The REPORT OF THE AAOMS ANNUAL MEETING covers the principal activities of the Association from annual meeting to annual meeting. The Reports of Board of Trustees and Committees, 2018 are not included with this document but were provided separately to fellows/members who serve as members to the House of Delegates, presidents of regional and state societies and past and present officers and trustees of the Association in July 2018. Only germane deliberations and actions of the 2018 House of Delegates are included. The verbatim transcript of the House proceedings is available for review by any fellow or member during the AAOMS Annual Meeting. Copies of reasonable portions of the transcript will be provided to fellows and members in good standing upon request to the Executive Director.

Distribution: Annually, the Report of the AAOMS Annual Meeting is provided to delegates, alternates, regional and state society officers, committee chairs for the coming year, officers and trustees, officials of organizations related to the AAOMS and annual meeting award winners. Fellows and members may obtain a copy of the report at no charge upon request to the AAOMS Headquarters, 9700 West Bryn Mawr Avenue, Rosemont, Illinois 60018-5701.

This report and the actions of the House are also available on the AAOMS website at http://www.aaoms.org/member-center/resource-documents.

100th Annual Meeting
Chicago, IL – October 8-13, 2018
2018 Report of the AAOMS Annual Meeting

AWARDS AND RECOGNITIONS

100th Awards Ceremony, Wednesday, October 10

The following awards and presentations were delivered during the 2018 Awards Ceremony at the 100th Annual Meeting in Chicago, Illinois:

- **Robert V. Walker Distinguished Service Award** – Dr. Bruce N. Epker
- **Presidential Achievement Award** – Dr. David W. Todd
- **Honorary Fellowship** – Dr. Christopher Robinson
- **Board of Trustees Special Citation Award** – Dr. Andrew Herlich
- **Committee Person of the Year Award** – Dr. David C. Stanton
- **AAOMS Humanitarian Award for Fellows and Members** – Drs. Jerry L. Halpern and David C. Hoffman
- **Donald B. Osbon Award for an Outstanding Educator** – Dr. Donald R. Zuniga
- **Special Honorary Fellowship** – Mr. Ian C. Martin, President, BAOMS
- **William J. Gies Foundation Award** – Dr. George Obeid
- **Legislator of the Year Award** – Congressman Earl “Buddy” Carter
- **John F. Freihaut Political Activist Award** – Dr. Charles A. Crago
- **Clinical Research Award** – Dr. Deepak G. Krishnan
- **Daniel M. Laskin Award for an Outstanding Predoctoral Educator** – Dr. Dean M. DeLuke
- **AAOMS/OMSF Faculty Educator Development Award (FEDA)** – Dr. Andrea B. Burke, Dr. Paul D. Deitrick, Dr. Courtney A. Jatana, Dr. Leonel Perez, Jr., Dr. Andrew M. Read-Fuller
- **Resident Scientific Awards** – Dr. Brian Christensen, Dr. Rodney Nishimoto, Dr. Keith A. Sonneveld
- **OMS Foundation Torch Award** – Dr. Anthony M. Spina
- **OMS Foundation Research Recognition Award** – Dr. Brian Schmidt
- **OMS Foundation Daniel M. Laskin Award** – Dr. Gary F. Bouloux, Dr. Joli C. Chou, Dr. Deepak G. Krishnan, Dr. Tara L. Aghaloo, Dr. Nora Kahenasa, Dr. Julie Ann Smith, Dr. Helen Giannakopoulos
Corporate support by exhibiting companies helps support the programs and amenities enjoyed at the 2018 annual meeting. Special recognition of these companies was presented during the opening ceremony. They are:

**Titanium Level**
OMSNIC

**Diamond Level – Contribute a minimum of $100,000**
AAOMS Services Inc.

**Platinum Level – Contribute a minimum of $50,000**
Carestream Dental
DePuy Synthes (Part of the Johnson Family of Companies)
Geistlich Pharm North America, Inc
KLS Martin Group
Nobel Biocare USA, LLC
Osteo Science Foundation
Treloar & Heisel

**Gold Level – Contribute between $30,000 - $49,999**
Elsevier, Inc.
OMSVision – Henry Schein
Zimmer Biomet

**GREETINGS AND PRESENTATIONS DURING THE HOUSE OF DELEGATES**

**Session I, Monday, October 8:**

- Dr. Douglas W. Fain, Past President, delivered the invocation.
- Dr. Spiro Karras, Delegate, Illinois, extended greetings and welcomed attendees to Chicago.
- Drs. Kathy Banks, Chair, OMS Foundation Board of Directors, Joel Friedman, Treasurer, OMSPAC Board of Directors, James Q. Swift, Chair, OMSNIC Board of Directors, and Michael Rollert, President ADSA, extended greetings and encouraged members of the House to become involved in their respective organizations.
- Dr. R. Lynn White, Member, ACAN, provided information on the awards process.

**Session II, Tuesday, October 9:**

- Dr. Timothy Shahbazian, Chair, Committee on Membership, presented the report on membership.
- Dr. Gregory Ness, Ohio, Chair, reported on Reference Committee “A” resolutions.
- Dr. Martin Eichner, Pennsylvania, Chair, reported on Reference Committee “B” resolutions.
- A reception, sponsored by Treloar & Heisel, Inc., was held at the end of the second session of the House for members of the House of Delegates.

**Session III, Wednesday, October 10:**

- Dr. Steven Nelson, Speaker of the House, requested each district trustee to come forward and place a rose in memory of the deceased from their district.
- Ceremonial guidelines were used to install the new officers and trustees. Past President Douglas W. Fain conducted the installation.
- Past President Douglas W. Fain was recognized for his contributions and services as President of the Association in 2017 and as a member of the AAOMS Board of Trustees. He was presented with a certificate from the Board of Trustees and an inscribed nameplate customized as a paperweight.
- President Brett L. Ferguson was recognized and applauded by the House of Delegates for his contributions and leadership for the year 2018. The President’s Plaque and pin were presented to Dr.
Ferguson and a 14kt gold pin with the AAOMS seal was presented to his wife, Dr. Rita Burnett.

- 2019 President, Dr. A. Thomas Indresano, ended the third session with his 2018-2019 Inaugural Address.

SCIENTIFIC PROGRAM

100th Annual Meeting
The scientific sessions at the 100th Annual Meeting convened under the direction of the Committee on Continuing Education and Professional Development comprised of Drs. Deepak Kademani, Chair; Lawrence J. Busino; Daniel J. Meara; Zachary Peacock; Andrew Read-Fuller; Chan Park; Michael Miloro; Luis G. Vega; Peter D. Waite; Andrea Schreiber, Consultant; John-Wallace Hudson, Consultant; Mark J. Steinberg, Consultant; David M. Grogan, Consultant; Rui P. Fernandes, Consultant; Jennifer Woerner, Consultant; and Michael B. Border, Consultant, ROAAOMS. Drs. A. Thomas Indresano and Victor L. Nannini served as Board liaisons.

Pre-Conference Courses
The Anesthesia Update addressed the past, present and future of anesthesia. The morning portion covered topics including the evolution of the standard of care, historical highlights and overview of major advances, anesthesia monitoring techniques, and office preparedness. The afternoon portion focused on high performance teams, simulation for office-based anesthesia and anesthesia safety. The Anesthesia Update session offered 6.25 CDE/CME credits.

Scientific Sessions
More than 300 clinicians, poster presenters and abstract authors were present in the 2018 scientific program, comprised of nine clinical tracks to include a plenary session, breakout sessions and oral abstracts, one cadaver course on Compressive Facial Rejuvenation, 12 spotlight sessions, including 100 Years of AAOMS, which highlighted advances over the last century since the development of AAOMS, the Keynote Lecture on Leadership: Taking Charge presented by General Colin L. Powell, USA (Ret.), a full-day Saturday program which included the World Café: Oral and Maxillofacial Surgery Perspectives from Around the World, the Anesthesia Safety Program, three Master Classes and three Team-based programs on Anesthesia, Implants and Overseas Surgery. The exhibit hall education included three “Meet the Experts” sessions, as well as 63 poster presentations.

The meeting included 33 practice management and allied staff sessions as well as a Beyond the Basics coding workshop.

There were three open forums and 11 CIG business meetings.

AAOMS Keynote Lecture
Former Secretary of State and Chairman of the Joint Chiefs of Staff, General Colin L. Powell, USA (Ret.), delivered the meeting’s keynote address, “Leadership: Taking Charge,” on Oct. 10. During four presidential administrations, Powell held senior military and diplomatic positions – he was President Ronald Reagan’s National Security Advisor and chair of the Joint Chiefs of Staff for Presidents George H.W. Bush and Bill Clinton and, under President George W. Bush, the 65th Secretary of State. Powell oversaw 28 crises, including Operation Desert Storm. He also served in the U.S. Army for 35 years, reaching the rank of Four-Star General. Drawing on examples garnered from his experience as a leader on the world stage and an eyewitness to leadership in action, Powell illustrated precisely what it takes for the role, providing strategies for “taking charge” during times of great change and great crises. Powell demonstrated how to remain focused, take responsibility and work toward improving processes, organizations and people.

Chalmers J. Lyons Memorial Lecture
Paul Krebsbach DDS, PhD, presented, “Pluripotent Stem Cells: Opening a New Avenue for Skeletal Regeneration.” Dr. Krebsbach spoke about current practices to maintain induced pluripotent stem cells (iPS) and human embryonic stem cells (hES) in an undifferentiated state typically requiring the support of mouse
embryonic feeder cells (MEFs) or an undefined, animal extracellular matrix products. During his talk, he explained the similarities and differences between embryonic stem cells and induced pluripotent stem cells, articulated how induced pluripotent stem may be used for tissue regeneration, described how induced pluripotent stem cells are generated and explained how the microenvironment affects stem cell behavior.

Exhibit Hall
In honor of AAOMS’s 100th Anniversary, a museum was created to highlight the Association’s history. The museum included a 100-year timeline of AAOMS, pictures of AAOMS Past Presidents, AAOMS member news publications, a time capsule to hold memories of the past and present and a history video with interviews over the years of past presidents and members. The exhibit hall provided attendees the opportunity to visit over 400 booths represented by more than 200 companies/organizations and two Product Theater programs. Additionally, six Corporate Forums were held.

Returning features in the exhibit hall included an opportunity to have a professional headshot photo taken and the Learning Hub, where attendees had the opportunity to “Meet the Experts” of oral and maxillofacial surgery. Attendees experienced three exhibitor hosted FRED (Focused, Relevant, Exhibitor Driven) Talks each day of the exhibition.

The 100th Annual Meeting offered a “Boston Bound” game for members and fellows. This activity required a specified number of visits to exhibitors during the opening of the exhibit hall with the potential to win a grand prize consisting of a free registration to the 101st Annual Meeting in Boston, airline tickets, hotel stay and several other items. A “social media bar” was also available in the hall with learning opportunities on the use of various social media outlets and assistance in identifying primary targets.

SPECIAL EVENTS AND ATTENDANCE

AAOMS President’s Event
President Dr. Brett Ferguson and his wife, Rita, were celebrated at the annual AAOMS President’s Event on Oct. 12 at the Art Institute of Chicago. This event, held at one of the largest art museums in the country, featured live music by The CoverGirls, a violinist pop/rock revue group, great food and famous works of art.

Oral and Maxillofacial Surgery Foundation Exhibit Booth
The OMS Foundation Exhibit Booth was part of the Member Pavilion. The booth served as a place for donor recognition, OMS Foundation information and solicitation for gifts.

Oral and Maxillofacial Surgery Foundation Robert V. Walker Donor Appreciation Reception
This year’s annual reception celebrated the OMS Foundation’s most dedicated and elite donors, including members of the Robert V. Walker Society, donors to the Centennial Tree campaign, major lifetime donors and prominent board and committee members with over 300 people in attendance. Recipients of OMS Foundation grants and scholarships were also in attendance at this premier gathering of OMS Foundation supporters.

Oral and Maxillofacial Surgery Foundation Alliance
The Alliance continued its tradition of morning health walks with a traipse through Grant Park and the Museum Campus. Each health walk participant received a t-shirt sponsored by Canfield, Inc. The walks concluded with networking breakfasts at nearby Yolk. Canfield, Inc. also sponsored the purchase of hoodies that were provided with a minimum donation of $25. The Alliance’s Annual Event was held at the Signature Room at the 95th Floor. The fundraising event featured an address by OMS Foundation Chair, Dr. Kathy Banks, a style show and a silent auction. Proceeds from all Alliance-related events will be donated to the Foundation’s newest initiative, GIVE (Global Initiative for Volunteerism and Education).

