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Supplement Two to Annual Reports and Resolutions

125th Annual Session Atlanta, Georgia (October 20-25, 1984)

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Report of President

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Report of President

Dr. Donald E. Bentley

It seems impossible that a year has passed since I stood before the House of Delegates, prepared to begin my term as President of the American Dental Association. I never dreamed twelve months could pass so quickly, and yet on the basis of experiences, it seems as though ages have passed.

When one reflects on the people that provided the vast supply of assistance toward reaching your goals, naturally those nearest and dearest appear in the forefront. Those of you who haven't met my Dottie have missed something—and without her I wouldn't even be here. And then there are our children: Dr. Geoff and Pam, Linda and Dave, Judy and Wayne, and Paula and Rick. Without their support, encouragement and whole-hearted commitment I simply could not have made it.

But the Bentley team extends far beyond the Bentley family. The members of the office staff back in Hawley, Flo Anderson Jackie Reinke, Judy Brenna and Val Alland, have been superb—patient and dedicated—for all these years. And my thanks, too, to the people who got the ball rolling: to my campaign committee; to my good friend John Tiede who so ably managed my campaign; and Dick Oliver, Mel Holland, Bruce Keyworth, Bob Harder, Don Johnson, Terry McCollow, Jack Pfister, Mike Till and Vern Steffens to name a few.

The Tenth District, too, deserves public acknowledgment. Home, they say, is where the heart is, and my heart lies in the Tenth District. My friends there have provided support, counsel, and encouragement. Minnesota—Iowa—Nebraska—North Dakota—South Dakota.

I would like to acknowledge, too, the many contributions of your Officers and Trustees during the past year. This Board has worked hard; they have made difficult decisions. They haven't always agreed, but they've worked together, each abiding by his own conscience, for the good of our profession. You and I owe them much appreciation for their commitment to dentistry. I must single out my compatriot and officer, President-elect John Bomba, for his exemplary year in a supporting role. We truly did find a "friend in Pennsylvania."

And finally, the staff at the ADA has been my back-up in everything I did this year. I hope that all of you, some day, have a chance to meet these people, so that you too can appreciate their dedication to our goals. Dr. John Coady, Dr. Tom Ginley, Jack Noone, Howard Wells, Fran Grohwin, Bob Caldwell, Jim Sweeney, Jean DePaolo, Carol Overman, Linda Hastings, Stephanie Bennett and Ginny Thiersch are only the first to come to mind.

I am reminded of the Broadway show tune, "If I Were a Rich Man." Truly, I am rich, thinking back on the support, encouragement and cooperation that have been extended to me during the last year by everyone I've just mentioned. The Mellons, the Rockefellers, the DuPonts—while they may be millionaires, I considered myself far richer in things other than dollars—things that, I think, count.

I am rich in friendship. The past year has been one of old friends well met again, new friends discovered. I have seen a breadth of companionship, hospitality, and good will across the nation and throughout the world that renews my faith in the brotherhood of our profession.

I am rich in support. There are many people who have given generously of their time, their counsel and their help. Some of them I have already mentioned to you, but there are hundreds of others. You know who you are. Without you, the year would have been a poor experience, and I would be a lesser man.

I am rich in pride. The year has given me a new appreciation of the people who make up our profession. The leaders, the volunteers, the staff people at the state and local levels provide the untiring efforts that make organized dentistry what it is. I am inspired by their ideas, their dedication and their selfless commitment. Knowing them makes me proud to be a dentist.

And finally, I am rich in hope: what I have seen in the last year fills me with gladness for dentistry's future. Our golden age may not come within the next year of even the next decade. But I am confident, based on what I have seen in our schools, in our research facilities, in our meetings and most of all in our people, that the best is indeed yet to come. And so I say thank you again for having afforded me this opportunity of a lifetime—that of leading this Association.

It is traditional that at this time the outgoing President make recommendations to the House of Delegates, perhaps even introduce resolutions for your consideration, your action. Well, I never promised to be a traditional President. And while I offer no specific resolutions for you to consider, I will be at least untraditionally traditional—because I want to provide you with some food for thought. To be frank, I don't think you need any more recommendations or resolutions on your agenda. I think the task that lies before you, the decisions this House of Delegates must make, are so critical, so important to our future success, that I will not burden you with more.

I would be grossly negligent, however, if I didn't call your attention to an issue of our own neglect. As I have stated all across this land, I am deeply concerned about the total absence of any effective restriction or control over the continuing education courses being offered to our profession. I realize the complexity and magnitude of the problem but am embarrassed by ADA's head-in-the-sand approach.

But I do want to take this opportunity to remind you that the consequences of your actions here in the next five days will far outlive this House and this agenda. The problem we face is, frankly, not a new one to dentistry. In this day and age of the space shuttle, of satellite communications and advanced computer technology, we are still struggling to meet the old challenges. We must get back to basics and attempt to balance the equation: dental manpower equals

patient supply. You know we've been struggling with this imbalance question for years.

I think that we have failed to recognize the need to take a two-pronged approach to the problem. The situation did not develop overnight, and I think we can all agree that we cannot cure it overnight. I think we need to develop a long-term plan as well as a short-term plan to deal with the problem. I think there is universal agreement in this House that we must take some corrective action that will have the necessary long-term effect. All across this country. I've heard one universal contention, "Don, we've got to close some dental schools," and then the unuttered caveat "But don't close mine!"

Now you and I both know that the ADA has no power to close any schools, but it does have the right and, yes, the obligation to make recommendations relative to oral health care education. The time has come to openly state our manpower situation.

Although we have already begun to reduce the manpower supply, although we have seen a cut in the freshman classes of almost 30%, although the long-term response has already begun, I do not think we can wait for the long-term effects. I repeat the quotation 'statistics bear out the fact that even if we closed one-half of the dental schools right now—unless we change the patient supply side of the equation—we will have a surplus of dentists until the year 2000." We do not have time to wait for this approach alone.

There is also an inherent danger in a large number of schools being forced to search for qualified applicants to attain a minimum enrollment necessary for economic feasibility of operation. Public safeguards of quality make this of serious interest to both the profession and decision makers in the political arena.

I think the time has come for us to recommend a study of the possibilities of closing some of the dental schools. I know such a move could be justified economically and sociologically. An unpopular suggestion? Undoubtedly. But a realistic one. I think we owe it to our members, to our profession and most especially to our young people, though, to consider it.

In addition, this could demonstrate to the dentists of this country that the American Dental Association is relevant, is concerned and is committed to helping and supporting the profession of dentistry. I urge you to begin thinking about this option, as difficult as it is. As I told you, this is the long-term action. We can begin now to evaluate and recommend how it can be handled, but we won't see the results immediately.

However, this is even in more need of action on the short-term front. This House, more than any other that I can recall in the last quarter of a century, has a landmark decision to make. It is your decision on a single program that may well decide if the ADA is indeed relevant to the dentists of this country or if the ADA is the dinosaur of this century, outmoded and surpassed by the evolution of our profession. The paid public education program on which this House will decide upon has brought our profession to life, in the last twelve months, in terms of input and opinions. It is a program with which most of us enjoy a classical love-hate relationship. I know that every one of you in this room has agonized over the program. I know

that you've had recommendations and input from your society leadership, from your membership, from related groups with ties to dentistry. I know that the national leadership is divided on the subject, and I know how they, too, have agonized over the decisions they have made about this program in the last year.

And I have agonized over it along with you. I have laid awake at night struggling with the many considerations that attend a program of this type and this size. But—when the time came—when your Board of Trustees was equally split on whether or not to recommend the program's adoption this year, I broke that tie without hesitation.

And my own recommendation to you is that you enact this program and you do it now. For while I respect the opposite viewpoint, while I appreciate the concerns of those opposing the program, no one—and I repeat, no one—has come forward with a valid, effective alternate proposal. I have heard only objections, predictions of disaster that I label fear-mongering. I have not heard a single voice raised with any other effective ideas that would help us achieve our goals.

My point is this: we have spent a year considering this program. At every state and related meeting that I've attended, the paid public education program has been a topic of intense interest, but we are almost out of time for talk, for debate, for testimony. We have only a few more days to consider this proposal. The time has come to act. And I believe we must act—we must do something at once. Although we have long-term options, our situation today is critical. We need the emergency measure, the lifesaving measure, and we need it now. Our obligation is to the profession, to the young practitioner out there who has not found personal or professional success in dentistry. How many young practitioners can we save by taking this immediate action?

And I would remind you as well of our obligation as dentistry's leaders. Because that's what you are. You would not be sitting here, elected by your peers and colleagues, if you had not already distinguished yourselves as leaders.

Don't confuse leadership with management. They are two different things. Managers work with the goal of doing things right. Leaders have as their goal doing the right thing. As leaders, you must determine what is the right thing for dentistry in this country. More than anything else, leadership provides opportunities and responsibilities to build, to create, to nudge the history of our profession in a different—and better—direction.

But here is the critical point: it is not enough for a leader to know the right thing. He must do the right thing. A true leader, one deserving of the title, needs both the vision and the capacity to achieve what is right. I am not unaware of the risks of enacting the program. I know the arguments against it. I know too that your elected leadership is divided and that not everyone at this front table supports the program. But I also have knowledge that has come to me as a result of my efforts on your behalf in the last year. I know what the members of the ADA want you to do. I know because I've been there. I've talked to them. I've heard their concerns and listened to their stories. I have been at the schools, in the small towns. I have sat in your state meetings and heard the pleas of the grass roots members

for a commitment, for action, for relevance on the part of the Association.

In terms of relevance, in terms of immediacy and in terms of effectiveness, the paid public education program offers our Association and our profession an unparalleled opportunity. I believe that your obligation is to take the rhetoric of leadership and turn it into relevant action. I believe, too, that the membership will support your action. will endorse your decision to act and to do what is right for our profession. I think you will see the membership come alive again with hope and with renewed confidence confidence in the ADA and confidence in your leadership.

It's not an easy decision. And I can't make it for you. But remember that it's the difficult decisions that define the true leader. I don't think any of you will ever face a tougher decision. And I doubt that any of you will ever again be offered an opportunity like this to move dentistry into its golden tomorro-v.

I urge you to take advantage of this opportunity. Accept the challenge of leadership. If we are to survive, we must move beyond doing things right. This may be our last chance to do the right thing. It may be our last chance to be right. Thank you.

Notes

Supplemental Reports and Resolutions

Notes

Council on Insurance

Supplemental Report 1: Update on Council Actions

The Council on Insurance met at the Headquarters Building on September 10–11, 1984. The following report will summarize the actions taken by the Council which modify or expand upon its annual report to the House of Delegates.

Term Life Plan: It was reported to the Council at its September 1984 meeting that the financial experience of the Term Life Insurance Plan continues to be favorable. It was projected that surplus funds amounting to approximately \$9.5 million could be returned to the participants in the form of a premium credit. The Council subsequently approved a credit of 43% of the premium paid for coverage in force during 1984.

The Council considered a proposal to increase the maximum amount of coverage available under the Term Life Plan. Currently, eligible members may apply for benefit amounts up to \$350,000. It was reported to the Council that the 1984 promotion of the Program had demonstrated an increasing demand by the participants for higher coverage limits. The Great-West Life Assurance Company reported that with proper underwriting, benefits as high as \$500,000 could be issued without jeopardizing the financial stability of the Program. Therefore, to assure that the Program continues to meet the needs of the membership, the Council approved an increase in the maximum benefit to \$500,000 for implementation January 1, 1985.

Members Retirement Program: The Council approved a proposal submitted by the Equitable Life Assurance Society of the United States to expand the current investment options under the Members Retirement Program to include a Strategic Balanced Account and an Aggressive Equity Account. It is anticipated that the new Accounts will be made available to the participants in the early part of 1985.

The Strategic Balanced Account is invested among stocks, bonds, cash, and convertibles, with the percentage of the portfolio invested in each of these markets being letermined by Equitable. The objective of the Account is to reduce risk by diversifying the portfolio, and to achieve competitive rates of return by taking advantage of market apportunities.

The Aggressive Equity Account is invested in a portfolio of common stocks of companies possessing outstanding rowth potential. The objective of the Account is to achieve righer returns than those of more conservative stock outfolios. However, coupled with the opportunity for reater investment returns is the higher investment risk therent in the stocks comprising the portfolio. As a result, acreases or decreases in unit values will be expected to be reater than those of the market as a whole.

To assist the Council in its consideration of this proposal, n independent evaluation of the investment performance

of these accounts was undertaken. It was reported by the consultant that the two accounts produced outstanding long-term investment results as compared to other professionally managed funds and general market indices.

In addition to the two new equity investments, it was proposed that the Council approve the expansion of the existing Guaranteed Rate Accounts to provide for varying maturities. Currently, such investments are limited to three years. The Council agreed to consider a proposal to offer a five-year guaranteed rate account as well as a fixed income account with a maturity of less than three years. However, further negotiations are required before these products can be introduced.

By expanding the array of equity and fixed income accounts offered under the Retirement Program, the Council believes that the participants will have greater investment flexibility as the economic climate changes.

Retirement Equity and Deficit Reduction Acts of 1984: It was reported to the Council that the Deficit Reduction Act and the Retirement Equity Act recently enacted by Congress will necessitate amendments to the Members Retirement Plan. In its capacity as Trustee of the Members Retirement Plan, the Council approved modifications to the Plan Document that would bring it into compliance with these changes in the tax laws.

The Equitable Life Assurance Society will be mailing materials to participants in the Members Retirement Plan containing all the necessary documents which must be completed to amend their plans as required by the new tax laws.

Proposal to Promote Availability of Members Retirement Plan for Constituent/Component Society Staff: It was reported to the Council that at the recent Dental Affairs Conference, interest was expressed by representatives of the constituent and component dental societies to utilize the ADA Members Retirement Program for their staff pension plans.

In a recent revision of the Plan Document, language was adopted that would permit participation in the Program by such groups. The Council approved a special marketing effort that would inform Executive Directors of these dental societies of the Plan's availability for use in funding staff pension plans.

Professional Protector Plan: The Council had previously approved the establishment of professional assessment committees at the constituent society level to serve in an advisory capacity to the CNA Insurance Companies on claim and underwriting matters. The intent of this activity is to increase the role of organized dentistry in the operation of the Professional Protector Plan.

A letter was sent to each of the constituent societies co-endorsing the Program, outlining the purpose and structure of the committees as currently envisioned, seeking their comments, and encouraging participation in the process. It was determined by the Council that committees would first be established in certain test states before this activity is implemented nationally. The intent is to determine whether any of the rules of procedure governing the operation of the committees must be modified to meet the needs of the constitutent societies.

A favorable legal climate will be essential to the formation and implementation of the assessment committees in each state. An examination of the existing peer review statutes in a sampling of states suggests that the protection afforded by such legislation may not be broad enough to encompass the activities of the committees. Therefore, each constituent society will be encouraged to review its state's peer review statutes, and to lobby for enabling legislation if necessary.

The Council believes that the assessment committees will provide an effective means of controlling the rising cost of malpractice insurance, by making the Professional Protector Plan more responsive to local trends in dental professional liability. Moreover, the committee process will permit each state to have firsthand knowledge of its claim experience as well as an opportunity to recommend loss prevention measures.

Captive Study: The Council engaged the actuarial firm of Tillinghast, Nelson & Warren to perform a feasibility study on the formation of an Association-owned professional liability captive. This is in keeping with the Council's continuing commitment to evaluate alternative forms of funding dental malpractice insurance.

10th Conference on Insurance: The Council scheduled its bi-annual Conference on Association Group Insurance Programs for March 21–22, 1985, at the Headquarters Building. The Conference is intended to provide a forum for the discussion of issues and problems relating to organized dentistry's sponsored insurance programs.

Representatives of each of the constituent dental societies, as well as their brokers and administrators, will be invited to attend the Conference. The Conference Program approved by the Council will have its primary focus on issues relating to the management of major medical insurance programs for dental groups. It will also include presentations on the recent enhancements to the ADA Members Retirement Program, as well as various issues relating to professional liability insurance.

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

Council on Legislation

Supplemental Report 2: Recent Council Actions

State Regulation of Delivery Mechanisms: The Council is concerned that the impact of certain federal legislation, such as the Employee Retirement Income Security Act (ERISA), which overrides certain state authorities, as well as actions by individuals and entities to develop new types of health care delivery mechanisms, has resulted in confusion about, and in some cases, abdication of, proper enforcement authority at the state level. The Council is further concerned that this void may result in delivery and payment practices which are unregulated by states, even though they may be anticompetitive and therefore damaging to the ability of the public to fully benefit from the availability of quality dental services.

The Council recognizes that there can be considerable ambiguity in the laws which apply to regulation of various financing and delivery mechanisms such as self-insured and independently administered plans. For this reason, the Council believes the following resolution is important in that the constituent societies will be encouraged to ensure that the various states enforce vigorously those laws which are available to them. Accordingly, the Council recommends adoption of the following resolution:

53. Resolved, that the Association urges constituent societies to encourage the appropriate agencies of state government to vigorously enforce their dental practice

acts, insurance and other state laws regulating the delivery of dental care and payment for services by third parties and administrators, and, specifically, to direct the attention of state government agencies to activities or such parties which seek to impair freedom of competition and restrain trade.

State Regulation of Advertising: The Council is concerned also that there continues to be a lack of firm, legally established guidelines for the regulation and assurance of ethical advertising by professionals. Dental societies have been charged with overseeing the truthfulness and accuracy of dental advertising. The Council believes that there should be a more formal role of state governments in establishing the truthfulness of various claims made in advertising. Accordingly, the Council recommends adoption of the following resolution:

54. Resolved, that constituent dental societies be urged to consider state legislation, consistent with the recognized rights of commercial speech, that will authorize the appropriate agencies of state government to regulate dentist advertising in the public interest to ensure the dissemination of complete and accurate information through appropriate means of communications.

Resolutions

Submitted by Constituent and Component Societies and Other Agencies

District of Columbia Dental Society

Public Information Message

The following resolution was adopted by the District of Columbia Dental Society Delegation to the ADA House of Delegates and submitted on September 12, 1984 by Mr. C. Jay Brown, executive director, District of Columbia Dental Society.

Whereas, the dues increase for the purpose of financing a paid public advertising campaign does not constitute a prudent expenditure of funds, and

Whereas, a viable alternative to the current postured paid public advertising campaign should be developed to inform the public of the need for dental care, and

Whereas, the practitioners affected by the "lack of busyness," and with the desire to educate the public could determine the best method of implementation of a public information campaign in their geographic region, be it

52. Resolved, that the ADA Marketing Services Department design radio and TV messages and exhibits that could be used in public facilities such as airports, bus and train stations, etc., and be it further

Resolved, that component and constituent societies be responsible for expenses associated with placement of these messages and these exhibits, and be it further

Resolved, that the format, design and supplies necessary for these messages and exhibits be made available to the component and constituent societies at cost, and be it further

Resolved, that the individual component or constituent society members be solicited to monitor the placement, appearance and periodic changes, and whatever else necessary to keep an effective, ethical educational message in front of the public.

District of Columbia Dental Society

Discontinuance of Council on Prosthetic Services and **Dental Laboratory Relations**

The following resolution was adopted by the District of Columbia Dental Society Delegation to the ADA House and submitted on September 12, 1984 by Mr. C. Jay Brown, executive director, District of Columbia Dental Society.

Whereas, The American Dental Association should strive for an organized structure that is efficient and effective,

Whereas, only one dental discipline has an American Dental Association Council specifically designated to monitor related matters of the discipline, and

Whereas, the activities under the purview of the American Dental Association Council on Prosthetic Services and Dental Laboratory Relations could be addressed by other American Dental Association councils and bureaus such as the Council on Dental Health and Health Planning, Council on Legislation and Council on Dental Practice,

Whereas, an expenditure reduction could result by elimination of a Council, therefore, be it

55. Resolved, that the American Dental Association Council on Prosthetic Services and Dental Laboratory Relations be discontinued and its activities be addressed by other appropriate councils and bureaus as necessary.

Florida Dental Association

Amendment of "Bylaws" on Membership Appeals

The following resolution was adopted by the Florida Dental Association House of Delegates and the Florida Delegation to the American Dental Association House of Delegates and submitted on July 30, 1984 by Dr. Robert W. Williams, chairman, Florida Delegation to the American Dental Association. (Note: The following resolution was revised on request of the Florida Dental Association and supersedes that appearing in Supplement 1.)

Background: The American Dental Association *Bylaws* is consistent in its requirements for appeals in establishing the component society as the first level, then the constituent society and lastly the American Dental Association Council on Bylaws and Judicial Affairs, (Chapter XI, Section 20D and Chapter III, Section 40), except in the appeal of denial of membership in transfer from constituent to constituent. Since the component society is designated by the ADA Bylaws as the portal of entry into membership, even on a transfer from constituent to constituent, a denial of membership would first occur at the component society. Presently, if this occurs, the denied dentist may appeal directly to the ADA Council on Bylaws and Judicial Affairs without first appealing to the constituent level. This violates the tripartite membership arrangement of the ADA, constituent and component. This also is inconsistent with other Bylaws provisions for appeal.

The constituent society should be allowed to review any appeal for denial for membership before the AD Λ intercedes and the ADA Bylaws should be consistent in its appeals provisions.

39. Resolved, that the *Bylaws* of the American Dental Association, Chapter II, Constituent Societies, Section 40, Membership, Paragraph B, Removal from One Jurisdiction to Another, be amended by inserting the language "to the constituent society to which transfer is sought and thereafter" between the words "membership" and "to" on line 511 of the Bylaws, to make the amended section read:

A member who is unsuccessful in transferring membership from one constituent society to another shall be entitled to appeal from a denial of the member's application for transfer of membership to the constituent society to which transfer is sought and thereafter to the Council on Bylaws and Judicial Affairs of this Association in accordance with the procedures in Chapter XI, Section 20C and D of these Bylaws even though a disciplinary penalty is not involved.

Florida Dental Association

Designation of Official Services

The following resolution was adopted by the Florida Dental Association and submitted on October 5, 1984 by Mr. C. Glenn Wilhite, executive director.

Background: The American Dental Association from time to time designates a corporation, group or business to provide a service to the Association or its members.

Any corporation, group or business designated by the American Dental Association to provide a service should support the principles of the profession relating to agreements between the dentist and patient, and honor the dentist-patient relationship.

The American Dental Association should ensure that any corporation, group or business its designates to provide any service should not intrude on the dentist-patient relationship in any way or in any form. Any corporation, group or business should provide evidence to the American Dental Association that practices do not exist that interfere with the dentist-patient relationship.

83. Resolved, that the American Dental Association endorse only those corporations, groups or businesses to provide official services to the Association or its members who agree not to interfere in any way or in any form, in

agreements between the dentist and patient or in the dentist-patient relationship, and who will provide evidence that such practices do not exist at the time of designation or at any time of the official designation.

Louisiana Dental Association

Professional Protector Plan Nonmember Surcharge

The following resolution was adopted by the Louisiana Dental Association House of Delegates and submitted on September 24, 1984 by Dr. Donald R. Toso, secretary-treasurer, Louisiana Dental Association.

Background: The American Dental Association is committed to a general policy whereby nonmember dentists pay a surcharge for services provided by the Association.

During recent years, the premiums charged for professional liability coverage have increased at a geometric rate. The amount of money paid by ADA members for professional liability coverage far exceeds the amount paid for ADA dues.

The Council on Insurance is committed to addressing this problem and the allocation of substantial resources will be necessary. It is only fair that nonmembers of the ADA who share in the benefits of the Professional Protector Plan carry their portion of the costs necessary to properly operate the program.

As stated in a recent memo from the Council on Insurance, "There appears to be a general consensus within the profession that organized dentistry must assume a more active role in the operation of the Professional Protector Plan if the rising cost of malpractice insurance is to be controlled."

In the past, constituent societies have been requested by the American Dental Association to engage in activities with regard to the Professional Protector Plan. A major activity requested has been the endorsement of filings submitted by the carrier of the Professional Protector Plan to the applicable state agency which approves rate increases. These filings are voluminous and individual states must retain expertise if they are to evaluate these documents prior to taking a position on behalf of their membership.

The Council on Insurance is now suggesting that constituent associations become involved with professional assessment committees. All of the above activities will require the commitment of substantial resources from constituent associations. Therefore, equity dictates that state associations should receive some funding from nonmembers within their respective states who benefit from the Professional Protector Plan.

56. Resolved, that a surcharge be placed on providing insurance coverage to those nonmembers of the ADA who select coverage under the Professional Protector Plan, and be it further

Resolved, that the surcharge be in an amount not less than \$200.00, and be it further

Resolved, that an additional surcharge in the amount of \$200 be charged and returned to the applicable constituent society to be used to defray administration costs.

Louisiana Dental Association

"Learning About Your Oral Health" Display

The following resolution was adopted by the Louisiana Dental Association House of Delegates and submitted on September 24, 1984 by Dr. Donald R. Toso, secretary-treasurer, Louisiana Dental Association.

