THE REPORT OF THE AAOMS ANNUAL MEETING
2017

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, 2017 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 2017. Only germane deliberations and actions of the 2017 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.

99th Annual Meeting
San Francisco, CA – October 9-14, 2017
2017 Report of the AAOMS Annual Meeting

AWARDS AND RECOGNITIONS

99th Awards Ceremony, Wednesday, October 11

The following awards and presentations were delivered during the 2017 Awards Ceremony at the 99th Annual Meeting in San Francisco, California:

- **99th Annual Meeting Dedication** – Dr. William Bell *(Posthumously)*
- **Robert V. Walker Distinguished Service Award** – Dr. Thomas Dodson
- **Presidential Achievement Awards** – Drs. James Boyle and Daniel Gesek, Jr.
- **Honorary Fellowship** – Ms. Karin Wittich
- **Board of Trustees Special Citation Award** – Drs. Alejandro Roisentul and Mark Wong
- **Committee Person of the Year Award** – Dr. James Mercer
- **AAOMS Humanitarian Award for Fellows and Members** – Drs. Shahid Aziz and Robert MacIntosh
- **Donald B. Osbon Award for an Outstanding Educator** – Dr. Steven Roser
- **Special Honorary Fellowship** – Mr. Stephen Dover, President, BAOMS and Ms. Tara Renton, President, BAOS
- **William J. Gies Foundation Award** – Dr. Joseph Van Sickels
- **Legislator of the Year Award** – Congresswoman Jackie Walorski
- **John F. Freihaut Political Activist Award** – Dr. Eugene D’Amico
- **Clinical Research Award** – Dr. Leonard Kaban
- **Daniel M. Laskin Award for an Outstanding Predoctoral Educator** – Dr. Ruben Figueroa
- **AAOMS/OMSF Faculty Educator Development Award (FEDA)** – Dr. Carolyn Dicus Brooks, Froedtert and Medical College of Wisconsin; Dr. Michael Marklewicz, University of Illinois at Chicago; Dr. Ryan Mirchel, University of Cincinnati; Dr. Mohammed Kamel Qaisi, John Stroger Jr. Hospital of Cook County.
- **Resident Scientific Awards** – Drs. James Phero and Ashish Sharma
- **OMSF Torch Award** – Dr. Thomas Braun
- **OMS Foundation Research Recognition Award** – Dr. Gary Bouloux
- **OMS Foundation Daniel M. Laskin Award** – Drs. Reginald Goodday, Susan Bourque and Pember Bates Edwards
Corporate support by exhibiting companies helps support the programs and amenities enjoyed at the 2017 annual meeting. Special recognition of these companies was presented during the opening ceremony. They are:

**Titanium Level – Contribute a minimum pledge of $500,000**
OMSNIC

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

**Platinum Level – Contribute a minimum pledge 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

**Gold Level – Contribute a pledge between $30,000 - $50,000**
Elsevier, Inc.
OMSVision – Henry Schein
Straumann USA, LLC.
Treloar & Heisel, Inc.

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

**Session I, Monday, October 9:**
- Dr. Louis K. Rafetto delivered the invocation.
- Dr. Alan Kaye, Delegate, California, extended greetings and welcomed attendees to San Francisco.
- 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. Larry Moore provided information on the awards process.

**Session II, Tuesday, October 10:**
- Dr. Timothy Shahbazian, Chair, Committee on Membership, presented his report on membership.
- Dr. Larry Stigall, North Carolina, Chair, reported on Reference Committee “A” resolutions.
- Dr. Katherine Keeley, Nevada, 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 11.**
- 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 Louis K. Rafetto conducted the installation.
- Past President Louis K. Rafetto, Wilmington, Delaware, was recognized for his contributions and services as President of the Association in 2016 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 Douglas W. Fain was recognized and applauded by the House of Delegates for his contributions and leadership for the year 2017. The President's Plaque and pin were presented to Dr. Fain and a 14kt gold pin with the AAOMS seal was presented to his wife, Mrs. Chris Fain.
- 2018 President, Dr. Brett Ferguson, ended the third session with his 2017-2018 Inaugural Address.
SCIENTIFIC PROGRAM

99th Annual Meeting
The scientific sessions at the 99th Annual Meeting will convene under the direction of the Committee on Continuing Education and Professional Development comprised of Drs. Peter D. Waite, Chair; Lawrence J. Busino; Daniel J. Meara; Zachary Peacock; MaryAnn C. Sabino; Chan Park; Michael Miloro; Luis G. Vega; Andrea Schreiber; John-Wallace Hudson, Consultant; Mark J. Steinberg, Consultant; David M. Grogan, Consultant; Rui P. Fernandes, Consultant; Michael S. Block, Chair of Subcommittee on Dental Implant Conferences; and Thomas F. Burk, Consultant, ROAAOMS. Drs. A. Thomas Indresano and Brett L. Ferguson were Board of Trustees liaisons.