Annual Meeting Attendance
The 2018 annual meeting attracted a total attendance of 4,198 (excludes exhibitors) of whom 1,759 were fellows/members of the AAOMS; 422 residents; 335 non-members; 790 spouses and family members and guests; and 892 professional staff.
The Annual Report of the Board of Trustees is presented on pages AR-42 through AR-122 of the Reports of Board of Trustees and Committees, 2018. The Annual Report of the Board of Trustees is comprised of three sections and reflects activities of the Board since the 2017 Annual Meeting. Fellows and members are requested to note Section III, which contains the Board’s recommendations on the published Annual Reports of the Association’s agencies and resolutions presented by committees and states.

Since the Board’s June 2018 session, several meetings, conference calls and liaison activities have occurred. The following report contains actions taken by the Board by email ballot, at its July 17 and Aug. 21 conference calls and Sept. 15 meeting, including one recommendation on a resolution submitted by District VI following its summer caucus. Comments, recommendations and votes of the Board are reflected, unless the vote was unanimous.

INDEX OF RESOLUTIONS – APPENDIX A

A complete listing of resolutions developed by the Board and committees and those submitted from district caucuses are included in Appendix A to this report. All resolutions are listed under the Reference Committee to which they will be referred, which is subject to the House’s approval.

ADMINISTRATIVE AFFAIRS

AAOMS Strategic Plan, 2018-2020: The 2018-2020 strategic plan was published in the 2018 Annual Reports and includes changes presented and approved by the Board during the year 2018. The Board emphasizes that the plan is provided for informational purposes and will be updated and revised on an ongoing basis with periodic publication on the AAOMS website for review by the membership.

UPDATE ON ACTIONS OF THE 2017 HOUSE OF DELEGATES

Resolution 17-A-1(Dist V)

The AAOMS Board of Trustees was directed to convert the existing ad hoc committee on opioids to a special committee, thereby, continuing its efforts on curbing opioid abuse and serving as content experts to other committees and the Board. The resolution requested a report back to the 2018 House of Delegates, included below.

AAOMS remains vigilant in educating the membership on opioid issues and the potential for opioid abuse, including the broad distribution and recognition of the AAOMS white paper, Opioid Prescribing: Acute and Postoperative Pain Management, available at AAOMS.org. The Special Committee on Responsible Prescribing continues to serve as content experts, which includes Drs. Douglas Fain, Harold Tu, Lionel Candelaria and Wendy Pietz. Following are activities undertaken in support of AAOMS’ opioid initiatives:

- AAOMS nominated Drs. Jay Asdell, Harold Tu and Vincent DiFabio as representatives to the HHS Pain Management Best Practices Inter-Agency Task Force; Dr. Tu was appointed to the Task Force and remains a contributor.
- In early 2018 the second annual prescribing practices survey was completed; the survey results indicated 79 percent of respondents reported they reduced their opioid prescribing for third molar cases over the last two years, and 85 percent reported prescribing less than a three-day supply of opioids following third molar surgery.
- Through meetings with Dr. Ferguson and representatives from the National Institute on Drug Abuse for Medical Professionals, (NIDAMED) AAOMS was able to secure a placement of our white paper on their website.
- AAOMS continues to support non-opioid alternative methods to control pain, including post-surgical injections and appropriate changes within “institutions of learning” which provide pain management education to improve how health professionals are taught about both substance abuse and pain.
AAOMS partnered with Aetna and Pacira (Exparel manufacturer) on a pilot program, whereby Aetna would agree to cover reimbursement for Exparel for impacted third molar removal, in lieu of covering a post-operative opiate prescription. As of August 1, 2018, Aetna has seen an 11% reduction in member opioid prescriptions since the Exparel pilot started. Aetna has been paying an average of 25 Exparel claims per month, in association with impacted third molar extractions; approximately 140 oral surgeons are enrolled in the program. Aetna will continue to reimburse for Exparel and may consider expanding this benefit to other procedures.

The Committee on Governmental Affairs continues to monitor bills in both the Senate and the House, as well as numerous state activities. Topics of continual interest include three-day prescribing limits, mandatory requirements related to Prescription Drug Monitoring Programs as well as packaging changes, safe disposal and clear guidance on how to identify risks and benefits of drugs and potential substance abuse characteristics.

The Committee on Governmental Affairs and attendees of the 2018 Day on the Hill visited congressional offices, providing information related to opioid prescribing and AAOMS’s ongoing efforts. State resources were also provided, as requested by state leaders and legislators.

In June a letter was sent to the U.S. Department of Health and Human Services Chair of the Pain Management Best Practices Inter-Agency Task Force applauding their efforts to identify gaps and / or inconsistencies between best practices for pain management, taking into consideration among other topics: existing pain management clinical practice and research; existing evidence-based guidelines; and state, local and medical professional organization’s efforts. The letter further went on to provide information related to the profession of oral and maxillofacial surgery, our efforts to continually provide resources on opioid prescribing, including; education, Prescription Drug Monitoring Programs, alternative pain management recommendations, state and federal rules, patient education and safe opioid disposal protocols.

In August, AAOMS sent a letter to the editor of JAMA to refute and rebut a published research paper about opioid use after third molar extraction. The researchers claimed that a filled perioperative opioid prescription after wisdom tooth extraction was associated with higher odds of persistent opioid use among opioid-naïve patients. The AAOMS letter noted that calling a prescription renewal after three days “persistent use” is arbitrary, and all surgeries have the potential for delayed healing with persistent pain.

ADVANCED EDUCATION & PROFESSIONAL AFFAIRS

In related actions:

- Approved the 2019 AAOMS Pediatric Anesthesia Patient Safety Conference Program format and speakers.
- Approved an updated Faculty Section Business Meeting program during the 2018 Annual Meeting.
- Approved in concept a fundraising campaign directed by the ROAAOMS Executive Committee in support of the OMS Foundation’s centennial tree.
- Approved an AAOMS match of up to $2,500 in donations funded by the ROAAOMS centennial tree promotion.
- Approved sharing the CCCPOMS Pediatric Surgery Survey results with the Committee on Anesthesia for its consideration in the development of the Pediatric Anesthesia Patient Safety Conference program and pediatric module for the National Simulation Program.
- Approved sharing the CCCPOMS Pediatric Surgery Survey results with the Committee on Education and Training for its consideration when reviewing the pediatric anesthesia procedures completed through the Resident Surgical Log and the accreditation standards.
- Approved development of two symposiums, one on the American perspective and one clinical, for submission to the 2019 International Association of Oral Oncology.
- Approved that the Special Committee on Maxillofacial, Oncology and Reconstructive Surgery develop programming for the pathology and reconstruction annual meeting educational tracks, with submission to CCEPD for evaluation and scheduling, and final recommendation back to the Board.
Reviewed and provided feedback on the Committee on Anesthesia’s Itinerant Anesthesia draft document.

Approved the amended conference program for the 2019 Resident Transitions into Practice Conference: Preparing for Post-residency Life.

CONTINUING EDUCATION, MEETINGS & EXHIBITS:
In related actions:

- Approved several session, speaker, poster and moderator changes for the 2018 AAOMS Annual Meeting and Dental Implant Conferences.
- Approved the practice management webinar, “Infection Prevention Update,” for CDE/CME credit.

COMMUNICATIONS AND PUBLICATIONS:
In related actions:

- Approved hiring a contractor to develop AAOMS Informational Campaign infographics.
- Approved content for MyOMS.org web pages on third molars and dental implants.
- Approved the CPPC plan as an outline for implementing an AAOMS Anesthesia and Patient Safety Spokesperson Program in 2019.
- Approved redesigning USA Today supplements.
- Approved adding an online resident section to JOMS.
- Approved adding a resident member to the JOMS Editorial Board.
- The Board approved the concept, resulting in an amendment to Section VIII, Public Relations and Publications, 4. Official Journal, c. JOMS Editorial Board of the AAOMS Policies as follows (strikethrough = deletion; bold underline = addition/change).

  c. JOMS Editorial Board: Members of the JOMS Editorial Board are appointed by, and serve at the pleasure of, the editor-in-chief. There are 18 editorial board members who serve staggered three-year terms that begin on January 1, and one resident member appointed annually by the Board of Trustees. Reappointment to the Editorial Board is allowed.

  Duties of the Editorial Board: Editorial board members support the Section Editors in obtaining high quality peer reviews, provide high level of OMS expertise in one or more areas of the oral and maxillofacial surgery scope of practice, help promote the Journal and maintain JOMS brand credibility, attend the annual JOMS board meeting and share ideas with JOMS leadership, and provide a source of potential future Section Editors.

  Qualifications: With the exception of the resident member, JOMS Editorial Board members must be AAOMS fellows in good standing, currently board certified by the ABOMS, possess substantial clinical and/or research experience in oral and maxillofacial surgery, possess a recent history of accepting invitations and providing high quality and high quantity of on time peer reviews for the JOMS, and be a nationally recognized expertise in one or more areas of OMS practice.

  Appointment Procedure for Section Editors: Whenever an opening for an editorial board member occurs or a term is ending, a call for nominations will be published in the Journal and other AAOMS media beginning September 1 through November 1. Self-nominations allowed, and nominees must provide a current CV and letter explaining why they desire to serve as a section editor for a particular section. The JOMS editor-in-chief and associate editor will review all applications and make their recommendation to the AAOMS Board of Trustees by November 20.

As Resolution B-11 originally included policy changes approved by the Board that were included in the 2018 Annual Reports, the Board recommends adoption of Resolution B-11 (Amend) in lieu of Resolution B-11. A complete listing of amended policies is presented as Appendix B to this report.
RESOLUTION B-11 (Amend)
RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 - October 2018 – as reflected in Appendix I, page AR-122, of these 2018 Annual Reports, as well as those reflected in the 2018 Supplementary Report of the Board of Trustees, be approved.

RESOLUTION B-11
RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 - October 2018 – as reflected in Appendix I, page AR-122, of these 2018 Annual Reports, be approved.

Board Recommendation on Resolutions B-11 and B-11 (Amend): The Board recommends ADOPTION of Resolution B-11 (Amend) in lieu of Resolution B-11.

MEMBERSHIP
In related actions:
- Approved 41 candidates be presented for election to full membership by the House of Delegates at the 2018 Annual Meeting.
- Approved 89 candidates be presented for election to provisional membership by the House of Delegates at the 2018 Annual Meeting.
- Approved 81 provisional fellows and members for transfer to full membership by the House of Delegates at the 2018 Annual Meeting.
- Approved five dues waiver requests for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved seven dues reduction requests for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 27 requests for retired membership status for presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 24 fellows/members for reinstatement and presentation to the House of Delegates at the 2018 Annual Meeting.
- Approved 10 requests for resignation of membership for presentation to the House of Delegates at the 2018 Annual Meeting.

PRACTICE MANAGEMENT AND GOVERNMENTAL AFFAIRS
In related actions:
- Approved a match of up to $50,000 in 2018 and up to $25,000 in 2019, with a total up to $75,000 in support of the Texas Society of OMS’s anticipated advocacy efforts in advance of and during the 2019 legislative session.
- Requested the Committee on Governmental Affairs develop model legislation on establishing state specialty licensure for oral and maxillofacial surgery.
- Approved the CPMPSD be charged with performing a comprehensive job analysis, including the review of state regulations, job classifications and responsibilities, with a report of findings and/or recommendations to the BOT by April of 2019.
ALLIED ORGANIZATIONAL AND INFORMATIONAL ISSUES

In related actions:

- Approved appointing Dr. Brett Ferguson and reappointing Dr. Vic Nannini to the Foundation Board of Directors, and appointing Dr. Thomas Burk as the ROAAOMS liaison.
- Approved that AAOMS makes a $50,000 matching contribution to the Centennial Tree Campaign in 2018.
- Approved that AAOMS provide travel reimbursements for four speakers at the BAOMS Joint Meeting in 2019.