Background: The American Dental Association developed a series of "Learning About Your Oral Health" teaching packets for kindergarten through grade twelve. The packets contain all information needed to teach dental health education to children.

The ADA has invested considerable resources toward the development of these textbooks and preliminary organizational workshops for component associations interested in undertaking and promoting this dental health education program.

An economical way for components to introduce this program to dentists, teachers, school administrators and school nurses is through workshops on a local level. Participation in such workshops can provide an added benefit to recent dental school graduates who can quickly inject themselves into the school system and become known in the community.

Materials are needed for a permanent display to be used at all local workshops and should be provided to all state associations who request it.

57. Resolved, that the American Dental Association provide a related "Learning About Your Oral Health" display to each state association requesting it, and be it further

Resolved, that the suggested contents of the display include:

Tooth Survival Book—Suggested Use—libraries/dental offices (W-009)

Tooth Chicken Booklet (W-031)

Plaque Control Kit (W-527)

Large Toothbrush and Flossing Model (W-561 and W-562)

Speakers' Flip Chart

Poster Packet (contains one poster of each available) (W-531)

Elementary School Poster Set (clay people with dental health message) (W-533)

Introduction of Dental Office Booklet (W-001)

Massachusetts Dental School

Electronic Voting

The following resolution adopted by the Massachusetts Delegation to the ADA House of Delegates was submitted by Dr. Robert E. Hunter, secretary, Massachusetts Dental Society and transmitted on September 11, 1984 by Mr. Matthew E. Boylan, Jr., executive director, Massachusetts Dental Society.

Background: The 1984 ADA House of Delegates will consider many issues which will have far-reaching effects on our respective constituent society/association membership. This year alone, we as delegates or alternates, will vote on issues amending our bylaws, dues increases, and a national institutional advertising program to mention only a few, which will immediately affect our membership.

Several years ago, this House voted to implement and install the current electronic voting apparatus to expedite the business before us. On routine items of business, the system has worked well, however, there would appear to be growing concern among the members of the House of inappropriate use of the system by some delegates. Specifically referred to is a delegate voting on multiple machines at one time. When this occurs it distorts the outcome of a vote when compared with the number of delegates present in the House at any given time.

A fail-safe mechanism must be employed in concert with the electronic voting apparatus which permits only delegates or alternates who are on the floor of the House of Delegates to cast a single vote via the electronic system. The following resolution is thereby submitted.

49. Resolved, that the ADA determine and implement a mechanism in concert with the present electronic voting apparatus, which permits only delegates and/or alternates actually on the floor of the ADA House of Delegates to cast one vote on one electronic machine per issue, and be it further

Resolved, that until such time that this fail-safe mechanism is installed, electronic voting in the ADA House of Delegates be suspended.

Massachusetts Dental Society

Annual Workshop on Chemical and Drug Dependency

The following resolution adopted by the Massachusetts Delegation to the ADA House of Delegates was submitted by Dr. Robert E. Hunter, secretary, Massachusetts Dental Society and transmitted on September 11, 1984, by Mr. Matthew E. Boylan, Jr., executive director, Massachusetts Dental Society.

Background: The Dental Affairs Conference held in Chicago during July 18–20, 1984 included the first workshop on chemical and drug dependency of dentists. The workshop was extremely successful and indicated a need for more knowledge, leadership and direction with respect to this important matter.

The two goals of the workshop were:

- 1. the exchange of experience and ideas by those states having chemical and drug dependency programs, and
- 2. to encourage and assist those states that do not to initiate a program.

Alcoholism and chemical dependency are not moral issues. but rather treatable diseases that can destroy lives, families and one's profession and result in great loss of imagery to dentists and the American Dental Association. It is time for the ADA to provide the leadership, direction and resources to assist its fellow colleagues afflicted with the disease of chemical dependency toward recovery rather than to enable them to continue uninterrupted on the fatal course of their illness. Therefore, be it

50. Resolved, that the American Dental Association conduct annually a one-day workshop on alcohol and chemical dependency in Chicago which would coordinate and utilize the expertise of those constituents that have programs on chemical and drug dependency.

Michigan Dental Association

Amendment of "Bylaws" Regarding Life Membership

The following resolution was adopted by the Michigan Dental Association and submitted on August 14, 1984 by Dr. John G. Nolen, executive director, Michigan Dental Association.

Background: The Michigan Dental Association believes the change in the requirements for life membership enacted by the 1982 House will substantially reduce the number of dues-paying members, thus placing an additional burden on those who pay dues.

The number of years of membership required was reduced, and years of retired membership were, for the first time, allowed as credit toward life membership.

The result is already evident, particularly in the loss of active members to retired status and, therefore, it is believed the change should be rescinded, and the requirements returned to those in effect prior to 1982.

46. Resolved, that Chapter I, Membership, Section 20, Qualifications, Subsection B, Life Member, of the Bylaws be amended by deleting the word and number "thirty (30)" (lines 112-113) and substituting therefor the words and number "thirty-five (35)," and by deleting the words "and/or retired" (line 112 and line 114), so the amended first paragraph of this subsection reads as follows:

B. Life Member. A member in good standing who has been an active member in good standing for thirty-five (35) consecutive years or a total of forty (40) years of active membership, having attained the age of sixty-five (65) years shall be automatically notified as to eligibility as a life member. Such applicant shall be a member in good standing at the time of classification as a life member. Maintenance of membership in good standing in the applicant's constituent and component societies, if such exist, shall be requisite for continuance of life membership in this Association.

Michigan Dental Association

ADA Procedure Codes

The following resolution was adopted by the Michigan Dental Association and submitted on October 3, 1984 by Dr. Michael D. L. Weisenfeld, secretary, Michigan Dental Association.

Background: In the past there have been confusion and differences in interpretations of what services are covered by the American Dental Association codes, therefore be it

72. Resolved, that the American Dental Association use its total influence in suggesting to the Health Insurance Association of America (HIAA), dental service corporations and government programs that they use the standardized American Dental Association codes, and be it further

Resolved, that the explicit definitions of these service codes be uniform so that all fee screens developed from them will accurately reflect the service performed.

New Jersey Dental Association

Employment of Advertising Agencies

The following resolution adopted by the New Jersey Dental Association was submitted on October 1, 1984 by Dr. Richard D'Eustachio, chairman, New Jersey Delegation.

65. Resolved, that the ADA not employ any advertising agency that represents any firm involved with the tobacco industry.

Rhode Island Dental Association

Substitute for Resolution 10

The following substitute resolution was adopted by the Rhode Island Dental Association and submitted on October 21, 1984 by Ms. Valerie Donnelly, executive secretary.

Background: The current financial situation of the American Dental Association has made it difficult for many councils and committees to implement new and innovative programs which might prove to be beneficial to the entire membership in the future. A council may be forced to drop an ongoing program in order to derive adequate funding for a new experimental program. Lack of success in the new program means that not only was an ongoing program lost, but that budgetary monies which may have been sorely needed elsewhere were used to finance an unsuccessful experiment.

It is the opinion of the Rhode Island Dental Association that maintaining the status quo and either not developing new viable programs or only being able to develop them at the expense of the more established ones does not bode well for the future of dentistry.

The major purpose of this resolution is to acquire funding for councils and committees to implement new ideas for a period of one to three years so that it may become apparent whether the program is viable and should become a normal budgetary item or is unsuccessful and should be discontinued.

At the 1983 Annual Session of the House of Delegates of the American Dental Association, many delegates felt that Reserve Division monies should not be used to fund normal budgetary operating expenses (Resolutions 73–1983, 80RCb–1983, 80RCc–1983 and 92–1983) (*Trans.* 1983:570).

Although none of the aforementioned resolutions were adopted, all were referred to the Board of Trustees for study and report to each constituent society by June 1, 1984 and the 1984 House of Delegates.

This study is given in Board Report 5 (*Supplement 1*:310), which states that the House of Delegates may not tell the Board of Trustees how to utilize Reserve Division funds because:

Under both Illinois law and ADA's *Bylaws*, the general outline is that a Board of Directors must be responsible for day-to-day management of the organization, while the members, as represented by the House of Delegates, are responsible for policy of the broad aims of the Association.

The question which the 1984 House of Delegates must answer is whether putting limitations upon the usage of Reserve Division monies is to be considered the "day to day management of the organization" or is, rather, setting "policy for the broad aims of the Association." If it is to be considered setting *policy*, as we believe, then the House of Delegates has not only the right, but the responsibility to decide upon the directions which this Association pursues in respect to the usage of Reserve Division funds.

Board Report 3 (Supplement 1:281) also refers to Reserve Division funds and states:

After a year of study, the Board has concluded that a change in the Reserve Division is appropriate. To more accurately reflect the function of this division, the Board believes the fund should be renamed the General Fund Investment Account. This Account could be divided into two divisions, a Reserve Division and an Operating Division. The less-liquid Reserve Division would be used for emergencies, litigation and long-term investments, such as the Washington Office Building, ADOSC, and equities. The Operating Division could be used for the operating needs of the Association and would be invested in shorter term fixed-income assets. The Board will continue to study this matter and include recommended changes in the 1986 Budget presentation.

The Rhode Island Dental Association applauds the Board for considering this important step. However we wish to propose that the use of the less-liquid Reserve Division be expanded to include the funding of experimental and model projects and innovative programs for a test period of one to three years. We also propose that the principal of this Reserve Division should be allowed to increase each year so that if the time should ever arise when the Operating budget cannot be completely supported by other means, the Reserve Division will be producing enough of the annual income that the viability of our organization will be maintained without having to deplete the Reserve Division principal. Therefore, be it

10S-1. Resolved, that the primary purpose of the Reserve Division of the American Dental Association is for long-term investments so as to be available to assist the Association in responding to emerging need in the years to come, to provide a resource that will respond to emergencies and litigation, and to provide seed money to test new programs and ideas, which are of limited duration, not to exceed three years, and be it further

Resolved, that monies used for emergencies, litigation, and to test new programs and ideas shall be limited to no more than 50% of income from Reserve Division funds in each fiscal year so as to permit accumulation and addition to the corpus, this limitation to be reviewed at least every three years, and be it further

Resolved, that to achieve the aforementioned purposes, money shall be distributed according to rules and criteria to be developed by the Board of Trustees and recommended to the 1985 House of Delegates for its approval.

Utah Dental Association

Amendment of "Constitution and Bylaws" Regarding Use of the Terms "Constituent Societies" and "Component Societies"

The following resolution adopted by the Utah Dental Association was submitted by Dr. Daniel W. Benton, delegate, Utah Dental Association and transmitted on August 16, 1984 by Mr. Monte D. Thompson, executive director, Utah Dental Association.

Background: The *Constitution and Bylaws* establishes constituent societies and component societies. Such terms are not in common usage and are a significant communication block even among experienced dental society leaders.

- **51. Resolved,** that the *ADA Constitution and Bylaws* be amended to:
 - 1. replace the word "constituent" with the word "state" and the word "component" with the word "district" everywhere they appear in the *Constitution and Bylaws*,
 - 2. define a "state society" as "constituent society" as presently defined, and
 - 3. define a "district society" as "component society" as presently defined.

First Trustee District

Substitute for Resolution 30

The following substitute resolution for Resolution 30 (*Supplement 1*:244) was adopted by the First Trustee District and submitted on October 1, 1984 by Mr. Matthew E. Boylan, Jr., executive director, Massachusetts Dental Society.

30S–1. Resolved, that the American Dental Association proceed to identify alternate forms of professional liability insurance on a continuing basis for inclusion in its annual reports to the ADA House of Delegates.

First Trustee District

Membership Service Premium Discount for ADA Member Subscribers to Professional Protector Plan (PPP)

The following resolution adopted by the Massachusetts Delegation to the ADA House of Delegates and subsequently by the First Trustee District was submitted by Dr. Robert E. Hunter, secretary, Massachusetts Dental Society and transmitted on September 11, 1984, by Mr. Matthew E. Boylan, Jr., executive director, Massachusetts Dental Society.

Background: Membership recruitment and retention is a priority issue for both the American Dental Association and its constituent societies and associations. Each of the organizational levels of dentistry is concerned about a method which can be employed to retain present members and attract new members. Key to our respective recruitment and retention efforts are benefits and/or services which represent an immediate *tangible* value to existing or potential members.

In this past fiscal year, the ADA's Professional Protector Program (PPP) underwent drastic change with respect to underwriting and premium structure. Both the ADA and its constituents spent vast sums of money reviewing, monitoring, negotiating and implementing the program. These activities were certainly a membership service and benefit, but quite possibly not readily observable to the membership.

However, not only the membership benefited, but so too, did *nonmembers*.

In virtually every state, nonmembers can and do subscribe to PPP under the same rating formula as members. Therefore, in a very real sense, nonmembers benefit from the labors of organized dentistry. It can be argued that this situation is not unlike many of the advantages received from efforts put forth by the ADA and its constituents. However, in this particular instance, the situation can be modified to the member's benefit.

The American Association of Oral and Maxillofacial Surgeons has negotiated a professional liability program with a major underwriter which provides a rating (premium) differential for members versus nonmembers. It is reported that the differential is 5% to the advantage of members.

Considering the gravity of present and future premiums for liability insurance, a discount to members of this order could conceivably equate to as much as 25% or more of a member's dues. We in Massachusetts believe the ADA should negotiate a similar agreement with our professional liability insurance carrier.

48. Resolved, that the American Dental Association, through its Professional Protector Program underwriter, provide members with a positive rate differential over nonmembers in its endorsed program.

First Trustee District

Definition of PPO Dentists

The following resolution was adopted by the First Trustee District and submitted on October 1, 1984 by Mr. Matthew E. Boylan, Jr., executive director, Massachusetts Dental Society.

Background: In the past, the American Dental Association has referred to many of its members in negative terms. For example, the terms "non-par" and "non-preferred" are often used to describe dentists who chose to practice without being bound by a particular contract.

To avoid such negative connotation, we recommend the following:

71. Resolved, that the American Dental Association in its communications and internal documents use the term "independent provider" when referring to dentists who have no contractual obligation to a particular pre-paid dental care plan but whose obligation is solely to the patient.

acknowledgement of these overriding historic facts. It would appear that a more effective policy both for the profession and for the public, would be for the Association to recognize this condition openly and to articulately express it rather than leaving public discussion of this problem to non-professional journals and *Forbes* magazine.

98. Resolved, that the rhetoric in public statements made by the American Dental Association be modified to include the recognition that a surplus of dentists does exist to meet the current demand for dental service, and be it further **Resolved,** that the Association point out publicly, when appropriate, the negative implication of this condition for the future health of the nation.

First Trustee District

Recognition of Dental Manpower/Dental Demand Imbalance

The following resolution was adopted by the First Trustee District and submitted on October 21, 1984 by Dr. Herbert Schilder and Dr. Robert E. Hunter, secretary, First Trustee District.

Background: A perception exists in governmental bodies, unsupported by any hard data available from this Association, that an imbalance does not exist regarding the number of practicing dentists and the realistic dental demands of the public. The recent *Report to the President and Congress on the Status of Health Personnel in the United States* issued by the Department of Health and Human Services is a significant case in point. This important document informs the President and the Congress, in detail, of the significant imbalances that are developing in the field of medicine, leading by 1990 to a surplus of between 70,000–63,000 physicians. The same report indicates a relative *balance* of dental manpower by the year 2000!

Other estimates indicate a variety of oversupply projections for dental manpower. A surplus of as much as 100,000 dentists in the United States by the year 2000 was predicted recently in a sobering report by Dr. John Hein, president, International College of Dentists. Most delegates to this House seem to be sensitive to this matter, and a clear perception seems to exist that truly remarkable changes in manpower would be required to occur to bring manpower and realistic demand into balance during the next decade or two.

Misperceptions that are reported in governmental documents are due in part to misinterpretation of existing data disseminated from time to time by the American Dental Association itself. Since the monumental changes that have occurred in dental disease patterns vis-a-vis manpower projections appear to be self-evident, the existence of public statements made by the ADA which sidestep the consequences of this condition are difficult to understand. It may be due in part to a persistent feeling that the House wishes to discourage public

Second Trustee District

Nonmember Surcharge for Services and Materials

The following resolution was adopted by the Second Trustee District and submitted on September 24, 1984 by Dr. S. Steven Jones, executive director, The Dental Society of the State of New York.

Background: Many American Dental Association activities and services result in the betterment of the entire dental profession as well as the protection of the health of the public. All dentists, both members and nonmembers, reap benefits involving governmental relations; research; accreditation of educational programs and schools; certification of dental materials and products; audiovisual and educational materials; public education; health and economic surveys and statistics; various marketing strategies and services; as well as the benefits of educational and media efforts.

A vast array of additional services are available specifically for dentists at a modest fee. A nonmember dentist can now utilize and enjoy a multitude of membership services at a total cost to him (including nonmember surcharges) far below the amount for ADA dues. The disparity becomes vastly greater when the aggregate tripartite dues structure is compared to the costs of these services. Desirable insurance programs now are available from other sources which do not require the dues structure of the ADA.

The 1982 House of Delegates wisely acted to protect the integrity of membership services by setting policy for a surcharge to nonmember dentists (Resolution 26H–1982; *Trans.* 1982:505). However, these modest surcharges do not create a significant differential and thus do not encourage nonmember dentists to join the Association.

59. Resolved, that the Division of Membership Services set up categories of membership services and materials which should be reserved exclusively for the use of dentists, and be it further

Resolved, that, for these services and materials, each request by a nonmember dentist shall carry a one hundred dollar (\$100) charge over and above any fee charged a member.

Second Trustee District

Reduction in Duplication of Membership Services

The following resolution was adopted by the Second Trustee District and submitted on October 21, 1984 by Dr. S. Steven Jones, executive director, Second Trustee District.

Background: Organized dentistry on all of its three levels constantly seeks to provide additional services to the membership. This commendable activity reflects our determination to remain relevant and to insure the identification necessary for recruitment and retention of members. However, there is a danger that in the course of time some of the programs established are duplicated at two or more levels. One result of such duplication of services is the confusion of our members when they must choose between like services offered under different auspices. The impression given is one of competition rather than coordination and integration within the

Undoubtedly, some programs, although duplicative, exist at each level to satisfy perceived financial or identity advantages. As an example, this is probably most true of the myriad of insurance programs offered to the membership. It does seem that some accommodations are possible which would address these concerns, while presenting a non-competitive and perhaps unified package of insurance programs. Other examples are seen in the duplication of membership information brochures and booklets and most recently in the establishment of continuing education registries at both state and national levels.

As we seek to control expenses and increase efficiency it is appropriate for the Board of Trustees to initiate a broad based study aimed at identifying the degree of duplication of services and programs and then to suggest ways to reduce this expensive and inefficient practice. Perhaps such a study could also lead to a clearer delineation of the roles of the respective levels to determine which level can best provide particular services.

99. Resolved, that the Board of Trustees investigate means of reducing duplication of membership services among the three levels of organized dentistry in order to make recommendations aimed at eliminating such duplication and specifically defining which level could best provide particular services.

Fourth Trustee District

Appointment of Ad Hoc Committee to Investigate Dental **School Accreditation Process**

The following resolution adopted by the Fourth Trustee District was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda I, Bucher, executive director, Delaware State Dental Society.

Background: A dental school in our jurisdiction continued to have academic, administrative and internal turmoil through the 1970's which was well known to the public and the profession. The institution, in late 1979, engaged and paid a five-man outside investigating committee to evaluate the school. This committee examined all areas including faculty, curriculum, academic standards, basic sciences, instruction, research and scholarly effort. It issued a report of more than 30 pages concluding among a vast array of concerns, that the committee in its individual and collective experiences had "never observed a school in a more troubled condition." The committee believed the institution was in serious crisis and "we are appalled by what we have seen and heard." Sixteen months later, the ADA's Commission on Dental Accreditation, which admits to having the evaluation committee's report, held a site visit and granted the institution full approval. Subsequently, legitimate inquiry over several years by responsible members has led to at least the appearance of "stonewalling" by the Commission and the staff. The Commission on Dental Accreditation and the entire dental school accreditation process are based on integrity and credibility. The perception of the loss of these critical criteria, raises the most fundamental questions about the veracity of the process.

- 63. Resolved, that the President of the American Dental Association immediately appoint an Ad Hoc Committee to investigate and report to the 1985 House of Delegates, at least the following:
 - 1. The continuation of the dental school accreditation process.
 - 2. The continuation in its present format and methodology.
 - 3. Whether the present self-evaluation system serves the purpose of an objective evaluation.
 - 4. The cost effectiveness of the process in light of conclusions reached.
 - 5. The methodology and structure of the complaint procedure.
 - 6. The integrity and credibility of the entire accreditation system.

Fourth Trustee District

Continued ADA Support of Military Dental Officers Corps Legislation

The following resolution adopted by the Fourth Trustee District was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Whereas, the American Dental Association has supported past and present special legislative initiatives for military dental officers corps to meet the unique population served, operational and contingency requirements, be it

64. Resolved, that the American Dental Association continue to support legislation and other administrative initiatives to make certain the dental officers direct and administer the military dental health care delivery system(s) by insuring adequate military grades and annual salaries and special pay(s) are commensurate with the private sector, and recognize that all military dental officers are "critical" to the delivery of comprehensive dental health care and to meet the operational and contingency requirements of their respective military departments, and be it further

Resolved, that the Chairman, Council on Legislation and Chairman, Council on Federal Dental Services, coordinate their activities with the Department of Defense and other appropriate federal agencies and the Congress through the American Dental Association, to attain and maintain the above goals, and be it further

Resolved, that reports of the Councils' activities, issues and concerns, addressed and resolved, be made annually to ascertain that the military dental health care delivery system and military dental officers be afforded proper priority and appropriate compensation by their individual military departments and Department of Defense.

Fourth Trustee District

Listing of Marketshare of Dental Benefit Models

The following resolution adopted by the Fourth Trustee District was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: The knowledge of the share of the market of each type of dental benefit model would be of help to constituent dental care councils when dealing with OUTREACH programs and also in communication with membership and media.

Currently, this information must be gathered on a local and unreliable basis so the information is incomplete and comparisons are lacking. Therefore, be it

66. Resolved, that the Council on Dental Care Programs list the marketshare of each dental benefit model on an annual basis and that this be done within the existing budget.

Fourth Trustee District

Restoring of Dental Insurance Purchaser Contact/Alternate Delivery Systems and Peer Review Workshops

The following resolution, adopted by the Fourth Trustee District, was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: An important service offered to constituent societies by the Council on Dental Care Programs in past years has been the peer review and insurance purchaser contact/alternate delivery systems workshops. This year they were removed from the budget. Since membership on peer review and dental care councils in the constituents changes at regular intervals and since uniformity of action is important when dealing with issues of peer review, dental insurance and alternate delivery systems, the removal of this program from the budget does not seem logical. It is also extremely unfair to "cost-shift" these workshops to the constituents since most constituents in need of these workshops are operating on limited budgets and should receive this service as a membership benefit.

Whereas, workshops on peer review and dental insurance alternate delivery systems are important to constituents attempting to cope with the many changes and problems in these systems, and

Whereas, the workshops foster continuity between the ADA and the constituent societies, therefore be it

67. Resolved, that the budget for dental insurance purchaser contact/alternate delivery systems and peer review workshops be restored.

Fourth Trustee District

Supporting the Concept of Cost Containment in Dental **Care Programs and Delivery Systems**

The following resolution, adopted by the Fourth Trustee District, was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District, and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: The American Dental Association maintains that any form of taxation on health care is both cruel and unjust and that all medical and dental expenses, as well as individual or employer-provided health coverage should be tax deductible. However, if legislative steps are necessary to control the crisis of the national debt, or to control soaring inflationary health costs and over-utilization of health service, then the American Dental Association supports the principle or policy that health care fringe benefit programs to qualify for tax exemption should require some form of cost-sharing on the part of the recipient.

68. Resolved, that the American Dental Association supports the concept of cost containment in dental care programs and delivery systems by discouraging third party payment plans which incorporate "first-dollar" coverages.

Fourth Trustee District

Pit and Fissure Sealants

The following resolution, adopted by the Fourth Trustee District, was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: There has been a growing body of scientific evidence that pit and fissure scalants are a safe and effective primary prevention clinical procedure. In December 1983, a National Institutes of Health Consensus Conference unanimously endorsed the placement of dental sealants as a highly effective and safe means of preventing dental caries on the surfaces of non-carious teeth that contain pits and grooves. On April 19, 1984, the Surgeon General of the U.S. Public Health Service endorsed the measure and urged health agency directors and practitioners to incorporate the use of sealants into their programs and practices, and to increase public awareness of sealants. The Department of Defense also implemented a policy supporting the use of scalants. The American Public Health Association has prepared a statement. Other leading national professional organizations are also considering adopting similar policies.