Pre-Conference Courses
The Anesthesia Update addressed anesthesia and related topics relevant to patient safety for delivery of ambulatory anesthesia by the oral and maxillofacial surgeon. The Anesthesia Update session had 7.25 CDE/CME hours of credit. The Maxillofacial Oncology and Reconstructive Surgery (MORS) program was not considered a preconference course.

Scientific Sessions
More than 300 clinicians, poster presenters and abstract authors were present in the 2017 scientific program, which was comprised of 10 major symposia, including: the Chalmers J. Lyons Memorial Lecture, the AAOMS Keynote Lecture, 31 clinical refresher courses, 10 innovative techniques courses, 3 point-counterpoint sessions, 2 case studies, 4 hands on clinics including 2 new cadaver courses, 4 oral abstract sessions (for a total of 48 oral abstract presentations) and 61 poster presentations. Again this year, we offered 2 full day modules: Dental Implant, and TMJ. The modules began with a large audience plenary session, followed by a number of smaller breakout sessions as the morning progressed. The afternoon sessions included scientific oral abstracts and practical “how I do it” presentations.

Thirty-three practice management and allied staff sessions were held as well as a Beyond the Basics coding workshop.

Two open forums were scheduled, 7 clinical interest group (CIGs) clinical educational programs were held and eleven (11) CIG business meetings were planned.

AAOMS Keynote Lecture
Andrew Kolodny, MD addressed The Prescription Opioid & Heroin Crisis: An Epidemic of Addiction. Dr. Kolodny provided an overview of the prescription opioid and heroin crisis. He explained the relationship between opioid prescribing and rising rates of morbidity and mortality associated with prescription opioids, heroin and fentanyl. Factors that led to the epidemic – including the role of the pharmaceutical industry, healthcare providers, professional organizations and regulatory agencies – were described. Strategies required to bring the epidemic under control were also discussed.

Chalmers J. Lyons Memorial Lecture
Martin J. Blaser, MD, presented The Hidden Costs of Antibiotics. Dr. Blaser spoke about the biodiversity of our human microbiome being under assault from our overreliance on antibiotics, threatening the extinction of our irreplaceable microbes and leading to severe health consequences. He also referenced epidemiological studies that have revealed the development and widespread use of antibiotics, and the human population’s increased suffering from a mysterious array of “modern plagues” such as obesity, childhood diabetes, asthma, hay fever, food allergies, esophageal reflux and cancer, celiac disease, ulcerative colitis, autism, and eczema.

Exhibit Hall
The exhibit hall at the 2017 annual meeting provided attendees opportunity to visit 482 10 x 10 booths
representing over 206 companies/organizations, 4 corporate forums and 2 Product Theater programs. A couple of new features in the exhibit hall included an opportunity to have a professional headshot to be used by the attendee on social media or professional website and The Learning Hub Playground where attendees had hands on experience with the tools and services used to enhance the attendees practice. The 99th Annual Meeting offered a “Centennial Challenge” 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 100th Anniversary Meeting in Chicago, 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 who their primary targets are.

SPECIAL EVENTS AND ATTENDANCE

AAOMS President’s Event
The AAOMS President’s Event was held on Friday evening, October 13, at the California Academy of Science. The California Academy of Science offered a 412,000 square feet museum, including a Steinhart Aquarium, a Natural History Museum, a 4-story Rain Forest and a Planetarium. Dr. Douglas Fain and his family welcomed hundreds of attendees for a night of exploration, great food, and dancing to the lively music of the 10-time Grammy Award-winning band, Asleep at the Wheel.

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, the planned giving society of the OMS Foundation. 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 at the Annual Meeting. This year’s health walk participants also participated in the AAOMS service project, assembling hygiene kits for a local San Francisco area domestic violence shelter. Each health walk participant received a t-shirt sponsored by Canfield, Inc. The walks concluded with networking breakfasts at nearby Café Mason. The Alliance’s Annual Event was held at ANZU, one of San Francisco’s most acclaimed restaurants located in the Hotel Nikko. The fundraising event featured an address by OMS Foundation Chair Dr. Kathy Banks and a presentation on food and wine pairings.