GOVERNANCE AND ADMINISTRATION

In related actions:

- Approved additional committee appointments for 2018-2019.
- Received reports from the trustees attending each of the district caucuses and provided feedback on a resolution submitted by district VI.
- Approved appointment of Dr. Daniel J. Meara to serve a four-year term on the ADA CCEPR beginning Sept. 19, 2019.
- Approved appointment of Dr. Jeffrey D. Bennett to serve a four-year term on the Appeal Board of the ADA CCEPR beginning Sept. 19, 2019.
- Approved the following AAOMS fellows and members receive AAOMS-Henry Schein Cares Foundation Global Outreach Project grants: Dr. Joli Chou, Mercy Ships; Dr. Gary Parker, Mercy Ships; Dr. Clay Van Leeuwan, Global Medical and Surgical Teams; Dr. Edward Zebovitz, Surgeons for Smiles.

DISTRICT RESOLUTIONS

District VI’s resolution requests the formation of an adverse outcome database similar to the DAIRS to allow reporting of patients treated by a Midlevel or DHAT provider in a manner not within the OMS standards of care. The Board discussed the proposed resolution and the cost, collection and reporting challenges associated with developing such a registry. The Board does not concur with Resolution A-1 (Dist VI) and recommends it not be adopted. The Board requested staff investigate the costs of a separate database and provide a report back to the Board.

RESOLUTION A-1 (Dist VI)

WHEREAS, Oral & Maxillofacial Surgery is a specialty that is directly affected by the advent of a Midlevel or Dental Health Aide Therapist (DHAT) providers of dentistry, some states permit them to do “simple extractions” under the supervision of a dentist; and

WHEREAS, AAOMS’s message to the public and legislators should be that of an association of concerned professionals protecting the public’s health and safety; and

WHEREAS, there is no scientific evidence of the effectiveness and complication rate associated with these practitioners; therefore be it

RESOLVED, that AAOMS establish the formation of an adverse outcome database as part of the Quality Outcome Registry (QOR) in a similar format being utilized with Dental Anesthesia Incident Reporting System (DAIRS) to allow reporting of patients encountered by our membership being treated by a DHAT or Midlevel provider in a matter not within the standard of care that required a referral, and intervention by an Oral & Maxillofacial Surgeon to have corrective or definitive treatment completed.

Board Recommendation on Resolution A-1 (Dist VI): The Board does not concur with Resolution A-1 (Dist VI) and recommends it be DEFEATED.
2018 Resolutions to the House of Delegates with Board of Trustees Recommendations
As of September 28, 2018

Reference Committee A

RESOLUTION A-1 (Dist VI)

WHEREAS, Oral & Maxillofacial Surgery is a specialty that is directly affected by the advent of Midlevel or Dental Health Aide Therapist (DHAT) providers of dentistry, some states permit them to do “simple extractions” under the supervision of a dentist; and

WHEREAS, AAOMS’s message to the public and legislators should be that of an association of concerned professionals protecting the public’s health and safety; and

WHEREAS, there is no scientific evidence of the effectiveness and complication rate associated with these practitioners; therefore be it

RESOLVED, that AAOMS establish the formation of an adverse outcome database as part of the Quality Outcome Registry (QOR) in a similar format being utilized with Dental Anesthesia Incident Reporting System (DAIRS) to allow reporting of patients encountered by our membership being treated by a DHAT or Midlevel provider in a manner not within the standard of care that required a referral, and intervention by an Oral & Maxillofacial Surgeon to have corrective or definitive treatment completed.

Board Recommendation on Resolution A-1 (Dist VI): The Board does not concur with Resolution A-1 (Dist VI) for the reasons noted in the Board’s Supplementary Report and recommends it be DEFEATED.

Reference Committee B

RESOLUTION B-1

RESOLVED, that Chapter IX, Committees and Sections; Section 10.J. Committee on Membership (CM) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

J. Committee on Membership (CM)

Composition: The committee shall be composed of five (5) six (6) members who may serve up to two consecutive four-year terms, with appointments staggered so that no more than one member’s term is completed annually.

Duties: The committee shall conduct a review of the professional and ethical qualifications of each candidate for all classifications of membership. The committee also shall conduct a review of all requests for waivers or reductions of membership dues or fees.

The committee shall report its findings with recommendations to the Board of Trustees and House of Delegates on all categories of membership, and waivers or reduction of dues and fees.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-1: The Board concurs with Resolution B-1 and recommends its ADOPTION.
RESOLUTION B-2

RESOLVED, that Chapter XII, Finances and Sections; Section 20. Dues and Assessments of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

20. Dues and Assessments

_Fellows and Members in Federal Dental Services:_ Fellows and members in the federal dental services (U.S. Air Force, U.S. Army, U.S. Navy, Department of Veterans Affairs and U.S. Public Health Service) shall pay dues at a reduced rate in accordance with the following and applicable full assessments and subscription fees. A fellow or member holding a full-time position within the Department of Veterans Affairs and Public Health Dental Service at chief grade shall pay 1/2 of the required annual dues and a fellow or member holding a full-time position within the Department of Veterans Affairs at senior grade shall pay 1/3 of the required annual dues. Additionally, fellows and members holding full-time positions within the Army, Navy, and Air Force, and Public Health Dental Service shall receive the following dues reduction: a fellow or member holding a position at Level 06 shall pay 1/2 of the required annual dues; a fellow or member holding a position at Level 05 shall pay 1/3 of the required annual dues, and a fellow or member holding a position at Level 04 or below shall pay 1/4 of the required annual dues.

Should a federal service fellow or member relinquish his position within the federal dental services, the graduated dues schedule shall be terminated at the next dues cycle.

**FISCAL IMPACT: MINIMAL**

Board Recommendation on Resolution B-2: The Board concurs with Resolution B-2 and recommends its ADOPTION.

RESOLUTION B-3

RESOLVED, that Chapter IX, Committees and Sections; Section 10.K. Committee on Practice Management and Professional Staff Development (CPMPSD) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

_K. Committee on Practice Management and Professional Staff Development (CPMPSD)_

_Composition:_ The committee shall be composed of up to 10 voting members of whom one shall be the immediate past chair and two three non-voting members. Committee members shall be appointed on a district basis with three members appointed on a district rotational basis who may serve up to two (2) consecutive three-year terms to be staggered so that no more than two members’ terms are completed annually. The Chair is to be appointed annually from the voting members and may serve no more than two (2) consecutive one-year terms with the stipulation that he shall have completed at least three years on the committee. The immediate past chair shall be limited to serve one (1) one-year term, and, if necessary, may be reappointed to a one-year term as consultant.

The Two non-voting members shall be members of the AAOMS Allied Staff Category. They shall be appointed by the Chair with concurrence of the Committee on Practice Management and Professional Staff Development and reported to the Board of Trustees. Their terms shall be for three years with eligibility for reappointment to a second consecutive three-year term. These two positions shall not be subject to geographical representation. _Additionally, one non-voting resident member will be appointed annually by the ROAAOMS Executive Committee for a one-year term._

_Duties:_ The committee shall be responsible for developing, planning, implementing and evaluating practice management continuing education programs, and non-professional liability and insurance matters. It shall oversee professional allied staff programs and activities.

**FISCAL IMPACT: MINIMAL**

Board Recommendation on Resolution B-3: The Board concurs with Resolution B-3 and recommends its ADOPTION.
RESOLUTION B-4

RESOLVED, that that the following policy be amended and approved for presentation to the 2018 House of Delegates: (strikethrough = deletion; bold underline = addition)

AAOMS Policies, Section XI. Budget and Finance

14. Honorarium Policies:

a. President, President-Elect, Vice President, Treasurer, Past President, and Speaker of the House of Delegates: An annual honorarium of $100,000 $120,000 shall be disbursed to the President; $80,000 $96,000 to the President-Elect; $50,000 $60,000 to the Vice President; $40,000 $60,000 to the Treasurer annually; $40,000 $60,000 to the Immediate Past President, and $15,000 $42,000 to the Speaker of the House of Delegates, and $35,000 $42,000 to each of the six Trustees annually during their term of office. All of the remuneration authorized under this policy is paid solely as remuneration for the service of the individuals as Trustees, with the differences in remuneration reflecting differences in time spent fulfilling Trustee duties. (HD-79; Nov. 79; May 80; June 86; Jan. 90; Dec. 91; June 96; Dec. 97; March 99; April 00; March 04; March 08; Sept. 11)

Any change in honorarium for an elected officer and/or trustee in the AAOMS must be discussed, debated and approved by the House of Delegates. (HD-99)

FISCAL IMPACT: $155,000

Board Recommendation on Resolution B-4: Due to conflict of interest, the Board makes no recommendation and refers this resolution to the House of Delegates for deliberation.

RESOLUTION B-4 (Amend)

RESOLVED, that that the following policy be amended and approved for presentation to the 2018 House of Delegates: (strikethrough = deletion; bold underline = addition)

AAOMS Policies, Section XI. Budget and Finance

14. Honorarium Policies:

a. President, President-Elect, Vice President, Treasurer, Past President, Speaker of the House of Delegates and Trustees: An annual honorarium of $100,000 $120,000 shall be disbursed to the President; $80,000 $96,000 to the President-Elect; $50,000 $60,000 to the Vice President; $40,000 $60,000 to the Treasurer annually; $40,000 $60,000 to the Immediate Past President, and $15,000 $42,000 to the Speaker of the House of Delegates, and $35,000 $42,000 to each of the six Trustees annually during their term of office. All of the remuneration authorized under this policy is paid solely as remuneration for the service of the individuals as Trustees, with the differences in remuneration reflecting differences in time spent fulfilling Trustee duties. (HD-79; Nov. 79; May 80; June 86; Jan. 90; Dec. 91; June 96; Dec. 97; March 99; April 00; March 04; March 08; Sept. 11)

Any change in honorarium for an elected officer and/or trustee in the AAOMS must be discussed, debated and approved by the House of Delegates. (HD-99)

AND BE IT FURTHER RESOLVED, that the AAOMS Treasurer receive a retroactive $20,000 honorarium increase, to the beginning of the 2017-2018 Board year.

FISCAL IMPACT: $20,000, 2018 contingency fund; $155,000, 2019 budget (if Resolution B-12a is approved)

Board Recommendation on Resolution B-4 (Amend): Due to conflict of interest, the Board makes no recommendation and refers this resolution to the House of Delegates for deliberation.
RESOLUTION B-5

RESOLVED, that Chapter IX, Committees and Sections, Section 10.I. Committee on Hospital and Interprofessional Affairs (CHIA) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

I. Committee on Hospital and Interprofessional Affairs (CHIA)

Duties: The committee shall review and analyze matters pertaining to the interaction of oral and maxillofacial surgeons with hospitals, ambulatory care facilities, and other institutions and organizations, including issues related to credentialing, privileges, accreditation and other professional activities.

Composition: The committee shall be composed of six (6) members, one from each district, who may serve up to two (2) consecutive three-year (3 year) terms, with up to three (3) consultants to provide insight into special interest groups.

FISCAL IMPACT: COST SAVINGS

Board Recommendation on Resolution B-5: The Board concurs with Resolution B-5 and recommends its ADOPTION.

RESOLUTION B-6

RESOLVED, that Chapter I, Membership, Section 60. Termination of Fellowship/Membership of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

Section 60. Termination of Fellowship/Membership:

A. Vertical Membership Grandfather Clause: No individual who was a fellow or member of the Association and was not an active member of a component oral and maxillofacial surgery society on September 27, 1991 shall have his membership in the Association discontinued solely as a result of failure to hold membership in his component oral and maxillofacial surgery society.

B. Voluntary: A fellow or member may resign at any time by written notification to the Association.

C. Unpaid Dues and Assessments and Candidate Fees: A fellow, member, provisional fellow/member, affiliate member or candidate whose dues and assessments or fees have not been paid prior to the convening of the annual meeting of the first year of delinquency shall cease to be a fellow, member, provisional fellow or member, affiliate member or candidate.

D. Suspension or Expulsion: A fellow, member, provisional fellow/member or affiliate member may be suspended or expelled from the Association for violation of the Code of Professional Conduct or Pledge. Charges may be initiated and disciplinary action taken in accordance with the Association's Guidelines for Filing a Complaint of Violation.

E. Return of Certificate of Membership: Fellows, members and affiliate members whose membership in the Association has been terminated shall return their certificate of membership to the Association's headquarters. Failure to do so shall be considered as a violation of his moral and ethical responsibilities to the Association.