The American Dental Association:

- Recognizing that oral health is a vital component of total health; and
- Realizing that dental caries (tooth decay) is one of the most common diseases of childhood; and Noting that the sequelae of dental caries include pain. infection, tooth loss, need for costly treatment, and absence from school; and
- Understanding that dental caries is preventable and that prevention of oral disease is preferable to treatment and is a critical element in containing costs of oral health programs; and

- Recognizing that fluorides, the most effective measure for preventing tooth decay in the smooth surface of teeth, are less effective in the pits and fissures of teeth;
- Recognizing that the majority of carious lesions of children occur in the occlusal (chewing) and other pit and fissure tooth surfaces; and
- Realizing that pit and fissure scalants have been evaluated for over 15 years and have been found safe and effective in reducing the incidence of dental decay on these surfaces; and
- Recognizing that the exclusion of payment by private and public dental benefit programs is a major barrier to public acceptance; therefore, be it
- 69. Resolved, that the American Dental Association strongly supports and encourages the combined use of pit and fissure scalants and fluorides in all private dental practices and public dental health programs, and be it further

Resolved, that the Association supports the inclusion of pit and fissure scalants as a covered preventive service in private dental insurance programs and public dental programs, and be it further

Resolved, that the Association urges health agency directors and practitioners to increase the public's awareness of this dental caries preventive measure.

Fourth Trustee District

Increasing Surcharge on Materials Sold to Nonmembers

The following resolution, adopted by the Fourth Trustee District, was submitted by Dr. Francis C. Sarro, Jr., Secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: The ADA currently has a policy which calls for a ten percent (10%) surcharge on materials which are sold to dentists who are not ADA members. Since a great number of the materials for sale by the ADA are priced at less than fifty dollars (\$50), the ten precent (10%) surcharge is meaningless in most cases. Example: The publication "Valuation of a Dental Practice: A Brief Overview for Buyers and Sellers' sells for \$7.95 to members and \$8.75 to nonmembers.

Whereas, the benefits of membership should be significant enough to encourage nonmember dentists to join the Association, and

Whereas, the resolution only affects dentists who are not members of the ADA, be it

70. Resolved, that a ten dollar (\$10.00) surcharge be placed on all items which are sold by the ADA to nonmember dentists which list at less than fifty dollars (\$50), and that a twenty percent (20%) surcharge be placed on all items which list for more than fifty dollars (\$50).

Fourth Trustee District

Definition of Preferred Provider Organization and PPO Participating Dentists

The following resolution, adopted by the Fourth Trustee District, was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District, and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: The designation of "Preferred Provider Organization" (PPO), which has come into customary use in the past few years to identify an agency whose health care is performed by contract providers, implies a superiority of services that may not in fact exist. The terms "Contract Provider Organizations" (CPO) for the agency and "contract dental provider" for the dentists who service the plans provide a more accurate description of the type of contract dentist system which endeavors to provide services to members of an insured group.

73. Resolved, that the ADA use the terms "contract dental provider" instead of "preferred provider" and "Contract Provider Organization" (CPO) instead of "Preferred Provider Organization" in all of its internal and external communications when referring to PPOs, and be it further

Resolved, that the ADA Council on Legislation take such measures feasible to influence the federal government to accept and use these identification changes, and be it further

Resolved, that the ADA encourage the American Medical Association to accept and use "Contract Provider Organization" (CPO) in lieu of "Preferred Provider Organization" (PPO).

Fourth Trustee District

Fraudulent and Unethical Practices Involving Dental Care Programs

The following resolution adopted by the Fourth Trustee District was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 1, 1984 by Ms. Brenda J. Bucher, executive director, Delaware State Dental Society.

Background: Some causes of inflated dental costs are over-billing and other fraudulent practices involving dental care programs. These practices have been shown to increase premium costs to the dental care purchaser and as a result inflate the overall cost of dental care. As a cost containment measure, it is important that the ADA take an active role and eliminate fraud in dental care programs.

79. Resolved, that the ADA Board of Trustees instruct the appropriate agencies of the ADA to actively seek to define, confront and eliminate fraudulent and unethical practices involving dental delivery systems and dental care programs.

Fourth Trustee District

Explanation of Benefits by Dental Benefit Plans

The following resolution adopted by the Fourth Trustee District was submitted by Dr. Francis C. Sarro, Jr., secretary, Fourth Trustee District and transmitted on October 22, 1984 by Mrs. Brenda J. Bucher, executive director, Delaware State Dental Society.

Whereas, the disruption of the dentist-patient relationship and the creation of poor public relations in general is a result of the many "Explanation of Benefits" used by dental benefit plans as related to clarification of usual and customary payments, and

Whereas, many usual and customary schedules are months and some years behind in being updated plus the myriad of socio-economic reasons why fees for what appears to be the same type procedure vary widely in the same geographic area,

Whereas, the Council on Dental Care Programs under "Advice to Purchasers" recognizes the problem inherent in the calculation of benefits under a UCR (R&C) program by saying that "misunderstandings between patients and dentists that result from the method used to calculate benefits via UCR (R&C) program may be resolved by a plain language description of that method being provided to subscribers in their benefit booklet or other expository material. Therefore, be it

102. Resolved, that Resolution 96H–1983 (*Trans.*1982: 522), which recommends to carriers language to be used in communications with carriers, be amended by addition of the following resolving clause:

Resolved, that specifically for UCR programs "limitation of benefits" be explained in pamphlets, brochures and other publications and that these publications present the many and varied reasons why usual and customary benefits may deviate from what the patient might expect.

So that the amended policy reads:

Resolved, that the ADA Council on Dental Care programs encourage all third party carriers to include the statement, "Any difference between the fee charged and the benefit paid is due to limitations in your dental benefit plan contract," or a statement of similar intent in all communications to subscribers relating to their policy benefits, and be it further **Resolved,** that specifically for UCR programs "limitations of benefits" be explained in pamphlets. brochures and other publications and that these publications present the many and varied reasons why usual and customary benefits may deviate from what the patient might expect.

Fourth Trustee District

Differences in Modes of Practice Between Dentistry and Medicine

The following resolution was adopted by the Fourth Trustee District and submitted on October 23, 1984 by Ms. Brenda Bucher, executive director, Delaware State Dental Society.

Background: This resolution is offered in order to properly inform legislative committees who review positions on health policies in considering legislation that may affect dentistry. It is often difficult for lay persons to understand the unique differences that may preclude separate and individual consideration in laws and policies related to dentistry. Therefore, be it

111. Resolved, that the American Dental Association seek outside funding of an independent agency or group to conduct a definitive study on the differences between medicine and dentistry on the practice, modes of delivery and financing of medical and dental services.

Fifth Trustee District

Substitution for Resolution 3

The following amended resolution was adopted by the Fifth Trustee District and transmitted under date of October 8, 1984 by Dr. Robert R. Repass. secretary-treasurer of the Fifth Trustee District.

3S–1. Resolved, that the statement on "Policy on Licensure of Foreign-Trained Dentists" (Reports: 45) be amended by addition to the last sentence of the first paragraph of the phrase "and for the protection of the citizens of the state," the amended sentence to read:

State licensure is a critical element in preserving that standard of practice and for the protection of the citizens of the state.

and be it further

Resolved, that the statement on "Policy on Licensure of Foreign-Trained Dentists," be amended by deletion from the last sentence of the third paragraph of the word "Recommended." the amended sentence to read:

Minimum educational standards for licensure of a graduate of a nonaccredited school are:

and be it further

Resolved, that the statement on "Policy of Licensure of Foreign-Trained Dentists" be amended by replacement in the first numbered point of the word "suggested" with the word "required," the amended point to read:

1. Completion of a supplementary predoctoral education program in an accredited dental school. A supplementary education program of at least two academic years is required.

and be it further

Resolved, that the statement on "Policy on Licensure of Foreign-Trained Dentists," as amended, be approved, and be it further

Resolved, that Resolution 69H (*Trans.* 1983:514) relating to educational requirements for licensure of foreign-trained dentists, be rescinded.

Fifth Trustee District

Substitute for Resolution 11

The following substitute resolution was adopted by the Fifth Trustee District at its September 29–30, 1984 caucus in Atlanta, Georgia and was transmitted on October 8. 1984 by Dr. Robert P. Repass, secretary-treasurer, Fifth Trustee District.

11S-1. Resolved, that the ADA, through the appropriate agency, initiate an aggressive program to educate prospective purchasers of dental payment programs on the advantages of direct reimbursement, and be it further

Resolved, that this education program be implemented through public service announcements and printed materials stressing cost containment, freedom of choice and other advantages; and be it further

Resolved, that the appropriate agency of the ADA be funded at a level to permit this agency to assist constituent societies with a purchaser contact program when requested, including trained staff for consultation.

Fifth Trustee District

Amendment to Resolution 19

The following amended resolution was adopted by the Fifth Trustee District at its September 29–30, 1984 caucus in Atlanta, Georgia and was transmitted on October 8, 1984 by Dr. Robert P. Repass, secretary-treasurer, Fifth Trustee District.

Amend Resolution 19 by adding the phrase "and 'contract provider organization' (CPO) in lieu of 'preferred provider organization' (PPO)" between the words "'. . . provider'" and "when." The amended resolution reads as follows:

19S–1. Resolved, that the ADA, in its communication with outside agencies and in its internal documents, use the term "contract dentist provider" in lieu of "preferred provider," and "contract provider organization" (CPO) in lieu of "preferred provider organization" (PPO) when discussing issues related to PPOs.

Fifth Trustee District

Dental Care for Military Dependents

The following resolution was adopted by the Fifth Trustee District at its September 29-30, 1984 caucus in Atlanta, Georgia and was transmitted on October 8, 1984 by Dr. Robert P. Repass, secretary-treasurer, Fifth Trustee District.

Whereas, the Department of Defense has shown its great concern for the dental health of all military dependents by securing legislation by Congress that authorizes comprehensive dental care of military dependents on a space-available basis at any U.S. military dental facility in the world, and

Whereas, the primary mission of U.S. military dentists is to provide comprehensive dental care for the active duty military personnel, and

Whereas, it would be impossible for the existing military dentists to provide any more than limited, superficial dental care for the more than two million dependents, now therefore be it

84. Resolved, that the ADA seek legislation authorizing the Department of Defense to establish a CHAMPUS-type program with a graduated co-payment schedule that would be based on the rank of the military person whose dependents were seeking dental care, with lower grade enlisted personnel receiving the highest percentage of benefits, and be it further

Resolved, that the dependent would have free choice between seeking care in the military clinic or in the private sector.

Sixth Trustee District

Establishment of an ADA Foundation

The following resolution was adopted by the Sixth Trustee District Caucus on October 6, 1984 and submitted by Dr. R. Malcolm Overbey, trustee, on October 15, 1984.

Background: The purpose of our ADA is to promote the oral health of the citizens of these United States. The enhancement of the American Dental Association and the services it provides benefits the citizens of our country.

The recent changes in tax reform legislation have made possible a new view in estate planning. Various instruments are in place which allow charitable contributions to organizations such as an ADA foundation at very little or no net cost to the donor by taking advantage of tax laws.

The income developed by the endowment can make possible improvements in the organization that would otherwise be cost prohibitive. A sizable endowment developed by proper estate planning by the members can open new vistas in the profession of dentistry.

90. Resolved, that the Board of Trustees study the feasibility of establishing an appropriate foundation or utilize an existing foundation for the purpose of receiving such tax deductible contributions with the intent that income derived from such foundation be available to the ADA for programs promoting the objectives and principles of the ADA and report the results of the study to the 1985 House of Delegates.

Sixth Trustee District

Duplication of Membership Services

The following resolution was adopted by the Sixth Trustee District Caucus on October 6, 1984 and submitted by Dr. R. Malcolm Overbey, trustee, on October 15, 1984.

Background: There is concern among members of the Sixth Trustee District about the increase in the duplication of certain membership services by component dental societies, constituent dental associations, and the American Dental Association. While there will always be some duplication, there is concern about the increasing duplication and attendant cost to the members. Recent examples are the marketing of dental office computer systems by several constituent associations and the ADA insurance programs, etc.

These duplications are costly to the sponsoring organizations because of start-up, marketing and other related costs. Further, they are competing against each other for the same dental market. Because of this competition, anticipated cost efficiencies and financial returns may not be realized by the organizations. Additionally, these duplicative membership services are confusing to the membership.

Therefore, the Sixth Trustee District offers the following resolution.

91. Resolved, that the ADA Board of Trustees, through the appropriate council or agency study the duplication of membership services by component and constituent societies and the ADA, and be it further

Resolved, that the results of this study be reported to the 1985 House of Delegates.

Sixth Trustee District

"Professional Pay" for Reserve Dental Officers

The following resolution was adopted by the Sixth Trustee District Caucus on October 6, 1984 and submitted by Dr. R. Malcolm Overbey, trustee, on October 15, 1984.

Background: Professional pay (pro pay) for reserve medical and dental officers was first authorized legally as a category of "special pay" under USC Chapter 5 in 1947. A change in wording of the authorizing statute negated the above decision in 1974. However "pro pay" for reserve medical officers was reinstated in 1980. The House of Delegates passed a resolution in 1981 (Trans. 1981:608) that called for the ADA to use all possible means to restore "professional pay" for reserve dental officers. Now, it is time to re-emphasize our objection to present policy and continue to restore the lost and most deserved "pro pay" for reserve dental officers.

92. Resolved, that the ADA, through the appropriate agencies, use all possible means to restore "pro pay" for reserve dental officers while on active duty, and be it

Resolved, that the appropriate ADA agencies coordinate their activities with the Department of Defense and other appropriate federal agencies, and the Congress to restore the lost "pro pay" for reserve dental officers, and be it further

Resolved, that the appropriate ADA agencies report to the 1985 House of Delegates on their activities.

Sixth Trustee District

Dental Care for Military Dependents

The following resolution was adopted by the Sixth Trustee District Caucus on October 6, 1984 and submitted by Dr. R. Malcolm Overbey, trustee, on October 15, 1984.

Background: Congress recently passed legislation that will allow military dependents to receive dental care at military nstallations on a space-available basis worldwide. This will begin July 1, 1985 and military installations will not increase their facilities or the number of dentists to provide any space-available care that will be received by dependents.

The ADA has emphasized that a comprehensive dental care program for dependents of military personnel should be provided through the offices of civilian dentists. In support of this, the Sixth Trustee District recommends the following resolution.

93. Resolved, that the ADA support legislation in the upcoming 99th Congress that will provide a dental insurance program for military dependents to go along with space-available dental care.

Sixth Trustee District

Assistance to Dentists Seeking Public Office

The following resolution was adopted by the Sixth Trustee District Caucus on October 6, 1984 and submitted by Dr. R. Malcolm Overbey, trustee, on October 15, 1984.

Whereas, dentists presently hold elected offices in every state, and

Whereas, there are dentists throughout the country who have interest in seeking political office at various levels, including the U.S. Congress and state legislatures, and

Whereas, there is a need for the dental profession to be represented more in elected positions; therefore, be it

94. Resolved, that the American Dental Association develop a program, through the appropriate agencies, to identify those dentists who hold elected public office and encourage and assist those dentists who have an interest to seek public office in an organized and effective manner.

Eighth Trustee District

Substitute for Resolution 34

The following substitute resolution for Resolution 34 was adopted by the Eighth Trustee District Caucus on September 19, 1984 and submitted on October 15, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

34S–1. Resolved, that the American Dental Association constructively reassess the status of dental education in medical schools by establishing a dialogue with medical educators in order to maintain close involvement in this issue.

Eighth Trustee District

Amendment of "Bylaws" Regarding Office of Executive Director

The following resolution was adopted by the Eighth Trustee District on September 19, 1984 and transmitted on October 5, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

Background: The purpose of this resolution is to remove the requirement that only a dentist serve as Executive Director of the Association. While the Eighth Trustee District does not intend this as a negative reflection on the current administration, nevertheless it is felt that the ADA Board of Trustees should have the capability to select whomever they choose for this office without restriction.

Similar resolutions were considered by both the 1979 and 1980 ADA House of Delegates, and the Eighth Trustee District feels that the subject is appropriate for consideration again.

Although the Association has been fortunate to have had competent leadership in the past by dentists serving in this capacity, in the event that an executive director could not fulfill his duties, the Board of Trustees is not empowered at present to select a non-dentist under the current *Bylaws*, even on a temporary or "acting" basis. The Eighth Trustee District believes this provision unnecessarily restricts the prerogatives of the Board and so presents the following resolution.

- **81. Resolved,** that Chapter VI, Board of Trustees, Section 90, Duties, of the *Bylaws* be amended by the deletion of Subsection B and the substitution therefor of the following new Subsection B.
 - B. To appoint the Executive Director, Treasurer and Editor of the Association. The Treasurer and Editor shall be active, life or retired members of the Association.

and be it further

Resolved, that Chapter VIII, Appointive Officers, of the *Bylaws* be amended by the deletion of Section 20, Appointments, and the substitution therefor of the following new Section 20:

Section 20. Appointments. While any active, life or retired member in good standing may be appointed to an appointive office by the Board of Trustees, the Board of Trustees shall appoint only an active, life or retired member to the offices of Treasurer and Editor.

Eighth Trustee District

Dental Care for Military Dependents

The following resolution was adopted by the Eighth Trustee District on September 19, 1984 and transmitted on October 5, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

Background: The American Dental Association has long advocated the establishment of a civilian-based program of comprehensive dental care for dependents of active duty military personnel. Recent efforts to achieve this objective have been hampered by the development of an alternative Defense Department proposal which would permit military dependents to obtain routine dental care at U.S. military facilities on a "space-available" basis. Existing policies of the Association stipulate that military dentists and facilities should not be available for the provision of dependent dental care except for emergencies and other unusual circumstances as currently defined in law. There is a concern that a failure to reconcile these two competing philosophies will further retard Congressional approval of a dental insurance plan for military dependents.

A modified program which allows military dependents the freedom of choice with respect to the provider of services would appear to satisfy both objectives. Under this approach, dependent personnel would have the option to obtain dental care (1) from civilian practitioners on a cost-sharing basis through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or (2) at military facilities when space, time and other resources are available. The adoption of this proposal would not serve as a justification for an expansion of existing military dental facilities or staff. Priority for the provision of "space-available" dental care should be given to the dependents of lower pay grade enlisted personnel if possible. Therefore, be it

82. Resolved, that the American Dental Association endorse a dental care plan for military dependents which ensures the beneficiary a freedom of choice to obtain services through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or at military facilities on a space-available basis, and be it further **Resolved,** that priority for the provision of such dental care that may be available at U.S. military dental facilities be given to dependents of lower pay grade enlisted personnel, and be it further

Resolved, that the dental needs of active duty military forces not be impaired by the on-base provisions of dental services for dependent personnel, and be it further **Resolved,** that no additional dental staffing or other resources be provided for dependent care beyond that required for the provision of services for active duty personnel.

Eighth Trustee District

Amendment of "Bylaws" Requiring Unanimous Consent for Amendment of Dues

The following resolution was adopted by the Eighth Trustee District and submitted on October 8, 1984 by Mr. Robert Rechner, secretary, Eighth Trustee District.

85. Resolved, that Chapter XX, Amendments, Section 20, Amendment Relating to Dues, of the Bylaws be amended by deleting the word "unanimous" and by substituting therefor the words and number "seven-eighths (7/8)," to make the amended section read as follows:

Section 20. Amendment Relating to Dues. An amendment to these Bylaws effecting a change in the dues of active members shall be adopted only if the proposed amendment has been presented in writing at the previous session of the House of Delegates or by seven-eighths (7/8) vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session.

Eighth Trustee District

Pilot Program Using Innovative Purchaser Contact System

The following resolution was adopted by the Eighth Trustee District and submitted on October 21, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

Background: The Association has often stated that fee-for-service dentistry is a proven method of delivery of dental care in a cost effective manner. The Eighth Trustee District believes that much of the success of marketing alternative dental delivery systems has been due to misinformation and distortion of facts. The best way to combat such inaccuracies would be to update and revitalize the purchaser contact program of the Association at the local level.

Accordingly, the Board of Trustees is urged to fund a prototype purchaser contact program which will analyze and advise purchasers in a comprehensive fashion covering all forms of dental benefit programs. This prototype program would utilize a computer analysis of existing benefit programs along with support materials to aid dentists in making effective local contacts. The Eighth Trustee District recommends an appropriation of \$50,000 to be allocated toward such a prototype program.

86. Resolved, that the Board of Trustees be urged to allocate necessary funds to develop a pilot program to be used as a base to revitalize the ADA's purchaser contact program, and be it further

Resolved, that the ADA provide legal, informational, and statistical assistance to this program, and be it further Resolved, that the progress of this program be reported to the 1985 House of Delegates.

Eighth Trustee District

Role of Dental Consultants

The following resolution was adopted by the Eighth Trustee District and submitted on October 21, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

Background: In many cases disputes between third party carriers and attending dentists arise due to the actions of dental consultants and their handling and treatment of specific claims. It is commonly held that properly executed insurance claim forms constitute a legal document as to the veracity of the quantity and quality of the services performed and the fees charged. Dentists can, in fact, be prosecuted for mail fraud and for intentionally submitting falsified claim forms.

It is the opinion of the Eighth Trustee District that dental consultants have many times exceeded their role, and the American Dental Association should adopt a position statement clarifying the proper role of these consultants.

- 96. Resolved, that the American Dental Association takes the position that dental consultants to third party carriers should not exceed their legitimate role in the processing of insurance claims, and specifically, dental consultants should not:
 - 1. change code number as submitted without the permission of all attending dentists;
 - 2. redefine code numbers without prior notification of all practitioners;
 - 3. disapprove complex specialty cases without seeking the advice of appropriate specialists.

and be it further

Resolved, that the ADA urge the dental insurance industry to identify dental consultants by name in any correspondence to practicing dentists, and be it further Resolved, that the ADA notify the dental insurance industry of this position.

Eighth Trustee District

Tenth Trustee District

Assistance with Dental Education Studies

The following resolution was adopted by the Eighth Trustee District and submitted on October 21, 1984 by Mr. Robert A. Rechner, executive director, Illinois State Dental Society.

Background: Dental education has seen many changes in recent years largely due to the health manpower legislation of the 60s and 70s. Most dental school facilities have been built or renovated during this period with fourteen new dental schools being established and first year enrollment increasing 67% (from 3,616 to 6,030).

The needs that were forecast in the late 1960s about increased demand for dental care, increased projected population, and an increased need for dental manpower have not come true.

Further, the use of fluoride has helped cut tooth decay in American children by one-third in the past decade. A 1979-80 survey by the National Institute for Dental Research found that 59% of children 5 to 11 years of age have never had a cavity. Children, ages 5 to 17, were 37% cavity-free, as compared to 28% in 1971-73. Fluoridated water supplies and fluoride toothpaste are given the most credit for gains in the fight against tooth decay. The survey further reveals that just over half the U.S. population now benefit from fluoridated water, and fluoride toothpaste now accounts for 80% of the American market. Also aiding in the cause to reduce decay are dentists who prescribe fluoride dietary supplements and schools that provide fluoride mouthrinse programs. Finally, since 1960, practicing dentists have dramatically increased productivity by the use of high-speed equipment, four handed dentistry, and increased utilization of hygienists for preventive procedures.

Because of all these factors, many practicing dentists believe that the continued high number of students graduating dental school far exceeds the number needed to meet dental demand.

97. Resolved, that the ADA encourage and assist constituent dental societies in conducting dental manpower studies to compile data and statistics on the number of dentists needed to serve the public and the optimum number of dental graduates needed to fulfill this need, and be it further

Resolved, that the ADA encourage and assist constituent societies in preparing legislation that may be used to petition state legislatures to adjust enrollment in public funded dental schools to an optimum level.

Amendment of "Bylaws" Regarding New Graduate Dues

The following resolution was adopted by the Tenth Trustee District and submitted on October 21, 1984 by Mr. Robert A. Harder, executive director, Minnesota Dental Association.

Background: Resolution 28H (Trans. 1983:568) adopted by the 1983 House of Delegates was, unfortunately, a compromise recommendation by the reference committee and resulted in a dues schedule for new graduates that is both financially and philosophically unsound. In 1982 the Michigan Dental Association introduced a resolution for consideration by the 1983 House that proposed a graduated schedule of dues for new graduates. This resolution spoke to the need to encourage new graduates to seek and maintain membership by providing a dues schedule that would accommodate the recent graduates as they were in the process of building their practices. The reference committee also considered a substitute resolution by the ADA Board of Trustees and received testimony from the American Student Dental Association (ASDA) asking for a dues schedule that would grant further reduction of dues for those persons who had been ADA student members (and members of ASDA) in their junior as well as senior year in dental school. The compromise recommended by the reference committee, and adopted, is a nightmare. Unfortunately, the very nature of this resolution was complicated and, due to its late scheduling on a very long agenda, was not debated.

