dues rebate program. Membership dues receipts through May 1988 exceeded the amount received during the previous year but fell slightly below the anticipated pro-rata level. It is anticipated that total dues receipts for the year will be below the amount budgeted. In addition, an unanticipated 14% increase in postage rates will have an adverse effect on expenditures. All expenditures are being closely monitored in conjunction with revenues to assure a positive year-end balance. A clearer picture of expected 1988 results based on actual six month performance will be provided to the House of Delegates in September.

Chart 1



Notes: All amounts are percentages of annual dues receipts. The 1988 percentages are based upon the approved 1988 budget.

#### Investment Accounts

The Investment Accounts are an extension of the Operating Division which, at the direction of the Board of Trustees, receive excess net revenues from the Operating Division. They also are used in the budget process to balance the operating budget when expected revenues do not meet proposed expenditures. These accounts are available in the event of necessary unbudgeted expenditures or emergencies.

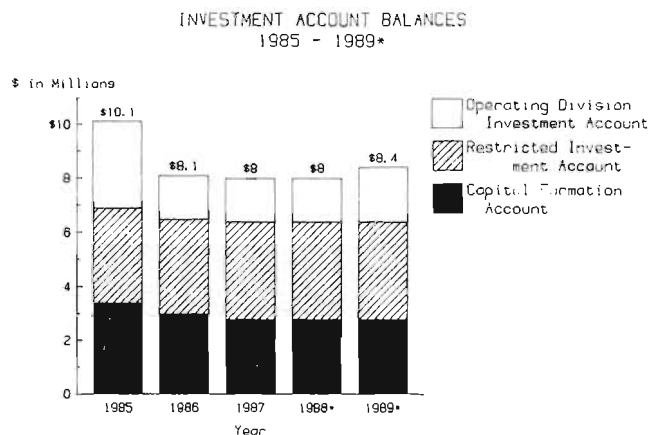
The three types of Investment Accounts are detailed below:

- The Operating Division Investment Account is composed of U.S. government securities, commercial paper and other securities that are readily convertible to cash.
- The Reserve Division Restricted Investment Account is comprised primarily of equities (stock) of major corporations.
- The Reserve Division Capital Formation Account includes long-term investments not easily liquidated, such as real estate (Washington Office Building) and investments in the for-profit corporation ADOSI.

Assets in the Investment Accounts at the end of 1987 were slightly below the balance of 1986, primarily due to the stock market adjustment during October 1987. Although there has been a recovery in the first quarter of 1988, market adjustments are not included in the Association's annual budget process.

A five year overview of Investment Account balances shown in Chart 2 indicates a decrease in the Investment Accounts since 1985. This is attributed to the \$800,000 contribution needed to balance the 1986 budget as well as the deficit in the for-profit subsidiary. This deficit was

Chart 2



\* Projected

reduced from \$1,200,000 to \$408,000 in 1987 and a further reduction is expected in 1988. It is anticipated that a profit will be realized in 1989, resulting in an increase in the Capital Formation Investment Account.

In considering a long-range financial plan for the Association, the Board believes that effective planning should include increasing the Investment Account balances in concert with growth of the operating budget. Such planned growth of these accounts would help protect against the vagaries of market conditions, assist in planning for major capital expenditures that will be needed in the future and enable the Association to meet cash shortfalls or emergency expenditures. The proposed 1989 budget includes an Investment Account contribution equal to 1% of expected revenues.

### Budget Development Process

The Board early in 1988 established guidelines for preparation of the 1989 proposed budget. The guidelines included:

- Retaining membership dues at the current \$243 level.
- Identifying additional non-dues revenue sources.
- Limiting expenditure growth to high priority programs.
- Increasing the reserves of the Association.

A computerized financial model was developed based on historical trends in Association finances as well as data from the Consumer Price Index for urban areas and a comprehensive compensation study. The initial financial model projected a budget deficit of \$3.2 million. Adjustments to the model that resulted in development of a balanced budget included:

- Elimination or reduction of lower priority programs.
- Review of staffing levels and compensation.
- Restriction of the contingent fund.
- Imposition of an annual session registration fee.
- Deferral of most proposed additional activities.
- An Association-wide reduction in proposed expenses.

The end result of these adjustments is a balanced budget with a small excess of revenues over expenditures.

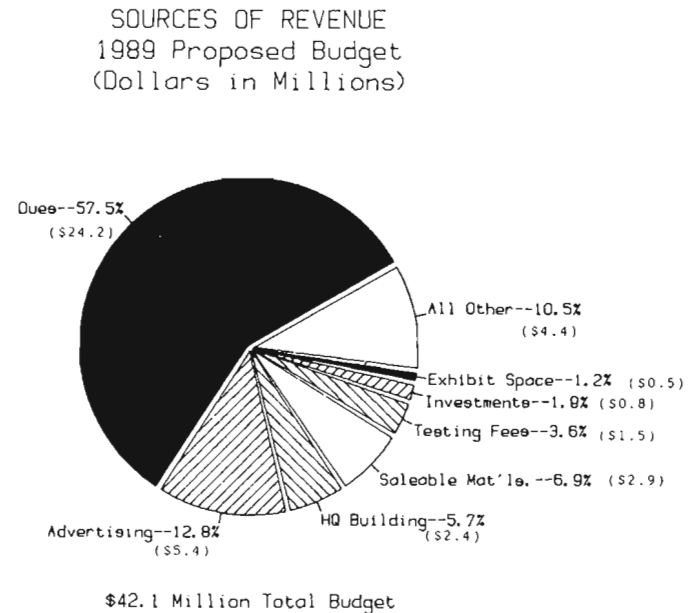
### Proposed 1989 Association Budget

The narrative provided in this report details by division the activity and program plans for fiscal year 1989. This material is provided to facilitate an understanding of the proposed 1989 budget and should be read in conjunction with the Association's *Annual Reports and Resolutions* for a full description of the scope and direction of the programs and activities of all Association agencies.

#### Revenue

**Revenue Projections for 1989:** Total Association revenues are projected to decrease 1.3% from the 1988 budgeted level. The major sources of revenue are depicted in Chart 3.

Chart 3



Concern persists over membership trends and the ability to effect a net increase in membership. This concern is exacerbated by the growth in life and retired members and a decline in younger members during the later years of the reduced dues program. An analysis by the Department of Membership Records indicates that the Association can anticipate 93,700 full-dues paying members in 1989, with a total membership of 151,900. Membership dues revenue for 1989 is projected to decline .7% or \$174,700.

Advertising and subscription revenues will grow by \$474,400 or 8.3%, reflecting a continued increase in market penetration and higher advertising rates. Conference and Meeting Services revenue generated by the annual session is projected to decline \$538,800 or 20.6% from the 1988 level. This reflects the decline in available exhibit space at the 1989 meeting in Hawaii as well as the anticipated success of the 1988 joint ADA-FDI annual session in Washington, D.C. The decline in revenue from exhibit space will be partially offset by a registration fee to be charged for the Hawaii meeting, which will generate an anticipated \$749,000. Modest increases are projected from other revenue sources such as the Headquarters Building, Saleable Materials Program and the testing programs in Education and Health Affairs.

#### Expenses

**Operating Expenses for 1989:** As with the 1988 approved budget, expenses for 1989 have been held to a no-growth level for the second consecutive year. This reflects the continued effect of the reorganization of the Association as well as the establishment of budget preparation targets based on revenue projections and the prioritization of programs and activities by divisions. The increases and/or decreases in divisional budgets are discussed in the commentary for each division.

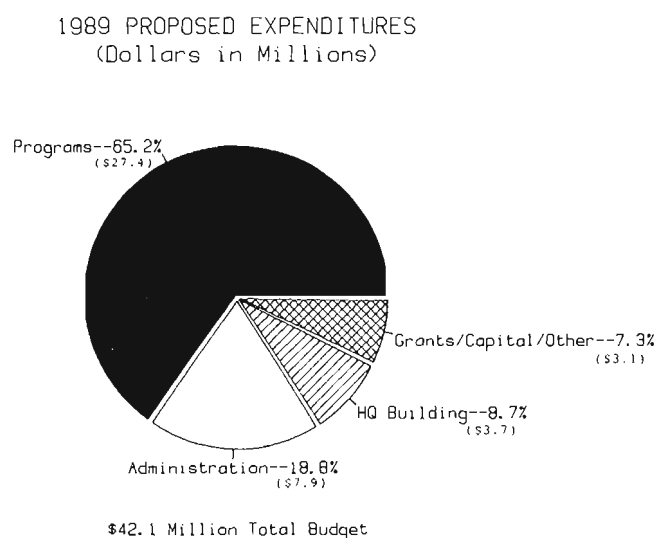
The Board has prioritized—with input from the various divisions—the programs and activities included in this

budget presentation. These listings, which rate all programs on a 1 (high) to 5 (low) scale, reflect the following general ranking factors.

- Priority 1—Programs and services required by the *Bylaws* or by policy and activities essential to the administration and management of the Association.
- Priority 2—Activities directly related to Association goals that provide important services to the members and the public; activities that substantially contribute to effective management of the Association.
- Priority 3—Desirable programs and activities that meet specific needs and are considered complementary and supportive of major program initiatives and of management objectives.
- Priority 4—Beneficial programs that serve a more limited audience and are considered helpful but not essential to the conduct of Association activities.
- Priority 5—Programs utilized by a limited number of members or undertaken for specific purposes of lower priority; programs that assist but are not essential to management of the Association.

Priorities were in all cases linked to programs and responsibilities set forth in the Association's *Bylaws* and reflect the issues and goals of the Association as articulated by the House of Delegates. Chart 4 illustrates proposed 1989 budget expenditures by category totaling \$42,100,100. The

**Chart 4**



Administration expense category includes the Divisions of House/Board/Executive Director and Finance and Business Affairs. The Program category includes expenses of all other divisions. The following commentary on proposed divisional budgets discusses programs, activities and membership services planned for 1989, with emphasis on new or expanded programs that have been developed to meet member needs.

#### **Division of House/Board/Executive Director (Supplement 1:293)**

Included in this division are budgets for the Office of the Executive Director; Board of Trustees; President, President-Elect and Immediate Past President; and the House of Delegates. Divisional expenses will increase \$62,700 in 1989, attributed primarily to funds necessary for FDI activities and for the annual session in Hawaii.

The conduct of the annual meeting of the House of Delegates and the six annual meetings of the Board of Trustees are the responsibility of this division, requiring advance preparation of all agenda materials for these meetings, preparation of minutes and maintenance of the official publications of the Association. Through the Office of the Executive Director management direction and oversight are provided to all divisions and agencies of the Association and liaison is maintained with a wide variety of dental and health organizations. The President, President-Elect and Executive Director serve as representatives of the Association at national, regional and constituent dental meetings as well as at international dental forums where ADA presence is desirable.

In 1989 the expense for Association participation in FDI activities will increase significantly. This reflects the increased funding necessary for volunteer travel to the Amsterdam location of the 1989 FDI meeting whereas the 1988 World Dental Congress is being held in Washington, D.C. in conjunction with the Association's annual session. The budget for FDI membership dues also has increased, attributable to the declining value of the U.S. dollar compared to the British pound.

The Association's 1989 annual session in Hawaii also will require increased expenses in several areas. The House of Delegates budget includes an increase in freight and rental equipment charges and the Board of Trustees annual session budget reflects Hawaii-related increases, particularly in the area of volunteer travel.

The budgets for the President and President-Elect reflect the actual invitations received from constituent, component and related societies and an effort to accommodate these requests for ADA representation. For the second year, expenses have been budgeted below the 1987 actual expenditure level. Every effort is being made to control these travel costs, while at the same time recognizing that the ADA increasingly incurs expenses that were in the past covered by the inviting constituent society.

Priorities of the House/Board/Executive Director follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Expense</u>
House of Delegates Annual Meeting	\$170,500
Official Publications of the Association (Printing and Mailing of <i>Annual Reports, Supplements I and II, Transactions and Current Policies</i> )	74,000
Board of Trustees Sessions (February, April, June, August and December)	180,200
Board of Trustees October Session and House of Delegates Meeting	102,500
Office of President: State Visitations, National and International Meeting Attendance	217,000
Executive Director: Administrative Expenses; Travel to Constituent/Regional Meetings, National Dental Organizations, Washington Office and FDI Meeting Activities	166,600

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
House of Delegates Computer Projection System	\$ 44,000
House of Delegates Electronic Voting System	12,300
Trustee In-District Travel	32,000
Speakers' Bureau: Trustee Participation	28,000
Office of President-Elect: State Visitations, National and International Meeting Attendance	132,500

**Priority 3**

<u>Program/Activity Title</u>	<u>Expense</u>
Board Liaison to Councils/Commissions	\$ 13,600
Speakers Bureau: V.P., Speaker, Council Chairmen/Members, Executive Director and Staff	16,300
FDI Annual Membership Dues	86,000
FDI World Dental Congress: Volunteer and Staff Participation	45,700
Immediate Past President: Visitation Travel Expenses	8,000
AED, Administrative Affairs: Travel to Constituent Meetings, National Dental Organizations and Washington Office	15,200
Health Policy Agenda Implementation	11,500

**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Distinguished Service Award Recipient Annual Session Attendance	\$2,000

**Division of Editor and Publications  
(Supplement 1:294)**

The Association's publications remain among the most visible of tangible membership benefits. In addition, they generate net revenue to the Association which in 1989 is projected at \$668,800, a net revenue increase of \$73,000 above the 1988 level. The 1989 growth in publication expenses reflects an increase in postal rates and printing expenses, as well as an expanded travel schedule for the editor to various dental meetings to enhance the visibility of Association publications through special conferences and lectures.

Association Bylaws mandate publication of *The Journal of the American Dental Association*, which is widely recognized as the preeminent dental journal in the world and generates the most advertising revenues of all the Association publications. In 1989 the highly successful JADA special issue on "Esthetic Dentistry" will be repeated and a special JADA Conference on Esthetic Dentistry is planned in conjunction with a state dental society meeting.

The *ADA News* provides in-depth coverage of news important to the profession. In 1989, four special editions will be mailed to all dentists in the country as part of an ongoing program to support recruitment and retention efforts. Regular practice management inserts will also be published, responding to expressed member need.

*Dental Teamwork* conveys the Association's position on matters affecting the dental team to 90,000 hygienists, assistants, technicians and office managers. Although only in its second year of publication, *Dental Teamwork* is expected to generate significant non-dues revenue. A special seventh issue entitled "The Dental Auxiliary Resource Handbook" will be published in 1989 with all costs supported by outside funding. The "Handbook" will assist those who wish to begin or further their training as dental auxiliaries by providing information about training programs and grants in aid, in response to membership concern about the need to recruit and train a greater number of auxiliaries.

*Dental Abstracts* is provided on a subscription basis, with subscription revenue exceeding publication expenses. The publication is widely read and a promotional campaign to gain new subscribers is projected to increase revenues in 1989 and beyond. *Special Care in Dentistry* has operated at a decreasing deficit since its 1981 inception and provides valuable information to dentists serving the growing population of elderly, handicapped and hospitalized patients. Editorial oversight is provided by the Federation of Special Care Organizations in Dentistry.

Revenue from the sale of advertising in *JADA*, the *ADA News* and *Dental Teamwork* is reflected in this division and is expected to reach \$5,275,000 in 1989, making it the largest single source of non-dues revenue.

Priorities of the Division of Editor and Publications follow.

#### Priority 1

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
<i>The Journal of the American Dental Association</i>	\$3,583,300	\$2,763,200
<i>ADA News</i>	1,707,000	1,766,100
Office of the Editor		
Administrative Expenses		135,100

#### Priority 2

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
<i>Dental Teamwork</i>	\$601,200	\$578,000
Editor Travel to JADA Conference and Major Regional Meeting		2,000

#### Priority 3

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
<i>Dental Abstracts</i>	\$275,000	\$237,300
Editor Travel to Regional Meetings and Liaison with Dental Related Groups		7,100

#### Priority 4

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
<i>Special Care in Dentistry</i>	\$56,000	\$60,600
Editor Travel to Dental Schools		4,300

#### Division of Legal Affairs (Supplement 1:294)

The Division of Legal Affairs provides legal services to every agency of the ADA. The division budget for 1989 includes the activities of the Council on Ethics, Bylaws and Judicial Affairs and reflects the successful recruitment of an assistant executive director for the division. This position had been open since 1985. The Legal Affairs budget for 1989 is \$19,100 over the 1988 budget; the Council budget is \$6,600 under the 1988 budget. The total division budget is \$12.500 over 1988.

With a fully staffed Legal Division, the ADA is in step with other major corporations in utilizing staff attorneys for virtually all legal work except litigation. Although the ADA may be involved in increasing amounts of litigation, outside legal fees will be controlled by reliance on division staff to support the litigation effort rather than using outside counsel's staff. As an example, as a result of the FTC subpoena concerning ethical regulation of advertising, tens of thousands of pages of ADA documents were reviewed by ADA staff under direction of staff attorneys, expending hundreds of man hours. Had this litigation support not been handled in-house, the cost for those same services by an outside law firm at current fee levels would easily have exceeded \$150,000. There is no line item in the budget that can show savings such as these.