Annual Meeting Attendance
The 2017 annual meeting attracted a total attendance of 3,631 (excludes exhibitors) of whom 1,618 were fellows/members of the AAOMS or International Association of Oral and Maxillofacial Surgeons; 341 residents; 246 non-members; 714 spouses and family members and guests; and 712 allied staff.
2017 Supplementary Report – Board of Trustees

The Annual Report of the Board of Trustees is presented on pages AR-37 through AR-104 of the Reports of Board of Trustees and Committees, 2017. The report is comprised of three sections and reflects activities of the Board since the 2016 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 2017 session, several meetings, conference calls and liaison activities have occurred. The following report contains actions taken by the Board by email ballot, and during its July 18 and Aug. 22 conference calls and Sept. 23 meeting, including recommendations on resolutions submitted at the summer district caucus meetings. Comments, recommendations and votes of the Board are reflected, unless the vote was unanimous.

INDEX OF RESOLUTIONS (APPENDIX A)

The index contains 18 resolutions to be considered by the 2017 House. Resolutions developed by the Board at its July and August conference calls and September meeting, and those submitted from state societies or district caucuses are included in the index. 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 2017 Annual Reports and includes changes presented and approved by the Board during the year 2017. 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.

ADVANCED EDUCATION & PROFESSIONAL AFFAIRS

In related actions:

- Approved March 3-4, 2018, and Rosemont as the dates and location for the 2018 OMS Leadership Program.
- Approved one member of the ROAAOMS executive committee to attend the 2017 ADEA Fall Session.
- Approved creation of and member appointments to the Special Committee on the Culture of Safety.
- Approved additional funds to support further development of the national simulation program.
- Approved submission of the Special Committee on Maxillofacial Oncology & Reconstructive Surgery (SCMORS) program for consideration by the ADA at its 2018 meeting and to the International Federation of Head and Neck Oncologic Societies program.
- Approved the 2018 Resident Education Meeting: Resident Transitions into Practice Conference.
- Approved the 2018 AAOMS Clinical Trials Methods Course, May 9-11, Rosemont, Ill.
- Approved AAOMS signing on as a co-sponsor to the ASA’s Practice Guidelines for Moderate Procedural Sedation.
- Amended and approved the proposed OMS Accreditation Standards for transmittal to the Commission on Dental Accreditation for consideration at its winter 2018 meeting.

CONTINUING EDUCATION, MEETINGS & EXHIBITS:
In related actions:

- Approved several session, speaker, poster and moderator changes for the 2017 AAOMS Annual Meeting and Dental Implant Conferences.

COMMUNICATIONS AND PUBLICATIONS:

In related actions:

- Approved termination of the centennial history book publication contract with Write Stuff and approved prospective authors/editors to write the AAOMS centennial history book.
- Approved investigation of options to commemorate the AAOMS Centennial at AAOMS headquarters.

MEMBERSHIP

In related actions:

- Approved sixteen (16) candidates for election to full membership at the 2017 House of Delegates meeting.
- Approved twenty-five (25) candidates for election to provisional membership at the 2017 House of Delegates meeting.
- Approved forty-three (43) provisional fellows and members for transfer to full membership by the House of Delegates at the 2017 Annual Meeting.
- Approved three (3) dues waiver requests for presentation to the House of Delegates at the 2017 Annual Meeting.
- Approved five (5) dues reduction requests for presentation to the House of Delegates at the 2017 Annual Meeting.
- Approved one (1) request for transfer to inactive membership for presentation to the House of Delegates at the 2017 Annual Meeting.
- Approved one hundred ninety-three (193) requests for retired membership status for presentation to the House of Delegates at the 2017 Annual Meeting.
- Approved thirty-seven (37) fellows/members for reinstatement and presentation to the House of Delegates at the 2017 Annual Meeting.
- Approved ten (10) requests for resignation of membership for presentation to the House of Delegates at the 2017 Annual Meeting.

PRACTICE MANAGEMENT AND GOVERNMENTAL AFFAIRS

In related actions:

- Approved participation in the Aetna/Pacira opioid sparing initiative.
- Approved several practice management webinars and stand-alone meetings for CDE credit.
- Approved "OMS Quality Outcomes Registry (OMSQOR) Forum" for presentation at the 2018 Annual Meeting.
- Approved continuation of funding for the TMJ registry ad hoc committee participants.
- Approved a pricing increase in registration fees for AARC and APME.