There is no argument regarding the importance and need of the membership of new graduates; and to that end it is contended that the dues structure be such that makes membership attractive and feasible to all new graduates — not just those who were student members. This concept is supported by the student delegation to the Minnesota Dental Association House of Delegates. To ignore and unduly "penalize" the non-student member is shortsighted, impractical and does not address the real concern of the ADA or its constituent and component societies. It should be recognized that the purpose of a reduction in dues is to encourage as many new graduate members as possible. The *Bylaws* amendment adopted by the 1983 House was without financial logic or concern for administration.

100. Resolved, that Section 50A of Chapter I of the *Bylaws* be amended by the deletion of the second and third paragraphs thereof (lines 307–344) and substituting the following:

The dues of members upon graduation from dental school or dentists who have completed an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by the Association nor accredited by the Commission on Dental Accreditation of this Association or a residency program or advanced education program in areas recognized by the Association and in a program accredited by the

Commission on Dental Accreditation of this Association shall be waived for the balance of the year in which they graduate or complete such program. For the years thereafter, the dues of members upon graduation from dental school shall be 20% of the dues of active members for the first complete calendar year after graduation, 40% in the second year, 60% in the third year, 80% in the fourth year, and 100% thereafter, subject to the further reductions permitted under the provisions of Chapter 1, Section 50H of these Bylaws.

Eleventh Trustee District

Substitute for Resolution 80RCc-1983

The following substitute resolution was adopted by the Eleventh Trustee District and transmitted on October 11, 1984 by Mr. Barry E. Rice, secretary, Eleventh Trustee

Background: The purpose of this proposal is to create a simplified budget procedure to facilitate the delegates' consideration of the proposed annual budget and programs requested by the House of Delegates. The proposal would require the Board to present to the House an administrative, or fixed cost budget, to which would be added the cost of resolutions adopted by the House and the cost of new programs, special committees or studies which affect the fiscal resources of the Association.

Proposal

The proposed administrative budget, which would be reported separately by the Board of Trustees, would include fixed costs, such as the cost of maintaining the Association's staff and Headquarters Building, plus ongoing programs previously established by the House of Delegates. The report would include a realistic sum for anticipated escalation of such expenses as real estate taxes. utilities and salaries and for maintenance of the Association's reserves. On the basis of this budget, the Board of Trustees would propose a balanced budget and any adjustment in dues needed for the coming year. It should be noted that the dues adjustment could represent either a dues increase or a dues reduction. This budget would be the base upon which new programs, special committees or studies could be built.

Implementation of the annual dues adjustment would require that: (1) "Any resolutions submitted by the House of Delegates which call for creation of new programs, special committees or studies must be accompanied by estimates of the financial impact on the Association," as presently required (Manual of the House of Delegates); (2) resolutions with a substantial financial impact (0.5% or more of the proposed budget, presently equal to about \$175,000) to be submitted 14 days prior to the opening meeting of the annual session; (3) a continuous tally of the financial costs of new programs be maintained by staff (as

is the present procedure); and (4) determination by the delegates of the dues for the coming year be voted by Thursday morning or, at the latest, Thursday afternoon. If, in the opinion of the appropriate agencies of the Association, an accurate cost estimate cannot be made, the proposal will be referred to the next year's House of Delegates.

The procedure would enable each of the 418 delegates to more easily devote his or her consideration not only to the validity of new programs, but also to the financial impact of such programs upon the Association's dues structure. In addition, each delegate would be able to report to his or her constituents the specific actions which the House of Delegates took and the impact of these actions on the dues structure for the coming year. Newly created, ongoing programs and one-time programs with fixed completion dates would be reported as part of the administrative budget for the following year. It should be noted that one-time program budgets would be deleted from the base administrative budget upon completion.

Finally, this proposal would provide delegates with the flexibility to adjust the Association's budget in accordance with their continuing responsibility to reflect the wishes of their constituents and to serve the interests of the Association and of the dental profession as a whole.

Examples: The following examples, taken from hypothetical situations, illustrate how the annual dues adjustment might operate. The examples assume a base year operating expense budget of \$35 million, a balancing of revenues and expenditures, adequate reserves to fund unanticipated expenditures, dues of \$200 per full-paying active member and 95,250 full paying active members. Inflation is projected at 6% over the next three years.

Example 1: The House votes in no new programs, but rather approves the base year budget of \$35 million. In subsequent years, a 6% inflationary increase only is approved. The impact at the annual dues level is as follows:

Year	Administrative Budget	Impact on Dues	Total Dues
Base	\$ 35,000,000	-()-	\$200.00
Base + 1	37,100,000	\$22.05 +	222.05
Base + 2	39,326,000	23.40 +	245.45

Example II: The House votes in a new council whose first year budget is projected at \$120,000. The proposal supporting the council indicates that an ongoing new program costing \$50,000 will be started in the second year. (This example is fairly typical of how major new activities become "built in" to the budget; e.g., Council on Dental Practice.) The budgetary impact of the new council over the next three years is as follows:

	Program	Impact	Total
Year	Budget	on Dues	Dues
Base	\$120,000	\$1.26+	\$201.26
Base + 1	177,200	1.86 +	223.91
Base + 2	187,800	1.97 +	247.42

Example III: The House approves a two-year special program, the cost of which is estimated at \$3.0 million in the first year and \$1.4 million in the second year:

	Program	Impact	Total
Year	Budget	on Dues	Dues
Base	\$3,000,000	\$31.50 +	\$231.50
Base $+ 1$	1,400,000	14.70 +	236.75
Base $+ 2$	-()-	-0-	245.45

Example IV: No new programs are approved. Due to a major cost reduction effort, S3 million in existing programs are cut from the budget in the third year. The result would be an actual reduction in the dues level in the third year, even after considering the impact of inflation on continuing activity budgets:

		Impact	1 otai
Year _	Budget	on Dues	Dues
Base	\$35,000,000	-0-	\$200.00
Base + 1	37,100,000	\$22.05 +	222.05
Base ± 2	36,326,000	8.13 -	213.92

Summary: The proposed floating dues adjustment should not impose an administrative burden on staff or on the supporters of expenditure resolutions. On the contrary, the proposed method should yield four important benefits:

- 1. Improved planning and decision-making as a result of the requirement to budget new activities three years out.
- 2. Specific identification of new program costs with dues dollars—and, thus, greater awareness by the delegates of the financial impact of these programs.
- 3. Greater flexibility in budgeting through the review of individual programs and their costs.
- 4. Provision for a dues reduction should a major cut in program(s) be made by the House.

The timing for the initiation of a proposal to establish an annual dues adjustment is critical. It is recognized that the Association's resources have been extended beyond the anticipated frame of reference planned for the last dues increase which occurred in 1982. It is anticipated that a dues increase may be necessary in 1986. To remain consistent with the current needs of the Association, this proposal has two aspects which allow for the smooth transition of this concept in determining the Association's future budgetary procedures.

- 1. Presently, before this House is Resolution 32 (*Supplement 1*:289) (Worksheet:152) which calls for a dues increase in 1986, to be approved by the 1985 House of Delegates.
- 2. The budget cycle for the 1986 budget begins in February 1985, thereby developing a base on which the amount of the 1986 dues increase (decrease) can be determined.

This proposal would, in conjunction with other Board of Trustees actions, aid in the maintenance and growth of the present Reserve Division Fund balance beyond the projected \$8.8 million as of December 31, 1985.

80RCc–1983S–1 Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended, effective at the commencement of the meeting of the 1985 House of Delegates, by the deletion of the words and figures "two hundred dollars (\$200.00)" in the first paragraph and the substitution therefor of the words "determined for the next year by the House of Delegates at its annual session and shall be," to make the amended first paragraph read:

A. Active Members. The dues of active members shall be determined for the next year by the House of Delegates at its annual session and shall be due January 1 of each year except that any dentist who is an active member of component and constituent societies of this Association and who is engaged full-time in (1) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by the Association nor accredited by the Commission on Dental Accreditation of this Association or (2) a residency program or advanced education program in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association shall pay three dollars and fifty cents (\$3.50) due on January 1 of each year until the December 31 following completion of such a residency or advanced education program.

and be it further

Resolved, that Chapter V, House of Delegates, Section 40, Duties of the *Bylaws* be amended, effective at the commencement of the meeting of the 1985 House of Delegates, by the addition of the following Subsection G:

G. To determine annually the dues for active members for the next year.

and be it further

Resolved, that Chapter VI, Board of Trustees, Section 90, duties of the *Bylaws* be amended, effective at the commencement of the meeting of the 1985 House of Delegates by re-lettering the current Subsection P from P to Q and by the addition of the following new Subsection P:

P. To submit annually its recommendation to the House of Delegates for the rate of dues for active members for the next year.

and be it further

Resolved, that Chapter XX, Amendments, of the *Bylaws* be amended by the deletion of Section 20, Amendment Relating to Dues.

Eleventh Trustee District

Initiation of Paid Public Education Television Messages in 1984

The following resolution was adopted by the Eleventh Trustee District and submitted on October 8, 1984 by Mr. Barry E. Rice, secretary, Eleventh Trustee District.

Background: One of the major concerns about the proposed public education program is that a dues raise of \$125 per year may cause an initial loss of membership within the ADA. The intention of the Board of Trustees is to not begin the public education program until the dues raise has been largely collected. This could dictate a beginning date of late spring or summer, 1985. Any potential loss of membership would be minimized if the public education program is started as soon as possible after the House of Delegates meets so the membership would have an opportunity to witness the effectiveness of the program before the dues become due or at least payable.

88. Resolved, that in the event the House of Delegates approves financing of the public education program, the Board of Trustees make every effort to begin the program as soon as possible after the adjournment of the 1984 House, and be it further

Resolved, that the Board begin an internal public relations and membership retention program related to and preceding the public education program to help minimize any potential membership loss, and be it further Resolved, that the Board of Trustees be requested to use the most practical possible method of financing to allow the public education program to begin, and be it further **Resolved,** that the money so expended will be repaid from the funds designated for the program as they are collected in 1985.

Eleventh Trustee District

National Committee on the Impaired Dentist

The following resolution was adopted by the Eleventh Trustee District and submitted on October 8, 1984 by Mr. Barry E. Rice, secretary, Eleventh Trustee District.

Background: In 1979 the House of Delegates of the American Dental Association directed the Council on Dental Practice to act as a clearinghouse and national source of information for substance abuse programs (Trans. 1979:626). Nationwide, 10-15% of the total dentist population is impaired. Dentists have an unreasonably high suicide rate of which 50% can be related to chemical abuse. In September 1984, Mr. Delmar Stauffer addressed the American Medical Association at the Sixth National Conference of the Impaired Physician and stated that the help programs of the state dental societies were moving

slowly. He felt the next two years to be critical as the end of the program could be envisioned unless major progress was pursued.

- 89. Resolved, that the American Dental Association Council on Dental Practice form a nationwide committee on the impaired dentist which would have the following responsibilities:
 - 1. being a clearinghouse of information on impaired dentist programs;
 - 2. collecting and disseminating information on the establishment and monitoring of state and local programs;
 - 3. identifying treatment resources (i.e., inpatient/outpatient/rehabilitative/halfway
 - 4. developing educational and instructional information for intervention; and
 - 5. providing consultation and support to state and local societies implementing impaired dentist programs.

Twelfth Trustee District

Substitute for Resolution 56

The following substitute resolution for Resolution 56 was adopted by the Twelfth Trustee District and submitted on October 3, 1984 by Mr. Robert E. Caffrey, recording secretary, Twelfth Trustee District.

Background: The American Dental Association and its constituent societies play an active role in the promotion and administration of the Professional Protector Plan. The cost of these activities is currently borne by the dues-paying member. Nonmembers who share in the benefits of the Professional Protector Plan should also share in the costs necessary to properly operate the program. Therefore,

56S–1. Resolved, that the Association's Council on Insurance investigate the possibility of placing a surcharge on providing insurance coverage to those nonmembers of the ADA who select coverage under the Professional Protector Plan.

Twelfth Trustee District

Amendment of Employee Retirement and Income Security Act (ERISA) as Top Legislative Priority

The following resolution was adopted by the Twelfth Trustee District and submitted on October 3, 1984 by Mr. Robert E. Caffrey, recording secretary, Twelfth Trustee District.

Background: In 1982 the House of Delegates adopted Resolution 72H–1982 (*Trans.* 1982:550) directing that the American Dental Association initiate and actively support legislation amending the Employee Retirement and Income Security Act (ERISA) because the current Act permits activities of certain employee benefit plans that are specifically prohibited by state law. Some states have laws that assure that the beneficiary of a plan has the right to receive care from the dentist of his choice, guard against insolvency of the plan, prevent plan discrimination of providers and prevent interference with the patient/provider relationship. Yet, ERISA allows plans to operate in these states without having to comply with laws designed to protect the public. Therefore, be it

75. Resolved, that the Association direct the Washington Office staff to place as a top legislative priority during the next Congressional session the implementation of Resolution 72H–1982 (*Trans.* 1982:550) relating to amending the Employee Retirement and Income Security Act (ERISA) which will enable states to regulate employee benefit plans so as to assure that the beneficiary of such plans has the right to receive care from the dentist of his choice, to guard against the insolvency of such plans, to prevent such plans from discriminating among providers, and to prevent an interference with the patient/provider relationship.

Twelfth Trustee District

Health Hazard Warning on Smokeless Tobacco

The following resolution was adopted by the Twelfth Trustee District and submitted on October 3, 1984 by Mr. Robert E. Caffrey, recording secretary, Twelfth Trustee District.

Background: In 1978 the House of Delegates adopted Resolution 128H–1978 (*Trans.* 1978:507) which states:

Resolved, that the American Dental Association and its constituent societies call upon and encourage their members to undertake an educational effort to inform their patients of the systemic and oral health hazards of chewing tobacco and snuff, and be it further **Resolved**, that the American Dental Association calls for the implementation of this policy by informing its membership and the general public of this stand.

An effective way of implementing this policy would be for the Surgeon General to require a health hazard warning on smokeless tobacco similar to the warning currently on cigarette packages. Therefore, be it

76. Resolved, that the Association request that the Surgeon General require a health hazard warning on smokeless tobacco similar to the warning currently on cigarette packages.

Twelfth Trustee District

Use of Dentist-to-Population Ratio

The following resolution was adopted by the Twelfth Trustee District and transmitted by Mr. Robert E. Caffrey, recording secretary, Twelfth Trustee District on October 3, 1984.

Background: For many years, population-to-dentist ratios have been used as "standards" by government agencies to base dental school enrollment, distribution of dentists as well as determining manpower shortage areas. These figures fail to take into consideration many factors (i.e. specific socio-economic geographical concerns, the beneficial efforts of fluoridation, the development of the high-speed handpiece and other technological advances, the expansion of duties of auxiliary personnel and the lack of utilization of the dental health care system by a significant part of the population). These factors and future dynamic changes have now and will continue to make such ratios misleading if not meaningless. Therefore, be it

77. Resolved, that the American Dental Association urge all governmental, professional and public agencies to refrain from using a dentist-to-population ratio to evaluate or recommend programs for dentistry or dental care to a population group or the public in general.

Twelfth Trustee District

Ethical Guidelines for Dental Advertising

The following resolution was adopted by the Twelfth Trustee District and transmitted by Mr. Robert E. Caffrey, recording secretary, Twelfth Trustee District on October 3, 1984.

Background: The landmark case *Bates v. State Bar of Arizona* held that the "blanket suppression" of advertising by attorneys violated the free speech clause of the First Amendment. However, the Court also held that such advertising, if false, deceptive, or misleading, could continue to be restrained, *and that such advertising could be made subject to reasonable restrictions on the time, place, and manner of such advertising.* The Federal Trade Commission (FTC) went too far in its ruling against the American Dental Association and did not reflect the "time, place and manner" aspects of the *Bates* decision. Therefore, be it

78. Resolved, that based on the *Bates* decision and subsequent court cases, the appropriate agency of the Association develop ethical guidelines for dental advertising.

Thirteenth Trustee District

The following substitute resolution for Resolution 4 was

Substitute for Resolution 4

submitted on October 21, 1984 by Dr. Dale F. Redig, executive director, California Dental Association.

Background: At the 1983 annual session, Resolution 90H was adopted (Trans. 1983:530) directing that the continuing education Sponsor Approval Program be discontinued and that its funding be deleted from the 1984 budget.

The Council on Dental Education is currently proposing two resolutions regarding the house action. Resolution 4 serves to rescind three 1978 house actions which established the program. Resolution 5 serves to amend the Bylaws to delete all reference to the Commission on Continuing Dental Education.

The Thirteenth District believes that the sponsor approval program is the appropriate and necessary province of the American Dental Association, and is most reluctant to see this duty delegated to some other organization (the Academy of General Dentistry has agreed in 1984 to take it over, since the ADA abandoned it in 1983).

It is felt that the main reason for abandoning the sponsor approval program during the 1983 ADA House of Delegates deliberations was that it became a casualty of the budgetary process. Secondary reasons may have been related to perceived and real cumbersome details of the program, and complaints from various sponsors who felt that the approval process took too long, was subject to many delays, etc.

The first year in which the sponsor approval program could be expected to operate on a solvent basis would have been 1984-85; thus, the program was killed before it had a chance to be fiscally solvent. The California delegation believes that this program could carry its own expenses from program fees, once rolling.

In order to facilitate reinstituting the sponsor approval program, we would seek to preserve the Association's structure for this program, by action to postpone indefinitely Resolutions 4 and 5 currently before the 1984 House of Delegates.

In place of Resolutions 4 and 5, the Thirteenth District recommends the following:

4S–1. Resolved, that the ADA Council on Dental Education be instructed to study and redesign a program for approval of continuing education sponsors, and recommend the new design of this program to the 1985 House of Delegates, and be it further

Resolved, that the Council carefully explore possible sources of outside funding to support program costs in the early development phase of this program.

Thirteenth Trustee District

Substitute for Resolution 22

The following substitute resolution was adopted by the Thirteenth District and submitted on October 16, 1984 by Dr. Dale F. Redig, executive director, California Dental Association.

Background: The Thirteenth District supports the concept of periodic examination of trustee district alignment and appropriate correction when needed. A current study may indeed prove that Texas deserves its own trustee district, however, it is the consensus of the Thirteenth District that this may be successfully accomplished through realignment of present districts without the addition of another trustee district. The ripple effect on the other ADA and constituent agencies should also be ascertained before a conclusion is reached on this very important issue. The Thirteenth District therefore offers the following substitution for Resolution 22 (Supplement 1:248).

22S–1. Resolved, that the American Dental Association House of Delegates adopt in principle realignment of trustee districts, and be it further

Resolved, that the Board of Trustees develop a plan that will be equitable to constituent states, and be it further Resolved, that the Board of Trustees provide a master plan for realignment with appropriate Bylaws and constitutional amendments by June 1, 1985, for consideration by the 1985 House of Delegates.

Thirteenth Trustee District

Delinquent Dues Date

The following resolution was adopted by the Thirteenth Trustee District and submitted on September 21, 1984 by Dr. Dale F. Redig, executive director, California Dental Association.

Background: At its 1984 House of Delegates, the California Dental Association passed the following Resolution 32RC-S-1:

Resolved, that the CDA (California Dental Association) House of Delegates reaffirm its commitment to the March 31 delinquent date for dues payments, and be it further

Resolved, that CDA undertake an educational program to make its members clearly aware that membership dues are due on January 1 and that they are delinquent on March 31st, and be it further Resolved, that CDA pursue a change in ADA Bylaws changing the national delinquent date, by stages if necessary, to January 31st.

It has become increasingly apparent that the membership in California views the March 31 delinquent date as the due date and often dues are not paid until well after the delinquent date. CDA is currently conducting an extensive educational program to make members clearly aware that dues are due on January 1 and are delinquent on March 31.

In this time of tight finances, it is expected that many members will routinely defer payment until a delinquent date. Also, there is no incentive to pay prior to the delinquent date as no late charges are assessed prior to March 31. This results in a three-month period of cash flow problems for the local component societies and constituents, and has created major cash flow problems for ADA in connection with late forwarding of dues monies. It also makes for difficulty in correct data control of membership master files.

It is felt that re-educating the membership is not a complete solution to this problem. ADA, constituent associations and local component dental societies rely heavily on promptness of dues payments. It is requested that the ADA House of Delegates change the delinquent date for payment of dues from March 31 to January 31, effective with payment of 1986 dues.

- **62. Resolved,** that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection I, Loss of Membership and Reinstatement, of the *Bylaws* be amended by deleting from subparagraph "a" the word "March" (line 394) and by substituting therefor the word "January," so the amended subparagraph reads as follows:
 - I. Loss of Membership and Reinstatement.
 a. An active, retired, or student member whose dues have not been paid by January 31 of the current year shall cease to be a member of this Association.*

and be it further

Resolved, that the effective date of the aforesaid changes in the *Bylaws* shall be January 1, 1986.

Thirteenth Trustee District

Creation of a Finance Committee

The following resolution was adopted by the Thirteenth Trustee District and submitted on October 3, 1984 by Dr. Dale F. Redig, executive director, California Dental Association.

Background: For the past several years, budget deliberations during House of Delegates' sessions have been emotional and often disturbing to all parties. Delegates have expressed frustration in understanding budget procedures and details, and because of the "committee as a whole" concept used by the Board of

Trustees in developing and presenting the budget, it has been difficult to obtain satisfactory explanations in a number of instances.

The Thirteenth District believes that a budget system change is desirable and necessary for the purpose of providing better understanding and accountability of the budget process. Since finances are of critical interest to the Association, it is clearly in the best interest of all members to develop a system which operates to everyone's satisfaction.

A Finance Committee composed of six members, with three members representing the Board of Trustees and three members elected by the House of Delegates to serve as at-large members, each for one three-year term (initially staggered to allow continuity), would serve to provide a broader base and promote more positive interaction between the Board of Trustees and the House of Delegates.

The role of the Finance Committee should be to develop and supervise the annual budget of the Association under the direction of the Treasurer, assisted by Association staff. This would include review and recommendation to the Board of Trustees and/or the House of Delegates regarding all budget matters, with appropriate reports in writing to respective bodies. Board members should be the Treasurer as chairman, the President-Elect, and one member selected by the board. At-large members should be selected by respective districts for three-year terms, on rotational basis by district.

Financial implication is judged to be minimal, particularly in relation to the importance of the process and the critical nature of the Committee. It is expected that the three at-large members would make three trips per year to Chicago for two days each and attend the ADA meeting at ADA expense. Using average airfare costs and standard per diem allowances, the annual cost projection would be \$13,650 for the three at-large members.

80. Resolved, that the American Dental Association establish a six-member Finance Committee composed of: three Board of Trustees members, including the Treasurer as chairman, the President-Elect of the American Dental Association and one member selected by the Board; three at-large members representing respective trustee districts, on a rotational basis for single three-year terms, with members selected by respective districts serving no more than one full term or portion thereof, and be it further Resolved, that initial terms of at-large members be staggered to provide for continuity, and be it further Resolved, that the duties of the Finance Committee shall be to develop and supervise the annual budget of the American Dental Association under the direction of the Treasurer, assisted by Association staff; to include review of all budget matters with subsequent recommendations to the Board and/or the House of Delegates, and that appropriate reports be made to the Board of Trustees and the House of Delegates, and be it further Resolved, that the Finance Committee be made operational in 1985.

Thirteenth Trustee District

Creation of Trustee Districts

The following resolution was adopted by the Thirteenth Trustee District and submitted on October 23, 1984 by Dr. Dale F. Redig, executive director, California Dental Association.

Background: The Thirteenth Trustee District recognizes that periodically there may be a need to create new trustee districts. Understanding this, and to avoid confusion and misunderstanding in the future, the Thirteenth District supports the need for establishment of guidelines, with objective requirements, that should be met when in the future there is a need to constitute a trustee district. Such guidelines should include procedures for ADA agency/council representation, etc.

112. Resolved, that the Board of Trustees develop guidelines with criteria requirements for use in the future when there is a need or request to constitute a trustee district(s), with a report back to the 1986 House of Delegates.

Fourteenth Trustee District

Amendment to Resolution 45

The following amendment to Resolution 45 was adopted by the Fourteenth Trustee District Caucus and submitted on October 19, 1984 by Dr. Charles Siroky, delegate, Arizona.

Whereas the proposed ADA Public Education Program is controversial and potentially very fragmenting of the membership, and

Whereas, the ADA House of Delegates is scheduled to act on the proposed program in Atlanta, and

Whereas, the Fourteenth Trustee District perceives a difficulty in delegates voting their consciences due to external influence, therefore, be it

15S-1. Resolved, that the final vote on the Paid Public Education Program (Res. 99-1983) be placed on the voting nachines used for election of candidates for ADA offices.

Delegate Skip D. Buford, Louisiana

Amendment of "Bylaws" and "Manual of the House of Delegates" Regarding Elective Officers Installation

The following resolution was submitted on September 26, 1984 by Dr. Skip D. Buford, delegate, Louisiana.