While the FTC effort was exceptional in size and scope, the type of activity is typical of the services routinely provided to ADA in such areas of the law as antitrust, contract, employment, insurance, health, ERISA, real estate, publishing and tax. In addition to FTC matters, current major legal issues include infectious diseases, hazardous materials, advertising and scientific acceptance programs, dental hygienists unsupervised practice initiatives, constituent society disciplinary proceedings and malpractice prevention. The ADA is currently a principal party in 11 lawsuits; in addition, ADA legal staff is involved in nine other matters where ADA's interests call for support of state societies or other affiliate organizations. The Division of Legal Affairs reviews and negotiates all ADA contracts and leases, more than 500 each year, including annual session hotel arrangement and exhibitors agreements, Chicago and



Washington office building leases, procurement and service contracts. Each month the Legal Division is referred more than 450 telephone calls from members using the ADA WATS line.

For 1989 the Council has budgeted two council meetings and an ethics workshop to be presented at the regional or constituent level. This workshop is designed to assist constituent society volunteers who serve on ethics committees and was recommended by participants in the 1988 workshop.

Priorities of the Division of Legal Affairs follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Expense</u>
Internal Legal Services for the Association	\$558,700
Outside Legal Fees	360,000
Council on Ethics, Bylaws and Judicial Affairs: Meetings and Administrative	118,700

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Ethics Workshop	\$4,500

**Division of Legislative Affairs**  
*(Supplement 1:294)*

This division includes activities of the Washington Office, the Council on Governmental Affairs and Federal Dental Services, American Dental Association Political Action Committee administrative functions and the Department of State Government Affairs. The budget for the division will decrease \$110,700 from the 1988 level.

Emphasis in 1989 will be placed on representing the Association before the new Congress and new Administration and on increased legislative and PAC support services provided to the states.

Washington Office activities will continue to stress greater impact with members of Congress, development of effective working relationships with key individuals in the new Administration and increased activities with federal regulatory agencies. Legislative concerns will focus on dental care for the elderly, tax issues, insurance disclosure and response to Administration and Congressional initiatives.

The Council on Governmental Affairs and Federal Dental Services will hold two meetings and will be important in developing responses to new federal legislative proposals.

ADPAC will host two regional conferences designed to increase the ability of state PACs to effectively raise funds. PAC staff and members of the Board will provide intensive support to states targeted as needing special assistance. The highly successful clinician seminar series also will be continued.

The Department of State Government Affairs will continue to expand its activities. Special support will be available to states to address specific legislative issues and/or

to establish effective state legislative advocacy programs. This department once again will sponsor a national conference for lobbyists and appropriate staff for state dental societies.

Priorities for the Division of Legislative Affairs follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Expense</u>
Activities for Contact and Visibility with Congress	\$60,000
Legislative Position Papers	5,400
Congressional Testimony	3,400
Council Meeting and Chairman Travel	36,200
ADPAC Board and Executive Committee Meetings	33,500
2 ADPAC Regional Conferences	46,700
State Lobbyist Conference	12,600
Visitations to the States	7,800
State Legislative Support Programs; Legislative Consultants	15,000

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Congressional Directory	\$ 4,000
Expert Witnesses for State Issues	4,300
State Legislative Report	7,800
ADPAC Membership Development	10,500
ADPAC Board State Visitations	13,000
ADPAC Annual Session Activities	3,500
Contract Lobbyists for State Assistance	30,000

**Priority 3**

<u>Program/Activity Title</u>	<u>Expense</u>
Washington Office Staff Travel	\$20,200
Washington News Bulletin	6,000
Congressional Visitations Washington Office	4,100
Inaugural Events	12,000
State Legislative Staff Travel	11,600
ADPAC Staff Travel	7,100

**Division of Communications**  
*(Supplement 1:295)*

The activities of this division are directed to representing the dental profession to the public and the lay media and to enhancing communications to the membership on

Association programs and activities. Consultative assistance provided to other Association agencies helps assure consistent quality of the messages and the materials of the Association. Departments within the division include Public Information and Education, Professional Communications, Audiovisual Services and Design Services.

While the proposed divisional budget is \$178,600 below the 1988 level, an expanded public awareness/communications campaign utilizing the public media will be the primary focus in 1989. Magazine supplements, news and feature articles on dentistry and placement of dental spokespersons will be aggressively pursued through increased contact with national newspapers and magazines, the three commercial TV networks, cable television networks and major regional radio systems. Such opportunities will be utilized to increase public interest in oral health and to enhance the image of dentistry—at little cost to the Association. Corporate support of various program components also will be sought to help contain overall Association costs.

National promotions will include the highly successful National Children's Dental Health Month and Senior Smile Week. Both promotions will incorporate activities at the national, state and local levels intended to expand the visibility and public impact of these promotions through membership involvement at all levels.

The Department of Professional Communications will continue its assistance to dental publications with expanded services to dental editors nationwide through the monthly mailing of materials for publication, conduct of a journalism seminar and workshops and publication critiques. To assist constituent dental societies with their public relations programs the department will provide public relations and spokesperson training, program planning guides, media support materials and a public relations hotline offering consultative assistance. Writing and editing services also will be provided to all agencies of the Association and to Association leadership.

The Departments of Audiovisual and Design Services will continue to provide cost-effective, professional in-house assistance to all agencies in audiovisual, publication and materials production. Costs of the popular free-loan film distribution program will decline through a removal of aging films from distribution. However, two new films are scheduled for production with corporate support. The film program provides Association films for school and civic group bookings, television airings via broadcast, cable and satellite telecasts, satellite transmission of public service announcements and theatrical use of Association film shorts. Expenditures for the program represent less than one-tenth of one cent per impression. The new ADA Video Library, designed to provide members with a centralized resource for rental of continuing education videos, will be promoted for the first time to the entire membership via a catalog. The Design Services Department will continue to manage design and production of such visible items as the *ADA Catalog* and all health education materials, the annual session *Daily Bulletin* and numerous other publications for various Association agencies.

Priorities of the Division of Communications follow.

#### Priority 1

<u>Program/Activity Title</u>	<u>Expense</u>
Distribution of News Releases	\$29,000
Outside Media Services	15,900
Media Visits	6,500
National Spokesperson Placement	35,300
Editorial Services to Officers, Trustees and Senior Management	46,700
Program Planning Materials & Guides	15,500
National Children's Dental Health Month	64,000
National Senior Smile Week	64,400

#### Priority 2

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Update for Dental Editors		\$ 10,000
Program Updates		2,500
Professional Relations Services for Other Agencies		50,900
Journalism Seminar	\$ 6,000	6,000
Journalism Workshop	2,500	3,200
Annual Session Publicity		11,000
Annual Session <i>Daily Bulletin</i>	100,000	100,000
Complimentary Consumer Materials		28,000
Public Relations Agency Assistance with Consumer Projects		15,300
Consumer Education Films		80,000
Free-Loan Film Distribution Program		250,000
Audiovisual Services for ADA Agencies		76,000

#### Priority 3

<u>Program/Activity Title</u>	<u>Expense</u>
Communication Update	\$ 9,500
Public Relations Hotline	5,000
MediaLine	5,500
Editor's List	3,000
TV Consumer Information Spots	45,000
Radio Information Spots	14,000
ADA Video Library	30,000
Liaison Activity with National Health Organizations	2,400
In-House Design Services	104,900

#### Priority 4

<u>Program/Activity Title</u>	<u>Expense</u>
Audiovisual File for Media	\$ 4,000

**Priority 5**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Spokesperson Training for Trainers	\$ 2,500	\$ 3,500
PR and Spokesperson Training for Volunteers	7,500	17,500
Publication Critiques		2,000

**Division of Membership and Marketing Services  
(Supplement 1:295)**

The division budget for 1989 reflects a \$70,200 increase in expenses and a \$155,000 increase in revenue, resulting in a net decline of \$84,800.

The primary focus of the division in 1989 will be on recruitment of dentists under age 40 and the provision of services to these members. This emphasis recognizes that 40% of U.S. dentists are under age 40, but this same age group comprises only 35% of Association membership. In addition, this same age group constitutes 68% of non-renewing members.

The Department of Membership Services will provide up to ten targeted component and/or constituent societies with intensive assistance in implementation of recruitment and retention programs. The membership opinion survey first conducted in 1986 will be repeated in 1989 with emphasis on the younger dentist and quick response, issue-oriented surveys. Based on the initial success of pilot telemarketing efforts, telemarketing to specific target audiences will be conducted in 1989. Targeted mailings and student outreach activities will continue while the number of recruitment and retention workshops will be reduced based on lesser demand for this service.

The increase in funding for the Commission on the Young Professional reflects expanded activities to provide visible programs to meet young dentists' needs and to address the membership crisis that is occurring with this target segment. The National Conference on the Young Dentist will be held again in 1989, supported largely by corporate funding. The Commission also is working to promote the formation of young dentist committees at the constituent and component level and to increase the involvement of young dentists in dental society leadership positions.

The Marketing Services and Seminar Departments have been consolidated into one agency, with a shift in emphasis from marketing to the public to provision of marketing aids for the individual dental practice. A revised dental marketing kit will be integrated with the theme of the public awareness campaign being initiated by the Division of Communications.

The seminar program will include both new seminar

offerings as well as an expansion of the total number of seminars provided. The 60% increase in seminars offered through constituent and component societies will generate a similar increase in offsetting revenue.

Goal setting and strategic planning will be the focus of new workshops to be offered to dental society leadership by the Department of Dental Society Services in 1989. Other forums managed by this department are the President-Elect's Conference, the Management Conference, Specialty Leadership Conference and the State Society Officers Conference.

The emphasis in 1989 for the Department of Membership Records will be refinement of membership and dentist data bases based on information from the recently completed census of dentists. Data provided by this department enables ongoing analysis and refinement of recruitment and retention activities.

Priorities of the Division of Membership and Marketing Services follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Special Recruitment Assistance for 10 Targeted Dental Societies		\$6,500
Component Recruitment Programs and Telemarketing		7,600
Membership Opinion Surveys		94,700
Seminar Program Promotion		27,600
Commission on the Young Professional Meetings		25,900
Commission Participation in Constituent/Component Meetings		9,300
Marketing/Seminar Department—Administrative		18,500
Dental Society List Maintenance		3,600
President-Elect's Conference		12,300
Management Conference	\$ 7,800	18,900
Membership Records Department—Administrative		49,400
Membership Renewal Kit		91,300
State Membership Renewal Forms		14,000
Membership Cut-Off Notices		2,100
WATS Line Service		309,300

**Priority 2**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Component Recruitment Program and Direct Mail Nonmember Night		\$ 5,600
Constituent Retention Programs and Membership Drives		9,300
Miscellaneous Promotional Materials		5,000
Senior Student Outreach Program		7,700
Commission Subcommittee Meeting		3,800
Young Dentist Newsletter		3,700
National Young Dentist Leadership Award		2,400
In-Office Marketing Kit		31,400
Dental Society Resource Materials		3,200
Dental Society Goal-Setting Workshops	\$ 6,000	9,900
Administrative Orientation Program		3,500
Seminar Program—Staff Conducted	157,500	24,900
Direct Member Recruitment and Renewal		27,200
Constituent Society Membership Records Training		3,300

**Priority 3**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Pre-Renewal Direct Mail to All Members		\$ 13,000
Recruitment and Retention Training Workshops	\$ 1,800	3,400
Membership Benefits Packets		5,000
ASDA Leadership Training Grant		5,200
Seminar Program—Outside Speakers	110,200	111,500
Annual Session Breakfast for Young Dentists	5,300	8,100
Commission Target Mailings		8,500
Membership Cards (1990)		59,200
Specialty Leadership Conference		1,500

**Priority 4**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Division Director Travel to Constituents/Components		\$ 5,500
Young Dentist Recognition Night		6,000
Recruitment & Retention Printed Materials		5,200
Senior Student Outreach Program		5,600
ASDA Student Participation at Annual Session		7,200
Conference on the Young Dentist	\$ 67,300	72,000
<i>Dental Society Update</i>		10,100
State Society Officers' Conference		7,300
Federal Dental Services Newsletter		2,800

**Priority 5**

<u>Program/Activity Title</u>	<u>Expense</u>
Student Outreach Programs for Freshmen, Sophomores & Juniors	\$ 21,600
ASDA Leadership Orientation and Student Externs Program	18,000
Support for ASDA Membership Materials	3,200
Young Dentists Benefits Brochure	9,000
Commendations—Dental Society Executives	2,900
Life Member Awards	2,400

**Division of Conference and Meeting Services  
(Supplement 1:296)**

The 1989 annual session will be the major emphasis of the Division in the coming year, which projects a net decrease of \$95,500 in the 1989 budget. Significant variances from the previous year are reflected in the proposed 1989 budget, primarily due to the Hawaii location of the 1989 meeting and the uniqueness of the 1988 Joint ADA/FDI World Dental Congress. The availability of fewer commercial exhibit booths in the 1989 Hawaii location will result in a substantial revenue shortfall and necessitate a \$35 per registrant registration fee to make up the projected deficit in income. The Council and Board deemed a registration fee for meeting attendees, preferable to spreading the cost to all

members. Registration fees for nonmembers also have been increased. Although the revenue estimates do not meet prior years realized totals, the level of membership interest demonstrated in the 1989 Hawaii venue exceeds previous years.

While the Association's library services remain essential and valued by the membership, the funding needs of the Bureau of Library Services vary little from year to year.

The Division continues to service all agencies of the Association with transportation, lodging, conference and meeting support, assuring cost effective centralized purchasing in these areas.

Income from financial service programs again is expected to increase. The continued success of the Maryland Bank programs should generate in excess of \$400,000 in 1989.

Priorities of the Division of Conference and Meeting Services follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Annual Session, Honolulu	\$1,374,600	
Host Society Revenue		
Sharing		\$ 60,000
Speakers Fees and Expenses		74,000
Scientific Program Outside Services		74,600
Printed Materials		61,500
Shipping Expense		8,500
Final Site Logistical Meeting		2,400
Technical Exhibits (Set-Up, Promotion)		40,100
Registration Area/Ticket Sales		33,100
Space and Room Rental		35,000
Shuttle Bus Service		60,000
Security & Nursing Services		25,200
Keynote/Opening Session		21,900
On-Site Staff Support		226,300
Registered Clinics	51,000	25,000
Workshops	28,000	28,000
Cassette Sales	48,000	8,000
ADA Fun Run	4,500	3,600
Council Administrative Expense		13,000
Divisional Administrative/ Site Visits		23,200
Library Services	40,000	
Circulation of Library Materials		22,900
Acquisition/Maintenance of Materials		23,200
Reference & Information Services		30,300
Library Administrative		4,900
Conference & Meeting Services Administrative Expenses		44,000
Maryland Bank Programs & Other Royalty Income	423,000	

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Council Meeting/Honolulu	\$ 19,400
Council Meeting/Chicago	11,800
Annual Session Promotion at Other Dental Meetings	8,400
Annual Session Promotional Materials	66,900
Table Clinics	18,500
Miscellaneous Printed Material for Annual Session	20,000
Council Activities at Annual Session	23,400
Boston Site Inspection Trip	4,500
Library Services Book Binding	28,000
Library Services Administrative	18,500

**Priority 3**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Scouting Trips for Council Members		\$ 9,000
Annual Session Hospitality Lounge		24,000
International Activities at Annual Session		10,000
Committee on Local Arrangements Operating Expenses		22,100
Information/Message Center		1,200
Miscellaneous Annual Session Signage, Set-Up, Decorations		21,000
Council Administrative Meetings		2,400
Executive Dining Room	\$ 75,000	118,300
Audiovisual Services for Conferences and Meetings		54,700

**Priority 4**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Social Activities Committee, Annual Session Social Functions		\$ 15,200
International Relations Projects		16,900
Office of International Affairs Administrative	\$ 7,000	12,200
International Communications/ Translations		10,300
International Meetings Promoting ADA Sponsored Programs		3,500
Annual Session Hosting/ Reception		42,200
Special Meal Functions, Spouses' Activities, Ground Transportation, Invitations		42,300
Distinguished Service Award		2,000
Annual Session International Reception		21,500

**Division of Finance and Business Affairs  
(Supplement 1:297)**

Expenses will decline throughout this Division, as reflected in the \$35,300 decrease in Finance, \$25,900 decrease in Business Affairs and \$78,800 net decrease for the Headquarters Building.

This Division provides various administrative and support services essential to operations of all agencies of the Association. The focus for 1989 will continue to be to serve these various agencies in a cost efficient and productive manner. Planned studies will assess future directions in data processing, order fulfillment and staff compensation. Updated data and information processing programs will be implemented to aid in billing, receivables, inventory control and cost management.

Revenues from the Division include short-term investment earnings of \$190,000 and rental income from the Headquarters Building, which is projected to increase by \$79,400 in 1989 with near-full occupancy. While administrative expenses of the Advertising Sales Department remain in this division, the commissions paid on space advertising sales have been transferred to the Editorial Division and are charged against the publication in which the advertising appears. This will more closely relate the expenses of advertising to the revenues earned by publications. Revenue of \$407,400 is expected to be generated from the rental and sale of Association mailing lists. The Association occupies 55.1% of the Headquarters Building but does not charge itself rent for accounting purposes. The net expense of the Headquarters Building is thus considered the Association's rental cost. In 1989, the cost will be \$6.62 per sq. ft. compared to \$7.06 per sq. ft. in

1988. This compares very favorably to the average lease rate in the building in excess of \$23.00 per sq. ft. Building utility costs will decrease substantially due to recent installation of more energy efficient air conditioning and heating systems. Property taxes are expected to increase 6.9% even though the Association enjoys a 65% real estate tax exemption.