F. Failure to Comply with Association Financial Arrangements: A fellow, member, provisional fellow/member or affiliate member who is in violation of a financial agreement with the Association following contractual acceptance of an award shall cease to be a member at the convening of the next annual meeting following the first year of delinquency.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-6: The Board concurs with Resolution B-6 and recommends its ADOPTION.
RESOLUTION B-7

RESOLVED, that Chapter I, Membership, Section 70. Reinstatement of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

Section 70. Reinstatement:

A. Voluntary: Those fellows, members, provisional fellows/members or affiliate members who voluntarily resign from the Association may be considered for reinstatement upon filing a written request for reinstatement within one year of resignation and upon payment of all current year dues and assessments owed the Association and verification that he is a member of his component oral and maxillofacial surgery society. If such request for reinstatement is not made within one year following resignation, the former fellow, member, provisional fellow/member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall be equal to the current year's dues and all assessments that have not been paid within the past five years and meeting all current eligibility requirements. (Also in Policies: Section XI. 11c.)

B. Unpaid Membership Dues and Assessments: A fellow, member or affiliate member disqualified for nonpayment of dues and assessments may be considered for reinstatement upon payment of all back dues and assessments owed the Association and verification that he is a member of his oral and maxillofacial surgery component society provided such action is requested within one year of his notification of disqualification for nonpayment of dues and assessments. If such request for reinstatement is not made within one year following notification of disqualification, the former fellow, member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year's dues, and all assessments that have not been paid within the past five years.

C. Unpaid Candidate Fees: A candidate disqualified for nonpayment of fees may be considered for reinstatement upon payment of all fees owed the Association and verification that he is a member of his oral and maxillofacial surgery component society provided such action is requested within the three-year period of his candidate status. If such request is not received within the three-year period, the candidate will have to reapply for membership with payment of the current fees and submission of required documentation.

D. Suspension or Expulsion: Any fellow or member suspended or expelled from the Association may be readmitted in accordance with the provisions of the Association's Guidelines for Filing a Complaint of Violation

E. Failure to Comply with Association Financial Arrangements: A fellow, member, provisional fellow/member or affiliate member suspended or expelled from the Association resulting from violation of a financial agreement with the association may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year's dues, all assessments that have not been paid within the past five years and repayment of all outstanding amounts from the financial arrangement with AAOMS.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-7: The Board concurs with Resolution B-7 and recommends its ADOPTION.
RESOLUTION B-8

RESOLVED, that Chapter V, House of Delegates; Section 50 Duties of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

50. Duties: The duties of the House of Delegates shall be:

   A. To initiate, consider and vote upon all proposals affecting the Association except as otherwise noted in these Bylaws.
   
   B. To consider the annual reports of the Board of Trustees and committees and act on resolutions and recommendations contained therein.
   
   C. To elect annually a President-Elect, Vice President, and Speaker of the House of Delegates and elect or re-elect at least three members of the Board of Trustees upon expiration of their current term.
   
   D. To elect biennially a Treasurer.
   
   E. To elect annually at least one director of the American Board of Oral and Maxillofacial Surgery.
   
   F. To elect all categories of membership of the Association.
   
   G. To adopt such rules and regulations as are pertinent to the conduct of business of the House of Delegates.
   
   H. To approve any withdrawal of funds from the Reserve.
   
   I. To approve an annual budget.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-8: The Board concurs with Resolution B-8 and recommends its ADOPTION.

RESOLUTION B-9

RESOLVED, that Chapter VI, Board of Trustees; Section 50. Nomination Procedure for Trustees of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

50. Nomination Procedure for Trustees: At each Annual Meeting, the delegates from the components and counterparts of the trustee district in which the term of the trustee is to be completed shall hold a caucus in accordance with the guidelines for trustee district caucuses of the Manual of the House of Delegates to select one or two nominees for the office of trustee.

In odd numbered years, Districts I (Northeastern), II (Middle Atlantic) and VI (Western) shall nominate for election at least one candidate for trustee. In even numbered years, Districts III (Southeastern), IV (Great Lakes) and V (Midwestern) shall nominate for election at least one candidate for trustee.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-9: The Board concurs with Resolution B-9 and recommends its ADOPTION.
RESOLUTION B-10

RESOLVED, that Chapter XII. Finances. Section 20. Dues and Assessments of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly ( strikethrough = deletion, bold underline = addition):

Section 20. Dues and Assessments: Dues of fellows and members shall be $1,250; dues of affiliate members shall be $422; and dues of allied staff members shall be $55.00 due January 1 for the ensuing year. Exception to this shall be at the discretion of the Board of Trustees in accordance with policy.

The amount of annual dues or assessments shall be recommended to the House of Delegates by the Board of Trustees and shall be fixed by the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting with a 60-day prior notice.

FISCAL IMPACT: Potential $20,000 decrease in membership dues revenues given the estimated number of affiliate members included in the 2019 budget request. It is assumed that additional affiliate members should offset the decrease. Affiliate member fees would total $595 for 2019 - $422 for dues plus $173 for the JOMS.

Board Recommendation on Resolution B-10: The Board concurs with Resolution B-10 and recommends its ADOPTION.

RESOLUTION B-11

RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 - October 2018 – as reflected in Appendix I, page AR-122, of these 2018 Annual Reports, be approved.

FISCAL IMPACT: Minimal

Board Recommendation on Resolution B-11: The Board recommends adoption of Resolution B-11 (Amend) in lieu of Resolution B-11.

RESOLUTION B-11 (Amend)

RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 – October 2018 as reflected in Appendix I of the 2018 Annual Reports, as well as those reflected in the 2018 Supplementary Report of the Board of Trustees, be approved.

FISCAL IMPACT: Minimal

Board Recommendation on Resolution B-11 (Amend): The Board concurs with Resolution B-11 (Amend) and recommends its ADOPTION in lieu of Resolution B-11.

RESOLUTION B-12

RESOLVED, that a 2019 operational budget with revenues of $21,588,823 and expenses of $21,330,100 as presented on pages AR-93 through AR-107 of the 2018 Annual Reports, be approved.

or

RESOLUTION B-12a
(If Resolution B-4 is approved)

RESOLVED, that a 2019 operational budget with revenues of $21,588,823 and expenses of $21,485,100 as presented on pages AR-93 through AR-107 of the 2018 Annual Reports, be approved.

Board Recommendation on Resolution B-12: The Board concurs with Resolution B-12 and B-12a, whichever one is considered by the House of Delegates, and refers the appropriate resolution to the House of Delegates.
APPENDIX B

Policy Amendments, Additions & Deletions

Enacted by the Board of Trustees

October 2017 – September 2018

(As of Sept. 28, 2018)

During its 2017-2018 meetings and conference calls, the Board amended, added and/or deleted the following policies. Amendments/additions are bold and underlined; deletions are indicated by strikethrough. Depending upon actions of the House, some policy amendments may be removed or changed.

1. **Amended** Section A. Annual Meetings, Policy 2. Fees as follows: (strikethrough = deletion; bold underline = addition/change)

   2. *Fees:* Non-member registration fees for Association annual meetings will be greater than those for fellows, members and residents. Fellows of the International Association of Oral and Maxillofacial Surgeons (IAOMS) may attend at the same registration fee as AAOMS fellows and members. Officers and trustees, past presidents, members of the Committee on Continuing Education and Professional Development, members of the Committee on Practice Management and Professional Staff Development and major scientific and practice management session presenters/clinicians shall have the registration fee waived. (Abstract and poster session participants are obligated to pay the respective registration fees.) Life and retired fellows and members that are still practicing shall pay a reduced registration fee equal to 50% of the active fellow and member rate. (Dec. 17)

2. **Amended** Section XI, Budget and Finance, 15. Reimbursement (Travel, Per Diem), 2. Expenses Between Home/Office and Local Airport as follows: (strikethrough = deletion; bold underline = addition/change)

   Expenses Between Home/Office and Local Airport: A reimbursement of up to $150 $200 per business meeting, based on actual expenses and submission of receipts, will be provided to defray out-of-pocket expenses for round-trip ground transportation between a home or office and the local airport. These expenses would include tolls, and a mileage allowance for personal auto use, or costs for taxis/limousine services and shuttles. (June 08; Dec. 10; Dec. 17)

3. **Amended** Section VIII, Public Relations and Publications, 4. Official Journal, c. JOMS Editorial Board as follows: (strikethrough = deletion; bold underline = addition/change)

   c. *JOMS Editorial Board:* Members of the JOMS Editorial Board are appointed by, and serve at the pleasure of, the editor-in-chief. There are 18 editorial board members who serve staggered three-year terms that begin on January 1, and one resident member appointed annually by the AAOMS Board of Trustees. Reappointment to the Editorial Board is allowed.

   Duties of the Editorial Board: Editorial board members support the Section Editors in obtaining high quality peer reviews, provide high level of OMS expertise in one or more areas of the oral and maxillofacial surgery scope of practice, help promote the Journal and maintain JOMS brand credibility, attend the annual JOMS board meeting and share ideas with JOMS leadership, and provide a source of potential future Section Editors.

   Qualifications: With the exception of the resident member, JOMS Editorial Board members must be AAOMS fellows in good standing, currently board certified by the ABOMS, possess substantial
clinical and/or research experience in oral and maxillofacial surgery, possess a recent history of accepting invitations and providing high quality and high quantity of on time peer reviews for the JOMS, and be a nationally recognized expertise in one or more areas of OMS practice.

Appointment Procedure for Section Editors: Whenever an opening for an editorial board member occurs or a term is ending, a call for nominations will be published in the Journal and other AAOMS media beginning September 1 through November 1. Self-nominations allowed, and nominees must provide a current CV and letter explaining why they desire to serve as a section editor for a particular section. The JOMS editor-in-chief and associate editor will review all applications and make their recommendation to the AAOMS Board of Trustees by November 20.

Please note: an amendment to Section XI. Budget and Finance, 14. Honorarium Policies, is included in Appendix A, as Resolution B-4.
ACTIONS OF THE BOARD OF TRUSTEES

(Tuesday, October 9, 2018)

Unless otherwise indicated, all actions were unanimous:

- Approved the 2018 report of the Committee on Membership and additional membership changes.
- Reviewed the reports of Reference Committees A and B to be considered during the second session of the House of Delegates.
- The Board expressed appreciation for Dr. Douglas Fain for his efforts and hard work during his tenure as President and as a member of the Board. Board members also expressed appreciation to Dr. Brett Ferguson as he transitions to Immediate Past President.
- Dr. Ferguson thanked members and staff for their support and participation during his year as President and looks forward to supporting the Association over the next year as Immediate Past President.
AAOMS Officers and Trustees
October 2017 – October 2018

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HOUSE OF DELEGATES ACTIONS

The 2018 House of Delegates’ Consent Agenda Committee, comprised of the two reference committee chairs, 12 district caucus chairs & secretaries and the Speaker of the House of Delegates, met prior to the second session of the House of Delegates to consider all issues before the House and to propose a consent agenda for the second session of the House of Delegates that afternoon.

**PRIORITY AGENDA**

The Consent Agenda Committee reviewed the reports and resolutions and did not recommend a priority agenda.

**CONSENT AGENDA**

**Resolution B-1 (Amend) (RC),** Bylaws Amendment Chapter IX, Committees and Sections; Section 10.J. Committee on Membership (CM)

**Resolution B-2,** Bylaws Amendment Chapter XII, Finances and Sections; Section 20. Dues and Assessments

**Resolution B-3,** Bylaws Amendment Chapter IX, Committees and Sections; Section 10.K. Committee on Practice Management and Professional Staff Development (CPMPSD)


**Resolution B-5,** Bylaws Amendment Chapter IX, Committees and Sections, Section 10.I. Committee on Hospital and Interprofessional Affairs (CHIA)

**Resolution B-6,** Bylaws Amendment Chapter I, Membership, Section 60. Termination of Fellowship/Membership

**Resolution B-7,** Bylaws Amendment Chapter I, Membership, Section 70. Reinstatement

**Resolution B-8,** Bylaws Amendment Chapter V, House of Delegates; Section 50 Duties

**Resolution B-9,** Bylaws Amendment Chapter VI, Board of Trustees; Section 50. Nomination Procedure for Trustees

**Resolution B-10,** Bylaws Amendment Chapter XII. Finances. Section. 20. Dues and Assessments

**Resolution B-11 (Amend),** October 2017-October 2018 amended or added policies

**Resolution B-12a,** 2019 operational budget
RESOLUTION A-1 (District VI)

RESOLVED, that AAOMS establish the formation of an adverse outcome database as part of the Quality Outcome Registry (QOR) in a similar format being utilized with Dental Anesthesia Incident Reporting System (DAIRS) to allow reporting of patients encountered by our membership being treated by a DHAT or Midlevel provider in a manner not within the standard of care that required a referral, and intervention by an Oral & Maxillofacial Surgeon to have corrective or definitive treatment completed.