Background: In the past few years, the installation of our ADA officers has taken place during the last session of the House when many, if not most, delegates were eating lunch, checking out of the hotel or even leaving to catch their return flights. Our officers deserve more respect than this. By moving the election and installation one day forward, the ceremony could be carried out with proper decorum and respect.

Another small advantage would be to eliminate one day of campaigning and expense. Once the House has settled down to business, that is all it is facing, not more electioneering.

58. Resolved, that Chapter VII, Elective Officers, Section 60, Installation, of the Bylaws be amended by deleting the word "last" (line 1293) and by substituting therefor the word "third," so the amended section shall read as follows:

Section 60. Installation. The elective officers shall be installed at the third meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election.

and be it further

Resolved, that the section entitled "Rules of the House of Delegates" of the Manual of the House of Delegates, pages 17 and 18, be amended as follows:

Nomination Procedures: Nominations for President-elect, two Vice Presidents and the Speaker of the House of Delegates are made at the Sunday morning meeting. Nominating speeches for these officers shall not exceed four 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.

The nomination of members of the Board of Trustees will be made at the Sunday morning meeting. The details of the nomination procedure are set forth in Chapter VI, Section 40 of the Bylaws.

The nominations for membership to councils and commissions by the Board of Trustees shall also be made at the Sunday morning meeting. The nomination of council and commission members is governed by the provisions of Chapter IX, Section 20 and Chapter XIV, Section 20 respectively of the Bylaws.

Election Procedures: Only properly certified delegates are permitted to participate in the elections of the House of Delegates. Contested elections are held under the supervision of the Committee on Credentials. Voting machines are used and will be located in the Grand Salon E, Second Floor, Atlanta Hilton and Towers.

If more than two candidates are vying for an office, the polls will be open on Tuesday, October 23 from 12:00 from 12:00 p.m. to 6:00 p.m. for balloting.

If one of such candidates receives a majority of the votes cast for the office being sought, such candidate will be elected. If none of the more than two candidates for an office receives a majority of the votes cast, in accordance with ADA *Bylaws*, Chapter VI, Section 140a, the two candidates receiving the greatest number of votes shall be balloted on again at the regular election on Wednesday, October 24.

The polls will be open for the regular election on October 24 from 8:00 a.m. to 10:00 a.m.

In the event voting is necessary on Tuesday, October 23, each delegate will surrender a special admission card to the teller prior to voting. The yellow No. 6 admission card will be surrendered by each delegate prior to voting in the Wednesday, October 24 election. These cards will serve as the voting permits.

Installation of New Officers and Trustees: Installation ceremonies for new officers and trustees shall be a standing order of business at 1:00 p.m. on Wednesday during the third meeting of the House of Delegates.

Delegate Ignatius Fiorenza, Massachusetts

Amendment of "Manual of House of Delegates" Regarding Dues Increases

The following resolution was introduced on Sunday, October 21, 1984 in the House of Delegates by Ignatius Fiorenza, delegate, Massachusetts.

101. Resolved, that the section entitled "Rules of the House of Delegates" of the *Manual of the House of Delegates*, page 16, be amended by the addition of the words "and that the amount of the dues increase requested cannot be increased nor the amount of dues already being received be decreased" to the second sentence of the first paragraph, so the amended first paragraph reads as follows:

Amendments to "Constitution and Bylaws": The House of Delegates is governed in its amendment of the Constitution and Bylaws by the provisions of the Constitution and Bylaws. In general, an amendment effecting a change in the dues of active members shall be adopted only if the proposed amendment has been presented in writing at the previous session of the House of Delegates or by unanimous vote provided that the proposed amendment has been presented in writing at a previous meeting of the same session, and that the amount of the dues increase requested cannot be increased nor the amount of dues already being received be decreased. Otherwise, the Bylaws may be amended at any session of the House of Delegates by a two-thirds majority vote of the members present and voting, provided the proposed amendments shall have been presented in writing at a previous session or a previous meeting of the same session. It should be noted that the *Bylaws* refer to an annual "session" composed of four "meetings."

American College of Oral and Maxillofacial Surgeons

Unifying Dental Degree to D.M.D.

The following resolution was submitted by The American College of Oral and Maxillofacial Surgeons and transmitted under date of September 21, 1984 by Dr. James E. Bauerle, secretary-treasurer, American College of Oral and Maxillofacial Surgeons.

Whereas, the American Dental Association 1972 House of Delegates and the American Association of Dental Schools approve the principle of a single dental degree, and

Whereas, the ADA's Long Range Planning Committee stressed the need for dentistry to broaden its scope of services, and

Whereas, the D.D.S. degree is too limited in its literal meaning and therefore restrictive, whereas the D.M.D. degree is not, and the D.M.D. more precisely describes the present objectives of dental education and the current scope of our professional activities, and

Whereas, the unified D.M.D. will reduce confusion and emphasize to the insurance industry that dentistry is more than a mechanical art and involves a larger role in providing health care, therefore, be it

60. Resolved, that the ADA urge the American Association of Dental Schools members to solicit their respective Chancellors and the Board of Trustees to issue only D.M.D. degrees beginning in 1986, and furthermore, grant postgraduates the opportunity to exchange their degrees if they choose.

American College of Oral and Maxillofacial Surgeons

Increasing Human Behavioral and Physical Diagnosis Courses in Dental Schools

The following resolution was submitted by The American College of Oral and Maxillofacial Surgeons and transmitted under date of September 21, 1984 by Dr. James E. Bauerle, secretary-treasurer, American College of Oral and Maxillofacial Surgeons.

Whereas, dentists are more and more involved in diagnosis and treatment of conditions involving stress and anxiety, and

Whereas, the overlooking of these behavioral causes can lead to unfortunate treatment consequences, especially the diagnosis and treatment of temporomandibular joint disturbances, therefore, be it

61. Resolved, that the ADA urge the American Association of Dental Schools to increase the behavioral and physical diagnosis courses in dental schools.

Notes

Reports of Board of Trustees to House of Delegates

Notes

Revision of Report 8

Semi-Annual Dues Payment

Background: The Board of Trustees has been concerned regarding the membership decline in recent years. The Board believes that a proportion of that membership decline is directly related to the cumulative effect of ADA, state and component society dues. A number of constituent dental societies have raised state or component dues during the last several years. However, the interest of the individual dentist member concerning payment of dues has tended to get lost. The fact remains that the expense of component, state and ADA dues has a cumulative effect and impact on the dentist in an economic era in which dentists have been concerned about their practices. The average dues paid by a dentist for the three-tier membership in the ADA approximates \$500 per year.

In response to the directive from the House of Delegates, the Association has developed a paid public education program to promote dental health and increase patient demand for dental services (*Trans.* 1983:532). This program is being presented to the membership and will be considered by the House of Delegates in October. If the House approves the implementation of the paid public education program, an annual dues increase of \$125 for each of three years will be required to provide funding to purchase prime time advertising on national and selected local television. A large dues increase may have an impact on membership since the entire increase would be immediately reflected on the year-end dues collection statements mailed to the members.

The Board believes it is important for the Association to approve a plan to minimize the effects of dues on membership decline. The Board considered the issue of staggered dues connection methods in presenting a comprehensive report to the 1982 House of Delegates. The House adopted, as a pilot program, an optional staggered dues collection system (*Trans*.1982:509). The pilot system in progress has not been effective. Many states are opposed to installment dues payments since installment payments increase the administrative burdens. Further, installment dues payments do not allow states or component societies to invest the dues for the purpose of gaining additional revenue prior to submitting the monies to the ADA. There has been little enthusiasm or support among states for the staggered dues system.

In other aspects of business, the collection of bills has been made easier for the payer. Bills can be charged to bank and other credit cards, optional payment methods are offered by retail establishments, and insurance companies, including the Association's, allow semi-annual premium payments. Yet the Association still requires the annual payment of dues. It seems inconsistent in today's credit-oriented world to require the continuation of the current annual dues payment system.

Association-Wide Semi-Annual Dues Payment Proposal: Past efforts at developing a staggered dues schedule were not effective, because of the additional administrative

costs associated with collection and processing and the optional nature of the system. In this proposal, the Board is recommending a semi-annual dues payment method which would require a uniformly administered program. For the program to succeed, it cannot be optional to the state or component society, but the method of payment may be optional to the dentist.

A number of dental societies have implemented a semi-annual dues collection program through a prepaid dues system. The original Board proposal suggested partial prepaying of dues over a two-year period. Many of the states have commented that record keeping for a prepaid dues system for all members would be very expensive, potentially error ridden and extremely confusing regarding membership status. Many of the states appreciated the Board's interest in trying to solve their cash flow problems by establishing a gradual prepaying method. It appeared, however, that the dues prepaying feature would partially assist the member in reducing initial out-of-pocket expenses but would potentially create an extremely expensive administrative record keeping system. The Board still believes the system developed for the semi-annual dues payment should be simple and not require significant administrative costs at the local, state and/or national level and is, therefore, recommending a change. This proposal would continue to allow year-end membership billing. The billing statement submitted would provide the option of annual dues payment or semi-annual dues payment with a service charge. All or one-half of the cumulative dues are payable Ianuary I and the second half of the dues are payable July 1. Delinquent membership dates would be January 31 and July 31, respectively. (See Example presented in the Appendix.)

The amended Board proposal:

- a) changes the initiation date of semi-annual dues option to January 1, 1986;
- b) eliminates prepaying of dues and substitutes a \$15.00 service fee which would be divided equally between state or component dues-collecting agencies and the ADA. Each state would be provided \$7.50 and \$7.50 would be retained by the ADA for each member paying on a semi-annual basis.

This proposal would become effective January 1, 1986. Dentists would be offered the option of continuing to pay annual dues or semi-annual payments with a service charge to defray the cost of multiple processing. The Board is aware that there is concern among state societies regarding semi-annual dues payment methods. It is recognized that state society investment income potential may be curtailed. The Board also recognizes that cash flow problems at both the state and national level would have an effect. However, the Board still believes the mitigating circumstance of a continuing membership

decline is a significant factor. It is likely that by reducing the dentist payment requirement into smaller semi-portions, many members may rejoin or not terminate membership. If this premise is correct, it would appear that all levels of the Association would benefit by retaining those members who perceive the current dues as an obstacle.

In the past, objections from the constituent societies to staggered dues payment have been:

Additional administrative costs in a multiple collection process;

Loss on initial income to meet operating expenses; and

Loss of investment income.

This proposed plan attempts to meet the objections of the constituent and component societies, yet provide an easier payment schedule for the dentist.

The Board proposes that a \$15.00 annual service charge be established and charged only to those dentists who opt for the semi-annual payment of dues. The \$15.00 service charge would be collected during the initial payment and shared between the state or component dues collecting agency and the ADA. The service charge system is easier to administer than the prepayment dues mechanism as previously proposed. Funds would still be available to meet administrative costs, pay operating expenses and have some funds available for investments. The advantage to the member is that the escalating dues, which the member has been required to pay, can be made in two installments. The only disadvantage is limited to the service fee.

The Board recognizes that something must be proposed to assist the member in meeting the dues expenses. A semi-annual dues system seems the logical approach for the member. If each state would cooperate and develop semi-annual dues for its portion of dues, it would, in the Board's opinion, go a long way in having the members understand that the Association is concerned with the economic burden of dues.

Further, the Board wishes this program to succeed as a membership benefit but recognizes that it will require reprogramming on the part of state and/or component societies. In order to allow adequate time to reprogram for a semi-annual dues payment method, the Board is requesting the House to delay the implementation of semi-annual dues until 1986. Therefore, Resolution 41, as originally submitted, is being amended by the Board of Trustees to read:

Resolution

41. Resolved, that Chapter I, Membership, Section 30, Definition of "In Good Standing," of the *Bylaws* be amended by the deletion of the word "year" and the asterisk immediately thereafter in the first sentence (line 191) and the substitution therefor of the word "period," and be it further

Resolved, that Chapter I, Membership, Section 30, Definition of "In Good Standing," of the *Bylaws* be

amended by the deletion of the footnote to this section, and be it further

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by the deletion of the first paragraph thereof (lines 292–306) and the substitution therefor of the following:

A. Active Members. The dues of active members shall be two hundred dollars (\$200.00). This amount shall be due and payable at the election of the active member either in one payment on January I of each year or in equal semi-annual installments of one hundred dollars (\$100.00) on January I and July I of each year. If the active member elects to pay dues on a semi-annual basis, the Association may collect from such member an annual service charge related to cost to be determined by the Board of Trustees.

Any dentist who is an active member of component and constituent societies of this Association and who is engaged full time in (1) an advanced training course of not less than one academic year's duration in an accredited school or residency program in areas neither recognized by the Association nor accredited by the Commission on Dental Accreditation of this Association or (2) a residency program or advanced education program in areas recognized by the Association and in a program accredited by the Commission on Dental Accreditation of this Association shall pay three dollars and fifty cents (\$3.50) due on January 1 of each year until the December 31 following completion of such a residency or advanced education program.

and be it further

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection A, Active Members, of the *Bylaws* be amended by the deletion of the footnote to this subsection, and be it further

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, Subsection I, Loss of Membership and Reinstatement, Paragraph a, of the *Bylaws* be amended by the deletion of the asterisk and the footnote to this paragraph, and by the addition thereto of the following second sentence.

An active member paying full dues on a semi-annual installment basis whose dues have not been paid by March 31 or September 30, respectively, of the current year shall cease to be a member of this Association.

and be it further

Resolved, that Chapter II, Constituent Societies, Section 30, Powers and Duties, Subsection E, of the *Bylaws* be amended by the deletion of the asterisk and the footnote to this subsection, and by the addition thereto of the following:

and to transfer to this Association those dues payments due on January 1 and July 1 not later than January 31 and July 31, respectively.

to make the amended subsection read:

E. It shall be its duty to collect membership dues for this Association in conformity with Chapter I, Section 50, of these Bylaws, and to transfer to this Association those dues payments due on January 1 and July 1 not later than January 31 and July 31, respectively.

and be it further

Resolved, that the effective date be January 1, 1986.

(Vote: 15 Yes—Kobren, Kozal, McKenna, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Ryan, Schoessler, Earle, Unger, Bomba; 2 No—Smithwick, Overbey).

Appendix: Proposed Semi-Annual Dues Payment Plan

Full dues paying members as of January 1, 1986 (current ADA Dues — \$200).

		<u> 1986</u>	1987
Present Dues:		200	200
Semi-Annual Dues Plan:			
Amount Due January 1	(dues)	100	100
(servi	ce charge)	15	15
Amount due July 1	(dues)	100	100
,			0
		\$215	\$215

Report 9

Office of Quality Assurance

Prologue: After receiving the following report from the Office of Quality Assurance, the Board of Trustees decided to transmit the document as an informational report to the House of Delegates. Although no action is required, the Board believes the Office of Quality Assurance has presented a well-developed, tingly report containing worthwhile information that should be brought to the attention of the entire profession.

Background: The Office of Quality Assurance, established in 1982 within the Division of Health Affairs *Supplement 2, 1983:421), has the following responsibilities: (1) to centralize and coordinate the various quality assurance activities for the Association; (2) to maintain haison with other national organizations and provide information on quality assurance development; (3) to provide the profession's perspective on quality assurance activities to the federal government and outside agencies and (4) to operate an informational clearinghouse in quality assurance and disseminate reports in this area.

A Quality Assurance Advisory Committee, with one representive each from the ADA Councils on Dental Care Programs, Dental Education, Dental Health and Health Planning, Dental Practice, and Hospital and Institutional Dental Services, governs the activities of the Office. The Office has a Director and one secretary.

Meetings: The Quality Assurance Advisory Committee met on November 21, 1983 and April 30, 1984. In addition, to maintain liaison and provide the profession's perspective on quality assurance, the Director has attended national seminars on quality assurance and annual meetings of national associations devoted to quality assurance.

National Round Table: In cooperation with the American Fund for Dental Health (AFDH), the Office of Quality Assurance helped plan, coordinate, and implement the National Round Table on Dental Quality Assurance held in 1983 at the ADA Headquarters Building. The Office also assisted AFDH in publishing the conference proceedings which were released in July 1984. The round table was attended by 200 leaders in dentistry who represented organized dentistry, dental education, insurance carriers, and government agencies.

Publications: In October 1983, the Office of Quality Assurance released the publication titled. *Guidelines for the Development of a Quality Assurance Audit System for Hospital Dental Programs.* The book is significant in light of the Joint Commission on Accreditation of Hospitals' (JCAH) standard which requires all hospital departments to document their quality assurance systems. The publication is available through the ADA Order Department.

The book, written by Drs. Howard L. Baili² and Thomas D. Gotowka, begins with a brief summary of the history of quality assurance and then presents general principles of developing and implementing a quality

assurance system. The main body of the text presents guidelines for establishing an audit system based on the principles of criteria mapping. The document concludes with a glossary of common quality assurance terms and with seven examples of dental care audits.

Presentations: The Director presented a report on the Office at the 1983 annual meetings of the American Association of Hospital Dentistry and the American Association of Dental Consultants. Other presentations include reports to staff of the New Jersey Dental Association; the ADA Administrative Orientation Program; new ADA Officers and Board of Trustees members; Council on Prosthetic Services and Dental Laboratory Relations; Council on Hospital and Institutional Dental Services; Council on Dental Care Programs; Council on Dental Education; Council on Dental Practice; and Council on Dental Health and Health Planning. The Director has also accepted invitations from the American Association of Dental Examiners for a presentation at their 1984 annual meeting and from the Academy of General Dentistry to appear at the 1986 annual meeting.

DEMCAD Project: The W. K. Kellogg

Foundation-supported DEMCAD (Development of Evaluation Methods and Computer Applications in Dentistry) project began the third of its scheduled four-and-a-half years in February 1984. The project's stated goal is to develop new methods and technologies which can be used by individual dentists to assess the full scope of general practice. Two ADA Board of Trustees members and the Director of the Office of Quality Assurance continue to be the Association's liaisons for this project.

The project has two major components. Dr. Alvin L. Morris at the University of Pennsylvania directs the development of evaluation methods component, and Dr. Howard L. Bailit at Columbia University supervises the computer applications component. The National Advisory Committee to the project is chaired by Dr. I. Lawrence Kerr.

With the assistance of an eight-member national panel of well-regarded general practitioners, the project staff at the University of Pennsylvania developed an Assessment Instrument to be used by a dentist-evaluator in a one-day visit to a dental office. Field testing of this instrument is underway with evaluators planning visits to a total of 300 offices of general practitioners who have volunteered to participate in the project. States in the study represent each ADA trustee district and include California, Colorado, Florida, Illinois, Iowa, Kentucky, New Hampshire, New Jersey, New York, Ohio, Oregon, Pennsylvania, Texas and Wisconsin.

The second major component of DEMCAD, computer applications, will demonstrate the in-office potential of microcomputer-based patient management systems.

Special emphasis will be placed on the utilization of computer generated data that will permit dentists to evaluate both the patient care and practice management components of their practice.

Peer Review Organizations: The new prospective payment system for Medicare will require hospitals to contract with a professional review organization (PRO), or any other review organization authorized to conduct review for the Medicare program in an area, for review of admissions, discharges, and quality of care as a condition of receiving Medicare payments. The Health and Human Services Secretary will be authorized to disallow payment and/or terminate program participation, or require hospitals to take corrective action where a provider is determined to be engaged in aberrant or unacceptable practices.

PRO rules, establishing area designations and defining eligible organizations, were released in February 1984. The regulations and accompanying request for proposals (RFPs) included the bidding principles and expected duties of PROs. PROs were authorized in September 1982 by Congress to replace Professional Standards Review Organizations (PSROs). The Director continues to monitor the implementation of the PRO program, taking careful note to report on those activities that could affect the practice of dentistry.

JCAH Quality Assurance Standard: In April 1984, the Joint Commission on Accreditation of Hospitals (JCAH) adopted a new quality assurance standard and required

characteristics. The intent of the revisions was to clarify the standard and make its required characteristics more readily understandable. The proposed revision was circulated to JCAH's community of interest. The Office of Quality Assurance helped deliberate the Association's response to the proposed changes and has learned that recommended changes were incorporated in the new standard.

Quality Assurance Program Site Visits: In an effort to understand the practical problems and issues in dental quality assurance, the Director of the Office of Quality Assurance and the Assistant Executive Director of Health Affairs have made the following site visits: (1) to observe in-office reviews utilizing a record review model developed at the University of California at Los Angeles; (2) to discuss quality assurance in dentistry with a major consulting firm whose clients include management-labor negotiated trust funds; and (3) to observe the quality assurance system of a large dental service corporation.

National Clearinghouse: The national clearinghouse is responsible for the ongoing collection and dissemination of information on current quality assurance activities. To date, the Office of Quality Assurance has collected over 500 documents on quality assurance. References for these documents will be available upon request from the ADA Office of Quality Assurance.

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

Note: The Board of Trustees voted unanimously* to transmit Report 9 to the House of Delegates.

^{*&}quot;Unanimous" constitutes a vote of all 17 voting members of the Board of

Report 10

Additional Responses to Membership Surveys on Proposed Paid Public Education Program

Background: In August 1984, Report 4 of the Board of Trustees, "Public Education Television Messages," was mailed to delegates (*Supplement 1*:304). That report detailed results of the membership information campaign and other issues pertaining to the proposed program. Since August, additional reports on membership surveys conducted by constituent societies have been received at ADA Headquarters.

Update on Survey Results: As of October 12, survey results from 13,157 members had been received, representing reports from 32 separate constituencies. This compares to 9,922 surveys from 20 states reported in August.

The 13,157 members who responded represent 13% of all active ADA members, and 14.8% of the total membership in the 32 constituencies. On the basis of a simple count of responses, 58.6% of respondents now endorse the concept of the program and 53.6% are willing to support the dues increase.

All surveys were further analyzed to determine the level of support among respondents who reported they had actually viewed the informational film explaining the proposed program. In total, only 66% of respondents had seen the proposed commercials. Actual questionnaires were not submitted for seven of the reporting states (a summary report was submitted instead), but a cross-tab of the surveys returned from the other 25 reporting constituencies indicated that those who had seen the film were far more willing to support the dues increase than those who had not — 65% versus 37%.

Further analyses indicated that willingness to support the program was significantly higher among younger dentists. Of those dentists under age 35, more than 68% support the dues increase. For other age breakdowns, the support declines with increasing age: 35 to 44—64% support; 45 to 54—57%; over 54—43%. The survey results slightly over-represented the 35—44 age group for the total membership and slightly under-represented the other age groups.

There was a substantial difference in the percent of dentists who responded by state. Only 20 of the states reporting had ten percent or more of members responding. The two largest states (New York and California) are much under-represented. On the other hand, some of the smaller constituencies reported a large percentage of members responding. Results were reported to the Association by both constituents and components and, in some cases, individual members.

As reported in August, the Board continues to believe that the dentists who responded to the survey do not constitute a representative sample of the membership. Based on the inconsistent way the survey was conducted and reported and the low membership responses from many states that did participate in the survey, no statistically reliable conclusions can be drawn at this time about the level of membership support for the program and its funding.

The attached table reflects all members who had reported by October 12, including those who did not see the film or review the printed materials.

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

Note: The Board of Trustees voted unanimously* to transmit Report 10 to the House of Delegates.

^{*&}quot;Unanimous" constitutes a vote of all 17 voting members of the Board of Trustees.