ALLIED ORGANIZATIONAL AND INFORMATIONAL ISSUES
In related actions:

- Approved that $50,000 be allocated in 2018 for funding to the IAOMS Foundation.
- Approved agendas for joint meetings with the Canadian Association of OMS, International Association of OMS, Osteo Science Foundation, Nobel Biocare, American College of OMS and British Association of OMS.
- Approved Drs. Fain and Nannini be appointed to the OMS Foundation Board of Directors and Dr. Stephanie Zastrow be appointed as the ROAAOMS Liaison.
- Approved recipients for the AAOMS-Henry Schein Cares Foundation Global Outreach Project grants.

GOVERNANCE AND ADMINISTRATION

In related actions:

- Approved the Board of Trustees Annual Report
- Reviewed the itinerary for the 2017 Annual Meeting.
- Approved additional committee appointments for 2017-2018.
- Approved that the 2018-2020 Strategic Plan be distributed for comment and review to communities of interest.
- Approved the preliminary program for April 28-29, 2018 Leadership Conference.
- Amended Section II, Policy 26, AAOMS Disaster Relief Policy. The revised policy is included with this report.
- Received reports from the six district caucuses and provided feedback on resolutions submitted by the caucuses. Board recommendations on caucus resolutions are included with this report.
- Received an amendment from District III to the Board’s original Resolution B-3.
- Distributed a letter to the Dental Specialty Group members outlining AAOMS’s recommendations regarding specialty recognition.
- Reviewed talking points regarding ADA resolution 30 and approved sharing with the DSG Presidents in advance of the ADA meeting.
- Received four resolutions related to the proposed ADA Commission, which are presented as Resolutions B-12, B-13, B-14, and B-15.

POLICY AMENDMENTS

8. **Amended** Section I. General Policies, Policy 26. AAOMS Disaster Relief Policy as follows: (strikethrough = deletion; bold underline = addition/change)

26. AAOMS Disaster Relief Plan: AAOMS residents and interns that suffer financial harm from a disaster are eligible to receive relief payment if certain criteria are met. This plan authorizes the AAOMS Board of Trustees to determine what events would qualify for financial assistance and to withdraw from the House of Delegates’ Reserve Fund up to $75,000 per disaster to provide financial aid to residents and interns that are impacted. In addition, an AAOMS Qualified Relief Plan shall also be established under the Internal Revenue Code any time that AAOMS residents and interns require financial assistance in the aftermath of a Presidentially-declared disaster. (HD-09)

On an as needed basis, an ad hoc committee, composed of the six district caucus chairs, the AAOMS Treasurer (ex-officio) and the Associate Executive Director, Business and Operations (ex-officio), shall be established to authorize additional disbursements from the House of Delegates’ Reserve Fund as approved by the Board of Trustees and presented at the next meeting of the House of Delegates. (HD-09)
RESOLUTION B-3 (Amend) (Dist III)

RESOLVED, that CHAPTER VI • BOARD OF TRUSTEES, Section 30. Term of Office, of the AAOMS Bylaws be amended as follows: (strikethrough = deletion; bold underline = addition)

The term of office of the President, President-Elect and Vice President shall be for one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Immediate Past President shall serve for one year immediately following his term as President.

The term of office of the President, President-Elect, Vice President, Treasurer and Immediate Past President shall be as designated above or until their successors are elected and installed. The term of office of trustees shall be two (2) years or until their successors are elected and installed. The consecutive tenure of a trustee shall be limited to two (2) three (3) full terms. Trustees elected or appointed to fulfill an unexpired trustee term shall be elected to a new full two-year term and then be eligible for re-election to a second two additional two-year terms for a total of four six (6) years must be elected from the District Caucus during the next cycle for their first two-year term, and will remain eligible for a total of three 2 year terms.

FISCAL IMPACT: NONE

Board Recommendation on Resolution B-3: The Board does not concur with Resolution B-3 (Amend) (Dist III) and recommends adoption of Resolution B-3.

Note regarding RESOLUTIONS B-12 THROUGH B-15: The background information presented in each Resolution contains an error. It indicates the public member to the new proposed ADA Commission will be appointed by the ADA, which is not the case. The ADA resolution states the Commission itself would appoint the public member.

RESOLUTION B-12 (Dist II)

WHEREAS, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and;

WHEREAS, the CODA has initiated a process removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education,” and;

Whereas, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,

Be it RESOLVED, that the AAOMS Board of Trustees be directed by the AAOMS House of Delegates to investigate and potentially pursue independent specialty recognition and accreditation processes;

And be it further RESOLVED, that the AAOMS Board of Trustees report back to the House of Delegates regarding this matter at the earliest possible date.