HOUSE ACTION – 18-A-1 (District VI): DEFEATED

RESOLUTION B-1 (Amend) (RC)

RESOLVED, that Chapter IX, Committees and Sections; Section 10.J. Committee on Membership (CM) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

J. Committee on Membership (CM)

Composition: The committee shall be composed of five (5)–six (6) members who may serve up to two consecutive four-year terms, with appointments staggered so that no more than one member’s terms is completed annually.

Duties: The committee shall conduct a review of the professional and ethical qualifications of each candidate for all classifications of membership. The committee also shall conduct a review of all requests for waivers or reductions of membership dues or fees.

The committee shall report its findings with recommendations to the Board of Trustees and House of Delegates on all categories of membership, and waivers or reduction of dues and fees.

HOUSE ACTION – 18-B-1 (Amend) (RC): ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-2

RESOLVED, that Chapter XII, Finances and Sections; Section 20. Dues and Assessments of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

20. Dues and Assessments

Fellows and Members in Federal Dental Services: Fellows and members in the federal dental services (U.S. Air Force, U.S. Army, U.S. Navy, Department of Veterans Affairs and U.S. Public Health Service) shall pay dues at a reduced rate in accordance with the following and applicable full assessments and subscription fees. A fellow or member holding a full-time position within the Department of Veterans Affairs and Public Health Dental Service at chief grade shall pay 1/2 of the required annual dues and a fellow or member holding a full-time position within the Department of Veterans Affairs at senior grade shall pay 1/3 of the required annual dues.
Additionally, fellows and members holding full-time positions within the Army, Navy, and Air Force, and Public Health Dental Service shall receive the following dues reduction: a fellow or member holding a position at Level 08 shall pay 1/2 of the required annual dues; a fellow or member holding a position at Level 07 shall pay 1/3 of the required annual dues, and a fellow or member holding a position at Level 06 or below shall pay 1/4 of the required annual dues.

Should a federal service fellow or member relinquish his position within the federal dental services, the graduated dues schedule shall be terminated at the next dues cycle.

RESOLUTION B-3

RESOLVED, that Chapter IX, Committees and Sections; Section 10.K. Committee on Practice Management and Professional Staff Development (CPMPSD) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

K. Committee on Practice Management and Professional Staff Development (CPMPSD)

Composition: The committee shall be composed of up to 10 voting members of whom one shall be the immediate past chair and two non-voting members. Committee members shall be appointed on a district basis with three members appointed on a district rotational basis who may serve up to two (2) consecutive three-year terms to be staggered so that no more than two members’ terms are completed annually. The Chair is to be appointed annually from the voting members and may serve no more than two (2) consecutive one-year terms with the stipulation that he shall have completed at least three years on the committee. The immediate past chair shall be limited to serve one (1) one-year term, and, if necessary, may be reappointed to a one-year term as consultant.

The two non-voting members shall be members of the AAOMS Allied Staff Category. They shall be appointed by the Chair with concurrence of the Committee on Practice Management and Professional Staff Development and reported to the Board of Trustees. Their terms shall be for three years with eligibility for reappointment to a second consecutive three-year term. These two positions shall not be subject to geographical representation. Additionally, one non-voting resident member will be appointed annually by the ROAAOMS Executive Committee for a one-year term.

Duties: The committee shall be responsible for developing, planning, implementing and evaluating practice management continuing education programs, and non-professional liability and insurance matters. It shall oversee professional allied staff programs and activities.
RESOLUTION B-4 (Amend)

RESOLVED, that that the following policy be amended and approved for presentation to the 2018 House of Delegates: (strikethrough = deletion; bold underline = addition)

AAOMS Policies, Section XI. Budget and Finance

14. Honorarium Policies:

   a. President, President-Elect, Vice President, Treasurer, Past President, Speaker of the House of Delegates and Trustees: An annual honorarium of $100,000 $120,000 shall be disbursed to the President; $80,000 $96,000 to the President-Elect; $50,000 $60,000 to the Vice President; $40,000 $60,000 to the Treasurer annually; $40,000 $60,000 to the Immediate Past President, and $30,000 $42,000 to the Speaker of the House of Delegates, and $25,000 $42,000 to each of the six Trustees annually during their term of office. All of the remuneration authorized under this policy is paid solely as remuneration for the service of the individuals as Trustees, with the differences in remuneration reflecting differences in time spent fulfilling Trustee duties. (HD-79; Nov. 79; May 80; June 86; Jan. 90; June 96; Dec. 97; March 99; April 00; March 04; March 08; Sept. 11)

   Any change in honorarium for an elected officer and/or trustee in the AAOMS must be discussed, debated and approved by the House of Delegates. (HD-99)

AND BE IT FURTHER RESOLVED, that the AAOMS Treasurer receive a retroactive $20,000 honorarium increase, to the beginning of the 2017-2018 Board year.

RESOLUTION B-5

RESOLVED, that Chapter IX, Committees and Sections, Section 10.I. Committee on Hospital and Interprofessional Affairs (CHIA) of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

I. Committee on Hospital and Interprofessional Affairs (CHIA)

   Duties: The committee shall review and analyze matters pertaining to the interaction of oral and maxillofacial surgeons with hospitals, ambulatory care facilities, and other institutions and organizations, including issues related to credentialing, privileges, accreditation and other professional activities.

   Composition: The committee shall be composed of six (6) members, one from each district, who may serve up to two (2) consecutive three-year (3 year) terms, with up to three (3) consultants to provide insight into special interest groups.

HOUSE ACTION – 18-B-4 (Amend): ADOPTED BY WAY OF CONSENT AGENDA

HOUSE ACTION – 18-B-5: ADOPTED BY WAY OF CONSENT AGENDA
RESOLUTION B-6

RESOLVED, that Chapter I, Membership, Section 60. Termination of Fellowship/Membership of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

Section 60. Termination of Fellowship/Membership:

A. Vertical Membership Grandfather Clause: No individual who was a fellow or member of the Association and was not an active member of a component oral and maxillofacial surgery society on September 27, 1991 shall have his membership in the Association discontinued solely as a result of failure to hold membership in his component oral and maxillofacial surgery society.

B. Voluntary: A fellow or member may resign at any time by written notification to the Association.

C. Unpaid Dues and Assessments and Candidate Fees: A fellow, member, provisional fellow/member, affiliate member or candidate whose dues and assessments or fees have not been paid prior to the convening of the annual meeting of the first year of delinquency shall cease to be a fellow, member, provisional fellow or member, affiliate member or candidate.

D. Suspension or Expulsion: A fellow, member, provisional fellow/member or affiliate member may be suspended or expelled from the Association for violation of the Code of Professional Conduct or Pledge. Charges may be initiated and disciplinary action taken in accordance with the Association's Guidelines for Filing a Complaint of Violation.

E. Return of Certificate of Membership: Fellows, members and affiliate members whose membership in the Association has been terminated shall return their certificate of membership to the Association's headquarters. Failure to do so shall be considered as a violation of his moral and ethical responsibilities to the Association.

F. Failure to Comply with Association Financial Arrangements: A fellow, member, provisional fellow/member or affiliate member who is in violation of a financial agreement with the Association following contractual acceptance of an award shall cease to be a member at the convening of the next annual meeting following the first year of delinquency.

HOUSE ACTION – 18-B-6: ADOPTED BY WAY OF CONSENT AGENDA
RESOLUTION B-7

RESOLVED, that Chapter I, Membership, Section 70. Reinstatement of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

Section 70. Reinstatement:

A. Voluntary: Those fellows, members, provisional fellows/members or affiliate members who voluntarily resign from the Association may be considered for reinstatement upon filing a written request for reinstatement within one year of resignation and upon payment of all current year dues and assessments owed the Association and verification that he is a member of his component oral and maxillofacial surgery society. If such request for reinstatement is not made within one year following resignation, the former fellow, member, provisional fellow/member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall be equal to the current year's dues and all assessments that have not been paid within the past five years and meeting all current eligibility requirements. (Also in Policies: Section XI. 11c.)

B. Unpaid Membership Dues and Assessments: A fellow, member or affiliate member disqualified for nonpayment of dues and assessments may be considered for reinstatement upon payment of all back dues and assessments owed the Association and verification that he is a member of his oral and maxillofacial surgery component society provided such action is requested within one year of his notification of disqualification for nonpayment of dues and assessments. If such request for reinstatement is not made within one year following notification of disqualification, the former fellow, member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year's dues, and all assessments that have not been paid within the past five years.

C. Unpaid Candidate Fees: A candidate disqualified for nonpayment of fees may be considered for reinstatement upon payment of all fees owed the Association and verification that he is a member of his oral and maxillofacial surgery component society provided such action is requested within the three-year period of his candidate status. If such request is not received within the three-year period, the candidate will have to reapply for membership with payment of the current fees and submission of required documentation.

D. Suspension or Expulsion: Any fellow or member suspended or expelled from the Association may be readmitted in accordance with the provisions of the Association's Guidelines for Filing a Complaint of Violation

E. Failure to Comply with Association Financial Arrangements: A fellow, member, provisional fellow/member or affiliate member suspended or expelled from the Association resulting from violation of a financial agreement with the association may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year's dues, all assessments that have not been paid within the past five years and repayment of all outstanding amounts from the financial arrangement with AAOMS.
RESOLUTION B-8

RESOLVED, that Chapter V, House of Delegates; Section 50 Duties of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

50. Duties: The duties of the House of Delegates shall be:

A. To initiate, consider and vote upon all proposals affecting the Association except as otherwise noted in these Bylaws.

B. To consider the annual reports of the Board of Trustees and committees and act on resolutions and recommendations contained therein.

C. To elect annually a President-Elect, Vice President, and Speaker of the House of Delegates and elect or re-elect at least three members of the Board of Trustees upon expiration of their current term.

D. To elect biennially a Treasurer.

E. To elect annually at least one director of the American Board of Oral and Maxillofacial Surgery.

F. To elect all categories of membership of the Association.

G. To adopt such rules and regulations as are pertinent to the conduct of business of the House of Delegates.

H. To approve any withdrawal of funds from the Reserve.

I. To approve an annual budget.

RESOLUTION B-9

RESOLVED, that Chapter VI, Board of Trustees; Section 50. Nomination Procedure for Trustees of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

50. Nomination Procedure for Trustees: At each Annual Meeting, the delegates from the components and counterparts of the trustee district in which the term of the trustee is to be completed shall hold a caucus in accordance with the guidelines for trustee district caucuses of the Manual of the House of Delegates to select one or two nominees for the office of trustee.

In odd numbered years, Districts I (Northeastern), II (Middle Atlantic) and VI (Western) shall nominate for election at least one candidate for trustee. In even numbered years, Districts III (Southeastern), IV (Great Lakes) and V (Midwestern) shall nominate for election at least one candidate for trustee.
RESOLUTION B-10

RESOLVED, that Chapter XII. Finances. Section 20. Dues and Assessments of the Bylaws be amended to read with all conflicting bylaws, policies, etc. amended accordingly (strikethrough = deletion, bold underline = addition):

Section 20. Dues and Assessments: Dues of fellows and members shall be $1,250; dues of affiliate members shall be $525 $422; and dues of allied staff members shall be $55.00 due January 1 for the ensuing year. Exception to this shall be at the discretion of the Board of Trustees in accordance with policy.

The amount of annual dues or assessments shall be recommended to the House of Delegates by the Board of Trustees and shall be fixed by the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting with a 60-day prior notice.

HOUSE ACTION – 18-B-10: ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-11 (Amend)

RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 – October 2018 as reflected in Appendix I of the 2018 Annual Reports, as well as those reflected in the 2018 Supplementary Report of the Board of Trustees, be approved.

HOUSE ACTION – 18-B-11 (Amend): ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-12a

RESOLVED, that a 2019 operational budget with revenues of $21,588,823 and expenses of $21,485,100 as presented on pages AR-93 through AR-107 of the 2018 Annual Reports, be approved.