Response to Membership Surveys Proposed Paid Public Education Program

		Survey															Age
State	Total Members	Respon- dents	N	Viewed Iaterials	Viev	ved Film		Suppor of	t Concept f Program	Sup	port Due	s Increase	Under 30	30-39	40-49	50-59	Over 59
			<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Undec.</u>	Yes	<u>No</u>	<u>Undec.</u>					
Alaska	199	1	_	1	1		1	-	-	1	_	- }	-	-	1	-1	_
Ariz.	1,190	1	1	-	1	-	-	1	-	_	ı	-		_	1	- }	-
Ark.	765	278	266	12	133	145	176	102	_	154	124	-	25	99	64	60	30
Calif.	13,925	115	87	26	68	46	68	44	3	58	55	2	8	32	37	18	18
Colo.	1,647	477	368	107	294	170	310	130	19	263	179	25	29	166	116	128	24
D. C.	519	298	289	9	98	200	108	188	_	92	201	_	11	69	70	65	83
Fla.	4,160	996	928	59	965	25	763	215	18	737	250	9	65	380	265	192	79
Hawaii	693	133	133	-	133	-	99	34	-	96	34	3	17	52	35	17	12
Idaho	432	1	1	-	1	- (1	-	-	1		-	_	1	-	- [
Ill.*	6,069	2,604	2,431	171	1,013	1,581	1,335	1,200	69	1,179	1,385	40	236	928	589	571	257
Ind.	2,219	75	73	2	67	8	47	28	_	45	30	_	2	26	21	13	7
Iowa	1,589	337 (284	48	334	3 (271	55	11	225	70	12	26	104	73	76	58
Ky.	1,577	271	260	9	264	4	150	111	10	134	133	-1	29	93	41	56	50
Md.	2,056	25	23	2	11	13	13 (12	_	12	12	1	_	10	-1	6	5
Mass.	3,714	990	961	. 24 .	371	616	427	545	18	372	617	1 :	38	268	271	242	164
Minn.	2,627	845	843	2 (843	2	608	237	_ }	608	237		58	315	232	158	82
Nebr.	909	256	219	33	253	3	194	62	_	183	73	-	27	96	56	48	29
N.Y.	13,446	14	12	2	6	8	6	8	_	5	9		_	5	3	4	2
Ohio	3,942	948	948	-	948	-	735	213	-	735	213	_	227	229	221	190	60
Okla.	1,203	4	3	1	3 }	1	4	-	-	4	_	-	2	2	-	-	

^{*4,715} members surveyed

Response to Membership Surveys Proposed Paid Public Education Program

		Survey														Age	
State	Total Members	Respon- dents	M	Viewed laterials	Viev	ved Film			t Concept Program	Sup	port Due:	Increase	Under 30	30-39	40-49	50-59	Over 59
			Yes	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Undec.</u>	<u>Yes</u>	<u>No</u>	Undec.					
Ore.	1,677	284	234	48	274	7	234	41	9	218	58	8	19	100	91	50	21
Pa.	6,361	408	399	8	399	9	291	112	1 '	273	134	1	27	141	103	86	-1-1
S. Dak.	302	41,	39	2	35	6	32	9	_	30	11	_	4	1-1	8	9	4
Tenn.	1,878	441	372	67	337	104	299	135	4	266	168	1	42	137	92	96	50
Tex.	5,853	2,365	1,948	397	938	1,399	902	1,384	79	755	1,563	47	212	806	525	462	247
Va.	2,364	24	23	1	11	13	18	6	-	16	8	_	_	11	5	7	1
Vt.	284	161	158	3	101	60	95	66	-	90	71	_	43	58	25	24	10
Wash.	2,719	155	126	29	132	23	122	33	_	111	43	-	$_2$	39	42	50	16
W. Va.	727	148	143	5	148	_	57	91	_	48	100	-	12	66	27	22	19
Wis.	2,869	421	421	_	421		339	82	_	320	99	2	•	n n	ot reporte	d	!
Wyo.	246	391	35	4	31	8	21	14	_	21	14	_	12	7	8	7	3
USAF	784	1	1		1		1		-	1	-	=		1.		-	
Total	88,945	13,157	12,029	1,072	8,635	4,454	7,727	5,158	241	7,053	5,892	156	1,173	4,255	3,426	2,657	1,375

Report 11

Amendment to the *Bylaws* Relating to Active Membership for the Recent Graduate

Recent Graduate Membership: Student membership in the Association has risen over 10% since the enactment of the reduced dues schedule for student members and the development and implementation of the student contact program. While student membership is high, retention of membership by transfers to active membership has not increased accordingly. The Board believes that one reason membership is not effected upon graduation is the ineligibility of recent graduates to meet basic membership requirements: licensure and establishment of a practice.

Student membership currently extends to December 31 of the year of graduation. It is obvious that the recent dental graduate requires a grace period, to permit that graduate to apply for and obtain licensure and to seek a position in practice, in order to assure an easy transition from student to active membership. Under the current system, the Association loses contact with a large percentage of recent graduates. At best, some of those persons do not become members of organized dentistry for several years. Some are probably lost permanently to organized dentistry. The recent graduates are also adversely affected. The length of time required to obtain licensure and establish a practice may result in the loss of many important membership benefits, including insurance and eligibility for reduced rates afforded student member graduates.

By allowing recent graduates direct membership for a limited time pending eligibility at the constituent and component level, the Board believes that the number of recent graduates obtaining and maintaining active membership will increase. After the 18-month period, membership in the Association will be terminated unless the person becomes eligible pursuant to the standards presently required for active members. During this period, the Association will also forward the names of individuals from this group to the appropriate constituent societies for solicitation of membership.

The provision for affording active membership to recent graduates is thus limited in time to permit graduates to maintain membership while applying for licensure. In drawing these provisions, the Board has made every attempt to preserve the tripartite membership system of organized dentistry, and preserve the rights of constituent and component societies.

Resolution

95. Resolved, that Chapter I, Membership, Section 20, Qualifications, Subsection A, Active Member, of the *Bylaws* be amended by the deletion of Subsection A, Active Member, and the substitution therefor of the following new Subsection A, reading as follows:

- A. Active Member. To be an active member of the Association, a dentist shall qualify under one of the following designations:
- 1. A dentist shall be a member in good standing of this Association and also be licensed to practice in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the United States (including until December 31, 1999, the Panama Canal area where citizens of the United States are assigned by the United States Government and reside). In addition, a dentist shall be a member in good standing of this Association's constituent and component societies, if such exist. A dentist need not be a member of a constituent or component society if the dentist is serving with one of the federal dental services or is practicing in a country other than the United States and consequently not accepted for membership in a constituent or component society. However, a retired member of a federal dental service who is serving on a faculty of a dental school, or is receiving compensation as a dental administrator or consultant, or is engaged in any activity for which a license to practice dentistry or dental hygiene is required by the appropriate agency or board of local government shall obtain and maintain membership in this Association through its component and constituent societies, if such exist, for the duration of such activity.
- 2. A dentist who has, within a period of 18 months graduated from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and who has not yet obtained a license to practice dentistry. Continuation of active membership by such a dentist is contingent upon obtaining licensure or otherwise qualifying for active membership under these *Bylaus*. Continuation of active membership shall also be contingent upon application for membership to an appropriate constituent and component society, if such exists.

Note: The Board of Trustees voted unanimously* to transmit Report 11 to the House of Delegates.

^{*&}quot;Unanimous" constitutes a vote of all 17 voting members of the Board of Trustees.

Report 12

Further Recommendations on Reports and Resolutions

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

Division of Legislation and Legal Affairs

Legislation, Council on, Supplemental Report 2 on State Regulation of Delivery Mechanisms and Advertising (Supplement 2:363/Resolutions 53 and 54): The Board is very sympathetic to the fact that rules for the regulation of some new delivery mechanisms and advertising by professions are extremely uncertain and that clarification of the many gray areas of the law and court decisions would be beneficial. The Board agrees with the Council that this is a state issue which must be addressed at that level, and, therefore, the Board recommends that Resolutions 53 and 54 be adopted. (Vote: Unanimous*).

Resolutions from Constituent Societies, Trustee Districts, Delegates and Related Organizations

District of Columbia Resolution on Public Information Messages (Supplement 2:364/Resolution 52): The Division of Communications already has available to constituent and component societies a variety of both paid and public service TV and radio messages. New public service messages will continue to be developed within the approved budgets of divisional agencies. In the case of existing TV messages for paid placement, societies wishing to use these spots would incur talent, residual and agency fees in addition to placement costs.

Based on the reported experience of dental societies that have used other advertising media, the Board does not believe that radio, billboards, buscards and exhibits in public transportation facilities are the most effective marketing media for dental health messages and cannot support expenditures of approximately \$25,000 for development of these materials. Therefore, the Board of Trustees recommends that Resolution 52 be postponed indefinitely. (Vote: 10 Yes—Smithwick, Kozal, McKenna, Overbey, Cabot, Gilmore, Saddoris, Ryan, Schoessler, Earle; 7 No—Kobren, McKechnie, Devine, Larson, Truono, Unger, Bomba).

District of Columbia Resolution on Discontinuance of Council on Prosthetic Services and Dental Laboratory Relations

(Supplement 2:364/Resolution 55): Based upon the priorities of the Association, the Council's 1984 and 1985 budgets were reduced by approximately 30%, which included the reduction of two staff positions and the elimination of activities related to state legislation and the delivery of prosthetic care. These activities already have

*"Unanimous" constitutes a vote of all 17 voting members of the Board of Trustees.

been assigned to other Association agencies. In this regard, the background statements associated with Resolution 55 which refer to the Council's involvement in the discipline of prosthodontics are no longer valid. The Council's activities which remain relate to the area of dental laboratory relations. The Board believes that the activities associated with this important support industry, which provides approximately \$1.5 billion in services each year to the dental profession, and should continue within the purview of the Council. Further, the Board believes that, for the protection and safety of the public and profession, the Council's current budget of approximately \$172,000 should be maintained to continue its monitoring and liaison activities. For these reasons, the Board recommends that Resolution 55 be postponed indefinitely. (Vote: 11 Yes-Kobren, Kozal, Overbey, Gilmore, Devine, Saddoris, Truono, Ryan, Schoessler, Unger, Bomba; 6 No-Smithwick, McKenna, McKechnie, Cabot, Larson, Earle).

Florida Resolution on Designation of Official Services

(Supplement 2:365/Resolution 83): The Association designates an entity as an official provider of a service to its members in those cases where such designation serves the best interests of the Association. Ordinarily, the consideration for such a designation is a reduced charge to the member. The Board and the staff, in making such designations, make every effort to act in the best interest of the Association and its members. While the circumstances may vary from case to case, it is not unusual for such negotiations to be preceded by extended negotiations with respect to the terms on which such designation will be afforded. Of course, the Board and the staff are sensitive to designating any entity as an official provider of service to the Association, which has policies which would adversely affect the dentist-patient relationship. The Board does not believe, however, that as a practical matter, such a provision should officially be made as part of every negotiation and contract entered into by the Association. There are many instances where injecting this factor into negotiations would be inappropriate. For instance, the party with whom the negotiation is being conducted may have no dental plan whatsoever. In other instances, the party may have a dental plan which is administered in a fair and impartial manner but resent the attempted interference in the corporation's internal affairs. Thus, while the Board is sympathetic to the intentions expressed in this resolution, in practice it is liable to create problems where none exist. The Board is sensitive to the desires of the House, and assures the House that it will make every effort to have staff assure that there will be no official designation of an entity by this Association where history or some other factor indicates that the entity might violate ADA policies. Following such a policy will best serve the interest of the

Association. It will enable staff to negotiate favorable terms for entities seeking to supply products or services to the Association and it will prevent, insofar as is possible to do so, any designation of an entity whose actions or policy violate the policy of the ADA. Therefore, the Board recommends that this resolution be postponed indefinitely. (Vote: 15 Yes—Smithwick, Kobren, Kozal, McKenna, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Ryan, Schoessler, Unger, Bomba; 2 No—Overbey, Earle).

Louisiana Resolution on Professional Protector Plan Nonmember Surcharge (Supplement 2:365/Resolution 56): The Board shares the view expressed in this resolution that participation in Association-sponsored insurance plans should be a benefit of membership. However, on numerous occasions in the past, the Council on Insurance has inquired into the feasibility of restricting participation in the Professional Protector Plan to member dentists. The Council has been advised that participants in the Program must hold individual policies as opposed to certificates under a group contract; and therefore, the Program is subject to state insurance laws that prohibit unreasonable discrimination based on membership status. It has also been noted by Association legal counsel that the ability of nonmember dentists to participate in the Program was contributory to the favorable results of the Boddicker case, which challenged the Association's tripartite membership requirement. It has been suggested that if nonmembers of the Association are discriminated against with respect to this Program, the Association may be vulnerable to antitrust or restraint of trade allegations.

This issue was again broached by the Council at the time the CNA Insurance Companies assumed underwriting responsibilities for the Professional Protector Plan. The Council cited the contributions of many member volunteers who sit on insurance committees and other management bodies, who devote considerable time and resources to assure the ongoing success of the Program. CNA was receptive to these concerns and suggested that where state assessment committees are effectively implemented, there may be sufficient justification to seek a differential in rates based on membership. However, this judgment is contingent apon a favorable regulatory climate and ultimately, the approval by state insurance commissioners of rate filings offering such discounts. While there is reason for optimism, it may be some time before definitive conclusions can be reached. The Council will attempt to iccelerate this process, as it appreciates the importance of his issue to the membership.

In considering the second and third resolving clauses, he Council must first determine whether a premium lifferential is feasible, before attaching some monetary alue to it. It is commonly held that nonmember charges nust bear some reasonable relationship to the dues ncome supporting this serivce. Furthermore, ionmember charges for services cannot be so high as to ompel joining the Association. The Council must keep hese precepts in mind when evaluating the surcharge roposed in these resolutions.

Therefore, given the reasons cited above, the Board recommends that this resolution be referred to the Council on Insurance for study and report to the 1985 House of Delegates. (Vote: Unanimous*).

Louisiana Resolution on "Learning About Your Oral **Health" Display** (Supplement 2:366/Resolution 57): The Board agrees that constituent and component societies should be actively involved in promoting dental health education within elementary and secondary schools. To provide a sturdy, attractive and portable educational display, as specified by this resolution, would cost approximately \$2,000 per requesting society. The related educational material would add another \$144 per state. Thus, to offer a complete, portable exhibit and accompanying materials to each of the 54 constituent societies could cost up to \$115,776.

Because of the expense involved, the Board believes it is more appropriate for the cost of the educational displays to be borne by the requesting societies. Accordingly, The Board recommends adoption of the following substitute resolution. (Vote: 15 Yes-Smithwick, Kobren, Kozal, McKenna, Overbey, McKechnie, Cabot, Gilmore, Devine, Truono, Ryan, Schoessler, Earle, Unger, Bomba; 2 No—Larson, Saddoris.)

57B. Resolved, that the American Dental Association develop a "Learning About Your Oral Health" display for sale to requesting constituent and component societies and other groups, and be it further

Resolved, that the suggested content of the display

Tooth Survival Book—Suggested Use—libraries/dental offices (W-009)

Tooth Chicken Booklet (W-031)

Plaque Control Kit (W-527)

Large Toothbrush and Flossing Model (W-561 and W-562)

Speakers' Flip Chart

Poster Packet (contains one poster of each available) (W-531)

Elementary School Poster Set (clay people with dental health message) (W-533)

Introduction of Dental Office Booklet (W-001)

Massachusetts Resolution on Electronic Voting (Supplement 2:366/Resolution 49): The Board recommends

that Resolution 49 be postponed indefinitely. (Vote: Unanimous*).

Massachusetts Resolution on Annual Workshop on Chemical and Drug Dependency (Supplement

2:366/Resolution 50): The Board of Trustees recognizes the importance of timely and accurate information to the profession regarding alcohol and chemical dependency issues. The Board wishes to note that in response to a 1979 House of Delegates directive on this subject (Trans. 1979:626) the Council on Dental Practice has accomplished the following: development and distribution of model legislation to dental societies for

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assisting impaired dentists; publication of Alcohol and Chemical Dependency Programs for the Dental Profession; participation in the American Medical Association's Informal Steering Committee on Prescription Drug Abuse; publication of numerous articles in Association publications; presentations at various Association conferences and meetings; and establishment of a clearinghouse of information on alcohol and chemical dependency issues.

As noted, the 1984 Dental Affairs Conference in Chicago did include this topic and the response from attendees was enthusiastic. Accordingly, the Board wishes to support the concept of a separate conference on the topic of alcohol and chemical dependency for 1985. However, the Board expressed some reservations regarding both the cost (estimated at \$8,000 per conference to cover speaker's travel and related meeting expenses) and the necessity of mandating a separate conference each and every year, ad infinitum. Therefore, it is recommended that the following resolution be substituted for Resolution 50. (Vote: Unanimous*).

50B. Resolved, that the Council on Dental Practice sponsor a one-day workshop in 1985 on alcohol and chemical dependency in Chicago which would coordinate and utilize the expertise of those constituents that have programs on chemical and drug dependency, and be it further

Resolved, that based on interest and need the Council on Dental Practice annually consider holding such a conference as a separate workshop or as a topic to be included in other scheduled national conferences.

Michigan Resolution on Amendment of "Bylaws" **Regarding Life Membership** (Supplement 2:367/Resolution 46): In 1982 the House of Delegates amended the Bylaws changing the number of years required to attain Life Membership from 30 to 35 years (Trans. 1982:514). These current requirements, as listed in Chapter I. Section 20B, of the Bylaws, had a significant impact the first year that change was initiated, 1983. For that year, the Association reviewed the records of all members who might qualify for Life Membership and were at least 65 years of age. All forms of continuous membership, active, military, retired, etc., were considered to qualify individuals for this status, and upon verification by constituent societies, were personally notifed that life membership would be granted during that year. The Board is aware that, in effect, this review greatly increased the number of Life Members for that one year period, doubling it over previous and subsequent numbers, to 2,500.

The average number of members qualifying for Life Membership was approximately 1,200 per year with the 35-year continuous membership requirement. In 1984, the number of members eligible for life membership reduced to 1,240 individuals per year.

Table I indicates that the anticipated number of members eligible for Life Membership based on age 65

with either 30 or 35 years continuous membership or 40 non-continuous membership and totals eligible under current *Bylaws* requirements.

Table I

Eligible Year	30 Years	35 Years	40 Years	Total 30 Years or More
1985	421	813	6	1,240
1986	562	1,185	25	1,772
1987	576	1,349	28	1.953
1988	490	1,531	33	2.054
1989	410	1,694	16	2,120
1990	338	1,758	18	2,114
Totals	$\overline{2,797}$	8,330	$\overline{126}$	$\overline{11,353}$

The financial impact of dues dollars lost in Table II, is based on the current annual dues of \$200 for those who have at least 30 years of continuous membership but less than 35 continuous years.

Table II

Year	30–34 Years	Annual Loss	Cumulative Loss
1985	421	\$ 84,200	
1986	562	112,400	(\$196,600)
1987	576	115,200	(\$311,800)
1988	490	98,000	(\$409,800)
1989	410	82,000	(\$491,800)
1990	338	67,600	<u>(\$559,400)</u>

As shown in Table I, the Board believes there will be a general decline in the number of individuals who have less than 35 years of continuous membership for the next five years. There are also indications that the number of members eligible for Life Membership will level off by 1990.

The Board feels that the years of membership required for eligibility for Life Membership would have to be increased to 40 years before there would be any appreciable decrease in the number of members eligible for Life Membership.

The Board believes that increasing the number of years of Life Membership eligibility would have a deleterious effect on the morale of current members which would negatively impact retention efforts. Further, the Board believes that changing the membership requirement back to 35 years would also have the impact of delaying Life Membership for those individuals who, because of military service during war years, would not be eligible at age 65.

Therefore, the Board recommends that Resolution 46 be postponed indefinitely. (Vote: Unanimous*).

Michigan Resolution on ADA Procedures Codes

(Supplement 2:367/Resolution 72): The Board noted that existing Association policy, as stated in standard 8 of the Standards for Dental Prepayment Programs, advises the use of the "Code on Dental Procedures and Nomenclature," approved by the Council on Dental Care Programs after appropriate consultation with nationally recognized carrier

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representatives. Specifically, the committee that serves as the advisory body to the Council on matters regarding the Code includes representatives of HIAA, Delta Dental Plans Associations, Blue Cross and Blue Shield Associations and the Health Care Financing Administration. The Association's Code is used by virtually all insurance firms and service corporations for their dental benefit plans. The Association also has had ongoing liaison with the Health Care Financing Administration regarding the use of the Code in publicly funded programs.

With regard to the second resolving clause, which recommends". . . that the explicit definitions of the service codes be uniform so that all fee screens developed from them will accurately reflect the service performed," the Board noted that the development of a glossary for the Code has been discussed several times and determined to be unfeasible. Over a two year period, 1978–1980, the Council on Dental Health and Health Planning worked on the development of a "Glossary of Dental Procedures" that was intended to become the Association's chief reference of dental procedures (Reports 1980:98). That work was later abandoned after the Council found that it could not obtain agreement from among the representatives of the eight specialty organizations, the Academy of General Dentistry and individual practitioners. The development and inclusion of explicit definitions for each service in the Code would make it sufficiently cumbersome as to negate its usefulness to dentists and carriers. Moreover, explicit definitions of procedures may be interpreted as treatment parameters and may in fact impede a dentist's ability to provide, under a dental benefit plan, what he/she determines to be the most appropriate care. The Board, therefore, recommends that Resolution 72 be postponed indefinitely. (Vote: Unanimous*).

New Jersey Resolution on Employment of Advertising **Agencies** (Supplement 2:367/Resolution 65): The ten largest advertising agencies in the U.S. all represent either a tobacco or liquor account. Most of these same agencies also serve other clients and products that could cause the dental profession some concern—sugar, candy, bakery goods, ice cream, fast food operations, snack foods, cereals, soft drinks, drugs and non-approved dental products. In other words, the Board believes that it would be virtually impossible to select a large national advertising agency that did not represent at least one controversial product or client. It is the management responsibility of the Board of Trustees to select the best agency suited for each particular Association project based on that agency's experience. talent, service and expertise.

For these reasons, the Board recommends that Resolution 65 be postponed indefinitely, (Vote: Unanimous*).

Utah Resolution on Amendment of "Constitution and Bylaws" Regarding Use of the Terms "Constituent Societies" and "Component Societies" (Supplement 2:369/Resolution 51): While the terms "constituent" and "component" may not be common in colloquial usage, they are accepted parliamentary terms. Sturgis Standard Code of

Parliamentary Procedure (2d ed. 1966) uses these terms, and defines them on page 264 as "subordinate groups making up a parent state, national, or international organization and chartered by it." Furthermore, the official use of these terms within organized dentistry dates back at least 70 vears to the Constitution of the National Dental Association, forerunner of the modern ADA. Today, these terms appear 193 times in the current ADA Constitution and Bylaws.

In addition to conflict with accepted parliamentary terminology, the resolution would create some very practical problems within the organizational structure of the ADA. First, not all constituent societies are state socieites. The Assocation has four constituents that are not organized within states of the United States. Similarly, component societies are organized on different bases within the constituent societies. There are metropolitan, county, district and regional societies within constituents that are all recognized components. Furthermore, the term "district" is already used in the context of ADA trustee districts, so the adoption of this resolution is likely to create confusion between these two organizational levels. Finally, the terms "constituent" and "component" are used by the constituent and component societies themselves in their constitutions and bylaws. And they are used in ADA policies. Therefore, a change in the ADA Constitution and Bylaws would necessitate corresponding changes in all of these documents.

The Board understands that there can be some confusion with these terms, but it questions whether the change suggested might create more problems than it solved. It also would seem that members of the Association should accept the individual responsibility for learning these two terms and their meaning. At the same time, the ADA and the constituent and component societies can continue to disseminate information on the tripartite structure to assist with this learning process. With these available alternatives, the Board recommends that Resolution 51 be postponed indefinitely. (Vote: 16 Yes—Smithwick, Kobren, Kozal, McKenna, Overbey, McKechnie, Cabot, Gilmore, Larson, Saddoris, Truono, Ryan, Schoessler, Earle, Unger, Bomba; 1 No-Devine).

(Supplement 2:369/Resolution 30S-1) The Board considered substitute Resolution 30 in light of the Council on Insurance's study of Alternataive Funding Strategies for Professional Liability Insurance, as reported to the 1983 House of Delegates (Reports 1983:118). It provided an overview of the advantages and shortcomings of establishing a captive company to insure dental malpractice liability, coupled with the recommendation not to proceed, but to continue the study. In retrospect, the Council's observations and concerns were well founded. Many commercial carriers and profession-owned captives have found that loss experience has deteriorated and are

First Trustee District Substitute for Resolution 30

The Council monitors competitive conditions in the insurance marketplace and, as a matter of course, evaluates the feasibility of funding alternatives with the assistance of qualified actuaries and consultants. The Council

projecting deficits for past policy years, which underscores

the substantial risks associated with such ventures.

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periodically reports its findings to the House of Delegates when significant conclusions are reached, or as membership interest dictates. This practice of the Council was noted in the Board's recommendation with regard to Resolution 30 (Supplement 1:266). The Trustee of the First District has informed the Board that the intent of Resolution 30S-1 was not to incur additional expenses, but, because of the importance of this subject, to insure that such reports are made on an annual basis. Based upon this clarification, the Board recommends that Resolution 30S-1 be adopted. (Vote: Unanimous*).

First Trustee District Resolution on Membership Service Premium Discount for ADA Member Subscribers to Professional Protector Program (Supplement

2:369/Resolution 48): The Board shares the view expressed

in this resolution that participation in Association-sponsored insurance plans should be a benefit of membership. However, on numerous occasions in the past, the Council on Insurance has inquired into the feasibility of restricting participation in the Professional Protector Plan to member dentists. The Council has been advised that participants in the Program must hold individual policies as opposed to certificates under a group contract; and therefore, the Program is subject to state insurance laws that prohibit unreasonable discrimination based on membership status. It has also been noted by Association legal counsel that the ability of nonmember dentists to participate in the Program was contributory to the favorable results of the Boddicker case, which challenged the Association's tripartite membership requirement. It has been suggested that if nonmembers of the Association are discriminated against with respect to this Program, the Association may be vulnerable to antitrust or restraint of trade allegations.