The program costs of the Division of Finance and Business Affairs are primarily staff compensation costs, which have been allocated to the various services in the priority listing that follows.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Office of Assistant Executive Director	\$190,000	\$248,100
Office of the Controller and Accounting Department Cash Receipts & Accounts Receivable		156,300
Cash Disbursements & Payroll		208,200
Financial Reporting		141,900
Budgeting & Planning		104,300
Investments & Banking		36,700
Order Department Transaction Processing Inbound Call Management		73,200 66,600
Subscription Department Subscription Processing Records Management		35,200 43,400
Central Administration Business Expense		625,700
Advertising Sales Department New Dentist Buying Guide		72,700
Guide to Technical Exhibits		44,100
Advertising Readership Studies		25,900
Annual Media Kit Revisions		21,900
Administrative Expenses		98,800
Dental Trade Relations & Advertising Coordination Administrative		77,500
3 Dental Meetings		12,200
Headquarters Building	\$2,456,800	\$3,653,500
Data Processing and Mailing List Rental	407,400	
Online Systems Costs		548,300
Key-Punch Costs		61,000
Technical Support		172,700
Programming Costs— Maintenance		188,000
Human Resources Department Employee Compensation, Benefits & Affirmative Action		267,400

**Priority 1 continued**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Central Services		
Telephone Services and Administration of Duplicating and Shipping & Receiving		56,000
Duplicating Department		
Printing Services for Association Headquarters		202,200
Shipping & Receiving Department		
Mailroom Services		95,900
Saleable Materials		
Program Services		125,300
Administrative		18,600

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Office of the Controller and Accounting Department	
Saleable Material	
Inventory Control	\$98,800
Health Foundation	48,000
Order & Subscription Department	
Administrative	36,900
Order Department	
Written Customer Service	24,300
Outbound Call Management	11,900
Subscription Department	
Outbound Call Management	9,700
General Administrative	12,400
Advertising Sales	
Promotional Listings for <i>JADA, ADA News, Dental Teamwork</i>	16,900
Series of <i>JADA</i>	
Promotional Brochures	20,900
Dental Trade Relations & Advertising Coordination	
Trips to Sales Territories	9,200
Data Processing Department	
Information Center	101,600
Wang Word Processing & Atari Computer Maintenance	50,800
Programming & Program Analysis—	
New Programs	198,100
Human Resources	
Policy Writing & Interpretation, Recruitment & Direct Reimbursement	141,200

**Priority 2 continued**

<u>Program/Activity Title</u>	<u>Expense</u>
Purchasing Department	102,800
Central Services Department	
Employee Identification Cards & Office Keys	16,000
Duplicating Department	
Duplicating Services	29,700
Shipping & Receiving Department	
Association Shipping	53,000
Association Receiving	62,500

**Priority 3**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Office of the Controller and Accounting Department		
Relief & Disaster	\$23,000	\$23,000
Internal Audit		66,900
Order Department		
Records Management		19,200
Administrative		11,100
Subscription Department		
Outbound Call Management		5,500
Administrative		4,900
Advertising Sales		
Outside Media Ads for Publications		33,600
Sales Premiums to Advertisers		24,100
Hospitality Suites		15,200
Dental Trade Relations & Advertising Coordination		
Visitations to Trade Associations		7,900
Data Processing Department		
List & Label Maintenance		61,000
Maintaining SAS (Report Writing Capabilities for Staff)		50,800
Human Resources		
Staff Training		44,800
Central Services		
Maintenance of Office Storage Facilities		37,200
Shipping & Receiving Department		
Maintenance & Delivery of Office Supplies		22,900

**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Office of the Controller	
Maintenance of	
Deferred	
Compensation	
Program	\$27,200
Advertising Sales	
Promotional Brochure	
for <i>ADA News</i>	11,900
Human Resources	
Counseling Services	21,700
Central Services	
Services Rendered to	
Annual Session	7,300

**Priority 5**

<u>Program/Activity Title</u>	<u>Expense</u>
Advertising Sales	
Dental Meeting	
Calendar	\$12,400
Human Resources	
Staff Development	30,300
Central Services	
Lobby Directory	1,400

**Saleable Materials Program**  
*(Supplement 1:298)*

This program produces and markets public dental health education materials and professional reference and resource materials through the *ADA Catalog*, exhibit programs and direct mail promotions. In 1989 the program is expected to generate revenue in excess of expenses of \$828,400, which helps fund other activities of the Association. This net revenue does not include overhead and administrative expenses.

A Panel Committee of dental professionals is scheduled to meet in 1989 to review and evaluate program objectives and product offerings and to make recommendations on the future membership needs.

Priorities of the Saleable Materials Program follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Dental Health Education		
Material	\$1,735,000	\$780,800
Audiovisual Material	283,500	96,400
Index to Dental Literature	171,800	68,800
Appointment Book	140,200	43,500
ADA Directory	130,000	45,500
Marketing Material	104,500	43,400
Dental Practice Material	85,100	34,900
Professional Office Material	78,700	50,500
Scientific Affairs Material	47,000	15,100
Dynamic Dental Strategies	32,000	20,200
Dental Career Material	8,800	7,100
Cost of Business & General		
Administrative	60,000	269,700
Catalog Production &		
Distribution		178,000
Target Promotions		
New Product		
Introductions		48,000
Educational Materials		31,700
Audiovisual Materials		30,000
National Children's		
Dental Health Month		46,700
National Senior Smile		
Week		18,400
ADA Directory		9,400
ADA Appointment Book		9,400

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Research/Evaluation Panel	
Committee	\$14,000
Exhibit Program: Major	
Dental Conventions	38,100
Test Market Surveys	19,200

**Priority 3**

<u>Program/Activity Title</u>	<u>Expense</u>
Exhibit Program:	
Secondary Audiences	\$ 6,800
Mini-Catalog Production	
and Distribution	48,400



**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Test Marketing Through Constituent Societies	\$3,500

**Division of Dental Practice**  
**(Supplement 1:298)**

The total budget for the Division will increase \$117,000 over the 1988 level. This growth largely reflects expanded activity by the Council on Dental Care Programs to resolve the issue of insurance carrier calculation of "customary fee."

The major responsibility of the Council on Insurance in 1989 will continue to be the ongoing management and development of Association-sponsored insurance and retirement programs. Should current negotiations with prospective underwriters of a sponsored national professional liability program come to fruition, that program would be introduced to the membership in 1989. A considerable investment of Council time and staff resources would be dedicated to the implementation and initial marketing of the plan. The Council also intends to continue to expand its professional liability claims prevention activities in 1989 with the development of additional videotapes, articles for professional publications and seminar programs.

The Council on Dental Practice will realize its goal in 1989 of reaching every junior or senior dental student prior to graduation with its Options '89 practice management seminar titled "Starting Your Dental Practice." Costs are underwritten by corporate sponsors. A comprehensive, ten-volume practice management library will be developed by the Council, with the first volume provided to students as part of the Options '89 program. Chemical dependency activities will focus on assisting states with limited or no services to develop and improve their chemical dependency help programs. Activities will be expanded to include smoking cessation with the 1989 hosting of a national conference on this topic funded by a corporate sponsor. Through liaison activities with dental forensic organizations the Council continues to be an advocate for changes that promote better forensic dental services.

The Council on Dental Care Programs in 1989 will bring to closure two important areas for the profession — customary fee and utilization review. Council developed guidelines will bring consistency to the way insurance carriers calculate "customary fee" and a method to ensure consistency in the type and application of utilization review programs is being pursued. Federal health programs will continue to receive Council emphasis, recognizing the inevitable emulation by the commercial carriers of federal program initiatives. The Council also plans a major peer review thrust in 1989 to bring more members into the peer review committee structure and to promote the peer review system to patients, third party payers, employers and nonmember dentists.

The success of the Direct Reimbursement Program has led to an extension of activities to provide more assistance to dental plan purchasers. This activity has been named the Purchaser Information Service, of which Direct

Reimbursement is an integral component. This service will provide an important resource to employers and dental benefits consultants and will benefit the membership as well.

The Contract Analysis Service will continue to expand in 1989 and will be able to provide additional information on the financial stability and operations records of companies that offer third-party contracts to dentists.

The Bureau of Economic and Behavioral Research continues to serve as the primary statistical data source for the profession through conduct of its annual and quarterly surveys of dental practice. The annual survey of recent dental graduates provides location and practice status information necessary to maintain a comprehensive registry of dentists. Results from the 1987-88 Distribution of Dentists survey will be used to update the manpower projections model and to prepare several reports for distribution to members, constituents and dental schools.

Priorities of the Division of Dental Practice follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Bureau of Economic & Behavioral Research		
Dental Manpower Forecasting		\$ 24,700
<i>Quarterly Survey of Dental Practice</i>		135,200
<i>1989 Survey of Dental Practice</i>		20,800
Council on Dental Care Programs		
Council Meetings and Chairman Annual Session Attendance		27,800
Federal Programs Subcommittee Meeting		1,800
Customary Fee Guidelines Development		135,500
Annual Medicaid Surveys		800
Peer Review Assistance Programs		6,400
HMO Survey		900
<i>Code on Dental Procedures and Nomenclature</i>		9,700
Utilization Review Activities		44,700
Purchaser Information Presentations to Employers	\$ 7,100	24,700
Trade Shows/Booth Exhibits		19,100
Contract Analysis Presentations to Dental Societies		7,900
Council on Dental Practice Council Meetings and Chairman Annual Session Attendance		30,600
OPTIONS Program	115,000	115,000
Council on Insurance Administrative Budget	405,000	405,000

**Priority 2**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Bureau of Economic & Behavioral Research Association/Agency Projects & Special Reports		\$ 48,000
Council on Dental Care Programs		
Dental Benefits Conference	\$9,500	40,300
Printing & Distribution of Code on Dental Procedures and Nomenclature		8,500
Peer Review Conference Attendance		2,300
Peer Review Videotape		30,000
Peer Review Reporting Form		1,000
IPA Booklet Revision		8,500
HMO/IPA Conference Attendance		8,900
Dental Society Assistance on Alternative Benefit Plans		11,500
Direct Reimbursement and Fee-For-Service Promotional Materials		70,400
Presentations to Dental Societies on Purchaser Information Services		11,000
Monitoring of Legal Developments that affect Contract Relationships		2,600
Educational Seminar Attendance		4,000
Council on Dental Practice Editorial Board for Practice Management Publications		7,200
Practice Management Publication Printing		7,000
Advisory Committee on Chemical Dependency Issues Meeting		6,800
Council on Insurance Professional Liability Risk Management		146,000

**Priority 3**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Bureau of Economic & Behavioral Research Distribution of Dentists Modifications		\$11,000
Data Services for Outside Requesters	\$5,000	
1989 Survey of Recent Graduates		12,200
County Demographic Reports	3,000	
Council on Dental Care Programs		
Federal Programs Conference Attendance		2,300
Constituent Visits on Peer Review		1,600
Direct Reimbursement Print Advertisements		52,200
Contract Analysis Materials		7,200
Liaison with Insurance Industry		1,600
Council on Dental Practice Liaison with Related Dental Organizations		2,400

**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Bureau of Economic & Behavioral Research Improving Survey Response Rate	\$15,400
Public Surveys	23,500
Council on Dental Care Programs	
Quarterly Newsletter	5,300
Medicaid Demonstration Visits	700
Federal Programs Travel	700
National Conference on Peer Review	12,700
Liaison with Dental Benefits Industry	17,500
Attendance at Conferences	4,300
Council on Dental Practice New Project	
Development	2,200
Update Chemical Dependency Slide Set	500
Attendance at Meetings of Related Dental Organizations	1,500

**Priority 5**

<u>Program/Activity Title</u>	<u>Expense</u>
Council on Dental Care Programs	
Purchaser Information Subcommittee Meetings	\$3,000
Council on Dental Practice Dental Laboratory Conference Meeting	800

**Division of Education and Health Affairs**  
**(Supplement 1:299)**

The budget for the division will increase by \$9,400 over the previous year's allocation.

The program focus for the Council on Dental Education in 1989 will include continuation of the specialty recognition process, with endodontics and pediatric dentistry scheduled for re-recognition review. Each of the recognized dental specialties is required to undergo the recognition process every ten years to ensure continued compliance with the House-approved criteria for recognition. The Council also will participate in meetings of external organizations concerned with health and dental education issues. Continued liaison is essential to understanding and dealing with critical matters of importance to the profession. The Council's budget includes funding for a joint conference on dental anesthesia to be held in 1989 and for review and revision of the educational standards for advanced education programs in general dentistry. The purpose of the invitational workshop is to enhance and expand educational opportunities for dentists gaining knowledge and skills in use of deep sedation and anesthesia for dental purposes. The workshop is co-sponsored and co-funded with the American Dental Society of Anesthesiology.

The Commission on Dental Accreditation, as the nationally recognized agency for the accreditation of dental and dentally related educational programs, will be reviewed by the U.S. Department of Education (USDOE) and the Council on Postsecondary Accreditation (COPA) for continued recognition. Authority to continue as a nationally recognized accrediting agency in the U.S. requires all accrediting bodies to undergo the re-recognition process every five years through submission of a comprehensive self-study that documents compliance with USDOE's *Criteria* and COPA's *Provisions*. Further, the Commission must appear before these bodies to respond to any questions. As part of its accreditation program, the Commission will conduct on-site evaluations of 182 programs in 112 institutions, including programs in dentistry, the three auxiliary disciplines and the ten advanced education programs.

In the Division of Educational Measurements, new approaches to reporting applicant test scores will be completed in 1989 and additional test items for all sections of the national tests will be developed. Testing and transcript revenues will increase due to a planned increase in testing

fees. The Optometry Admissions Test administered by the Division will generate projected revenue of \$121,500.

The SELECT program will focus on completing the practitioner registry and student referral program enabling dental societies and dental schools to follow up on student inquiries on dental careers and also will develop new career materials for students. SELECT also will develop and distribute fact kits and other materials to dentists and advisers so that they can provide accurate and up-to-date information on dental careers to prospective students. An evaluation of the program's effectiveness will be implemented.

The Joint Commission on National Dental Examinations will restructure Part II of the National Board Examination with a pilot examination in 1989 and will complete the criterion-referenced scoring study. Revenues from examination programs will grow due to an increase in testing fees.

Program focus for the Council on Community Health, Hospital, Institutional and Medical Affairs in 1989 will include the continued development of protocol guidelines for the dental management of medically compromised patients and the dissemination of completed guidelines; conduct of a national conference on special care issues; implementation of fluoridation recommendations adopted by the Council in 1988; development of a model nursing home program for use by dental societies and a continued advocacy role with national organizations in dental care for the disadvantaged.

The Office of Quality Assurance will stimulate activity to enhance the Association's leadership position in dental quality assurance and will undertake a revision of a quality assessment instrument. It also will continue efforts to educate the membership about quality assurance through development of reports and articles and dissemination of materials.

Priorities of the Division of Education and Health Affairs follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Assistant Executive Director Administrative & Liaison Expense		\$ 9,300
Council on Community Health, Hospital, Institutional and Medical Affairs Council Meetings, Chairman and Staff Liaison & Administrative Expenses		72,000
Joint Commission on Accreditation of Healthcare Organizations, Membership Dues and Representative Reimbursement		23,400

## Priority 1 continued

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Joint Commission on Accreditation of Healthcare Organizations, Surveyor Training Protocol Development for Patients with Medically Compromising Conditions		5,800
National Fluoridation Advisory Committee Meetings		5,700
Development of Access Grant Proposal		2,900
National Conference on Special Care Issues	\$ 20,000	35,200
Support for Federation for Special Care Organizations in Dentistry		12,600
Council on Dental Education/Commission on Dental Accreditation Council Meetings, Dues and Chairman Liaison Council Administrative and Staff Liaison Expenses		19,500
Commission Meetings		17,100
Accreditation Program: Dental School Based Programs		103,500
Non-Dental School Based Advanced Programs		51,000
Non-Dental School Based Auxiliary Programs		108,500

## Priority 1 continued

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Site Visit Material Preparation		37,900
Consultant Training		13,100
Standing Committees and Appeal Board Meetings		55,900
Commission COPA Dues and Associated Liaison Expenses		14,500
Commission Administrative and Liaison Expenses		43,900
COPA and USDOE Recognition		10,100
Dental Admissions Testing Program	327,000	159,500
Optometry Admissions Testing Program	121,500	89,200
Annual Surveys and Reports	4,500	37,300
SELECT Program	120,000	165,700
Joint Commission on National Dental Examinations Commission Meeting, Administrative and Liaison Expenses		195,100
National Board Dental Examinations	908,600	166,300
National Board Dental Hygiene Examination	298,500	55,500
Office of Quality Assurance Quality Assurance Advisory Committee and Consultant Panel Meetings		14,800

**Priority 2**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Council on Community Health, Hospital, Institutional and Medical Affairs		
Council Staff Liaison Expenses		\$ 4,700
Assistance for Fluoridation Campaigns		11,300
Meetings with National Advocacy Groups		4,700
Council on Dental Education/Commission on Dental Accreditation		
Specialty Recognition		3,000
Revision of Dental Auxiliary Accreditation Standards		22,000
Revision of Advanced General Dentistry Accreditation Standards		3,900
Anesthesiology Conference/Workshop		10,000
Continuing Education Activities	\$4,300	21,300
Joint Commission on National Dental Examinations		
National Dental Examiners' Advisory Forum Meeting		24,900
Assist the American Board of Periodontology in Developing Written Examinations	7,500	1,900
Office of Quality Assurance Liaison with National Quality Assurance Organizations, Dental Societies and Schools		5,300

**Priority 3**

<u>Program/Activity Title</u>	<u>Expense</u>
Council on Community Health, Hospital, Institutional and Medical Affairs	
Council Liaison Activities	\$4,300
Smokeless Tobacco Quitters Guide	2,000
Conference on Special Care Issues	1,500
Office of Quality Assurance Quality Assurance Clearinghouse	1,400

**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Council on Community Health, Hospital, Institutional and Medical Affairs	
National Committee on Correctional Health Care	\$1,700
<b>Division of Scientific Affairs and Association Health Foundation</b>	
<b>(Supplement 1:299)</b>	

A \$25,600 increase in net expenses is reflected in the Division's proposed 1989 budget. The Division in 1989 will continue its extensive liaison activities with government agencies, educational institutions, health professional associations and research institutions. These activities will be directed toward increasing research that is of significance to the profession and aiding in the dissemination of information and transfer of technology. These efforts have heightened importance in light of dental professional concern about AIDS and HIV-infected patients and of government regulations regarding infection control procedures, waste disposal and handling of hazardous materials.