HOUSE ACTION – 18-B-12a: ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-13 (District V)

RESOLVED, that AAOMS proceed at its earliest opportunity the construction of an Education/Simulation Center on the second floor at AAOMS headquarters as proposed in the Special Report to the AAOMS House of Delegates.

HOUSE ACTION – 18-B-13 (District V): ADOPTED

RESOLUTION B-14 (RC) (Amend) (District VI)

RESOLVED, that the Constitution and Bylaws Committee update the Governing Rules and Regulations (including Constitution & Bylaws, Code of Professional Conduct, Policies and Manual of the House of Delegates) to include gender-inclusive language.

HOUSE ACTION – 18-B-14 (RC) (Amend) (District VI): ADOPTED

In other House actions:

...
At the first session, the House

- Approved the reports of the Committees on Credentials and Rules and Procedure, which included the agendas for the House; the Report of the AAOMS 100th Annual Meeting, and referral of reports and resolutions by adoption of the following Resolutions:
  - **18-HD-1 RESOLVED**, that the printed report of the Committee on Rules and Procedure, previously distributed to members of the House of Delegates, be approved.
  - **18-HD-2 RESOLVED**, that the Committee on Rules and Procedure has reviewed the agendas for the 2018 House of Delegates sessions and recommends they be approved.
  - **18-HD-3 RESOLVED**, that the committee has reviewed *The Report of the AAOMS Annual Meeting –2017* and recommends it be approved.

- Elected Mary Allaire-Schnitzer, Associate Executive Director, Advanced Education and Professional Affairs, to Honorary Fellowship.

- Elected Dr. David B. Powers, to serve an eight-year term (October 2018-September 2026) as director on the ABOMS Board of Directors.

At the second session, the House

- Approved the Committee on Membership's report recommending 224 candidates be elected to fellowship or membership (49 members, 12 fellows, 157 provisional, 6 affiliate members); 158 previously elected provisional members be transferred to full fellowship/membership; 141 fellows/members be transferred to life status; 133 fellows/members to retired status; 35 fellows/members/candidatesaffiliate members be granted a waiver of dues for 2018 for medical or economic reasons; 5 fellows/members/candidates be granted a waiver of dues for post-doctorate education. 126 fellows/members and candidates had not paid 2018 dues/fees and assessments as of the convening of the 2018 annual meeting and were discontinued from the membership rolls in accordance with the Bylaws; 160 individuals were reinstated; 22 resigned; 101 members were transferred to fellow status following Board certification; and 288 candidates remained in this category. A total of 37 fellows/members passed away since the 2017 annual meeting.

During the third session, the House

- The House of Delegates utilized electronic voting and, by majority vote, Dr. Victor L. Nannini was elected as President-Elect for 2019, Dr. B.D. Tiner was elected as Vice President for 2019, and Dr. Steven R. Nelson was re-elected as Speaker of the House of Delegates for 2019. Dr. A. Thomas Indresano was installed as President for 2019 and Dr. Brett Ferguson was installed as Immediate Past President.

- Dr. Charles Crago was elected for a new two-year term as District V Trustee. Drs. Paul Schwartz, J. David Morrison and Mark A. Egbert were re-elected for a second two-year term (October 2018 - October 2020) as the Districts II, IV and VI Trustees, respectively. New and re-elected trustee and officers to the Board were sworn into office. The spouses of those retiring from their positions were recognized for their support.

- A special memorial service was conducted for the 37 fellows and members who have passed away since the 2017 annual meeting (October 2017 - October 2018). A red rose was
placed in a vase by the trustee from the district in which the deceased resided. At the end of the ceremony, all members of the House stood in silence to honor these individuals. They are:

**District I**

<table>
<thead>
<tr>
<th>Name</th>
<th>State</th>
<th>Status</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerome D Anderson</td>
<td>MA</td>
<td>Life Fellow Retired</td>
<td>1932</td>
</tr>
<tr>
<td>James C Booth</td>
<td>VT</td>
<td>Life Fellow Retired</td>
<td>1942</td>
</tr>
<tr>
<td>Edward S Goracy</td>
<td>CT</td>
<td>Life Fellow Retired</td>
<td>1941</td>
</tr>
<tr>
<td>Sheldon M Jacobson</td>
<td>NY</td>
<td>Life Fellow Retired</td>
<td>1927</td>
</tr>
<tr>
<td>J Thomas Lanka</td>
<td>NY</td>
<td>Life Fellow Retired</td>
<td>1936</td>
</tr>
<tr>
<td>Dennis H Lee</td>
<td>NY</td>
<td>Fellow</td>
<td>1966</td>
</tr>
<tr>
<td>Philip L Maloney</td>
<td>MA</td>
<td>Life Fellow Retired</td>
<td>1931</td>
</tr>
<tr>
<td>Robert B Nachbar</td>
<td>NY</td>
<td>Life Fellow Retired</td>
<td>1958</td>
</tr>
<tr>
<td>GP Raynald Roy</td>
<td>ME</td>
<td>Retired Fellow</td>
<td>1935</td>
</tr>
<tr>
<td>Martin R Sher</td>
<td>NY</td>
<td>Life Fellow Retired</td>
<td>1943</td>
</tr>
<tr>
<td>Jeremy Wertman</td>
<td>NY</td>
<td>Resident</td>
<td>1979</td>
</tr>
<tr>
<td>John S Wolkowicz</td>
<td>MA</td>
<td>Life Fellow Retired</td>
<td>1932</td>
</tr>
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**District II**

<table>
<thead>
<tr>
<th>Name</th>
<th>State</th>
<th>Status</th>
<th>Year</th>
</tr>
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<tbody>
<tr>
<td>Anthony L Checchio</td>
<td>PA</td>
<td>Life Fellow</td>
<td>1925</td>
</tr>
<tr>
<td>Frederick Meiselman</td>
<td>NJ</td>
<td>Life Fellow Retired</td>
<td>1939</td>
</tr>
<tr>
<td>Donald M Tilghman</td>
<td>MD</td>
<td>Life Fellow</td>
<td>1936</td>
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**District III**

<table>
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<th>Name</th>
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<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Richard K Akin</td>
<td>MS</td>
<td>Life Fellow</td>
<td>1944</td>
</tr>
<tr>
<td>John D DiCierto</td>
<td>VA</td>
<td>Retired Fellow</td>
<td>1923</td>
</tr>
<tr>
<td>Richard H Haug</td>
<td>NC</td>
<td>Fellow</td>
<td>1954</td>
</tr>
<tr>
<td>James R Ingrassia</td>
<td>SC</td>
<td>Retired Fellow</td>
<td>1941</td>
</tr>
<tr>
<td>Thomas W McKeans</td>
<td>FL</td>
<td>Life Fellow Retired</td>
<td>1928</td>
</tr>
<tr>
<td>Daniel M Plank</td>
<td>FL</td>
<td>Fellow</td>
<td>1979</td>
</tr>
<tr>
<td>Marvin S Susskind</td>
<td>FL</td>
<td>Life Fellow</td>
<td>1927</td>
</tr>
<tr>
<td>Ralph J Van Brocklin</td>
<td>TN</td>
<td>Member</td>
<td>1955</td>
</tr>
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**District IV**

<table>
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<tr>
<th>Name</th>
<th>State</th>
<th>Status</th>
<th>Year</th>
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<tbody>
<tr>
<td>Michael E Bushey</td>
<td>OH</td>
<td>Life Fellow</td>
<td>1949</td>
</tr>
<tr>
<td>Manuel J Freeman</td>
<td>OH</td>
<td>Life Fellow Retired</td>
<td>1936</td>
</tr>
<tr>
<td>T Michael Murphy</td>
<td>OH</td>
<td>Life Fellow</td>
<td>1947</td>
</tr>
<tr>
<td>Michael J Zak</td>
<td>IL</td>
<td>Fellow</td>
<td>1961</td>
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**District V**

<table>
<thead>
<tr>
<th>Name</th>
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<th>Status</th>
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</thead>
<tbody>
<tr>
<td>John W Allen</td>
<td>TX</td>
<td>Life Fellow Retired</td>
<td>1939</td>
</tr>
<tr>
<td>Stanley C Kolodny</td>
<td>TX</td>
<td>Retired Fellow</td>
<td>1923</td>
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**District VI**

<table>
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<th>Name</th>
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<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Samuel M Aanestad</td>
<td>CA</td>
<td>Life Fellow Retired</td>
<td>1946</td>
</tr>
<tr>
<td>John R Ames</td>
<td>WA</td>
<td>Life Fellow</td>
<td>1948</td>
</tr>
<tr>
<td>John S Brown</td>
<td>CA</td>
<td>Retired Fellow</td>
<td>1925</td>
</tr>
<tr>
<td>Donald H Devlin</td>
<td>CA</td>
<td>Life Fellow Retired</td>
<td>1926</td>
</tr>
<tr>
<td>Mark C Paxton</td>
<td>WA</td>
<td>Fellow</td>
<td>1954</td>
</tr>
<tr>
<td>Ross W Prout</td>
<td>CA</td>
<td>Life Fellow Retired</td>
<td>1925</td>
</tr>
<tr>
<td>Robert C Schlegel</td>
<td>OR</td>
<td>Life Fellow Retired</td>
<td>1946</td>
</tr>
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**International**

<table>
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<tr>
<th>Name</th>
<th>State</th>
<th>Status</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Simon Weinberg</td>
<td>Canada</td>
<td>Life Fellow Retired</td>
<td>1935</td>
</tr>
</tbody>
</table>
House of Delegates Officials and Committees 2018

Speaker
Steven R. Nelson (CO)

Committee of Tellers (CT)
Eugene D’Amico (DE), Chair, II
David A. Cottrell (MA), I
Stanley Smith (Vet Affairs), IV

Recorder
Warren W. Arrasmith (AL), III

Committee on Rules and Procedure (CRP)
Scott W. Searcey (OK), V, Chair
Lynn F. Ascher (MD), II
David W. Howerton (OR), VI

Committee on Credentials (CC)
Michael J. Hunter (MA), Chair, I
Bradley A. Gregory (OH), IV
Julia Plevnia (CO), V

Reference Committee A
Gregory Ness (OH), IV, Chair
Steven Brown (RI), I
Kathy A. Banks (NJ), II
Debra M. Sacco (NC), III
Stephen Doran (IL), IV
Lionel Candelaria (NM), V
Chan M. Park (CA), VI

Reference Committee B
Martin Eichner (PA), II, Chair
Cynthia E. Winne (ME), I
Gary W. Seldomridge (PA), II
Jeffrey D. Schultz (GA), III
Mary Lou Sabino (WI), IV
Monte K. Zysset (NE), V
Elizabeth A. Kutcipal (WA), VI