This issue was again broached by the Council at the time the CNA Insurance Companies assumed underwriting responsibilities for the Professional Protector Plan. The Council cited the contributions of many member volunteers who sit on insurance committees and other management bodies, who devote considerable time and resources to assure the ongoing success of the Program. CNA was receptive to these concerns and suggested that where state assessment committees are effectively implemented, there may be sufficient justification to seek a differential in rates based on membership. However, this judgment is contingent upon a favorable regulatory climate and ultimately, the approval by state insurance commissioners of rate filings offering such discounts. While there is reason for optimism, it may be some time before definitive conclusions can be reached. The Council will attempt to accelerate this process, as it appreciates the importance of this issue to the membership.

Therefore, given the reasons cited above, the Board recommends that this resolution be referred to the Council on Insurance for study and report to the 1985 House of Delegates. (Vote: Unanimous*).

First Trustee District Resolution on Definition of PPO **Dentists** (Supplement 2:369/Resolution 71): In reviewing Resolution 71, the Board of Trustees concluded that the adoption of appropriate terminology to describe dentists who enter into fee arrangements is the best approach to distinguishing between these dentists and dentists who do not enter into contracts of this kind. Resolution 198-1 (see page 376), in the Board's view, provides this terminology. Further, the Board is concerned that the term "independent provider" may have a negative connotation in the minds of the public about those dentists who have signed contractual agreements, but whose primary obligation, nonetheless is to the patient. For these reasons, the Board recommends that Resolution 71 be postponed indefinitely. (Vote: Unanimous*).

Second Trustee District Resolution on Nonmember Surcharge for Services and Materials (Supplement 2:370/Resolution 59): The Board recommends that Resolution 74 (Supplement 2:415) be substituted for Resolutions 59 and 70 (Supplement 2:370 and 373). (Vote: Unanimous*).

Fourth Trustee District Resolution on Appointment of Ad Hoc Committee To Investigate Dental School **Accreditation Process** (Supplement 2:371/Resolution 63): The Board of Trustees has major concern about the allegations contained in Resolution 63 which impugn the integrity of the dental accreditation process and the Commission on Dental Accreditation. The Board found no foundation for any of the allegations. In fact, the Board summarily rejects a number of statements included in the background and strongly disagrees with the conclusions that have been forwarded as part of this resolution. The Board strongly supports and has complete confidence in the entire dental accreditation process that is conducted by the Commission on Dental Accreditation.

The Board is aware that the accreditation process, format and methodology of the Commission have already been reviewed by two national accreditation authorities during the past year. This review resulted in the highest approval ratings from both the Council on Postsecondary Accreditation (COPA), a nongovernmental organization which fosters quality and diversity in postsecondary education, and from the United States Department of Education (USDOE). In obtaining this status, the Commission demonstrated that it fully complies with each of the 35 distinct provisions outlined by COPA and with the 46 criteria required of accrediting bodies by USDOE, including the criterion that deals with due process procedures. Secretary Bell of the United States Department of Education specifically congratulated the Commission for its good work in his letter announcing continued recognition of the Commission.

The Board believes that the results of this review document the comprehensiveness, quality and credibility of the Commission's accrediting process and activities. The Board also believes that additional review of the

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Commission would be repetitive, costly and unnecessary. *Therefore, the Board recommends that Resolution 63 be postponed indefinitely.* (Vote: Unanimous*).

Fourth Trustee District Resolution on Continued ADA Support of Military Dental Officers Corps Legislation (Supplement 2:372/Resolution 64): The Board notes that the American Dental Association has actively supported efforts to secure and retain equitable programs of special pays for dentists in the uniformed services and Veterans' Administration. For this reason, the Board concurs in what it understands to be the general objective of this resolution. However, the Board does not believe that it would be prudent to adopt policy which stipulates that all dental corps officers are to be recognized as "critical" for purposes of awarding financial incentives. Such terminology is in conflict with existing regulations governing dental continuation pay and may prove inappropriate for a new compensation program now being developed for dental corps officers. Accordingly, the Board recommends the adoption of the following substitute resolution. (Vote: Unanimous*).

64B. Resolved, that the American Dental Association continue its efforts to ensure an adequate and equitable program of special pays for dentists in the uniformed services.

Fourth Trustee District Resolution on Listing of Marketshare of Dental Benefit Models (Supplement 2:372/Resolution 66): The Board notes that the Council on Dental Care Programs annually updates its Fact Sheet: Dental Prepayment Plans, and that information on the marketshare of each dental benefit model could be added to the Fact Sheet. However, to collect and publish this marketshare information and remain within the Council's existing budget, it will be necessary to collect the data from secondary sources of information such as insurance carriers, service plans, government agencies and consultants. Regardless of whether this information is collected locally or at the national level, some of the information obtained will be estimated or incomplete. With these limitations in mind, the Board recommends that Resolution 66 be adopted. (Vote: Unanimous*).

Fourth Trustee District Resolution on Restoring of Dental Insurance Purchaser Contact/Alternate Delivery Systems and Peer Review Workshops (Supplement 2:372/Resolution 67): The Board concurs that workshops on peer review and purchaser contact are important activities for constituent societies. The Board recognizes that, in view of changes in membership on peer review committees and dental care councils and the many concerns in dental prepayment and alternative benefit plans, the workshops encourage a continuity and uniformity among constituent societies in their efforts in these areas. The Board also appreciates the fact that constituent societies are operating on limited budgets.

In view of the fact that the ADA also must operate on a limited budget, the Board has concluded that, as a service to the membership, the Association should continue to offer seminars and workshops on a wide variety of topics, but that such programs should be offered at Association cost to constituent societies. This arrangement enables the Association to use its resources to design and implement worthwhile, issue-oriented programs for the profession and, at the same time, enables the Association to offer numerous programs, including those offered by the Council on Dental Care Programs, without further burdening the ADA budget. If the Association were to assume the entire financial responsibility for all ADA workshops and seminars the total costs would exceed \$300,000. The \$1,400 (approximate cost) expense incurred by a constituent society to sponsor a CDCP workshop is not, in the Board's opinion, an undue financial burden. Accordingly, the Board recommends that Resolution 67 be postponed indefinitely. (Vote: Unanimous*).

Fourth Trustee District Resolution on Supporting the Concept of Cost Containment in Dental Care Programs and Delivery Systems (Supplement 2:372/Resolution 68): The Board wishes to note that the cost-sharing provisions of conventional dental benefit plans have been regarded as one of the principal reasons that there has not been an inflationary increase in dental care costs as has been the case with hospital insurance/hospital costs, where cost sharing provisions are not commonly included. The 1983 House of Delegates adopted Resolution 3H-1983 (Trans. 1983: 540) specifically endorsing the concept of cost-sharing. The policy document, Standards for Dental Prepayment Programs, has been revised to reflect the Association's support of cost-sharing provisions for other than diagnostic, preventive and emergency services in dental benefit plans. The Board is of the opinion that this continues to be the most appropriate approach for the Association in its liaison efforts with purchasers and third party carriers in the design and administration of dental benefit plans. The Board, therefore, recommends that Resolution 68 be postponed indefinitely. (Votc: Unanimous*).

Fourth Trustee District Resolution on Pit and Fissure Sealants (Supplement 2:373/Resolution 69): In reviewing Resolution 69 regarding pit and fissure sealants, the Board took note of the fact that the Association's promotion of this procedure to the profession and the public has increased considerably in recent years. In response to Resolution 92H–1982 (Trans. 1982:527), the Council on Dental Care Programs has actively encouraged third party dental prepayment plans to include sealants as a covered procedure. Additionally, the Councils on Dental Health and Health Planning and Dental Materials, Instruments and Equipment and the Bureau of Communications have published reports and developed educational materials for both the public and the profession. In view of the aforementioned, the Board is

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of the opinion that much of what is called for in this resolution is already policy and is being done. Further, while the proven preventive benefits of sealants are not in question, the Board is of the opinion that official endorsements of individual diagnostic procedures and treatment modalities are not the appropriate business of the House of Delegates. Accordingly, the Board recommends that Resolution 69 be postponed indefinitely. (Vote: Unanimous*).

Fourth Trustee District Resolution on Increasing Surcharge on Materials Sold to Nonmembers (Supplement 2/Resolution 70): The Board recommends that Resolution 74 (Supplement 2:415) be substituted for Resolutions 70 and 59 (Supplement 2:373 and 370).

Fourth Trustee District Resolution on Definition of Preferred Provider Organization and PPO Participating **Dentist** (Supplement 2:374/Resolution 73): The Board carefully considered Resolution 73, appreciating the concern among many members of the dental profession about the implications inherent in the "preferred provider" designation. This terminology originated in the medical care sector and has received wide acceptance among hospitals, physicians, unions and employers. Moreover, the current terminology has been used in federal legislative proposals and is a common topic at national conferences and in newspaper and magazine articles on health care cost issues. In view of these considerations, the Board believes it would be unfeasible to attempt to influence a change in terminology at the federal level and in the medical care sector and the

The Board observes that the first resolving clause expands appropriately the application of the terminology proposed in Resolution 19 (see *Reports*: 172). This expansion, however, is accomplished by the amendment proposed in Resolution 19S–1 (see page 376).

The Board certainly agrees that, to whatever extent possible, the ADA materials should avoid the use of the term "preferred provider." To that end, the Board supports the approach contained in Resolution 19 which directs a change in terminology from "preferred provider" to "contract dentist provider" in all communications emanating from the Association. The Board, therefore, recommends that Resolution 73 be postponed indefinitely. (Vote: Unanimous*).

Fourth Trustee District Resolution on Fraudulent and Unethical Practices Involving Dental Care Programs (Supplement 2:374/Resolution 79): The House of Delegates adopted Resolution 108H–1982 (Trans. 1982:523) which directs "that the Council on Dental Care Programs monitor published reports of law enforcement agencies investigating funds of dental health plans and report significant developments to the membership." In compliance with this directive, fraudulent and unethical activities in dental care programs are currently monitored by the Councils on Dental Care Programs and Legislation.

Information on these matters is reported either through Association publications or direct communication to constituent societies. In view of the fact that the Association has neither the investigative authority nor the power to interpret and apply the law to deal with fraudulent and unethical practices involving the administration of dental care programs, the Board concludes that the Association's current efforts, though limited, are appropriate. Further, the activities of individual dentists are carefully monitored by the Council on Bylaws and Judicial Affairs through advisory opinions based on the Association's *Principles of Ethics. Therefore, the Board recommends that Resolution 79 be postponed indefinitely.* (Vote: Unanimous*).

Fifth Trustee District Substitute for Resolution 3 (*Supplement 2*:375/Resolution 3S–1): The Board reacts differently to each of the three amendments proposed in the substitute resolution.

The amendment proposed in the first resolving clause, is in the Board's view, highly desirable. The Association is on record as believing that licensure should be solely for the protection of the public (*Trans.* 1976:718). Incorporating this concept into the proposed policy statement helps justify the Association's position.

In contrast, the Board is strongly opposed to the amendment proposed in the second resolving clause. Licensure is a function of state government. Association policies on licensure can only be considered recommendations to state governments. Removal of reference to recommending might cause confusion or offend state governments and would serve as a poor precedent for any licensure topics to be considered in the future.

The amendment proposed in the third resolving clause also tends to overstate the Association's role. In this clause, overstatement could be corrected without detracting from the intent of the Fifth Trustee District by rewording the first numbered point of the statement as follows:

1. Completion of a supplementary predoctoral education program of at least two academic years in length in an accredited dental school.

While the Board would not object to replacement of the first numbered point with such language, it prefers the wording submitted by the Council on Dental Education. The Council carefully strengthened the criterion relating to didactic and clinical competence from Resolution 69H–1983 to compensate for a very slight modification of the criterion relating to length of supplementary education. The Council's rationale for this shift in emphasis was to allow some flexibility for the few foreign-trained dentists who arrive in the United States with exceptional educational credentials. In the Board's view, this rationale is adequate and the Council's wording is appropriate. For the reasons described, the Board

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recommends that Resolution 3B be substituted for Resolutions 3 and 3S-1 and that Resolution 3B be adopted. (Vote: 15 Yes—Smithwick, Kobren, Kozal, McKenna, Overbey, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Schoessler, Unger, Bomba; 2 No—Ryan, Earle).

3B. Resolved, that the statement on "Policy on Licensure of Foreign-Trained Dentists" (Reports: 45) be amended by addition to the last sentence of the first paragraph of the phrase "and for the protection of the citizens of the state," the amended sentence to read:

State licensure is a critical element in preserving that standard of practice and for the protection of the citizens of the state.

and be it further

Resolved, that the Statement on "Policy on Licensure of Foreign-Trained Dentists," as amended, be approved, and

Resolved, that Resolution 69H (*Trans*.1983:514) relating to educational requirements for licensure of foreign-trained dentists be rescinded.

Fifth Trustee District Substitute for Resolution 11

(Supplement 2:375/Resolution 11S-1): After careful review of Resolution 11S-11, the Board of Trustees concluded that this resolution delineates in considerably more detail than Resolution 11 (Reports: 170) the manner in which the Association is to promote direct reimbursement dental programs, but shares a common purpose with Resolution 11, i.e., establishing as a matter of policy that the direct reimbursement plan design is the Association's design of choice.

For the reasons stated in the Board's comments on Resolution 11 (Supplement 1:269), the Board believes that Resolution 11B provides better direction for a professional association in dealing with prospective purchasers of dental benefit plans. It represents, additionally, an approach that could be accomplished well within the financial limitations of Resolution 11. Additionally, the Board has been advised by the Bureau of Communications that the kind of message described in the second resolving clause of Resolution 11S-1 would definitely not be accepted by the media as a public service announcement. Therefore, the Board recommends that Resolution 11S-1 be postponed indefinitely. (Vote: 16 Yes—Smithwick, Kobren, Kozal, McKenna, Overbey, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Ryan, Schoessler, Unger, Bomba; 1 No—Earle).

Fifth Trustee District Substitute for Resolution 19

(Supplement 2:376/Resolution 19S-1): The Board believes that Resolution 19S-1, which amends Resolution 19 (Reports: 172) by extending the revised terminology to include organizations of contracting dentists, is consistent with the intent of the Eighth Trustee District resolution. Therefore, the Board recommends that Resolution 19S-1 be substituted for Resolution 19 and that the substitute resolution be adopted. (Vote: Unanimous*).

Fifth Trustee District Resolution on Dental Care of Military Dependents (Supplement 2:376/Resolution 84): The Board recommends that Resolution 87 (Supplement 2:415) be substituted for Resolutions 82, 84 and 93 (Supplement 2:378, 376 and 377). (Vote: Unanimous*).

Sixth Trustee District Resolution on Establishment of an **ADA Foundation** (Supplement 2:376/Resolution 90): The Board agrees with the intention of this resolution. Implementation would require an analysis of the agreement which the American Dental Association Health Foundation has with respect to fund raising, particularly with the American Fund for Dental Health. The Board recommends adoption of this resolution. (Vote: Unanimous*).

Sixth Trustee District Resolution on Duplication of **Membership Services** (Supplement 2:376/Resolution 91): The Board concurs with the intent of Resolution 91, as there is occasion for duplication of membership services, and a consequent duplication of costs. It should be noted that economies of scale can often be realized by avoiding such duplication. The Board would bring to the attention of the delegates that we must distinguish between membership services provided by the Association, its constituents and components and products or services provided by subsidiaries of our organizations. Any study could only direct itself to Association sponsored member services as opposed to subsidiary corporation programs because of the implication that we would be attempting to restrain the free marketplace. With this in mind, the Board therefore recommends adoption of Resolution 91. (Vote: Unanimous*).

Sixth Trustee District Resolution on "Professional Pay" for Reserve Dental Officers (Supplement 2:377/Resolution 92): As indicated in the 1981 (Trans. 1981:608) resolution, the Association has recognized and is on record in opposition to the inequity that exists between reserve medical and dental officers with respect to "professional pay." Independent efforts by the Association to remove this inequity have been unsuccessful largely because of the lack of endorsement by the Department of Defense. In this situation, the Board believes that the chief dental officers of the military services should take primary initiative in seeking policy decisions that will lead to a favorable recommendation from the Defense Department to Congress.

The Board, therefore, recommends adoption of the following substitute resolution which is supplemental to rather than duplicative of the 1981 resolution. (Vote: Unanimous*).

92B. Resolved, that appropriate agencies of the Association request that the chief dental officers of the military services make every effort to obtain a policy decision favoring restoration of professional pay for reserve dental officers from the respective Surgeons General, the Office of Reserve Affairs, the Office of Medical Readiness and other appropriate agencies in the Department of Defense, and be it further

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Resolved, that the appropriate ADA agencies coordinate their activities with the chief dental officers of the military services, the Department of Defense and other appropriate federal agencies, and the Congress to restore the lost "propay" for reserve dental officers, and be it further **Resolved,** that the appropriate ADA agencies report to the 1985 House of Delegates on their activities.

Sixth Trustee District Resolution on Dental Care for Military Dependents (Supplement 2:377/Resolution 93): The Board recommends that Resolution 87 (Supplement 2:415) he substituted for Resolutions 82 (Supplement 2:377), 84 (Supplement 2:376) and 93. (Vote: Unanimous*).

Sixth Trustee District Resolution on Assistance to Dentists Seeking Public Office (Supplement 2:377/Resolution 94): The Board believes that this is a matter that properly comes within the purview of the American Dental Political Action Committee and constituent society political action committees. Therefore, the Board recommends referral of Resolution 94 to the American Dental Political Action Committee. (Vote: Unanimous*).

Eighth Trustee District Resolution on Regional Testing Agencies (Reports: 171/Resolution 15): The Board contacted regional testing agencies and the AADE in an effort to find a way to accomplish the intent of Resolution 15 in a manner that would not infringe on the independence of state boards or regional testing agencies. Although some were cooperative, and expressed interest in such a meeting, no consensus could be reached at this time. The Board wishes to continue to explore appropriate mechanisms to improve licensure testing, but sees no benefit in the type of meeting proposed until more universal cooperation is evident. Therefore, the Board recommends that Resolution 15 be postponed indefinitely. (Vote: 14 Yes—Smithwick, Kobren, Koal, McKenna, Overbey, McKechnie, Cabot, Devine, Saddoris, Trueno, Ryan, Earle, Unger, Bomba; 3 No-Gilmore, Larson, Schoessler).

Eighth Trustee District Resolution on Dues Assessment (*Reports*:172/Resolution 18): From the background and text of Resolution 18, it would appear that its purpose is to provide a more flexible response by the Association for funds for emergencies or projects of pressing importance. Currently, the Association must either increase dues to meet such requirements, which, pursuant to the *Bylaws*, may require a one-year delay after the introduction of a dues increase resolution, or use the reserve funds. As a practical matter, the reserve funds of this Association are such that they should be able to meet any short-term or emergency matters. A decrease in these reserve funds is not anticipated. Rather, it is expected that the Board's policies will increase these funds.

The assessment provided by this resolution is very close to a dues increase. The Board does not believe that this provision addresses the basic problem, which is the one-year layover provision required by the *Bylaws* for adoption of a dues increase resolution. The layover

provision creates many practical and procedural problems. One of the most difficult is the necessity to anticipate the financial requirements of the Association over one year in advance. The protection afforded the members from an unwarranted dues increase by the layover provision could be equaled by the requirement of notice to members. The Board has presented Resolution 80RCc–1983B which provides for such.

While the Board does not recommend adoption of Resolution 18, it believes that if the House wishes to consider this resolution it should be amended to provide for notice of the assessment, limitation of the term of the assessment and a two-thirds (2/3) majority for adoption. This could be accomplished by the following substitute resolution:

Resolved, that Chapter I, Membership, Section 50, Dues and Reinstatement, of the *Bylaws* be amended by the addition of a new paragraph L, to read:

- L. Assessments.
- a. In addition to the annual dues, the House of Delegates may vote an assessment for a specific purpose(s) and may fix the amount thereof, the classification of members who shall pay the assessment and the date when such assessment shall be paid. No assessment shall require payment in more than one calendar year and no assessment or total of assessments in any calendar year shall exceed the annual dues. The adoption of any such assessment shall require a two-thirds (2/3) majority vote of the members present and voting.
- b. A resolution providing for an assessment shall be adopted only if it has been presented in writing at least sixty (60) days prior to the first day of a session of the House of Delegates. Notice of the receipt of such a resolution shall be publicized to the members as soon as practical.
- c. In the event of the adoption of an assessment pursuant to paragraph L, a and b, the payment of such an assessment shall be a requisite for maintaining the classification of "in good standing" under Chapter I, Section 30 of these *Bylaws* and membership in the Association under Chapter I, Section 50I of these *Bylaws*.

Because the Board believes it is better to directly address the problem as provided by Resolution 80RCc-1983B, the Board recommends that Resolution 18 be postponed indefinitely. (Vote: 13 Yes—Kobren, McKenna, Overbey, McKechnie, Cabot, Gilmore, Devine, Larson, Truono, Ryan, Schoessler, Earle, Bomba; 4 No—Smithwick, Kozal, Saddoris, Unger).

Eighth Trustee District Substitute for Resolution 34

(Supplement 2:377/Resolution 34S–1): The Board appreciates the intent of Resolution 34S–1 submitted by the Eighth Trustee District which calls for reassessing the status of dental education in medical schools and for establishing dialogue with medical educators. The Board believes, however, that the policy established by the American Medical Association clearly stipulates that it is the right of the medical teaching faculty to determine curriculum content and specifically dissuades others from doing so.

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To achieve the resolution's intent, the Board believes that establishing dialogue between medical school and dental school faculties more appropriately belongs at the local level. It is impossible for such dialogue to be established and maintained on an ongoing basis between the American Dental Association at the national level and each individual medical school.

In considering the resolution, the Board believes there is a cost implication of \$9,600 because it would be necessary to conduct a survey of all medical schools to determine the dental curricular content that is currently included in the medical curriculum of individual medical schools. Part of the costs would be associated with establishing meetings between medical and dental educators at which these issues would be discussed.

In addition to other existing models of dental content area that is part of medical curricula, the Board was apprised that at least one additional model is being developed which will be made available to any state which wishes to use the model curriculum.

For these and other reasons cited in recommending that Resolution 34 be postponed indefinitely, the Board recommends that substitute Resolution 34S–1 be postponed indefinitely. (Vote: Unanimous*).

Eighth Trustee District Resolution on Amendment of "Bylaws" Regarding Office of Executive Director (Supplement 2:378/Resolution 81): The Board notes that similar proposals have been introduced into the House on several occasions (Trans.1979:647 and Trans.1980:585) regarding the Office of the Executive Director. It has been and remains to be the opinion of the Board that the requirement that the Association's Executive Director must be a dentist is unduly restrictive. The Association should not restrict itself from evaluating all potential candidates. Therefore, the Baord recommends that Resolution 81 be adopted. (Vote: 16 Yes—Smithwick, Kobren, Kozal, McKenna, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Ryan, Schoessler, Earle, Unger, Bomba; 1 No—Overbey).

Eighth Trustee District Resolution on Dental Care for Military Dependents (Supplement 2:378/Resolution 82): the Board recommends that Resolution 87 (Supplement 2:415) be substituted for Resolutions 82, 84 (Supplement 2:378 and 376) and 93 (Supplement 2:377). (Vote: Unanimous*).

Eighth Trustee District Resolution on Amendment of "Bylaws" Requiring Unanimous Consent for Amendment of Dues (Supplement 2:379/Resolution 85): The Board recommends that Resolution 85 be postponed indefinitely. (Vote: 13 Yes—Smithwick, Kobren, McKenna, Overbey, McKechnie, Gilmore, Devine, Larson, Saddoris, Truono, Schoessler, Earle, Bomba; 4 No—Kozal, Cabot, Ryan, Unger).

Eleventh Trustee District Resolution on Initiation of Paid Public Education Television Messages in 1984 (Supplement 2:383/Resolution 88): The Board agrees that an early airing of the proposed campaign on network television might reduce the anticipated erosion of membership if the

program is approved by the 1984 House. If necessary, Reserve Funds of up to \$1,305,000 would be used to finance the initial flight of media purchases in 1984, to be repaid from the funds designated for the program as they are collected in 1985. This amount is not an addition to planned expenditures for 1985 if the program is approved.

The Board has previously stated (*Supplement 1*:306) that it plans to implement an extensive membership information campaign immediately following adjournment of the 1984 House, if the proposed program is approved. Estimated cost for this activity would be an additional \$63,125 which could be funded by a supplemental appropriation or advanced from the Reserve Fund and repaid in a similar fashion.

Therefore, the Board recommends that Resolution 88 be adopted. (Vote: 13 Yes—Smithwick, Kobren, Kozal, McKenna, Cabot, Gilmore, Devine, Larson, Truono, Ryan, Schoessler, Earle, Bomba; 4 No—Overbey, McKechnie, Saddoris, Unger).