The Councils on Dental Therapeutics and Dental Materials, Instruments and Equipment will continue to carry out the Association's acceptance, recognition and certification programs. Both Councils are committed to publication of a series of monographs to replace the discontinued *Dentist's Desk Reference* and *Accepted Dental Therapeutics*, with corporate sponsors underwriting publication costs. The Health Screening Program will continue, supported by corporate contributions. The Mercury Testing Service administered by the Council on Dental Research will be phased out in 1988 due to limited membership participation.

The ADA Health Foundation projects increased legal expenses in 1989 associated with applications for patents in the Office of Sponsored Research. Royalties providing revenue for additional research will result from future licensing agreements. The Paffenbarger Research Center in Maryland is awarded in excess of \$1 million in federal grants and contracts annually; recovery of overhead costs is approximately \$400,000.

Specific research targets in 1989 include research in support of Council programs and continued research at the Paffenbarger Research Center on dentin bonding materials and techniques, calcium phosphate dental cements, glass insert isonomers and titanium castings.

Priorities of the Division of Scientific Affairs and the Association Health Foundation follow.

**Priority 1**

<u>Program/Activity Title</u>	<u>Revenue</u>	<u>Expense</u>
Council on Dental Materials, Instruments and Equipment		
Administrative Activity		\$307,700
Evaluation Activity		258,100
Council on Dental Research		
Administrative and Meetings		129,600
Council on Dental Therapeutics		
Evaluation of Therapeutic Agents		195,200
Paffenbarger Research Center, ADAHF	\$400,000	
Office of the Director		221,900
Clinical Research		71,400
Dental Crystallography		81,200
Dental Chemistry		154,000
Polymer Chemistry		131,400

**Priority 2**

<u>Program/Activity Title</u>	<u>Expense</u>
Council on Dental Therapeutics	
Publication of Monograph Series; Council, Consultant and Staff Travel; Advertising Review	\$225,300
Council on Dental Materials, Instruments and Equipment	
Standards Activity	193,900
Research Institute, ADAHF	
Toxicology Program	168,700
Chemistry Program	165,700
Extramural Programs, ADAHF	
Animal Facility	44,600

**Priority 3**

<u>Program/Activity Title</u>	<u>Expense</u>
Council on Dental Materials, Instruments and Equipment	
Clinical Research, Information and Education Activity	\$128,300
Extramural Programs, ADAHF	
Instrument Facility	66,400

**Priority 4**

<u>Program/Activity Title</u>	<u>Expense</u>
Paffenbarger Research Center, ADAHF	
Dental Metallurgy	\$117,200

**Priority 5**

<u>Program/Activity Title</u>	<u>Expense</u>
Extramural Programs, ADAHF	
Electron-Optics Facility	\$39,600
Research Institute, ADAHF	
Office of the Director	83,500

**Grants to Related Health Groups  
(Supplement 1:293)**

The American Fund for Dental Health grant request includes support of three activities: American Association of Dental Schools grant (\$25,000); the Hillenbrand Fellowship (\$13,000), and AFDH operations (\$30,000).

Grant funding for the Auxiliary to the American Dental Association is budgeted at \$20,000 for 1989, representing the final year of a three-year agreement to help the Auxiliary achieve financial stability through a membership growth plan.

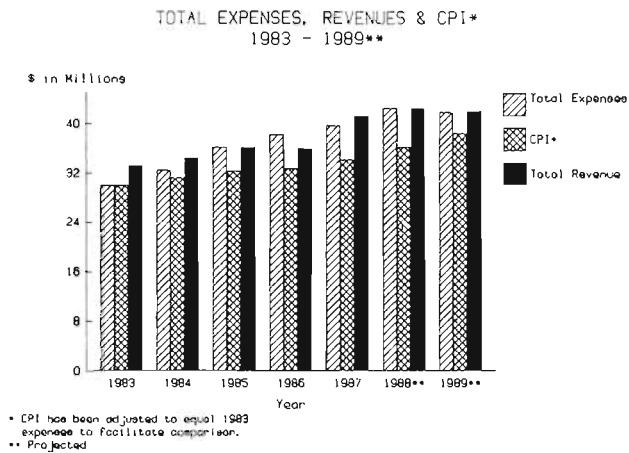
Under a three-year affiliation agreement with the National Foundation of Dentistry for the Handicapped, the Association in 1989 will provide \$105,000 in support of NFDH program activities. The Association maintains close liaison with the Foundation through the Council on Community Health, Hospital, Institutional and Medical Affairs and has three representatives on the NFDH Board of Directors.

The Commission on Relief and Disaster Fund Activities is legally a separate 501(3)(c) nonprofit corporation, although the operating and administrative costs are included in the Association's financial planning documents. The anticipated growth in fundraising costs reflects increases in postage, design and printing expenses.

**Contingent Fund  
(Supplement 1:293)**

The 1989 Contingent Fund is budgeted at \$350,000, indicative of the Association-wide effort to project financial needs accurately and to avoid supplemental funding requests. In recommending this restricted level for the Contingent Fund, the Board is cognizant that any unanticipated emergency expenses in excess of the amount budgeted for contingencies would require funding from the Operating Division Investment Account.

Chart 5



### Capital Funding (Supplement 1:293)

Proposed funding for acquisition of equipment for the Association, Health Foundation and for improvements to the Headquarters Building in 1989 will increase 2% over the previous year. A five-year plan for major equipment replacement and for capital improvements to the Headquarters Building has enabled more accurate forecasting and control of capital funding needs. A study also has been completed on Association word processing and personal computer needs to effect cost control in these areas.

**Consumer Price Index:** Chart 5 provides a comparison for a seven-year period of the proposed 1989 budget to the Consumer Price Index (CPI) for all urban consumers as compiled by the Bureau of Labor Statistics, U.S. Department of Labor. This comparison was directed by the House of Delegates (*Trans.* 1983:572). Both projected revenue and expenses are depicted in the comparison, demonstrating the

relationship between increased expenses and the generation of additional non-dues revenue. The Board believes that a comparison of the net difference between expense and revenue with the CPI is necessary to provide a complete and accurate picture of Association finances.

**Conclusion:** The proposed 1989 budget represents the third consecutive year of a virtually no growth budget. From 1987 through 1989 membership dues have remained constant, with the actual amount of revenue generated from membership dues declining somewhat each year, reflecting continued membership erosion. Non-dues revenue has continued to grow but at a modest pace. Through the prioritization of program activities and stringent cost control measures the Board believes it has been able to meet members' needs and interests while avoiding for three years any increase in the membership dues level. Such measures cannot continue beyond 1989, however, without a significant negative effect on programs and on the Association's ability to adequately and appropriately serve and represent the membership.

The Board continues to proceed with activities to develop a long-term financial plan for the Association that will establish overall Association objectives and identify priority program activities necessary to meet those objectives. Anticipated to be completed in 1989, this financial plan will then guide the annual budget preparation process. It also will reduce reliance on financial forecasting for budget preparation, in which the level of program activity is determined by forecasts of funds available. The financial plan will incorporate long-term program commitments as well as the Board's intention to control expenditure growth, increase reserve funds and generate additional dues and non-dues revenue.

### Resolution

**21. Resolved,** that the 1989 Annual Budget of Income, Expenses (excluding depreciation) be approved.

**Note:** The Board of Trustees voted unanimously to transmit Report 3 and Resolution 21 to the House of Delegates.

## SUMMARY OF REVENUE AND EXPENSE

1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
	24,052,866	Membership Dues		24,421,400		24,246,700
65,190	53,272	Miscellaneous Expense/Income		30,000	30,000	60,000
2,574,366		House/Board/Executive Director	2,438,600		2,501,300	
5,179,520	5,568,936	Div. of Editor & Publications	5,152,300	5,748,100	5,553,700	6,222,500
886,886	8,798	Div. of Legal Affairs	1,029,400		1,041,900	
2,153,280		Div. of Legislative Affairs	2,299,800		2,189,100	
2,163,750	199,147	Div. of Communications	2,221,400	130,600	2,060,700	148,500
2,502,745	252,366	Div. of Membership & Marketing Services	2,584,000	195,500	2,654,300	350,600
2,623,154	2,439,252	Div. of Conference & Meeting Services	3,436,200	2,616,900	2,861,900	2,138,100
1,962,129	222,931	Div. of Finance	2,616,900	150,000	2,644,600	213,000
3,336,044	2,135,512	Headquarters Building	3,652,900	2,377,400	3,653,500	2,456,800
2,674,141	399,164	Div. of Business Affairs	2,702,000	315,000	2,768,500	407,400
2,269,547	2,762,445	Saleable Materials Program	2,039,600	2,850,100	2,048,200	2,876,600
3,189,242	606,174	Div. of Dental Practice	3,142,400	698,600	3,105,400	544,600
3,506,444	1,761,855	Div. of Education & Health Affairs	4,060,100	1,705,200	4,179,900	1,815,600
		Div. of Scientific Affairs				
		(including ADA Health Foundation)	3,149,000	404,000	3,170,600	400,000
3,048,518	442,432	Grants to Related Health Groups	203,000		193,000	
261,483		Contingent Fund - Allocated	491,900	17,100		
		Contingent Fund - Unallocated	(8,400)		350,000	
390,000		Income Taxes	390,000		405,000	
1,432,783		Capital-ADA & ADAHF	662,000		668,000	
		Budget Savings Adjustments	317,500	855,400		
		Contribution (to)/from				
		Investment Account		(484,200)		(430,000)
40,219,222	40,905,150	Total from Operations	42,580,600	42,031,100	42,079,600	41,450,400
		Earnings From				
		Operating Div. Investments	3,500	130,000	3,500	133,500
2,732	86,400	Reserve Div. Investments	17,000	170,000	17,000	191,500
19,091	65,600	Capital Formation				
	270,000	Investments		270,000		330,000
40,241,045	41,327,150	Total	42,601,100	42,601,100	42,100,100	42,105,400
(1,086,105)		Net Expense/(Revenue)		0		(5,300)

## HOUSE/BOARD/EXECUTIVE DIRECTOR

1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
885,537		Office of the Executive Director	914,700		886,000	
		Board of Trustees				
		Administrative	696,700		681,900	
761,145		FDI Meeting	86,000		131,700	
54,500		Annual Session	108,900		104,500	
99,183		Total	891,600		918,100	
914,828		Office of the President	193,500		217,000	
293,646		Office of the President-Elect	129,500		132,500	
161,041		Office of the Immediate Past President	7,800		8,000	
16,946		House of Delegates	301,500		339,700	
302,368		Division Total	2,438,600		2,501,300	
2,574,366						



DIVISION OF EDITOR AND PUBLICATIONS

1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
85,862		Office of the Editor	135,500		148,500	
2,861,184	3,532,309	JADA	2,774,200	3,450,000	2,763,200	3,583,300
1,798,812	1,628,431	ADA News	1,675,300	1,646,600	1,766,100	1,707,000
259,886	266,426	Dental Abstracts	200,000	276,000	237,300	275,000
70,544	57,479	Special Care in Dentistry	66,600	65,000	60,600	56,000
103,232	84,291	Dental Teamwork	300,700	310,500	578,000	601,200
5,179,520	5,568,936	Division Total	5,152,300	5,748,100	5,553,700	6,222,500

DIVISION OF LEGAL AFFAIRS

1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
781,992		Office of Assistant Executive Dir.	899,600		918,700	
104,894	8,798	Council on Ethics, Bylaws & Judicial Affairs	129,800		123,200	
886,886	8,798	Division Total	1,029,400		1,041,900	

DIVISION OF LEGISLATIVE AFFAIRS

1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
1,522,974		Washington Office	1,536,400		1,524,800	
56,310		Council on Government Affairs and Federal Dental Services	42,600		36,200	
363,824		ADPAC - Administrative	363,600		317,200	
210,172		Department of State Government Affairs	357,200		310,900	
2,153,280		Division Total	2,299,800		2,189,100	

DIVISION OF COMMUNICATIONS  
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1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
101,499		Office of Assistant Executive Dir.	133,700		145,900	
		Public Information/Education				
159,257		Administrative	193,200		185,000	
178,561		Printed Materials	156,100		221,900	
202,201		Children's Dental Health Month	229,000		196,400	
131,291		Media Relations	177,200		219,100	
138,205	20,000	Audiovisual Programs	154,200			
809,515	20,000	Total	909,700		822,400	
		Professional Communications				
68,059		Administrative	90,800		107,900	
386,169	118,060	Communications Services	443,700	100,600	343,200	118,500
454,228	118,060	Total	534,500	100,600	451,100	118,500
		Audiovisual Services				
51,257		Administration	60,100		58,400	
473,631	20,787	Audiovisual Services	487,900	30,000	478,000	30,000
524,888	20,787	Total	548,000	30,000	536,400	30,000
233,320		Design Services Department	95,500		104,900	
40,300	40,300	Corporate Film Support				
2,163,750	199,147	Division Total	2,221,400	130,600	2,060,700	148,500

DIVISION OF MEMBERSHIP AND MARKETING SERVICES  
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1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
139,594		Office of Assistant Executive Dir.	177,600		179,300	
		Department of Membership Services				
104,457		Administrative	105,800		109,100	
246,939	10,866	Membership Recruitment & Retention	230,600	12,000	349,200	1,800
79,304		Office of Student Affairs	157,300			
23,318		Commission on Young Professional	156,400		301,700	67,300
454,018	10,866	Total	650,100	12,000	760,000	69,100
		Marketing Services Dept.				
455,977		Administrative	199,000		132,700	
244,874	243,396	Seminars	258,400	175,000	327,500	267,700
700,851	243,396	Total	457,400	175,000	460,200	267,700
221,995	5,100	Department of Dental Society Services	236,000	8,500	239,600	13,800
663,175	25	Department of Membership Records	729,400		705,900	
25,369	(7,021)	Continuing Educ. Registry				
297,743		WATS Line Services	333,500		309,300	
2,502,745	252,366	Division Total	2,584,000	195,500	2,654,300	350,600

DIVISION OF CONFERENCE AND MEETING SERVICES  
-----  
1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
187,631	379,897	Office of Assistant Executive Dir.	181,300	250,000	197,700	423,000
-----						
Council on ADA Sessions and International Relations						
-----						
1,034,142	1,614,705	CASIR Program	1,161,900	1,550,600	994,700	1,374,600
90,312		Administrative	120,600		102,900	
1,124,454	1,614,705	Total	1,282,500	1,550,600	1,097,600	1,374,600
-----						
125,793	6,000	Office of International Affairs	107,000	6,000	110,600	7,000
-----						
Annual Session - Administrative						
-----						
130,944		Annual Session Staff Travel	193,000		218,700	
54,937	39,150	President's Dinner Dance	50,000	50,000	50,000	50,000
15,479	16,125	Spouses' Luncheon	15,000	15,000	21,000	21,000
19,836	20,866	International Reception			21,500	21,000
99,788	99,610	All Tours				
		Fun Run	3,100	3,200	3,600	4,500
		Annual Session Hosting Activities	86,900		91,900	
320,984	175,751	Total	348,000	68,200	406,700	96,500
-----						
Scientific Session - Administrative						
-----						
9,181	64,263	Registered Clinics	13,000	50,000	25,000	51,000
34,742	44,675	Workshops	24,000	24,000	28,000	28,000
3,546	40,864	Cassette Tape Sales	5,500	45,000	8,000	43,000
47,469	149,802	Total	42,500	119,000	61,000	122,000
-----						
Department of Conference Services & Meeting Planning						
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160,541		Conference Services	167,600		173,000	
112,501	67,025	Executive Dining Room	89,500	40,000	118,300	75,000
4,729		Audiovisual-Meeting Coordination	54,700		54,200	
277,771	67,025	Total	311,800	40,000	345,500	75,000
-----						
Bureau of Library Services						
-----						
55,950		Administrative	68,700		71,900	
332,618	46,072	Library Services	414,000	40,000	410,600	40,000
150,484		Indexing Services	157,300		160,300	
539,052	46,072	Total	640,000	40,000	642,800	40,000
-----						
1988 World Dental Congress						
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			523,100	543,100		
-----						
2,623,154	2,439,252	Division Total	3,436,200	2,616,900	2,861,900	2,138,100
=====	=====		=====	=====	=====	=====