Official Stenographer
Ms. Robin M. Valentini, Certified Court Reporter
<table>
<thead>
<tr>
<th>DISTRICT I (Northeastern) -- Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island &amp; Vermont</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summer Caucus: August 15, 2018 – Bradley Airport, Windsor Lock, CT</strong></td>
</tr>
</tbody>
</table>
| **Chair:** Dr. Joel Friedman  
185 E 85th St Apt 33B New York, NY 10028-2144  
212-427-4126, FAX 212-305-9649, Email jfried0920@aol.com |
| **Secretary:** Dr. Steven Brown  
19 Kings Daughters Ct., West Greenwich, RI 02817-2115  
401-385-9382, FAX 401-885-8570, Email jawbreaker65@cox.net |
| DISTRICT II (Middle Atlantic) -- Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, U.S. Air Force, U.S. Army & U.S. Navy |
| **Summer Caucus: August 4, 2018 – Pier V Hotel, Baltimore, MD** |
| **Chair:** Dr. Bruce A. Huberman  
Raritan Valley OMS, 1907 Park Ave., Ste.201 S Plainfield, NJ 07080  
732-738-6555, FAX 732-738-6565, Email bhubeoms@gmail.com |
| **Secretary:** Dr. Kathy A. Banks  
249 S. Main St. Unit #4, Barnegat, NJ 08005  
609-488-2325, FAX 609-488-2342, Email kbanks@drbanksoms.com |
| DISTRICT III (Southeastern) -- Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North & South Carolina, Puerto Rico, Tennessee, Virginia & West Virginia |
| **Summer Caucus: August 18, 2018 – Atlanta Hotel Marriott (Airport), Atlanta, GA** |
| **Chair:** Dr. Debra Sacco  
501 Eastowne Dr, Suite 110, Chapel Hill, NC 27514  
919-929-2196, FAX 919-490-8518, Email dssacco@bellsouth.net |
| **Secretary:** Dr. Daniel J Gesek Jr  
2047 Park St, Jacksonville, FL 32204  
904-388-7665, FAX 904-388-7664, Email dsgesek@comcast.net |
| DISTRICT IV (Great Lakes) -- Illinois, Indiana, Michigan, Ohio, Wisconsin, Public Health Service & Dept. of Veterans Affairs |
| **Summer Caucus: August 4, 2018 - AAOMS Headquarters** |
| **Chair:** Dr. Mary Lou C. Sabino  
Medical College Physicians, 8900 W. Doyne Ave., Milwaukee, WI 53226  
414-805-5781, FAX 414-259-9115, Email msabino@mcw.edu |
| **Secretary:** Dr. Gayle T Miranda  
423 East 23rd Street, 2nd floor, New York, NY 10010  
917-449-8572, Email gmirandadds@aol.com |
| DISTRICT V (Midwestern) -- Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North & South Dakota, Oklahoma, Texas & Wyoming |
| **Summer Caucus: August 18, 2018 – San Antonio** |
| **Chair:** Dr. Charles Crago  
Face & Jaw Surgery Center, 4344 20th Ave S, Ste 2, Fargo, ND 58103  
701-239-5969, FAX 701-239-0034, Email cacrango@gmail.com |
| **Secretary:** Dr. Wendell Edgin  
Alamo Maxillofacial Surgical Associates, 4499 Medical Dr., Ste. 190, San Antonio, TX 78229  
210-897-1003, FAX 210-614-3918, Email waedgin@alamooms.com |
| DISTRICT VI (Western) -- Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah & Washington |
| **Summer Caucus: August 18, 2018 – Four Points Sheraton (Airport), San Jose, CA** |
| **Chair:** Dr. Guillermo Chacon  
7205 45th Street Ct NW, Gig Harbor, WA 98335  
253-509-0261, FAX 253-445-0979, Email drchacon@puyallupoms.com |
| **Secretary:** Dr. Elizabeth A Kutcipal  
2420 Westlake Ave N, Unit 10, Seattle, WA 98109-2279  
206-783-9672, Email libbyk@seattleoralsurgeon.com |
<table>
<thead>
<tr>
<th>State</th>
<th>DELEGATE (D) / ALTERNATE (A)</th>
<th>1</th>
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<tbody>
<tr>
<td>Alabama (86)</td>
<td>Warren W. Arrasmith (D)</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td></td>
<td>Joshua E. Everts (A)</td>
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<tr>
<td>Alaska (17)</td>
<td>Matthew Monaco (D)</td>
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<tr>
<td></td>
<td>Earl A. Hasegawa (Alt, Hawaii)</td>
<td>x</td>
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<tr>
<td>Arizona (114)</td>
<td>Nish Shah (D)</td>
<td>x</td>
<td>x</td>
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<td></td>
<td>Sabah Kalamchi (A)</td>
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<tr>
<td>Arkansas (42)</td>
<td>Aaron Baldwin (D)</td>
<td>x</td>
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<tr>
<td>California (719)</td>
<td>W. Frederick Stephens (D)</td>
<td>x</td>
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<tr>
<td></td>
<td>Larry Moore (D)</td>
<td>x</td>
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<td></td>
<td>Alan H. Kaye (D)</td>
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<td>John L. Lytle (D)</td>
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<td>Chan M. Park (D)</td>
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<td></td>
<td>Jeffrey A. Elo (D)</td>
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<tr>
<td></td>
<td>Shama Currimbhoy (D)</td>
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**TOTAL VOTING DELEGATES**  
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* Excludes voting for AAOMS and ABOMS
Mr. Speaker, fellow officers, trustees, delegates, alternates, past presidents, colleagues, guests and friends – welcome to Chicago and the 100th Annual Meeting, Scientific Sessions and Exhibition of the American Association of Oral and Maxillofacial Surgeons.

It is a privilege to stand before you this morning at this historic centennial Annual Meeting and report on the activities of your Association during the past year. I have been sincerely honored to serve in this role, see our specialty grow, and make advancements on many important projects.

One of my proudest moments during the past year was the day news arrived from the American College of Surgeons that it had approved not only the creation of an OMS Advisory Council but also an OMS seat on the College’s Board of Governors. It was just two years ago when the College welcomed the first class of single-degree OMSs as Fellows. That change expanded our footprint in the area of medicine – informing our medical colleagues about what we do and the acceptance of the oral and maxillofacial surgery paradigm. With our own Advisory Council and a Governor’s seat, we now have an even greater voice and impact in the world’s largest surgical organization.

As an organization, my number one focus this past year was anesthesia. This issue is of paramount importance to me – and to AAOMS – as we work to preserve the anesthesia model as the typical oral and maxillofacial surgeon performs it today. How can we do that? It can only happen through a multi-tiered approach.

First is data reporting. The recently launched Dental Anesthesia Incident Reporting System – called DAIRS for short – collects and analyzes anonymous information similar to what is required for state-mandated morbidity and mortality reports, including information on the patient, procedure, facility and staff. Submissions are converted into aggregate, de-identified data that will be crucial for patient safety and advocacy efforts. DAIRS is available at no cost on the AAOMS.org website. When an anesthesia incident occurs in your office, be sure to report the details in DAIRS.

While DAIRS is maintained by AAOMS, it’s administered through our clinical data registry partner OMSQOR. Between DAIRS and OMSQOR, we have two programs that will lead us into the next century. The data will tell regulators and legislators what we do, how we do it and what kind of outcomes we get. With our collected data, we can better substantiate our profession’s delivery of healthcare services and continue the full scope practice of oral and maxillofacial surgery.

Next is the launch of our new National Simulation Program. This three-module program allows you to practice and master techniques and evaluate your preparedness for office anesthesia emergencies. This standardized program ensures everyone experiences the same simulated events, with state-of-the-art technology automatically evaluating the performance of all participants and identifying areas for additional training. The four-hour Basic Emergency Airway Management – or BEAM – module offers OMSs instruction and simulation on the oxygen tank, bag-mask ventilation,
laryngeal mask airway scenarios, Airtraq and pediatric emergencies. Everyone here should plan to take this course in the coming year. I attended this BEAM module and found it to be exceptional. It was lively and difficult, and each of us identified a skillset that needed to be expanded for personal growth in the delivery of anesthesia. Every member should take advantage of BEAM training, not only for themselves but for their patients.

Also, look for the ninth edition of our Office Anesthesia Evaluation Manual being published this fall. This latest version includes new emergency drill scenarios for the anesthesia team as well as new information on considerations for both geriatric and pediatric patients and patients using illicit drugs.

And in April, we’re planning our second Anesthesia Patient Safety Conference – this one focused on our pediatric patients. We have a full day of speakers – all discussing the safe and efficient administration of pediatric ambulatory anesthesia and highlighting current protocols that will promote practice models that provide and sustain the culture of safety.

On this important anesthesia issue, I do believe we also have to look at strategic partnerships – at individual associations such as the American Society of Anesthesiologists, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics. If we can collaborate with these three entities, it will enhance our ability to be able to continue to deliver a safe anesthetic experience to our patient cohort; that is our job and our responsibility.

In the advocacy arena, our attention this past year was focused on our four legislative priorities: coverage for treatment of congenital anomalies, expanding the use of FSAs and HSAs, student loan reform and permanently repealing the Medical Device Tax. We heard good news just last month on the congenital anomalies issue when bipartisan legislation called the Ensuring Lasting Smiles Act was introduced in both houses. If it passes, families would have health insurance coverage for medically necessary treatments related to birth defects. This bill only came to be through the hard work of our Committee on Government Affairs, our fellows at large and AAOMS staff. We also saw success with our other issues: the permanent repeal of the Independent Physician Advisory Panel, known as IPAB; and FSA and HSA reform and Medical Device Tax repeal both passed the House. They now await action in the Senate.

AAOMS also was the key to reversing a new Guardian insurance policy that required claims for third molars with associated IV sedation or general anesthesia to be reviewed for medical necessity. Not only did Guardian reverse the policy, but it automatically reprocessed denied claims retroactive to April. This advocacy for appropriate policies helps all of us.

Another issue that has stayed top of mind for AAOMS – and I’m sure for each of you – is the opioid crisis. Our second annual opioid survey this spring revealed encouraging results, including that 85 percent of us prescribe less than a three-day supply of opioids for third molar cases. Two years ago, 91 percent of us reported we do not refill an opioid prescription for our third molar patients; this year, that number jumped to 97 percent. These results show legislators and regulatory officials that we are mindful of the opioid epidemic and that we’re taking steps to reduce our opioid prescribing.

I’m also excited today to tell you about enhancements to our national Informational Campaign. The biggest change – and one that many members sought – is replacing the word ‘facial’ with ‘maxillofacial’ when describing the specialty and AAOMS members. Two national surveys showed that consumers did not recognize or connect with the term ‘oral and facial surgeon.’ So moving forward, the Informational Campaign will call us ‘oral and maxillofacial surgeons’ and ‘OMSs.’

Because the campaign has seen its largest return-on-investment for its television public service announcements, the current set of PSA videos were edited, repackaged and sent to TV stations across the country. Those videos have now been played to a broadcast audience of 676 million at an equivalent ad dollar value of almost $17 million. The audio tracks from those videos also were edited, packaged and sent to radio stations around the country, where they are racking up similar impressive totals.

To take advantage of the vast digital landscape, we also created and launched YouTube preroll videos – you know…the ones where you have to watch at least a few seconds before you can skip them to watch the video you really want to see. These animated explainer videos – focusing on third molars, dental implants and ‘What is an OMS’ – have generated more than 600,000 impressions since August and many of the viewers are watching all the way through to the end and then clicking through to the MyOMS.org website!
Those videos, by the way – like all the materials produced for the Informational Campaign – are available for members to download at no cost from AAOMS.org for use on your websites or social media accounts.

I would like to take a moment to acknowledge another milestone we are celebrating – the 75th anniversary of our journal, the *Journal of Oral and Maxillofacial Surgery*. A former editor of that journal who served as AAOMS president in 1977 and has been editor of what-is-now-called *AAOMS Today* since 1965 – Dr. Daniel M. Laskin – was recently named as the recipient of the ADA Council on Communications and AADEJ’s 2018 Distinguished Dental Editor Award. Thank you for your many contributions over the years, Dr. Laskin.

You might remember that last year at this time, the House voted to bring the OMS Foundation under the AAOMS umbrella. That strategic alliance has resulted in streamlined work processes, changes to the composition and size of the Foundation’s Board of Directors as well as changes to some of its committees. New Bylaws and a new strategic plan also were created and approved. The result? An improved financial strength and visibility, enhanced donor communications, a centennial tree campaign that honors the AAOMS’s anniversary and development of a new GIVE program that provides stipends to residents to travel internationally with OMS teams to deliver healthcare to underserved populations.

All year long, AAOMS has been busy hosting successful meetings, conferences and courses.

The Dental Implant Conference celebrated its 25th anniversary and offered a simulcast registration option for the first time.

About 100 members met with about 130 congressional representatives during the 18th annual Day on the Hill. About 75 OMSs – with 30 of them residents – attended the Clinical Trials Methods Course to learn research basics and then put their skills into action by developing designs for randomized controlled trials. The proposals will be presented at 3:30 Friday in room W184 b-c at the convention center.

Regional and state society representatives attended a leadership conference to discuss advocacy efforts, state activities and member engagement.

Members honed their leadership skills at the Emerging OMS Leaders Workshop, a two-day interactive session to help develop future leaders of our organization.

Residents learned about the non-clinical aspects of their futures at the Resident Transitions into Practice Conference. They are provided the essential non-clinical information for life in private practice versus academic versus corporate practice.

OMSs and allied staff attended a variety of practice management and coding courses and participated in online learning opportunities.

That brings us to today – the start of our centennial celebration. On Wednesday, please plan to attend the “100 years of AAOMS” session, the Keynote Lecture by former Secretary of State Colin Powell, our Opening Ceremony and finally our Welcome Reception.