Eleventh Trustee District Resolution on National Committee on Impaired Dentist (Supplement 2:383/Resolution 89): The Board agrees that appropriate efforts should be made at the national level to improve the programs designed to aid the impaired dentist. And to that end, the Board has supported Resolution 50 (Supplement 2:366) introduced by the Massachusetts Dental Society, to convene a national conference of constituent dental society leaders to improve the profession's efforts across the nation. While the Board believes this request to form a national committee on the impaired dentist has considerable merit, the Board believes this resolution should be referred to the Council on Dental Practice to study and report back to the 1985 House of Delegates. Such a referral for study will enable the Council to (1) review the results of the 1985 national conference, (2) consider coordinating this program activity with its ongoing clearinghouse efforts and (3) incorporate the necessary additional funding into the 1986 Council budget request. The Board believes the Council should carefully study the need for additional staffing and a separate committee before the budget is approved. Accordingly, the Board recommends that Resolution 89 be referred to the Council on Dental Practice for study and report back to the 1985 House of Delegates. (Vote: Unanimous*).

Eleventh Trustee District Resolution on Amendment of "Bylaws" Regarding the Budget and Dues of Active Members (Trans. 1983: 570/Resolution 80RCc-1983): See Board of Trustees comment for Resolution 80RC-1983S-1 (Supplement 2:381).

Twelfth Trustee District Substitute for Resolution 56 (Supplement 2:383/Resolution 56S-1): The Board shares the view expressed in this resolution that participation in Association-sponsored insurance plans should be a benefit of membership. However, on numerous occasions in the past, the Council on Insurance has inquired into the

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feasibility of restricting participation in the Professional Protector Plan to member dentists. The Council has been advised that participants in the Program must hold individual policies as opposed to certificates under a group contract; and therefore, the Program is subject to state insurance laws that prohibit unreasonable discrimination based on membership status. It has also been noted by Association legal counsel that the ability of nonmember dentists to participate in the Program was contributory to the favorable results of the *Boddicker* case, which challenged the Association's tripartite membership requirement. It has been suggested that if nonmembers of the Association are discriminated against with respect to this Program, the Association may be vulnerable to antitrust or restraint of trade allegations.

This issue was again broached by the Council at the time the CNA Insurance Companies assumed underwriting responsibilities for the Professional Protector Plan. The Council cited the contributions of many member volunteers who sit on insurance committees and other management bodies, who devote considerable time and resources to assure the ongoing success of the Program. CNA was receptive to these concerns and suggested that where state assessment committees are effectively implemented, there may be sufficient justification to seek a differential in rates based on membership. However, this judgment is contingent upon a favorable regulatory climate and ultimately, the approval by state insurance commissioners of rate filings offering such discounts. While there is reason for optimism, it may be some time before definitive conclusions can be reached. The Council will attempt to accelerate this process, as it appreciates the importance of this issue to the membership.

Therefore, given the reasons cited above, the Board recommends that this resolution be referred to the Council on Insurance for study and report to the 1985 House of Delegates. (Vote: Unanimous*).

Twelfth Trustee District Resolution on Amendment of Employee Retirement and Income Security Act (ERISA) as Top Legislative Priority (Supplement 2:383/Resolution 75): The Board refers members of the House to its comments and recommendation on Resolution 23 (Supplement 1:270) regarding the efforts that have been made and the difficulties that have been encountered in attaining the enactment of amendments to the ERISA statute. As indicated, the Association will continue its efforts "to gain sponsors and favorable consideration of the desired legislation." In other words, the Association will continue to give "a top legislative priority to the implementation of Resolution 72H–1982 during the next Congressional session." The Board recommendation that Resolution 23 be postponed indefinitely was based upon the procedural ground that it was duplicative and not upon its substantive intent. In this situation, the Board believes that a substitute resolution which will not be duplicative and also will enhance achievement of the mutually agreed upon objective, is in order. Therefore, the Board of Trustees recommends that the following Resolution 75B be substituted for both Resolutions 75 and 23 and that Resolution 75B be adpoted.

(Vote: Unanimous*).

75B. Resolved, that the Association place a top legislative priority during the next Congressional session on the implementation of Resolution 72H–1982 (*Trans.* 1982:366) and be it further

Resolved, that constituent societies be urged to supply specific information to the Association documenting the fact that state insurance commissioners have declined on the basis of the alleged preemption provision in the ERISA statute, to enforce state freedom of choice and other laws regulating employee dental benefit plans resulting in abuses affecting beneficiaries of such plans.

Twelfth Trustee District Resolution on Health Hazard Warning on Smokeless Tobacco (Supplement

2:384/Resolution 76): The Board recommends that Resolution 76 be adopted. (Vote: Unanimous*).

Twelfth Trustee District Resolution on Use of **Dentist-to-Population Ratio** (Supplement 2:384/Resolution 77): The Board recommends that Resolution 77 be adopted. (Vote: Unanimous*).

Twelfth Trustee District Resolution on Ethical Guidelines **for Dental Advertising** (Supplement 2:384/Resolution 78): The Baord believes that the intent of this resolution is that the Association should be the primary force in assuring that advertising by the dental profession is done in an ethical manner. As such, the Board fully supports the intention of this resolution.

The Board cannot support, however, a resolution which is accompanied by background material which could be interpreted as an intention by the Association not to abide by the final order entered against it in the FTC advertising case. In fact, the legal department of the Association has advised the Board that the Bates decision, and the decisions of various courts which have dealt with the issue of professional advertising since the Bates decision, have basically established a standard that only such professional advertising that is false or misleading can be prohibited. Thus, restrictions with respect to "time, place and manner" must be designed solely to prevent false or misleading advertising. Under this standard, some courts have inferred that a state may regulate or prohibit professional advertising as to a "time, place or manner" if the state can show that the type of advertising involved has a propensity to encourage false or misleading advertising. Because the standard in the ADA Principles of Ethics and Code of Professional Conduct with respect to advertising is the "false or misleading" standard, the Association remains free under the ruling in the FTC advertising case to regulate and control advertising to the full extent permitted by the Constitution of the United States. Thus, it is not necessary to create the appearance of not complying with this court order to effectuate the intent of this resolution.

The Board believes that the agencies of the Association are currently pursuing the most effective course possible to discourage unethical advertising. In the last several years, the Council on Bylaws and Judicial Affairs has issued

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several advisory opinions with respect to advertising. Advisory Opinion #2 to Section 5A of the Code attempts to define the terms "false or misleading." Other advisory opinions address such specific areas as ghostwritten articles, for-profit referral agencies, use of unearned or non-health degrees, and use of the terms diplomate and fellow.

In the legislative arena, the legal department and the State Legislative Counsel have worked with various states to write statutes and regulations that protect the public from false and misleading advertisements for dental services. This is a very effective method because when enacted, such laws must be observed by all dentists, not just members of the ADA. Moreover, if a law regulating advertising is found to be overly restrictive of First Amendment rights, the remedy is to abrogate the law or the particular provision that is offensive. The consequences to the Association of publishing guidelines which violate the order against it in the FTC case would be much more severe.

The Board believes that one of the problems in this area is that constituent and component societies are under the impression that they cannot act effectively to regulate advertising under the Code of Ethics because of the FTC order. The Board has been informed that the Council intends to address this problem in 1985 by initiating a program to contact constituent and component societies with regard to enforcement of the Code of Ethics. It plans to give examples of the type of infractions of the Code which can be addressed and the manner in which to institute disciplinary proceedings with regard to such.

The Board therefore believes that the efforts of the Association will be most effective by supporting the Council's continued efforts to address specific problems in advertising by advisory opinions and by instruction and encouragement to constituent and component societies with respect to enforcement of the present standards. With respect to guidelines, the legal department and the State Legislative Counsel should continue to work with state societies towards the enactment of statutes and regulations, as this is where guidelines are most effective.

While it is sympathetic to the intention of this resolution, the Board believes that the adoption of the following substitute resolution will most effectively address the concerns of the Association. The Board therefore recommends adoption of the following substitute resolution. (Vote: Unanimous*).

78B. Resolved, that based on the Bates decision and subsequent court cases, the appropriate agencies of the Association study the current status of legal and ethical definitions of false, misleading and fraudulent advertising, compile this information for dissemination to constitutent and component societies, and provide constituent and component societies with appropriate information regarding the drafting of legislation and enforcement of the ADA Code of Ethics with respect to dental advertising.

Thirteenth Trustee District Resolution on Delinquent **Dues Date** (Supplement 2:385/Resolution 62): The Board is sympathetic to the problems created at the constituent level by the current Bylaws provisions which provide for a period of approximately 90 days, without penalty, to make late payments of dues. The same problems exist at the national level. Therefore, the Board recommends adoption of this resolution. The Board notes that if this resolution is adopted, an appropriate amendment should be made to the resolution providing for semi-annual dues, so that the delinquency dates for annual dues and semi-annual dues coincide. (Vote: 15 Yes-Smithwick, Kobren, Kozal, McKenna, McKechnie, Cabot, Gilmore, Devine, Larson, Saddoris, Truono, Ryan, Schoessler, Earle, Unger; 2 No—Overbey, Bomba).

Thirteenth Trustee District Resolution on Creation of a **Finance Committee** (*Supplement 2:386*/Resolution 80): While the specific functions and authority of this committee are somewhat vague, it is clear that this committee, and not the Board of Trustees, would develop the annual budget and supervise all budgetary matters. As presently drafted, the Board is advised by legal counsel that this resolution contravenes both the Bylaws of the Association and Illinois law by usurping the authority and responsibility of the Board to manage the affairs of the Association. Under Illinois Revised Statutes, Chapter 32, Paragraph 163a16, the law provides that the affairs of the corporation (that is, this Association) shall be managed by a board of directors (that is, the ADA Baord of Trustees). Consistent with that statutory provision, the Association's Bylaws, Chapter VI, Section 90, Subsections A, E, F, and N, clearly set forth the duties of the Board of Trustees which include preparation of a budget, and provision of guidelines and directives to govern the Treasurer's custody, investment and disbursement of Association funds and property.

Under the present organizational structure, the Bylaws establish a system of checks and balances between the Board as manager and the House as the legislative and governing body of the Association. The Board prepares the budget and distributes it to the House of Delegates around the first of September each year. This procedure gives members approximately two months to review the proposed budget in preparation for the annual session. While the Board prepares the proposed budget, the House may and often does recommend changes in the proposed budget to the Board. When this process is completed, it is the House which actually adopts the annual budget for the Association.

The background statement says that a change is desirable and necessary to provide better understanding and accountability of the budget process. The committee that would provide such understanding and accountability would be composed of only six members: three members who are already members of the Board of Trustees and three at-large members selected by respective districts on a rotational basis. While not stated in the resolution itself, the background statement explains that the at-large members

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would be elected by the House of Delegates. These at-large members could not be members of the Board and may not necessarily be members of the House, so an additional expenditure of \$13,650 is projected to cover their expenses as committee members.

In comparing this proposal with existing procedures, there appears to be little substantive difference between the two. The House of Delegates presently elects the Board of Trustees from nominations by all of the trustee districts. This resolution would have the House elect three additional members to serve on that finance committee. In both systems then, it is the House of Delegates that determines who serves on the agency responsible for preparing the budget. The same checks and balances would apply to the committee's budget as presently exist with the Board. The House would recommend changes in the budget, and final adoption of the budget would rest with the House at the annual session. Therefore, in the final analysis, this resolution merely changes the procedural and not the substantive aspects of preparing the budget at an additional cost to the Association of at least \$13,000.

Because this resolution contravenes the Bylaws of the Association and violates basic corporate law and it would add an expense with no clear benefit to the members of the Association, the Board recommends that Resolution 80 be postponed indefinitely. (Vote: Unanimous*).

Delegate Skip D. Buford, Louisiana, Resolution on Amendment of "Bylaws" and "Manual of the House of Delegates" Regarding Elective Officers Installation (Supplement 2:387/Resolution 58): The Board agrees that the installation of officers should be carried out with proper decorum and respect, and it believes that it is the responsibility of each delegate to accord such respect to fellow members who have achieved elective office within the Association. However, the Board must point out that there are significant reasons for the present procedures, and that this change would cause several problems if it were adopted. First, the Bylaws of the Association direct that the installation be conducted during the last meeting so the current officers complete their term at the conclusion of the annual session. If the present provision were changed, presumably the current terms would end with the installation so the House of Delegates would be faced with changing officers, including the Speaker, at mid-session (that is, 1:00 p.m. on Wednesday afternoon). Furthermore, by moving the election and installation up by one day, it would be necessary to eliminate the opportunity for additional nominations that the "Rules of the House of Delegates" currently afford under Nomination Procedures on page 17. Since there is no meeting of the House on Monday or Tuesday, there would be no time available between Sunday and Wednesday for additional nominations to be placed. Therefore, the Board recommends that Resolution 58 be postponed indefinitely. (Vote: Unanimous*).

American College of Oral and Maxillofacial Surgeons Resolution on Unifying Dental Degree to D.M.D.

(Supplement 2:388/Resolution 60); Although the Board of Trustees agrees with the intent of Resolution 60 submitted by the American College of Oral and Maxillofacial Surgeons, it believes that for the same reasons it voted to postpone indefinitely Resolution 36 (Supplement 1:243) Resolution 60 should also be postponed indefinitely.

Both the American Dental Association and the American Association of Dental Schools have policy which supports the principle that degree determination is the prerogative of the individual educational institutions and that all institutions conferring a degree in dentistry be urged to consider unifying the degree conferred. For these reasons the Board recommends that Resolution 60 be postponed indefinitely. (Vote: 13 Yes-Kobren, Kozal, McKenna, Overbey, McKechnie, Cabot, Gilmore, Devine, Larson. Saddoris, Truono, Schoessler, Bomba; 4 No—Smithwick, Ryan, Earle, Unger).

American College of Oral and Maxillofacial Surgeons Resolution on Increasing Human Behavioral and Physical Diagnosis Courses in Dental Schools (Supplement 2:388/Resolution 61): In considering Resolution 61 submitted by the American College of Oral and Maxillofacial Surgeons, the Board of Trustees noted that it is the Commission on Dental Accreditation through its educational standards and accreditation program that is primarily responsible for influencing curriculum change. In this regard, the Board noted that the Commission is currently in the process of revising the educational standards and guidelines for predoctoral programs in dentistry, and through the proposed revision will place greater emphasis on instruction in both physical diagnosis and the behavioral sciences. The Board also noted that in implementing Resolution 31H-1983, the Commission, in cooperation with the American Association of Dental Schools, is sponsoring a national conference on dental education entitled "Management of the Dental Curriculum—Response to Change" during 1985 at the University of Oklahoma, College of Dentistry (Reports:41). The Board believes that it is also important to note that in 1976, the Council on Dental Education approved Guidelines for Teaching Physical Evaluation in Dental Education and since that time the Commission on Dental Accreditation has placed major emphasis on the teaching of physical evaluation. Additionally, the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part I "Teaching of Pain Control and Management of Related Complications to the Dental Student" currently emphasizes instruction in physical diagnosis. Therefore, it is the opinion of the Board of Trustees that the intent of Resolution 61 is currently being implemented by the Commission on Dental Accreditation and the Council on Dental Education and for this reason, the Board recommends that Resolution 61 be postponed indefinitely. (Vote: Unanimous*).

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1984 Board of Trustees Resolutions

Board of Trustees Resolution 47 on Amendment of "Manual of the House of Delegates" (Supplement 2:415/Resolution 47): In 1983, the American Hospital Association (AHA) and American Medical Association (AMA) Houses of Delegates each extended an invitation to the American Dental Association to send an official observer to meetings of its respective Houses of Delegates.

Dr. Roger Hehn, then Association second vice president, served as observer to the AHA in 1983 and, currently, Dr. Alex J. McKechnie, Third District trustee, is the AHA observer. Dr. Bernard S. Snyder was appointed as the AMA observer in 1983 and again in 1984.

The Board of Trustees has, over the two years, monitored the Association's participation through reports from those individuals serving. The Board believes that these activities have been most beneficial to furthering the common health goals of all the Associations. Accordingly, the Board of Trustees recommends that the House of Delegates enhance these cooperative efforts by extending a reciprocal invitation to the AHA and AMA. (Vote: Unanimous*).

47. Resolved, that the American Dental Association invite the American Hospital Association and American Medical Association each to send an official observer to meetings of the House of Delegates, and be it further **Resolved,** that the paragraph entitled "Access to Floor," page 5, of the Manual of the House of Delegates, 1984, be amended by the addition of the words "an officially designated representative from each the American Hospital Association and American Medical Association" so that the amended paragraph shall read as follows:

Access to Floor: Access to the floor of the House of Delegates is limited to officers and members of the House of Delegates, the elective and appointive officers of the Association, the past presidents, the members of the Board of Trustees, the chairmen of the councils, the members of councils when requested by the chairman, the secretaries and executive secretaries of constituent societies, the executive director 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.

and be it further

Resolved, that the paragraph entitled "Speaking Privileges," page 11 of the Manual be amended by addition of the words "an officially designated representative from each the American Hospital Association and American Medical Association," so that the amended paragraph shall read as follows:

Speaking Privileges: The right to speak to issues before the House of Delegates is held—in addition to delegates-by officers of the Association; trustees of the Association; past presidents of the Association and an officially designated representative from each the American Hospital Association and American Medical Association. Chairmen and members of councils and

commissions who are not members of the House of Delegates shall have the right to participate in debate on their respective reports but shall not have the right to vote. Secretaries and executive secretaries of constituent societies; council secretaries; commission secretaries; bureau directors and those members of the administrative staff holding general supervisory positions may be present on the floor of the House of Delegates and shall be privileged to speak when called upon as a resource.

Board of Trustees Resolution 74 on Nonmember Surcharge for Services and Materials (Supplement 2:415/Resolution 74): The Board of Trustees concurs with the intent of both Resolution 59 (Supplement 2:370) and Resolution 70 (Supplement 2:373). Maintaining the "service for the member" concept is essential in recruiting and retaining members. But the Board believes that further study is required before a specific formula for such a change in policy can be adopted. As documented in numerous legal opinions, nonmember charges for services should not be so high as to effectively compel joining the Association. Although the Board is in full accord with the concept of these resolutions, as there are legal precedents, the Board believes that thorough review is required. This study would consider all possible formulas of differential pricing, to include percentage differentials and surcharges as suggested by the Second and Fourth Trustee Districts. Emphasis would be on making the differential as broad as possible. If, in the Board of Trustees judgment, an equitable formula can be developed prior to the 1985 House of Delegates, which will assist the Association in maintaining the integrity of its services, it is the Board's hope to immediately implement such a program. Therefore, the Board of Trustees submits the following substitute resolution for Resolutions 59 and 70. (Vote: Unanimous*).

74. Resolved, that the Board of Trustees study the current policy of differential pricing of services and products for members and non-members, and be it further Resolved, that the Board of Trustees work to establish new policy which would increase the differential of cost between member pricing and nonmember pricing, and be

Resolved, that this new policy be implemented as soon as possible, with report to the 1985 House of Delegates.

Board of Trustees Resolution 87 on Dental Care for **Military Dependents** (Supplement 2:415/Resolution 87): Resolutions 82 (Supplement 2:378), 84 (Supplement 2:376), 87 and 93 (Supplement 2:377) were considered collectively by the Board because of their similar intent. The Board concurs with the views of the submitters of these resolutions that the recently enacted authority to offer "space-available" dental care for military dependents will prove inadequate in meeting the dental needs of armed forces dependent personnel. A more comprehensive program which provides dependent beneficiaries the

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additional option to obtain routine dental services from private practitioners is, in the opinion of the Board, a more realistic and professionally sound approach. The Board understands this to be the objective of Resolutions 82, 84, 87 and 93. In order to incorporate the various provisions of these resolutions into a single proposed policy resolution, the Board recommends the adoption of the following substitute Resolution 87. (Vote: Unanimous*).

87. Resolved, that the American Dental Association endorse a dental care program for military dependents which ensures that beneficiaries have freedom of choice to obtain services through a civilian dental insurance program or at military facilities on a space available basis, and be it

Resolved, that a CHAMPUS-type dental program include a graduated co-payment schedule that would be based on the rank of the military person whose dependents were seeking dental care, with lower grade enlisted personnel receiving the highest percentage of benefits, and be it further Resolved, that priority for the provision of such dental care that may be available at U.S. military dental facilities be given to dependents of lower pay grade enlisted personnel. and be it further

Resolved. that the dental needs of active duty military forces not be impaired by the on-base provisions of dental services for dependent personnel, and be it further Resolved, that no additional dental staffing or other resources be provided for dependent care beyond that required for the provision of services for active duty personnel.

Informational Responses to 1983 House Directives

New Jersey Dental Association and Fourth Trustee

District Resolution on Legality of Preferred Provider **Organizations** (*Trans.* 1983:547/Resolution 65H–1983): The legal department of the Association continues to analyze the structure and development of the varying preferred provider organization dental care reimbursement plans which are being marketed. As directed, a report was made to the Board of Trustees on this subject in April 1984. This report advised the Board of the legal theories which were being pursued and the factual situations which would be required for a successful lawsuit. The report was confidential in order to preserve the attorney-client privilege with respect to the observations made in this report. Subsequently, at the suggestion of the Board, a substantial portion of the May 21, 1984 issue of the ADA News was devoted to a discussion of PPO's and the legal implications involved in a dentist entering into a contract with a PPO. As noted in the ADA News articles, while there has been a great deal of marketing of PPO's, under varying structures, there is no indication to date that such plans have resulted in any significant shift of patients

As noted in the Board comments to this resolution (Supplement 2 1983:427), any lawsuit under the antitrust laws which attacked such agreements would require "an economic analysis of the impact of such a system of delivery on the national market for dental care services and,

between providers. This remains the case at the time of the

perhaps, various localized markets." This process must necessarily wait further development of the PPO concept. In the interim, the legal department and the outside law firm of the Association, Peterson, Ross, Schloerb & Seidel, will continue to monitor and analyze the situation, so that appropriate action can be undertaken with respect to any plan which would constitute a restraint of trade under the antitrust laws. (Vote: Unanimous*).

1983 Referred Resolutions

Eleventh Trustee District Substitute for Resolution 80RCc-1983 (Supplement 2:381/Resolution 80RCc-1983S-1): The Board appreciates the Eleventh Trustee District's interest and concern in trying to improve the process of approving the annual budget. As submitted, however, the proposed resolution is very complex.

Resolutions 80RCc-1983 and 80RCc-1983S-1 are designed to require that the dues reflect actual budgetary needs. (With the present system, an enabling resolution constantly on the books is the only way to accomplish this on an annual basis.) The Board believes that 80RCc-1983 and 80RCc-1983S-1 are somewhat confusing and subject to misinterpretation as written and unnecessarily deviate from the traditional method of considering the dues and budget.

The Board believes that the process can be improved by eliminating the present layover provision for dues increases. Historically, under the current one-year layover provision for dues increases, the requested increase has been a substantial amount intended to sustain the Association for several years, traditionally three years. The size of these periodic increases creates both member and delegate concern as well as debate over subsequent Reserve Division contributions to the operating budget. In addition, the Board must try to project the financial position and needs of the Association several years in advance.

In the Board's opinion, it will be helpful to the process to eliminate the one-year layover provision, instead requiring a sixty (60) day prior notification of a proposed dues increase. The sixty (60) day provision would allow for a smaller dues increase in any year necessary, based on more current and accurate information. This proposed bylaw amendment preserves the traditional method of adopting dues modifications and, although modifying the time frame for notification, continues to preserve and protect the rights of the membership for adequate notice. Shortening the time frame for notice will enable the Board to make a more realistic appraisal of dues and budgeting needs and offer a more accurate recommendation for additional funds when necessary. Adequate time will continue to be available for the delegates and members to evaluate dues modification proposals in preparation for the annual session.

For these reasons, the Board of Trustees offers the following substitute for Resolution 80RCc-1983S-1, with the recommendation that it be adopted. (Vote: Unanimous*).

writing of this report.

[&]quot;"Unanimous" constitutes a vote of all 17 voting members of the Board of Trustees

80RCc-1983B. Resolved, that Chapter XX, Amendments, Section 20, Amendment Relating to Dues, of the Bylaws be amended by deleting Section 20 in its entirety and substituting therefor the following:

Section 20. Amendment Relating to Dues: An amendment of these Bylaws effecting a change in the dues of active members may be adopted only if the proposed amendment has been presented in writing at least sixty (60) days prior to the first day of the session of the House of Delegates at which it is to be considered. Notice of such a resolution shall be sent to the

constituency not less than sixty (60) days before such session, and shall be announced to the general membership in official publications of the Association as soon as possible.

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

^{*&}quot;Unanimous" constitutes a vote of all 17 voting members of the Board of Trustees.

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Resolutions 103–110 will be published and indexed in *Transactions*, 1984.