DIVISION OF FINANCE  
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1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
210,369	217,831	Office of Assistant Executive Dir.	258,000	140,000	248,100	190,000
307,555		Office of the Controller	381,000		387,700	
479,901	5,100	Accounting Department	525,100	10,000	560,500	23,000
189,988		Order Department	199,600		206,300	
111,233		Subscription Department	107,500		111,100	
		Central Administration				
(139,457)		Fringe Benefits				
353,144		Business Expense	651,000		625,700	
213,687		Total	651,000		625,700	
		Advertising Sales				
356,605		Administrative	391,500		398,400	
92,791		Dental Trade Relations & Advertising Coordination	103,200		106,800	
449,396		Total	494,700		505,200	
1,962,129	222,931	Division Total	2,616,900	150,000	2,644,600	213,000
3,336,044	2,135,512	Headquarters Building	3,652,900	2,377,400	3,653,500	2,456,800

DIVISION OF BUSINESS AFFAIRS  
-----  
1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
		Data Processing Department				
1,367,002		Administrative	1,380,300		1,408,300	
21,227	397,459	Mailing List	26,000	315,000	24,000	407,400
1,388,229	397,459	Total	1,406,300	315,000	1,432,300	407,400
533,744		Human Resources Department	485,200		505,400	
94,464		Director of Purchasing	100,200		102,800	
107,006		Director of Central Serv.	114,000		117,900	
218,913	1,705	Duplicating Department	230,400		231,900	
331,785		Shipping & Receiving Department	365,900		378,200	
2,674,141	399,164	Division Total	2,702,000	315,000	2,768,500	407,400

SALEABLE MATERIALS PROGRAM  
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1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
-----						
Saleable Materials Program						
-----						
1,189,503	57,512	Administrative	806,800	57,000	842,000	60,000
24,001	68,836	Scientific Affairs Material	24,200	73,200	15,100	47,000
39,154	145,380	Appointment Book	56,200	152,900	43,500	140,200
41,984	118,920	ADA Directory	49,700	131,300	45,500	130,000
59,051	172,650	Index to Dental Literature	71,200	167,800	68,800	171,800
39,301	98,405	Dental Practice Materials	36,100	84,500	34,900	85,100
627,818	1,698,273	Dental Health Education Materials	786,400	1,709,500	780,800	1,735,000
	180	Dental Editors Handbook				
(1,141)	1,847	Professional Office Materials	44,200	53,900	50,500	78,700
191,751	283,303	Audiovisual Material	97,200	280,900	96,400	283,500
2,596	2,080	Institutional Advertising Mat'l.				
2,061	2,904	Dental Career Material	5,900	6,600	7,100	8,800
36,261	82,831	Marketing Material	45,900	107,500	43,400	104,500
17,207	29,324	Dynamic Dental Strategies	15,800	25,000	20,200	32,000
-----						
2,269,547	2,762,445	Program Total	2,039,600	2,850,100	2,048,200	2,876,600
=====	=====		=====	=====	=====	=====

DIVISION OF DENTAL PRACTICE  
-----  
1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
-----						
144,008		Office of Assistant Executive Dir.	185,400		184,100	
-----						
Council on Dental Practice						
-----						
395,349	77,000	Administrative	328,200	91,000	353,200	115,000
46,226		Practice Management Publications	53,000		29,800	
72,213	6,885	Health of the Dentist	61,000		33,100	
16,068		Liaison Activities-Dent Organizations	37,400		38,000	
-----						
529,856	83,885	Total	479,600	91,000	454,100	115,000
-----						
Council on Dental Care Programs						
-----						
380,211		Administrative	223,900	23,700	242,500	9,500
133,511		Federal Care Delivery and Professional Review Systems	159,300		214,600	
176,209		Private Prepayment and Alternative Benefit Plans	280,600		203,600	
392,775		Purchaser Information Services	255,800		288,100	7,100
-----						
1,082,706		Total	919,600	23,700	1,052,500	16,600
-----						
Council on Insurance						
-----						
409,450	409,450	Administrative	512,100	512,100	405,000	405,000
		Insurance Conference	23,000	23,000		
107,724	64,531	Professional Liability				
40,564	43,919	Risk Management	154,400	8,800	146,000	
-----						
557,738	517,900	Total	689,500	543,900	551,000	405,000
-----						
Bureau of Economic and Behavioral Research						
-----						
125,735		Administrative	143,800		141,500	
220,733		Economic Research	246,900	40,000	197,100	5,000
528,466	4,389	Survey Operations	477,600		525,100	3,000
-----						
874,934	4,389	Total	868,300	40,000	863,700	8,000
-----						
3,189,242	606,174	Division Total	3,142,400	698,600	3,105,400	544,600
=====	=====		=====	=====	=====	=====

DIVISION OF EDUCATION AND HEALTH AFFAIRS

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 1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
		Office of Assistant Executive Dir.	149,900		153,000	
		Council on Dental Education				
321,932		Administrative	440,500		378,200	4,300
973,680	4,100	Accreditation	1,039,700		1,161,500	
611,343	458,181	Educational Measurements	702,400	398,000	706,600	453,000
234,086	125,000	Select Program	239,900	120,000	236,900	120,000
2,141,041	587,281	Total	2,422,500	518,000	2,483,200	577,300
		National Board Exam.				
326,452	14,500	Commission on National Board	344,600	15,000	347,800	7,500
355,617	891,751	Dental Examination	394,600	885,500	395,100	908,600
131,386	268,323	Dental Hygiene Examination	137,100	283,000	154,400	298,500
813,455	1,174,574	Total	876,300	1,183,500	897,300	1,214,600
		Council on Community Health, Hospital, Institutional, and Medical Affairs				
279,747		Administrative	182,400		228,600	
1,695		Fed for Special Care Organizations			12,600	
73,907		Fluoridation & Preventive Health Institutional and Interprofessional Affairs	129,900	3,700	104,500	3,700
86,939		Access and Community Health	95,500		110,400	
442,288	0	Total	512,000	3,700	550,500	23,700
109,660		Office of Quality Assurance	99,400		95,900	
3,506,444	1,761,855	Division Total	4,060,100	1,705,200	4,179,900	1,815,600

DIVISION OF SCIENTIFIC AFFAIRS

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 1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
177,098		Office of Assistant Executive Dir.	187,400		204,500	
380,721		Council on Dental Therapeutics	410,300		420,500	
828,931		Council on Dental Materials, Instruments & Equipment	876,900		888,000	
		Council on Dental Research				
147,445		Administrative	133,700		129,600	
33,916	16,936	Mercury Testing Program	40,000	54,000		
181,361	16,936	Total	173,700	54,000	129,600	
1,568,111	16,936	Division Total	1,648,300	54,000	1,642,600	

DIVISION OF SCIENTIFIC AFFAIRS  
( ADA HEALTH FOUNDATION )  
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1987 Actual, 1988 and 1989 Budget

1987 Actual			1988 Budget		1989 Budget	
Expense	Revenue		Expense	Revenue	Expense	Revenue
179,134		Office of Sponsored Research	181,400		182,400	
		-----			-----	
		Research Institute				
		-----				
75,592		Office of the Director	87,600		83,500	
155,043		Toxicology	163,500		168,700	
155,612	6,095	Chemistry	161,900		165,700	
-----	-----	-----	-----	-----	-----	-----
386,247	6,095	Total	413,000		417,900	
-----	-----	-----	-----	-----	-----	-----
		Extramural Programs				
		-----				
62,174		Instrument Facility	65,900		66,400	
59,393		Electron Optics Facility	41,500		39,600	
39,936		Animal Facility	43,400		44,600	
-----	-----	-----	-----	-----	-----	-----
161,503		Total	150,800		150,600	
-----	-----	-----	-----	-----	-----	-----
		Paffenbarger Research Center				
		-----				
198,702		Office of the Director	193,000		221,900	
80,272		Clinical Research	68,700		71,400	
76,703		Dental Crystallography	78,700		81,200	
109,742		Dental Metallurgy	113,100		117,200	
150,966		Dental Chemistry	149,700		154,000	
137,138		Polymer Chemistry	152,300		131,400	
-----	-----	-----	-----	-----	-----	-----
753,523		Total	755,500		777,100	
-----	-----	-----	-----	-----	-----	-----
	419,401	Overhead on Government Grants		350,000		400,000
-----	-----	-----	-----	-----	-----	-----
1,480,407	425,496	Division Total	1,500,700	350,000	1,528,000	400,000
=====	=====	-----	=====	=====	=====	=====
		Grand Total - Division				
		of Scientific Affairs				
3,048,518	442,432		3,149,000	404,000	3,170,600	400,000
=====	=====		=====	=====	=====	=====

## Report 4

### Life Membership

**Background:** During past years, several reports and resolutions regarding life membership have been considered by the House of Delegates. At the 1987 annual session considerable discussion relative to life membership occurred at the budget information meeting, during the hearing of the Reference Committee on Budget and Administrative Matters and on the floor of the House of Delegates. The House subsequently adopted Resolution 96H-1987 (*Trans.* 1987:487) which directed that a specific proposal on a dues structure for life members, including membership benefits, be brought to the 1988 House of Delegates for consideration.

**Life Membership Data:** In preparing a life membership proposal in response to Resolution 96H-1987, the Board reviewed demographic information and statistical reports pertinent to the life membership issue.

The Association currently has 21,660 life members and annually adds approximately 2,000 members to the life membership category. With the aging of the population this number will grow during the coming decade. In addition, with the decline in dental school enrollments and the lower membership entry by younger dentists, life members will constitute an increasing percentage of total Association membership, placing the dues burden on a shrinking pool of active members.

Appendix 1 shows the maximum number of potential new life members by year of financial impact i.e., year in which no dues payment is required. After reaching a high of 2,054 new life members in 1990, a decrease then occurs for the next two years with a low of 1,716 in 1992. The number of eligible life members then continues to rise steadily through 1998 (2,490) before again showing a slight decline.

Appendix 2 indicates the number of life members between ages 66-75 that continue to work either full or part-time with an aggregate figure for all life members over age 75. At age 66, 66.95% of life members continue to work; this percentage declines annually to 24.32% for the over 75 age group. For the group aged 66-75, the average percentage of working life members is 54.47%. Appendix 3, based on the Association's 1986 and 1987 *Survey of Dental Practice* points out some very interesting facts.

- Of those members between 65-69 years of age, only 315 work less than 20 hours per week while 4,861 work 40 or more hours per week. The mean net income for this group exceeds that of the under 30 group as well as the 30-34 group.
- Of those members 70 or older, only 394 work less than 20 hours a week and 1,721 work 40 or more hours. The mean net income for this group exceeds that of the under 30 group and is approximately 80% of the 30-34 age group.

**Life Membership Requirements and Benefits:** In considering this issue, the Board also reviewed the

requirements for both life and retired membership. Retired members must have 25 years of active membership and no longer earn income from the profession. Life members must have 30 consecutive years or a total of 40 years of active and/or retired membership and be 65 years of age. Retired members pay 25% of the dues of active members; life members are exempt from dues payment. Retired members receive all the benefits of membership and life members receive the same with the exception of *JADA*, to which they must subscribe.

**Discussion:** While life membership is perceived as the ultimate form of membership in the Association, members are not retiring in great numbers at age 65. It can be assumed that life members working in the profession make more use of Association services than do retired members. This creates a situation in which Association members who pay dues are supporting the many life members who continue to earn from the profession and who make use of services of the Association.

Further, while a member who has retired in accordance with the Association *Bylaws* continues to pay dues, a life member who continues to work pays no dues because of meeting statistical requirements.

In arriving at a proposal for a life membership dues structure, several options were considered by the Board and rejected for the reasons indicated.

1. *All life members should pay some level of membership dues.* While this proposal could generate considerable revenue, this plan was rejected since the 21,660 current life members of the Association earned this designation under the rules of eligibility in force at the time. The Board believes any retroactive revision would be unjust for those members who have attained life membership. Applying a dues requirement to all life members prospectively would in effect eliminate the progression from retired to life membership.
2. *Raise eligibility requirement from 30 to 35 continuous years of membership.* This change would have a relatively small financial impact of approximately \$146,000 in annual revenues. The preponderance of members who reach the required 65 year age for life membership have also completed 35 years of continuous membership. The Board believes this eligibility change could not be applied retroactively and does not represent a significant financial benefit to the Association prospectively.
3. *Raise attainment age to 70 from age 65.* This option would generate the largest amount of additional dues revenue for the Association. If adopted effective in 1990, additional dues receipts to the Association would be \$500,000 in the first year. The amount would increase each year so that in 1994, the end of the first five years of the program, an additional \$2.3 million would be received in dues revenue. Each year thereafter, the annual income would continue to increase so that in the year 2000 \$2.9 million in additional revenues



would be received. This proposal, however, would require members who retire between the ages of 65-70, and no longer earn from the profession, to continue to pay dues to the Association. For these members life membership would not be a higher attainment than retired membership status.

**Conclusion:** Although the administrative costs of implementing a graduated dues schedule for life members will increase, the Board believes that such a schedule is warranted based on the years of service these members have given to the Association. The Board also feels that only those members who have fulfilled the years of membership and age requirements for life membership and continue to work should continue to pay membership dues since these members are most likely to benefit from the programs and activities of the Association.

**Recommendation:**

1. Those members currently classified as life members would continue to be life members with no payment of dues. If these members wish to subscribe to *The Journal of the American Dental Association*, they may do so.
2. Effective with those members who would qualify for life membership in 1989 and therefore not pay dues in 1990, the following rules would be in effect:

- If the member meets the qualifications of Chapter 1, Section 20B and is retired, such member will be exempt from the payment of dues.
- If the member meets the qualifications of Chapter 1, Section 20B, is not retired and is in the age group of 66-69, such member will pay 50% of the dues of active members.
- If the member meets the qualifications of Chapter 1, Section 20B, is not retired and is in the age group of 70-74, such member will pay 25% of the dues of active members.
- If the member meets the qualifications of Chapter 1, Section 20B, is age 75 or older, such member will be exempt from dues and would be required to subscribe to *The Journal of the American Dental Association*, if such member wishes to do so.

The financial impact of these recommended changes, if adopted by the House of Delegates, is as follows:

1989	—None
1990	—\$164,000
1991	—\$316,000
1992	—\$439,300
1993-2000	—\$557,300—\$1,371,300

The Board of Trustees submits the following resolution in response to Resolution 96H-1987 which directed that a specific proposal on a dues structure for life members, including membership benefits be brought to the 1988 House of Delegates for consideration. However, at its August meeting, the Board of Trustees adopted a resolution directing the appropriate agency of the Association to solicit input from component and constituent societies in order to develop an equitable and simplified dues structure and

report to the 1989 House of Delegates. Therefore, the Board recommends referral of a life membership dues structure to the same agency that will be reporting to the 1989 House of Delegates on an equitable and simplified dues structure.

**Resolution**

**13. Resolved**, that Chapter 1, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by adding a new paragraph at the end of the said subsection to read as follows:

An active member who has been an active and/or retired member in good standing for thirty (30) consecutive years or a total of forty (40) years of active and/or retired membership, has attained the age of sixty-five (65) years, and does not qualify for life or retired membership in this Association, shall pay dues at the rate of fifty percent (50%) of the dues of active members. An active member who has met the foregoing qualification for years of membership, has attained the age of seventy (70) years, and does not qualify for life or retired membership, shall pay dues at the rate of twenty-five percent (25%) of the dues of active members.

and be it further

**Resolved**, that Chapter 1, Membership, Section 20, Qualifications, Subsection B, Life Member, of the *Bylaws* be amended by deleting the said subsection and substituting therefor a new subsection B to read as follows:

B. Life Member. A life member shall be a member in good standing who has been an active and/or retired member in good standing for thirty (30) consecutive years or a total of forty (40) years of active and/or retired membership, and has either

1. Attained the age of sixty-five (65) years and fulfilled the qualifications of Chapter 1, Section 20G of these *Bylaws* with regard to income related to dentistry, or
2. Attained the age of seventy-five (75) years.\*

Life membership shall be effective the calendar year following the year in which the requirements are fulfilled. Maintenance of membership in good standing in the member's constituent and component societies, if such exist, shall be a requisite for continuance of life membership in this Association.

To qualify for life membership status, the active or retired member shall submit an affidavit attesting to the member's qualifications for life membership through said component and constituent societies, if such exist,

\*Footnote: All members qualifying for life membership on or before December 31, 1988, shall be exempt from the payment of dues regardless of income related to dentistry as defined in this paragraph. For those qualifying for life membership after December 31, 1988 and who have not attained the age of seventy-five years, exemption from the payment of dues shall be contingent upon meeting the income provisions throughout the dues year.

and said component and constituent societies shall submit certificates verifying such qualifications.