During the meeting, be sure to visit the AAOMS History Museum just outside the exhibit hall, and connect or reconnect with colleagues at our mini-reunions in the exhibit hall each day. And of course, the clinical, spotlight and practice management sessions will be packed with pearls.

I especially want to thank all of you for your tremendous support and efforts during this memorable year. It has been one of my life’s highlights. I could not have done this without the unwavering support of the AAOMS Officers and Trustees and the tireless work of the AAOMS Executive Director and staff. You, our members, have a truly outstanding professional organization working for you every day.

I am so honored, and so proud, to have served as your president during this centennial year. My thanks to all of you for being here to celebrate this momentous occasion.
I stand ready to begin my presidency of the American Association of Oral and Maxillofacial Surgeons after 100 great years of our organization. We have traveled so far and achieved so much for this specialty. We have forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare.

I follow in the footsteps of a dynamic president — and so many more before him. What is it that I can do?

Like my predecessors, I stand on the shoulders of many and try to keep my shoulders straight for the next to step upon.

I want to share with you today my vision for what I hope we can achieve over this one short year. As you know, AAOMS has developed a formalized three-year strategic plan that will help guide every decision, every program and every activity through 2020. In the plan, we identify four priority goals and objectives. The strategic priorities on my presidential agenda tie neatly into those four goals.

A top AAOMS priority is “preserving anesthesia” – which includes protecting our OMS anesthesia delivery model, advancing standards and offering enhanced continuing education opportunities, including emergency preparedness training. I can assure you our commitment to the OMS team model of office-based anesthesia remains as strong as ever. However, there are those that do not understand our delivery model, resulting in the need to inform those that fear our model through education and advocacy.

Through collaboration we are working toward finding a common ground with other participating groups, including the American Society of Anesthesiologists, Society for Pediatric Anesthesia, American Academy of Pediatric Dentistry and American Academy of Pediatrics. We are hoping that next spring’s Pediatric Anesthesia Patient Safety Conference might create an opportunity for these groups to discuss standards, competencies and lengths of training to determine what is agreeable to all. The 2019 Pediatric Anesthesia Patient Safety Conference – the second anesthesia meeting of this type to be hosted by AAOMS – follows the inaugural conference in 2017.

Another goal we have is to continue to develop and distribute model state legislation that codifies our anesthesia team model in the hope that states will recognize our sedation-anesthesia education, training and experience is rigorous, thorough and measurable at every level.

The Board of Trustees agrees with me that the professional and educational development of OMS staff is of the utmost importance. Our members need to encourage their dental anesthesia assistants to participate in AAOMS courses and to become DAANCE-certified. At the same time, AAOMS must continue to serve as the resource for OMS assistants. To that end, the Committee on Practice Management and Professional Staff Development soon will be performing a comprehensive job analysis, including a review of state regulations, job classifications and responsibilities. With that information, we can develop strategies to strengthen our anesthesia team model.
Our second Strategic Plan priority objective is to increase member value and engagement. The proposed OMS Institute for Education and Innovation does exactly that. This education center – to be housed on the second floor of the AAOMS headquarters in Rosemont if approved – will offer a seamless educational experience to the membership and increase the availability of courses.

Think of it – after an easy flight into O’Hare Airport and a short ride, AAOMS members and their staff will be able to attend courses and events at our beautiful headquarters office building.

The education institute would not only house simulation centers offering the Basic Emergency Airway Management – or BEAM – module of the National Simulation Program, but it could play host in large classrooms or meeting rooms to a variety of events that are currently held at hotels at a much-higher cost. These include CSIOMS, the Clinical Trials Methods Course, the patient safety conference and state leadership conference, Emerging Leaders Workshop, Residents Transition course and more. Coding and practice management sessions also could be offered here.

Because of the importance of protecting our anesthesia team model, the BEAM course – and its companion Office-Based Crisis Management module – are vital to our future and the way in which we practice. The BEAM offers state-of-the-art technology to run standardized simulation drills for OMSs to evaluate their preparedness for office anesthesia emergencies and then practice and master techniques.

The goal of our third strategic priority – to advance the specialty of oral and maxillofacial surgery – involves unifying OMS around the AAOMS mission of assuring excellence in patient care. I believe one of the ways to assure excellence in patient care is an initiative already way – the development of an OMS National Curriculum, a learning management system for OMS residency programs.

Our Committee on Education and Training is working with the Surgical Council on Resident Education – or SCORE – to create customized modules for OMS residency programs within SCORE. The first modules developed will be in the domains of anesthesia and dental implants. Our standardized curriculum will offer consistency across residency programs and definitive expectations.

We have the ability to partner with The American Board of Surgery – to use their already-established general surgical curriculum and adding our OMS-specific curriculum. I envision a day in the not-too-distant future when every training program would offer the same basic training. As an “academic,” this goal would be a dream come true.

As a key part of our fourth strategic priority – to influence healthcare transformation – in the coming year, we will continue our efforts regarding opioid prescribing; ensuring the OMS retains the right to appropriately prescribe medications to adequately provide pain relief. I’m confident that we, as AAOMS members, care deeply about this crisis and our AAOMS opioid survey shows this to be true. Fewer of us are refilling prescriptions for our third molar patients. Eighty percent of us are saying we are decreasing our opioid prescriptions. The overall messaging bears repeating: It is vital for us to responsibly prescribe according to individual patient needs and to use non-opioids when appropriate. There are new formulations of non-opioid medicines to provide pain relief to our patients.

We also continue to advocate and monitor this issue from a regulatory and legislative perspective. AAOMS has made sure our concerns were heard throughout the legislative process as Congress has been working to finalize a comprehensive package. All of us need to understand what’s at stake here. This has been called an opioid epidemic. The misuse and addiction to opioids – including prescription pain relievers, heroin and synthetic opioids such as fentanyl – have created a serious national crisis that affects overall public health as well as the social and economic welfare of our nation.

With those four goals presented to you, which summarizes my vision for what I know will be a busy and productive year ahead. The 101st year for AAOMS. And the first year of our second century.

I am humbled and honored to stand before you today. I look back on my life and appreciate how fortunate I am to be where I am. I started in a very meager household and worked hard to get where I was. I had a lot of breaks along the way. Dr. Lou Rafetto perhaps sums me up best: I’m the kid from the neighborhood who made good – a little rough around the edges.
I contemplated my future as I proceeded through Latin school, Boston University and Harvard and eventually to Walter Guralnick’s office where he encouraged me to go to Vanderbilt. There along with my education, I had the good fortune to be influenced by Don Chase. I left there knowing that academics was going to be my path and that I had to give back to my specialty. I landed at the University of Illinois and was able to see a complete, functioning OMS Department run by Dan Laskin, who also just happened to be president of AAOMS at the time. That experience gave me a working model of what I wanted to achieve. After building my credentials in Chicago, Cleveland and Wisconsin, I ended up in California. Shortly after my arrival to the Golden State, I was encouraged by then-CALAOMS President Mary Delsol to apply for a position on the CALAOMS Board of Directors. I felt it was a duty and an honor to serve the state society, but I had no further leadership ambitions – yet here I am.

That is my OMS journey, but I would be so remiss if I didn’t tell you of my family. The greatest influence in my life has been my wife, Rita. She has always been the centering point of my life. She has taught me humility, respect and to focus for what is higher in this life. She has provided me with a family to love, a reason to work hard and has always been supportive of all my ambitions. My five children have given me the reasons to achieve. I am proud of them all.

I am so fortunate to have a second family – my residents who I’ve trained over the years. A friend once told me to treat your children like residents and your residents like your children. That is the way I have always operated. My residents have always been the center of my teaching, the pride of my work, and the reason for my existence in academics. I am proud to say that there are well over 100, from Rick Crinzi forward, that have in some way been shaped by me.

So here I am – fulfilling a dream – ready to begin my year as president of AAOMS. I asked forgiveness of my wife and family for all the years that have been centered on this quest, and I ask for the aid of my able Board of Trustees, the Senior Management Team, and all the members of AAOMS to carry out this agenda.

Finally, I trust in God to help me through this year. For me, this year will culminate at the 2019 AAOMS Annual Meeting in Boston where we will mark our theme of “Envisioning the Future of Research and Innovation.”

So let’s all begin together.
Board of Trustee Actions
Thursday, October 11, 2018 – Chicago, Illinois

The Board of Trustees met at 9:00 a.m. on Thursday, October 11, 2018, at the Chicago Hilton Hotel to consider and approve the following items (see composition of Board for 2019 at the end of these actions):

- On a rotational basis, appointed Board members to serve on 2018-2019 Board committees as follows:

  **Executive Committee**
  A Thomas Indresano; President and Chair
  Victor L Nannini; President-Elect
  B.D. Tiner; Vice President
  J. David Johnson; Treasurer
  Brett L. Ferguson; Past President
  Scott C. Farrell; Secretary (Executive Director)

  **Finance and Audit Committee**
  J. David Johnson; Treasurer & Chair
  Victor L Nannini; President-Elect
  David M Shafer; Trustee, District I
  J David Morrison; Trustee, District IV
  Mark Egbert, Trustee, District VI

  **Building Committee**
  Brett L Ferguson, Chair, Past President
  Victor L Nannini, President-Elect
  J. David Johnson, Treasurer
  Charles Crago; Trustee, District V
  Mark Egbert, Trustee, District VI

  **AAOMS Special Projects Committee**
  B.D. Tiner, Chair (Vice President)
  Robert S. Clark; Trustee, District III
  J. David Morrison; Trustee, District IV
  Charles Crago; Trustee, District V
  J. David Johnson, Consultant (Treasurer)

  **Exhibitor Relations Committee**
  Robert Clark, Chair (Sr. Trustee)
  B.D. Tiner, Vice President
  J. David Johnson, Treasurer
  David M. Shafer, Trustee, District I
  Charles Crago; Trustee, District V

  **Technology Task Force**
  J. David Johnson, Treasurer
  Robert S. Clark; Trustee, District III
  J David Morrison; Trustee, District IV
OMSNIC Working Group
A Thomas Indresano; President and Chair
Victor L Nannini; President-Elect
B.D. Tiner; Vice President

OMSF Working Group
A Thomas Indresano; President and Chair
Victor L Nannini; President-Elect
B.D. Tiner; Vice President

Commission on Professional Conduct Appeals Board
Victor L. Nannini, Chair (President-Elect)
Paul Schwartz; Trustee, District II
Mark Egbert, Trustee, District VI
David Shafer; Trustee, District I (Alternate)
Robert S. Clark, Trustee, District III (Alternate)

- Accepted as informational the Guidelines for New Board Liaisons and Trustees.
- Approved additional 2018-2019 committee appointments.
- Approved Board consultants to Reference Committees for 2019.
- Reviewed the itinerary for the October 17-22, 2018 ADA Annual Sessions in Honolulu, HI.
- Approved speakers for BAOMS/AAOMS Meeting July 3-5, 2019.
- Approved DAANCE participation at the 2019 JAWS Society Annual Meeting.
- Approved new course ticketing and pricing at the 2019 AAOMS Annual Meeting.
- Reviewed the final ACEP Unscheduled Procedural Sedation Guidelines.
- Received as informational a verbal report on the 2018 Past Presidents Luncheon.
AAOMS OFFICERS AND TRUSTEES, 2018-2019

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The ASI Board of Directors deliberated as follows on its Conference Call on August 21, 2018:

- Approved the composition of the ASI Board of Directors for 2018-2019 as follows:
  A. Thomas Indresano, President
  Victor L. Nannini, Vice President
  B.D. Tiner, Secretary
  J. David Johnson, Treasurer
  Brett L. Ferguson, Director
  Scott C. Farrell, Director (ex-officio)
  David M. Safer, Director
  Paul J. Schwartz, Director
  Robert S. Clark, Director
  J. David Morrison, Director
  Charles A. Crago, Director
  Mark A. Egbert, Director

- Approved the composition of the ASI Board of Directors’ Projects Committee for 2018-2019 as follows:
  J. David Johnson, Chair (Treasurer)
  Brett L. Ferguson (Immediate Past President)
  A. Thomas Indresano (President)
  Lane T. Knight (Member at large)
  Christopher J. Haggerty (Member at large)
  Clarence C. Lindquist (Member at large)
  Scott C. Farrell, AAOMS Exec. Dir. (ex-officio)
  Karin K. Wittich, AAOMS Assoc. Ex. Dir. (ex-officio)