A dentist who has held twenty-five (25) years of membership in the National Dental Association and who has subsequently held at least ten (10) years of membership in this Association, after complying with other requirements for life membership in this Association as stated in Chapter I, Section 20B, may be classified as a life member of this Association.

A dentist who was an active member, but subsequently became a student member, shall be entitled to have the year or years of such subsequent membership counted as active membership for the sole purpose of establishing possible later eligibility for life membership.

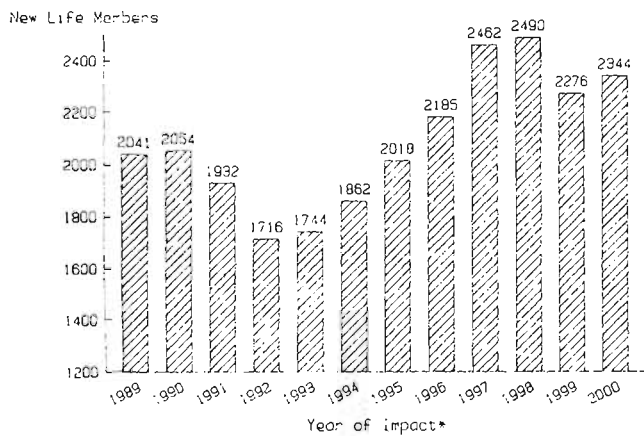
and be it further

**Resolved**, that the aforesaid amendments to the *Bylaws* shall become effective on January 1, 1989.

**Note:** A majority of the Board of Trustees (13) voted to transmit Report 4 and Resolution 13 to the House of Delegates; those against were Drs. Dugoni, Earle, Friend, Gaines, Hayashi and Morrow.

**Appendix 1**

Maximum Potential New Life Members  
By Year Of Financial Impact\*



\* Year following member's 85th birthday and completion of 30 years following graduation.

**Appendix 2**

AGE	WORKING AND RETIRED LIFE MEMBERS					
	PERCENT		NUMBER			
	RETIRED	WORKING	RETIRED	WORKING		
66	33.05	66.95	626	1,268		
67	36.10	63.90	691	1,223		
68	38.81	61.19	683	1,077		
69	42.07	57.93	584	804		
70	45.83	54.17	627	741		
71	51.72	48.28	662	618		
72	54.15	45.85	567	480		
73	57.11	42.89	566	425		
74	60.73	39.27	586	379		
75	63.02	36.98	530	311		
Over 75	75.68	24.32	6,215	1,997		
Overall Percentage	56.96	43.04	100.00%			
			Total	22,337	9,323	21,660

**Appendix 3**

DENTISTS IN PRIVATE PRACTICE			
HOURS PER WEEK, MEAN NET INCOME AND NUMBER OF DENTISTS, FOR DENTISTS UNDER 35 YEARS & 65 YEARS AND OLDER			
Age (Years)	Hours per Week in Practice		
	Less than 20	20-39	40 or more
<b>Under 30:</b>			
Number	NA	854	4,560
Income	NA	\$ 22,143	\$ 42,025
<b>30 - 34:</b>			
Number	131	1,419	15,334
Income	\$ 15,400	\$ 34,427	\$ 58,413
<b>65 - 69:</b>			
Number	315	2,010	4,861
Income	\$ 30,660	\$ 37,840	\$ 65,138
<b>20 or older:</b>			
Number	394	1,472	1,721
Income	\$ 10,890	\$ 28,420	\$ 47,380

NA - not available; the number of survey respondents from age group less than 30 who working less than 20 hours per week in practice was virtually zero.

The mean net income data shown in the table are based on the Association's 1986 and 1987 Surveys of Dental Practice.

The number of practitioners shown in the table are based on an estimated 131,400 private practitioners in 1987.

## Report 5

### Association Activities Regarding Human Immunodeficiency Virus (HIV) Infection

**Background:** Since 1985 the Board of Trustees has reported annually to the House of Delegates on Association activities pertaining to AIDS and infection control in dentistry. Earlier reports indicated that an interagency staff committee established by the Executive Director serves to coordinate Association activities in this important area. In 1987 the House of Delegates adopted several resolutions pertaining to AIDS and infection control, most notably Resolution 86H (*Trans.* 1987:485) establishing an Association Policy Statement on AIDS, HIV Infection and the Practice of Dentistry. The House also adopted Resolution 51H (*Trans.* 1987:491) calling for the Association to resist vigorously the classification of AIDS as a handicap. This report serves to provide an update on Association-wide initiatives regarding AIDS and infection control, to respond to resolutions adopted by the 1987 House, and to propose revisions to the policy statement and to Resolution 51H-1987.

**AIDS Initiative:** With numerous agencies of the Association involved in addressing various issues related to AIDS, it is important that activities be coordinated as part of a comprehensive program. This program has been designated the "ADA AIDS Initiative." Nine objectives have been established, which serve as the focus of all program activities:

- Inform and educate the public regarding infection control procedures and the low risk of transmission of AIDS in the dental office.
- Educate dentists and staff on procedures to avoid risk of infection in the dental office.
- Continue to develop and disseminate the policy of the Association regarding the treatment of infectious patients.
- Provide guidance to the profession on the legal and ethical aspects of providing treatment to HIV-infected patients.
- Provide dentists and staff with scientific information needed to render appropriate care to HIV-infected patients.
- Educate dentists and staff on the characteristics of AIDS and its significance for the practice of dentistry.
- Keep the profession informed regarding the latest developments on AIDS.
- Conduct and encourage research on all aspects of AIDS.
- Provide dental input and represent the profession in the development of legislation and regulations related to AIDS and infection control.

Ongoing activities of Association agencies regarding AIDS include the response to specific inquiries and provision of information kits by the AIDS Information Clearinghouse within the Division of Scientific Affairs; provision of package libraries on loan to members; publication of news and

scientific articles in various Association publications; provision of accurate and timely information to the lay media; provision of consultative services to dental societies and individual members on the legal and ethical considerations regarding provision of dental care to HIV-infected individuals; participation in various conferences and forums on AIDS and related issues; and the monitoring of legal, legislative and regulatory activities regarding AIDS and infection control that will affect the profession.

In addition, key initiatives have occurred since October 1987 that merit specific mention. As these projects are completed or new programs initiated, regular reports will be published in the *ADA News*.

- *Articles in Association Publications*—*The Journal of the American Dental Association* has regularly carried articles on AIDS, including "AIDS Update: Oral Findings, Diagnosis and Precautions," "Legal Implications of Infectious Disease in the Dental Office," "Saliva Inhibits HIV-I Infectivity," "Oral Manifestations of AIDS" and an August 1988 "Emphasis" on AIDS and Infection Control. *Dental Teamwork* has published articles on "Infection Control: A Team Effort," "Are We Really at Low Risk?" and "Sterilization of Handpieces."
- *Joint Council Report*—The Councils on Dental Therapeutics, Dental Practice and Dental Materials, Instruments and Equipment collaborated on a joint report on "Infection Control Recommendations for the Dental Office and the Dental Laboratory," which was published in the February 1988 issue of *The Journal of the American Dental Association*.
- *Training Program for Dental Offices*—A manual providing an infection control training program for dental offices was mailed to all members with the February 22 issue of the *ADA News*. The manual is intended to help members comply with Occupational Safety and Health Administration (OSHA) requirements pertaining to training of office staff in infection control techniques. A news release to the national press, incorporating complimentary remarks from Surgeon General Koop, was issued in conjunction with distribution of the manual.
- *Legal Activities*—Legal assistance was provided to the Dental Society of the State of New York in defending a test AIDS discrimination claim brought by the Human Rights Commission of the City of New York. The Division of Legal Affairs monitors and reports on judicial activity nationwide that has implications for the dental profession in the treatment of AIDS and HIV-infected patients.
- *OSHA Regulations*—The Washington Office is working with OSHA staff during the rule-making process to try to assure that OSHA-adopted regulations are consistent with ADA guidelines on infection control.
- *Presidential Commission on the HIV Epidemic*—Association representatives have presented testimony at

Commission hearings on Association policy and activities regarding AIDS.

- *Health Screening Program*—Anonymous HIV testing was incorporated in the Health Screening Program (HSP) at the 1987 annual session. None of the nearly 1,200 dentists who volunteered tested positive for the virus. These results have been widely publicized in the *ADA News* and dental press. It is hoped that stored blood samples from the HSP in the 1970's will be returned to the Association for HIV screening. This would provide data on the prevalence of the antibody before the disease was officially recognized in 1981. It is planned that HIV screening, on an anonymous and voluntary basis, will be repeated at the HSP in 1988.
- *Survey of Dental Practice*—A special *Survey of Dental Practice* concerning infection control and attitudes toward infectious disease was mailed to two random samples of dentists in October 1986 and in January 1988. The results of the two surveys will provide information on the knowledge, attitudes and practices of dentists regarding the control of infectious disease and the treatment of infected patients at two quite different times in the history of the AIDS epidemic and will document what changes, if any, in attitudes and practices have occurred in response to the ADA's intense educational efforts, increased media coverage and the Association's Policy Statement on AIDS.
- *Conference and Workshops*—The Ethics Workshop sponsored in January by the Council on Ethics, Bylaws and Judicial Affairs included presentations on the clinical and legal implications of AIDS in the dental office. The President-elect's Conference included similar presentations, as well as information on state legislative activities regarding classification of AIDS as an infectious disease.
- *Infection Control Videotape*—A consortium including the ADA, Veterans Administration, Centers for Disease Control (CDC), Food and Drug Administration (FDA) and National Institute of Dental Research (NIDR) are collaborating on the production of a series of videotapes on infection control. Scheduled for release in 1988, the videotapes will be distributed through the participating organizations.
- *Speakers Bureau*—The Division of Scientific Affairs has established a speakers bureau of six noted authorities on the treatment and diagnosis of the immunocompromised patient. The speakers will be available for presentations at constituent and component meetings, as well as educational, institutional and dental meetings, with the costs underwritten by corporate support from the Procter & Gamble Company.
- *Dental Management and Referral Guidelines*—Guidelines for the dental management of patients with AIDS have undergone field review and medical review by the American Medical Association (AMA). Revisions are being made prior to release of the guidelines. Guidelines also are being developed for referral procedures both for individual dentists and for dental societies. Resource information is being compiled on personal and professional issues faced by dentists who have been exposed to the AIDS virus or who are seropositive. This information will be made available upon request.
- *Publications*—The 1986 publication *Facts about AIDS for the Dental Team* is being revised and updated by the Division of Scientific Affairs and should be available in August. The Division is also preparing a monograph on infection control and safety in the dental-office, scheduled for publication in late 1988.
- *AMA/Private Sector Initiative*—The Association will join nearly 200 other voluntary and private sector organizations in the AMA-coordinated initiative to develop a national AIDS education program. The participating organizations will meet and develop white papers for educating various target audiences, including health care workers.
- *State Legislative Activities*—The Office of State Government Affairs continues to monitor legislative and regulatory activity in the states and to provide assistance and advice to constituent societies.
- *Collaboration with International Organizations on AIDS Matters*—To facilitate coordination of international activities among organizations, the Association attended the first meeting of a group that will include the World Health Organization (WHO), the WHO Collaborating Center on Oral Manifestations and HIV Infection, the NIDR, the CDC and the Federation Dentaire Internationale (FDI).
- *Press Conference*—The ADA, along with the AMA and American Hospital Association (AHA), participated in a joint press conference sponsored by the Department of Health and Human Services (HHS) on access to care and response of health care associations to the education of members about AIDS.
- *Council on Ethics, Bylaws and Judicial Affairs*—The Council adopted a statement on the duty of dentists to treat AIDS and HIV-seropositive persons and added an advisory opinion to the *Principles of Ethics and Code of Professional Conduct* on this subject. The Council also adopted an advisory opinion on dental records, cautioning dentists to obtain the patient's permission before releasing from the patient's records information of a sensitive nature, such as HIV seropositivity.
- *Accreditation Standards*—The Commission on Dental Accreditation has adopted a revised standard on infection control for predoctoral and advanced specialty education programs and a new standard for dental assisting, dental hygiene and dental laboratory technology education programs. The language of the standard will be the same for all disciplines. Dental auxiliary programs will be expected to comply with this new standard when it goes into effect on January 1, 1989. An informational packet containing *Guidelines* related to infection control has been distributed to all accredited programs.
- *Treatment Costs of Barrier Techniques*—A dialogue has been initiated with insurance companies, service corporations, governmental agencies and other third-party payers regarding the increase in operating costs due to compliance with barrier techniques and new infection control procedures. These increased costs will

result in increased fees and the Bureau of Economic and Behavioral Research is gathering data through its *Survey of Dental Practice* in an effort to determine the level of increase in these costs. As information becomes available it will be disseminated to dentists and third-party payers.

- *Annual Session Programs*—The 1988 annual session scientific program will include at least one presentation each day on AIDS and infection control. In addition, a full-day program, "International Symposium on AIDS: Epidemiology, Treatment, Pharmacologic Considerations and Legal and Ethical Issues," will be offered. Corporate sponsorship has been secured for a National Symphony performance at the Kennedy Center; proceeds from the benefit concert will be earmarked for professional education on AIDS.

### Responses to Assignments from the 1987 House of Delegates

Various resolutions adopted by the 1987 House of Delegates have been referred to Association agencies for investigation or implementation:

**Hepatitis B Vaccination and Postvaccination Testing for Dentists and their Staff.** Resolution 19H (*Trans.* 1987:509) directed the Association to encourage dentists and their staff members to take advantage of the hepatitis B vaccine and postvaccination testing to protect themselves, their staffs and patients from hepatitis B infections. In response, several articles have been published in the *ADA News* regarding hepatitis B vaccination, illustrating the importance of the vaccine and its early use and reporting on OSHA guidelines and proposed rulemaking on hepatitis B vaccination for health care workers. The scientific division has responded to thousands of member requests regarding infection control with information packets that include publications and recommendations on hepatitis B vaccination. The HBV Seminar: "Hygiene, Barrier Protection and Vaccination against Hepatitis B," developed through the joint efforts of two ADA councils and other dental affiliated associations, is being distributed under a grant from Merck, Sharp and Dohme to all dental offices and laboratories throughout the United States.

**Hepatitis B and HIV-antibody Testing Programs for Dental Care Workers.** Resolution 43H (*Trans.* 1987:491) calls for an investigation of the practicality of instituting voluntary anonymous or confidential hepatitis B and HIV-antibody testing programs for dental care workers. Both practical and legal considerations of such testing were fully investigated by the Division of Scientific Affairs prior to instituting confidential HBV-antibody screening several years ago and anonymous HIV-antibody testing at the 1987 annual session Health Screening Program. This investigation assessed several factors, including technical considerations, cost implications and legal, insurance and medical practice act considerations. From a technical standpoint, the Association would be unable to meet FDA requirements regarding the proper collection, storage and shipment of the necessary blood samples for an HBV or HIV testing program. Without FDA premarket approval, an ADA-conducted testing program would not be feasible. The only alternative method of sample collection would be establishment of

regional testing sites and employment of licensed personnel at these sites to collect blood samples. Such regional sites would require considerable expense and still would make testing services available only to a portion of the membership situated in the immediate locale. Additional expenses to cover the costs of test materials, performing the assays, maintaining records and reporting results indicate that the necessary fee for tests would be \$30 to \$35, consistent with the fee charged by clinics performing such tests. This estimate does not cover sample collection, legal or insurance costs, which would add considerable additional expense.

Liability insurance can be secured for anonymous testing, which provides only prevalence data and no reporting of individual test results. Such prevalence data are already being obtained through HBV and HIV testing conducted at the Health Screening Program at the annual session. Professional liability insurance costs and legal responsibility to protect the confidentiality of test results increase considerably for confidential testing programs. The Association would have potential legal liability for any test errors or errors in reporting results, and liability insurance would be very costly for confidential testing. The Association also would have a legal and moral obligation to provide appropriate counseling services to participants in a confidential HIV-antibody testing program. No means to provide such services exist or are conceivable within reasonable cost restraints. Furthermore, some states have laws requiring reporting of test results to state public health departments, and it is unclear whether the Association would be subject to these laws. Significant legal costs could be incurred in resolving these legal and ethical considerations.

Based on all these considerations, it appears that the institution of voluntary anonymous or confidential hepatitis B and HIV testing programs is impractical and cannot be provided at a reasonable cost as a service to members. Rather, HBV and HIV testing should be conducted by the individual's physician, who can provide appropriate counseling, diagnosis and medical follow-up.

**Treatment Costs of Barrier Techniques.** Resolution 64H (*Trans.* 1987:502) directed that insurance companies, service corporations and governmental agencies be advised that compliance with barrier techniques and new infection control procedures was increasing operating costs and that reimbursement levels should be revised to reflect these increased costs. In response, the Council on Dental Care Programs has initiated dialogue with these third parties regarding the increase in operating costs due to compliance with barrier techniques and infection control procedures. The Council recognizes, as the 1988 Reference Committee's report indicated, that dentists' methods of compliance with infection control requirements will vary as widely as their methods of practice. The Council believes that supplies and time involved in complying with these techniques are part of the dentists' office overhead and should be included immediately in their operating costs which are reflected in their fee schedules. When the dentists' fees are raised to reflect these additional costs, they will then be absorbed by the insurance companies and service corporations into their payment systems. To aid in ascertaining the additional costs to dentists who comply with the new infection control

procedures, the Bureau of Economic and Behavioral Research has included questions in its latest *Survey on Dental Practice* questionnaire to gather data about the additional costs of compliance. As information becomes available it will be disseminated to the membership and to third-party payers.

**Federal Regulations Governing Hazardous Substances, Infection Control and Toxic Waste.** Resolution 72H (*Trans.* 1987:493) directs the Association to continue its efforts to ensure that federal regulations governing hazardous substances, infection control and toxic waste are reasonable, appropriate and scientifically justified. The Association's Washington Office and Division of Scientific Affairs are in continuous contact with federal agencies regarding these various regulatory matters. Extensive comment has been provided to OSHA regarding its proposed development of a standard for occupational exposure to HBV and HIV, and this rulemaking process is continually monitored by the Washington Office. Acknowledgment also has been obtained from OSHA that the ADA's Hazard Communications Program meets the requirements of a federal hazardous chemical communication standard. The recommendations of the Association regarding infectious waste disposal have been presented to the Environmental Protection Agency. Further, the Association has had regular input to the Centers for Disease Control during development of new guidelines on precautions for prevention of HIV, hepatitis and other bloodborne pathogens in health care settings.

**Revision of Policy Statement on AIDS, HIV Infection and the Practice of Dentistry:** The preamble to the policy statement adopted by the 1987 House of Delegates (*Trans.* 1987:482) called for its review on a regular basis and modification as new information and developments become available. Accordingly, in March 1988 the Board approved presidential appointment of an ad hoc committee to review the policy statement and in June 1988 approved policy revisions recommended by the Committee. The Board believes these revisions incorporate current information and will alleviate some public misunderstanding of the intent of the policy.

The first recommended revision incorporates in the Policy Statement a section on ethical considerations that reiterates the Association's *Principles of Ethics* section on "Service to the Public and Quality of Care." The second recommended revision clarifies the issue of the appropriateness of referrals of HIV-infected patients. The emphasis is shifted from referral to specific environments to referral to dentists with special skills, knowledge and experience, who would make the judgment regarding the appropriate treatment environment. This revision also clarifies that a dentist should not refuse to treat a patient solely because the patient is HIV infected, which is consistent with the advisory opinion adopted by the Council on Ethics, Bylaws and Judicial Affairs in May 1988.

These proposed revisions are incorporated in the following revised Policy Statement with deletions hatched (///) and additions capitalized for convenient reference. The Board recommends adoption of this revised policy statement and rescission of the policy statement adopted in Resolution 86H by the 1987 House of Delegates.

### **Policy Statement on AIDS, HIV Infection and the Practice of Dentistry**

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

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

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

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

**ETHICAL CONSIDERATIONS**—THE DENTAL PROFESSION HAS LONG SUBSCRIBED AND ADHERED TO A MORAL COMMITMENT OF SERVICE TO THE PUBLIC. SECTION 1 OF THE *PRINCIPLES OF ETHICS* OF THE AMERICAN DENTAL ASSOCIATION STATES:

THE DENTIST'S PRIMARY PROFESSIONAL OBLIGATION SHALL BE SERVICE TO THE PUBLIC. THE COMPETENT AND TIMELY DELIVERY OF QUALITY CARE WITHIN THE BOUNDS OF THE CLINICAL CIRCUMSTANCES PRESENTED BY THE PATIENT, WITH DUE CONSIDERATION BEING GIVEN TO THE NEEDS AND DESIRES OF THE PATIENT, SHALL BE THE MOST IMPORTANT ASPECT OF THAT OBLIGATION.

**Professional Considerations:** The Association believes that HIV-infected individuals should be treated with compassion and dignity. Current scientific and epidemiologic evidence indicates that there is little risk of transmission of infectious diseases through dental treatment if recommended infection control procedures are routinely followed. Patients with HIV infection may

be safely treated in private dental offices when appropriate infection control procedures are employed. Such infection control procedures provide protection both for patients and for dental personnel.

A sound approach to the treatment of infectious patients requires an assessment of the patient's condition based on reasonable and informed medical judgments, given the state of medical knowledge at the time. *The Association believes that special accommodations may be required for some patients with HIV infection. Informed and sensitive referrals to environments equipped to serve medically compromised patients may be advisable in some instances.* A DENTIST SHOULD NOT REFUSE TO TREAT A PATIENT WHOSE CONDITION IS WITHIN THE DENTIST'S CURRENT REALM OF COMPETENCE SOLELY BECAUSE THE PATIENT IS HIV INFECTED. SOME HIV-INFECTED PATIENTS MAY REQUIRE SPECIALIZED CARE; IN SUCH CASES INFORMED AND SENSITIVE REFERRALS TO INDIVIDUALS WHO HAVE SPECIAL SKILLS, KNOWLEDGE AND EXPERIENCE MAY BE ADVISABLE.

Dentists should be alert to signs and symptoms of HIV infection that may be identified during the provision of dental care. Patients with histories or conditions possibly indicative of HIV infection should be referred to their physicians for diagnostic procedures, counseling and medical follow-up. *The referring dentist* ALL DENTISTS INVOLVED IN THE TREATMENT OF THE PATIENT should be notified of test results and should protect the confidentiality of such information.

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

**19. Resolved**, that the revised "Policy Statement on AIDS, HIV Infection and the Practice of Dentistry" be adopted, and be it further

**Resolved**, that Resolution 86H-1987 (*Trans.*1987:485) be rescinded.

**Proposed Revisions to Resolution 51H-1987 Regarding Opposition to Classification of AIDS as a Handicap:**

Resolution 51H was adopted by the 1987 House in response to concerns that government bodies, such as human rights commissions, are interfering with a dentist's professional judgment regarding the appropriate care to be provided to infectious patients. This resolution was intended to urge legislative intervention to preserve a private practicing

dentist's right to make his or her own treatment decisions. In addition, the House was concerned about possible broader implications of having infectious diseases classified as handicaps and dental offices as places of public accommodation within the meaning of handicap laws. For example, such classification might obligate dentists to install handicap access ramps, doors, restrooms and other special accommodations.

Unfortunately, this resolution has been greatly misinterpreted by a number of public bodies. In particular, public bodies such as the President's Commission on the AIDS Epidemic and state AIDS task forces have questioned the wisdom of Resolution 51H, specifically the third resolving clause involving government mandates. They view it not as a legitimate effort to preserve treatment decisions, but rather as an unreasonable effort to condone discrimination and the refusal to provide care to infectious patients. This interpretation also has been widely adopted by the public media, to the detriment of the image of the dental profession.

It has become difficult to have a significant positive impact on federal and state legislative bodies about the justifiable goals of Resolution 51H because of this misinterpretation by legislators and the media. Such misunderstandings have hindered the Association's ability to promote and foster the Policy Statement on AIDS. The Board is thus recommending proposed clarifications in the following resolution, with the recommendation that this resolution be adopted and that Resolution 51H-1987 be rescinded. For convenient reference proposed deletions have been hatched (///) and additions have been capitalized.

**20. RESOLVED**, THAT THE AMERICAN DENTAL ASSOCIATION OPPOSES DISCRIMINATION ON ANY BASIS, INCLUDING DISCRIMINATION AGAINST PERSONS WITH INFECTIOUS DISEASES, AND BE IT FURTHER

**Resolved**, that the Association affirms that acquired immune deficiency syndrome is a communicable, infectious disease rather than a handicap. and be it further

**Resolved**, that as a highest priority the Association work aggressively toward persuading state legislatures, Congress and all appropriate governmental agencies that communicable, infectious diseases are not a "handicap" within the meaning of applicable handicap discrimination laws; and be it further

**Resolved**, that the Association *vigorously opposes* OPPOSE VIGOROUSLY any government mandate *directing/which a private/practicing/dentist/may/ot/may/not/that* THAT INTERFERES WITH A DENTIST'S PROFESSIONAL JUDGMENT OR DECISIONS REGARDING THE PROVISION OF DENTAL CARE TO ANY PATIENT, AND BE IT FURTHER

**RESOLVED**, THAT RESOLUTION 51H-1987 (*Trans.*1987:491) BE RESCINDED.

## Summary of Resolutions

**19. Resolved**, that the revised "Policy Statement on AIDS, HIV Infection and the Practice of Dentistry" be adopted, and be it further

**Resolved**, that Resolution 86H-1987 (*Trans.* 1987:485) be rescinded.

**20. Resolved**, that the American Dental Association opposes discrimination on any basis, including discrimination against persons with infectious diseases, and be it further

**Resolved**, that the Association affirms that acquired immune deficiency syndrome is a communicable, infectious disease rather than a handicap, and be it further

**Resolved**, that as a highest priority the Association work

aggressively toward persuading state legislatures, Congress and all appropriate governmental agencies that communicable, infectious diseases are not a "handicap" within the meaning of applicable handicap discrimination laws, and be it further

**Resolved**, that the Association oppose vigorously any government mandate that interferes with a dentist's professional judgment or decisions regarding the provision of dental care to any patient; and be it further

**Resolved**, that Resolution 51H-1987 (*Trans.* 1987:491) be rescinded.

**Note:** The Board of Trustees voted unanimously to transmit Report 5 and Resolutions 19 and 20 to the House of Delegates.



## Report 6

### Alternate Methods of Dues Payments

**Background:** Resolution 42H-1987 (*Trans.* 1987:486) directed that dental societies be informed of the availability of the Maryland Bank MasterCard for incremental payment of dues and also asked the Board of Trustees to continue to investigate the feasibility of dues payment on a staged basis. In a mailing immediately following the 1987 House of Delegates session, all constituent and component societies were advised of how the Maryland Bank MasterCard could be used for dues payment. In investigating the feasibility of staged dues payment, the Board notes that reports on this matter have been made to the House on four occasions. In 1984, a pilot program allowing quarterly payment of dues was offered to constituent societies. Of four states agreeing to offer the program, only two actually participated—California and New York. California subsequently implemented its own prepayment plan and New York reverted to a single annual dues payment system.

A 1984 Board Report to the House (*Supplement 2*, 1984:393) pointed out the administrative burden of trying to implement a nationwide semi-annual dues payment plan when dues collection is handled by 54 constituent societies. In addition, cash flow to the collecting entity (component society, constituent society or ADA) would be greatly hampered by such a program. The 1984 House of Delegates did not adopt a semi-annual dues payment plan but rather determined that each constituent society should devise a method that is best for its members. Since 1984, over 25 constituent societies have implemented some type of payment plan, some of which include prepayment of dues. Other constituent societies have offered their members use of the Maryland Bank MasterCard Program for payment of dues.

Several representative payment plans used by constituent societies follow.

*California Dental Association:* Monthly payment plan whereby members authorize monthly deductions from checking account and CDA receives total dues immediately. CDA bank charges member a favorable interest rate on unpaid balance.

*Michigan Dental Association:* Two payment plans are available. One is a quarterly prepayment of subsequent year's dues payable on April 1, July 1, October 1 and January 1; the second provides for four monthly payments of dues on November 1, December 1, January 1 and February 1.

*Maryland State Dental Association:* Bills members monthly, November through March or member may pay one-half annual dues on January 1 and one-half by March 31.

**Discussion:** Each constituent society that has implemented an alternative dues payment plan believes its plan best suits its members. Discussions indicate that members taking advantage of these payment plans and/or use of credit cards can range as high as 25%.

The only payment plan that would work effectively on a national basis would be one that has a prepayment feature, with support by all constituent societies required. The Board does not believe that the 25 constituent societies that presently have a payment plan would abandon their plans in favor of one dictated by the ADA. For all of these reasons, the Board believes that the responsibility of collecting dues and easing the financial burden of paying dues of the individual member rests with the constituent and/or component society. Therefore, the Board recommends adoption of the following resolution.

#### Resolution

**28. Resolved,** that those constituent and/or component societies that have not offered their membership an alternative method of dues payment, be urged to do so as soon as possible, and be it further

**Resolved,** that the Association offer its assistance in recommending such a plan to those constituent and/or component societies that request such assistance.

**Note:** The Board of Trustees voted unanimously to transmit Report 6 and Resolution 28 to the House of Delegates.

## Report 7

### Dues Reduction for Advanced Training Graduates

**Introduction:** Board Report 7 discusses the issue of extending the reduced dues schedule to advanced training graduates which is the subject of Resolutions 2 (*Reports:35*), 17 (*Supplement 1:247*), 18-1987 (*Supplement 1:250*) and 23 (*Supplement 1:248*). At the August meeting, the Board of Trustees adopted a resolution directing that the appropriate agency of the Association solicit input from constituents and components in order to develop an equitable and simplified dues structure and report to the 1989 House of Delegates.

**Background:** The 1987 American Dental Association House of Delegates referred Resolution 18 to the appropriate agency for further study and report with resolution to the 1988 House of Delegates (*Trans.1987:497*). Resolution 18-1987 was submitted to the 1987 House of Delegates by the American Association of Orthodontists. Previously, the issue of reduced dues for dentists completing an advanced training program came before the 1985 House of Delegates in Resolution 88 (*Trans.1985:597*) and was referred for study and report back to the 1986 House of Delegates. The resolution would have granted reduced dues to all graduate students enrolled in advanced education programs of one year or more. It was estimated that the Association would lose approximately \$1.6 million in dues revenue over a five year period if the proposed reductions were enacted. The Board of Trustees recommendation to the 1986 House of Delegates was that Resolution 18\*-1986 be postponed indefinitely. At the 1986 House of Delegates, there was no testimony heard at the Reference Committee on Legislative and Related Matters, and the Reference Committee recommended that Resolution 18-1986 be postponed indefinitely. The resolution was withdrawn prior to House vote.

Resolution 18-1987 submitted by the American Association of Orthodontists differed in part from the concept proposed in Resolution 18-1986, in that the 1987 resolution would apply only to those graduate students engaged in an advanced training program of two or more years in length in one of the recognized specialties. The financial impact of Resolution 18-1987 was estimated at \$500,000 in lost dues revenues over a five year period as the resolution eliminated over half the dental school graduates who were entering general practice residencies or advanced dentistry programs of less than two years.

The Board received a report at its August 1987 meeting that chronicled the decline in membership representation of recently graduated dentists, despite the four-year reduced dues program. The Board discussed the many factors contributing to declines in overall membership market share despite the fact that the Association currently has 22

different dues amounts for various categories and concluded that it would be prudent to propose no further dues reductions until it can be demonstrated that reduced dues serve as an effective incentive to attract and retain a larger membership percentage of dentists. Therefore, the Board recommended that Resolution 18-1987 be postponed indefinitely.

At the 1987 House of Delegates, Resolution 18-1987 was referred to the Reference Committee on Communications, Membership and Marketing Services. Considerable testimony was heard during the Reference Committee and representatives from each of the eight recognized specialty organizations spoke in favor of the resolution. Representatives from the American Student Dental Association (ASDA) and the Academy of General Dentistry (AGD) also gave testimony in support of Resolution 18-1987 but recommended the expansion of eligibility requirements to include graduates entering general practice residencies of one year or more. The Reference Committee concurred with the Board and recommended that Resolution 18-1987 be postponed indefinitely (*Trans.1987:497*).

However, the House of Delegates referred Resolution 18-1987 for further study and report with resolution to the 1988 House of Delegates.

Three additional resolutions regarding reduced dues for advanced training graduates are being forwarded to the 1988 House of Delegates: Resolution 2 (*Reports:35*) "Amendment of ADA *Bylaws* Regarding Postdoctoral Student Dues," Commission on the Young Professional; Resolution 17 (*Supplement 1:247*) "Reduced Dues After Graduate Training," New Jersey Dental Association; and Resolution 23 (*Supplement 1:248*) "Eligibility for Recent Graduate Reduced Dues," Thirteenth Trustee District.

#### **Effect of Subsidized Dues on Retention and Recruitment:**

The Board of Trustees reviewed the results of the four-year reduced dues schedule at several Board meetings during 1988 as the first four-year cycle was completed. The implementation of this schedule began with the 1984 dental school graduating class. With the exception of the first year after graduation when dues are free, no positive effect has been experienced with recent graduates joining the Association. In fact, recent graduates are renewing at a lower rate during the first four years of practice since this four-year reduced dues schedule was implemented. There also appears to be little positive recruitment effect on student membership resulting from the requirement that to be eligible for the recent graduate subsidized dues schedule a dentist must have been a member of the American Student Dental Association (ASDA) in his/her junior or senior year, or both.

Table I compares the impact of reduced dues schedules on predoctoral students following their graduation and graduate students following their completion of advanced training. This schedule begins with the first full year following graduation.

\*It is pure coincidence that both the 1986 and 1987 resolutions on this subject were numbered Resolution 18.

Table I

<u>Year of Graduation</u>	<u>Market Share Percentage</u>				
	<u>1st Year Out</u>	<u>2nd Year Out</u>	<u>3rd Year Out</u>	<u>4th Year Out</u>	<u>5th Year Out</u>
<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
Predoctoral	63.0	64.5	64.2	65.1	63.6
Advanced Education	77.0	72.2	74.9	75.8	76.8
<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	
Predoctoral	69.9	64.3	64.0	61.9	
Advanced Education	66.4	70.8	73.8	74.2	
<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>		
Predoctoral	72.8	65.6	61.5		
Advanced Education	63.0	71.7	74.8		
<u>1985</u>	<u>1986</u>	<u>1987</u>			
Predoctoral	81.4	61.1			
Advanced Education	64.2	69.2			
<u>1986</u>	<u>1987</u>				
Predoctoral	84.8				
Advanced Education	62.9				

The following conclusions are made upon analyzing the above market share data:

- The percent of graduate students who are ADA members rises steadily from the first year after completion of advanced training.
- The percent of predoctoral students who are ADA members drops steadily from the second year out of school (when they begin owing any money for dues).
- Graduate students have a 6%-8% higher market share than predoctoral students the second year out of school.
- Graduate students market share rises to 10%-12% higher than predoctoral students by the third and fourth years in practice.
- Except for the first (free) year of Provisional membership for predoctoral students, graduate students join the ADA at a consistently higher rate than predoctoral students regardless of their year of graduation.
- Implementation of the four-year reduced dues schedule (with the class of 1984) had little, if any, positive effect on predoctoral or graduate students joining the ADA.
- Predoctoral students the third and fourth years out of school join the ADA at a lower rate since implementation of the four-year reduced dues than before this special schedule.

The Board recognizes that more than dues rates are affecting membership market share. However, it is clear that simply offering further dues reductions does not provide sufficient incentive to overcome the other barriers to joining and sustaining membership. In addition, the Board is

concerned that the reduced dues program violates one of the basic rules of membership marketing, which is to keep the offer as simple as possible. The ADA's reduced dues structure is very complicated and several dental societies have experienced substantial frustration due to the combination of eligibility requirements.

A telephone survey conducted by the Department of Membership Records in July 1988 and reviewed by the Board during the August Board of Trustees meeting indicated there is very little consistency among constituent societies in how reduced dues schedules are administered. In summary:

- 11 constituents have one year of reduced dues;
- 22 constituents have two years of reduced dues;
- 4 constituents have three years of reduced dues;
- 14 constituents have four years of reduced dues.
- Only 12 constituents use the same percentage as the ADA in a 4-year reduced dues program (0%; 40%; 60%; 80%; 100%)
- 22 constituents require ASDA membership to qualify for reduced dues
- 29 constituents do not require ASDA membership to qualify for reduced dues

Dental societies have suggested that any streamlining of the membership application process and the dues structure would certainly benefit membership recruitment and retention activities. Membership leaders trained to recruit members one-on-one at the ADA's Recruitment and Retention Workshop say they are handicapped by a complicated dues and application structure which more often than not, prohibits them from "closing the sale."

Current eligibility for ADA recent graduate reduced dues are based on the following factors:

- Year of graduation from dental school
- Student membership while in dental school, and
- Membership continuity (continued membership following graduation)

Student membership while in dental school is further divided into the following subgroups:

- Junior and senior year ASDA membership qualifies for four years of reduced dues (\$0, \$98, \$146, \$195 and full)
- Senior year membership only qualifies for two years of reduced dues (\$5, \$122 and full)
- Nonmember while a student qualifies for two years of reduced dues (\$122, \$122 and full)

**Financial Impact:** The financial implication details for Resolutions 2, 17, 18 and 23 are included in each individual resolution. However, each one would carry a significant impact in terms of reduced dues revenue, totaling up to \$1.6 million over the first five years of implementation.

**Conclusions:** The Board of Trustees acknowledges that the four-year reduced dues program implemented in 1984 does not appear to have proven successful in recruiting or retaining additional members for the ADA. It cannot be stated conclusively that it has been totally unsuccessful because it is impossible to know what would have occurred had it not been in place. Extending reduced dues to specialty education graduates, graduates of general practice

residency and advanced general dentistry programs would result in a significant dues revenue loss. The Board believes that the significant financial impact associated with each of the resolutions and the apparent failure of reduced dues rates to attract and retain members suggests it would be unwise to implement additional dues reduction programs at this time.

Many dental societies have experienced substantial frustration with the ADA's current reduced dues schedule and have suggested that streamlining of the membership application process and the dues structure would benefit membership recruitment and retention activities. At the August meeting, the Board of Trustees adopted a resolution directing that the appropriate agency of the Association solicit input from component and constituent dental societies in order to develop an equitable and simplified dues structure and report to the 1989 House of Delegates. In keeping with this action, the Board recommended that each of the House of Delegates resolutions dealing with extending reduced dues to graduates of advanced training programs be postponed indefinitely.

It is anticipated that this analysis of the current dues structure will reveal perceived inadequacies in the present membership application and renewal process and, if appropriate, simplifications and a streamlining protocol will be proposed.

### **Resolutions**

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

**Note:** The Board of Trustees voted unanimously to transmit Report 7 to the House of Delegates.

## Notes

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# Appendix

## Notes

# Summary of Referrals to Reference Committees

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## Budget and Administrative Matters

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**Board of Trustees, Report 3 to House—Financial Affairs and Recommended Budget for Fiscal Year 1989** (*Supplement 1:273*)

Approval of 1989 Budget: Resolution 21 (*Supplement 1:292*)

**Board of Trustees, Report 6 to House—Alternate Methods of Dues Payments** (*Supplement 1:310*)

Alternate Methods of Dues Payments: Resolution 28 (*Supplement 1:310*)

## Communications, Membership and Marketing Services

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**ADA Sessions and International Relations, Council on: Report** (*Reports:13*)

**Communications, Division of: Report** (*Reports:16*)

**Library Services, Bureau of: Report** (*Reports:24*)

**Membership and Marketing Services, Division of: Report** (*Reports:26*)

**The Young Professional, Commission on: Report** (*Reports:34*)

Amendment of ADA *Bylaws* Regarding Postdoctoral Student Dues: Resolution 1 (*Reports:35*)

Amendment of ADA *Bylaws* Regarding Postdoctoral Student Dues: Resolution 2 (*Reports:35*)

### New Jersey Dental Association

Definition of Term "Young Dentist": Resolution 16 (*Supplement 1:247*)

Reduced Dues After Graduate Training: Resolution 17 (*Supplement 1:247*)

### Thirteenth Trustee District

Eligibility for Recent Graduate Reduced Dues: Resolution 23 (*Supplement 1:248*)

Percent Reductions for Recent Graduate Reduced Dues: Resolution 24 (*Supplement 1:249*)

### American Association of Orthodontists

Dues Reduction for Advanced Training Graduates: Resolution 18-1987 (*Supplement 1:250*)

**Board of Trustees, Report 4 to House—Life Membership** (*Supplement 1:301*)

Amendment of ADA "Bylaws" Regarding Life Membership: Resolution 13 (*Supplement 1:302*)

**Board of Trustees, Report 7 to House—Dues Reduction for Advanced Training Graduates** (*Supplement 1:311*)

## Dental Care Programs and Practice

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**Dental Care Programs, Council on: Report** (*Reports:41*)

**Dental Practice, Council on: Report** (*Reports:50*)

**Economic and Behavioral Research, Bureau of: Report** (*Reports:59*)

**Insurance, Council on: Report** (*Reports:69*)

**Relief and Disaster Fund Activities, Commission on: Report** (*Reports:77*)

Amendments to the Relief and Disaster Funds "Indentures of Trust": Resolution 39-1987 (*Trans.1987:481* and *Supplement 1:252*)

### New Jersey Dental Association

Listing and Coding of Accepted Diagnosis and Procedures: Resolution 12 (*Supplement 1:247*)

Board of Trustees Substitute Resolution: Resolution 12B (*Supplement 1:270*)

## Dental Education and Health

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**Community Health, Hospital, Institutional and Medical Affairs, Council on: Report** (*Reports:81*)

Rescission of Policy "Dentists as Members of Health Systems Agencies" and the "Guidelines for Comprehensive Health Planning:" Resolution 3 (*Reports:85*)

Approval of National Health Service Corps Policy: Resolution 4 (*Reports:85*)

Board of Trustees Substitute Resolution: Resolution 4B (*Supplement 1:269*)

Approval of Policy and Recommendations Regarding Tobacco: Resolution 5 (*Reports:86*)

Support for Effectiveness of Vehicle Passenger Safety Restraints: Resolution 6 (*Reports:86*)

**Dental Education, Council on; Dental Accreditation, Commission on: Report** (*Reports:88*)

Continued Recognition of Periodontics as a Dental Specialty: Resolution 7 (*Reports:91*)

Denial of American Academy of Implant Dentistry Request for Specialty Recognition: Resolution 8 (*Reports:96*)

Continued Recognition of Oral Surgery as a Dental Specialty: Resolution 9 (*Reports:101*)

Approval of "Comprehensive Policy Statement on Dental Auxiliaries": Resolution 10 (*Reports:106*)

**Dental Education, Council on; and Dental Practice, Council on: Joint Report** (*Reports:117*)

**Dental Education, Council on; and Ethics, Bylaws and Judicial Affairs, Council on: Joint Report** (*Reports:130*)

**National Dental Examinations, Joint Commission on: Report** (*Reports:131*)



**Quality Assurance, Office of: Report** (*Reports:133*)

**Legal and Legislative Matters**

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**Ethics, Bylaws and Judicial Affairs, Council on: Report** (*Reports:137*)

**Governmental Affairs and Federal Dental Services, Council on: Report** (*Reports:142*)

**President's Address and Miscellaneous Matters**

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**Delegate A.C. Edwards, Missouri**

ADA Restructure Proposal: Resolution 31-1987 (*Trans.1987:481*) and *Supplement 1:250*)

**Standing Committee on Rules and Order**

Amendment of "Manual of the House of Delegates": Resolution 32 (*Supplement 1:240*)

**Scientific Matters**

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**Dental Materials, Instruments and Equipment, Council on: Report** (*Reports:153*)

**Dental Research, Council on: Report** (*Reports:158*)

**Dental Therapeutics, Council on: Report** (*Reports:161*)

Amendment of ADA *Bylaws* to Delete Reference to *Accepted Dental Therapeutics*: Resolution 11 (*Reports:161*)

**American Dental Association Health Foundation: Report** (*Reports:165*)

**Research Institute: Report** (*Reports:167*)

**Paffenbarger Research Center at the National Bureau of Standards: Report** (*Reports:171*)

**Thirteenth Trustee District**

New Product Advisory: Resolution 22 (*Supplement 1:247*)

**Board of Trustees, Report 5 to House—Association Activities Regarding Human Immunodeficiency Virus (HIV) Infection** (*Supplement 1:304*)

Revision of Policy Statement on AIDS, HIV Infection and the Practice of Dentistry: Resolution 19 (*Supplement 1:307*)

AIDS as a Handicapped Condition: Resolution 20 (*Supplement 1:308*)

## Index to Resolutions

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<b>Res. 1</b>	<i>Reports:35</i>	<b>Commission on the Young Professional</b> Amendment of ADA <i>Bylaws</i> Regarding Postdoctoral Student Dues
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
<b>Res. 2</b>	<i>Reports:35</i>	<b>Commission on the Young Professional</b> Amendment of ADA <i>Bylaws</i> Regarding Postdoctoral Student Dues
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
<b>Res. 3</b>	<i>Reports:85</i>	<b>Council on Community Health, Hospital, Institutional and Medical Affairs</b> Rescission of Policy "Dentists as Members of Health Systems Agencies" ( <i>Trans.</i> 1977:911) and the "Guidelines for Comprehensive Health Planning" ( <i>Trans.</i> 1978:180;501)
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 4</b>	<i>Reports:85</i>	<b>Council on Community Health, Hospital, Institutional and Medical Affairs</b> Approval of National Health Service Corps Policy
<b>Res. 4B</b>	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 5</b>	<i>Reports:86</i>	<b>Council on Community Health, Hospital, Institutional and Medical Affairs</b> Approval of Policy and Recommendations Regarding Tobacco
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 6</b>	<i>Reports:86</i>	<b>Council on Community Health, Hospital, Institutional and Medical Affairs</b> Support for Effectiveness of Vehicle Passenger Safety Restraints
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 7</b>	<i>Reports:91</i>	<b>Council on Dental Education</b> Continued Recognition of Periodontics as a Dental Specialty
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 8</b>	<i>Reports:96</i>	<b>Council on Dental Education</b> Denial of American Academy of Implant Dentistry Request for Specialty Recognition
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 9</b>	<i>Reports:101</i>	<b>Council on Dental Education</b> Continued Recognition of Oral Surgery as a Dental Specialty
	<i>Suppl. 1:269</i>	Board of Trustees Recommendation (Reference Committee on Dental Education and Health)

<b>Res. 10</b>	<i>Reports</i> :106  <i>Suppl. 1</i> :269	<b>Council on Dental Education</b> Approval of "Comprehensive Policy Statement on Dental Auxiliaries" Board of Trustees Recommendation (Reference Committee on Dental Education and Health)
<b>Res. 11</b>	<i>Reports</i> :161  <i>Suppl. 1</i> :269	<b>Council on Dental Therapeutics</b> Amendment of ADA <i>Bylaws</i> to Delete Reference to <i>Accepted Dental Therapeutics</i> Board of Trustees Recommendation (Reference Committee on Scientific Matters)
<b>Res. 12</b>	<i>Suppl. 1</i> :270	<b>New Jersey Dental Association</b> Listing and Coding of Accepted Diagnosis and Procedures
<b>Res. 12B</b>	<i>Suppl. 1</i> :270	Board of Trustees Recommendation (Reference Committee on Dental Care Programs and Practice)
<b>Res. 13</b>	<i>Suppl. 1</i> :302	<b>Board of Trustees, Report 4 to House</b> Amendment of ADA "Bylaws" Regarding Life Membership (Reference Committee on Communications, Membership and Marketing Services)
<b>Res. 14</b>		Unassigned
<b>Res. 15</b>		Unassigned
<b>Res. 16</b>	<i>Suppl. 1</i> :247  <i>Suppl. 1</i> :270	<b>New Jersey Dental Association</b> Definition of Term "Young Dentist" Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
<b>Res. 17</b>	<i>Suppl. 1</i> :247  <i>Suppl. 1</i> :270	<b>New Jersey Dental Association</b> Reduced Dues After Graduate Training Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
<b>Res. 18</b>		Unassigned
<b>Res. 19</b>	<i>Suppl. 1</i> :307	<b>Board of Trustees, Report 5 to House</b> Revision of Policy Statement on AIDS, HIV Infection and the Practice of Dentistry (Reference Committee on Scientific Matters)
<b>Res. 20</b>	<i>Suppl. 1</i> :308	<b>Board of Trustees, Report 5 to House</b> AIDS as a Handicapped Condition (Reference Committee on Scientific Matters)
<b>Res. 21</b>	<i>Suppl. 1</i> :292	<b>Board of Trustees, Report 3 to House</b> Approval of 1989 Budget (Reference Committee on Budget and Administrative Matters)
<b>Res. 22</b>	<i>Suppl. 1</i> :247  <i>Suppl. 1</i> :270	<b>Thirteenth Trustee District</b> New Product Advisory Board of Trustees Recommendation (Reference Committee on Scientific Matters)
<b>Res. 23</b>	<i>Suppl. 1</i> :248  <i>Suppl. 1</i> :270	<b>Thirteenth Trustee District</b> Eligibility for Recent Graduate Reduced Dues Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)

Res. 24	<i>Suppl. 1:249</i> <i>Suppl. 1:271</i>	<b>Thirteenth Trustee District</b> Percent Reductions for Recent Graduate Reduced Dues Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
Res. 25		Unassigned
Res. 26		Unassigned
Res. 27	<i>Suppl. 1:265</i>	<b>Board of Trustees, Report 1 to House</b> Nominations to Councils and Commissions
Res. 28	<i>Suppl. 1:310</i>	<b>Board of Trustees, Report 6 to House</b> Alternate Methods of Dues Payments (Reference Committee on Budget and Administrative Matters)
Res. 29	<i>Suppl. 1:238</i>	<b>House Standing Committee on Rules and Order</b> Approval of Minutes
Res. 30	<i>Suppl. 1:238</i>	<b>House Standing Committee on Rules and Order</b> Approval of Agenda and Order of Agenda Items
Res. 31	<i>Suppl. 1:238</i>	<b>House Standing Committee on Rules and Order</b> Referral of Reports and Resolutions
Res. 32	<i>Suppl. 1:240</i>	<b>House Standing Committee on Rules and Order</b> Amendment of "Manual of the House of Delegates"
<b>1987 Resolutions</b>		
Res. 18- 1987	<i>Suppl. 1:250</i> <i>Suppl. 1:272</i>	<b>American Association of Orthodontists</b> Dues Reduction for Advanced Training Graduates Board of Trustees Recommendation (Reference Committee on Communications, Membership and Marketing Services)
Res. 31- 1987	<i>Suppl. 1:250</i> <i>Suppl. 1:271</i>	<b>Delegate A.C. Edwards, Missouri</b> ADA Restructure Proposal Board of Trustees Recommendation (Reference Committee on President's Address and Miscellaneous Matters)
Res. 39- 1987	<i>Suppl. 1:252</i> <i>Suppl. 1:271</i>	<b>Commission on Relief and Disaster Fund Activities</b> Amendments to the Relief and Disaster Funds "Indentures of Trust" Board of Trustees Recommendation (Reference Committee on Dental Care Programs and Practice)

















# Map of Trustee Districts