FISCAL IMPACT: Dependent on actions taken.

Board Recommendation on Resolution B-12 (Dist II): The Board does not concur with Resolution B-12 (Dist II) and recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-12 (Dist II).
RESOLUTION B-13 (Dist III)

Whereas the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and

Whereas the CODA has initiated a process removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education”, and

Whereas the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,

Be it Resolved, the AAOMS Board of Trustees investigate independent specialty recognition and accreditation processes and report back to the 2018 House of Delegates.

Board Recommendation on Resolution B-13 (Dist III): The Board concurs with Resolution B-13 (Dist III) and recommends its ADOPTION.

RESOLUTION B-14 (Dist IV)

Whereas, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and

Whereas, the CODA has initiated a process removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education,” and

Whereas, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,

We authorize the AAOMS Board of Trustees to investigate and potentially pursue independent specialty recognition and accreditation processes and report back to the House of Delegates at the earliest possible date.

Board Recommendation on Resolution B-14 (Dist IV): The Board does not concur with Resolution B-14 (Dist IV) and recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-14 (Dist IV).

RESOLUTION B-15 (Dist V)

WHEREAS, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA; and

WHEREAS, the CODA has initiated a process removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education,” and

WHEREAS, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces; therefore, be it

RESOLVED, that we direct the AAOMS Board of Trustees to investigate and potentially pursue independent specialty recognition and accreditation processes and report back to the House of Delegates at the earliest possible date.
Board Recommendation on Resolution B-15 (Dist V): The Board does not concur with Resolution B-15 (Dist V) and recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-15 (Dist V).

RESOLUTION B-16 (Dist II)
WHEREAS; it has been recognized that the District Trustees and officers of the AAOMS Board of Trustees expend considerable personal resources and time performing the required duties and voluntary activities of their elected position, and;

WHEREAS, it has been recognized that although the District Trustees and officers receive a modest yearly stipend for the purpose of reimbursement for these personal expenses, the reimbursement amount may be inadequate to meet the District Trustees’ and officers’ personal expenses, and;

WHEREAS financial considerations and personal expenditures may preclude an otherwise qualified candidate from aspiring to seek election to the District Trustee or officer position;

Be it RESOLVED, that a House of Delegates advisory committee with equal district representation and the Speaker of the House be formed, and that this advisory committee be charged with reviewing and recommending the amount of the District Trustee and officers reimbursement stipend every three years.

Fiscal Impact: Meeting at Headquarters = $6,000; Teleconference meetings = minimal costs.

Board Recommendation on Resolution B-16 (Dist II): The Board concurs with Resolution B-16 (Dist II) and recommends its ADOPTION.

RESOLUTION B-17 (Dist VI)
Whereas the 2016 AAOMS House of Delegates passed a resolution that established Life Fellow and Life Member dues to a half share, and

Whereas some current and future Life Fellows and Members feel that this was done without adequate forewarning and notice, and

Whereas these same Life Fellows and Life Members have contributed significantly to the AAOMS, and

Whereas they feel that the change is a breach of the Life Fellow and Life Member “promise,” therefore

Be it Resolved, that the 2017 AAOMS House of Delegates rescind the Life Fellow and Life Member dues requirement, returning those categories of membership to non-dues paying status.

Fiscal Impact: Foregone revenue of slightly over $500,000

Board Recommendation on Resolution B-17 (Dist VI): The Board does not concur with Resolution B-17 (Dist VI) and recommends it not be adopted.

RESOLUTION B-18
Whereas recent natural disasters will have a long-term negative impact on AAOMS fellows and members in Puerto Rico and the U.S. Virgin Islands; and
Whereas these affected members would likely qualify for a one-year dues waiver under the Committee on Membership’s current guidelines;

Be it RESOLVED, that AAOMS fellows and members residing in Puerto Rico and the U.S. Virgin Islands be granted a waiver of 2018 AAOMS Membership Dues and Assessments.

Fiscal Impact: Approximately $34,000 (dues and assessment billings in the absence of a natural disaster)

Board Recommendation on Resolution B-18: The Board concurs with Resolution B-18 and recommends its ADOPTION.
Appendix A

2017 Resolutions to the House of Delegates with Board of Trustees Recommendations
As of October 9, 2017

Reference Committee “A”

RESOLUTION A-1 (Dist V)

WHEREAS, Oral and maxillofacial surgeons must demonstrate safe and competent opioid prescribing for acute postoperative pain. Responsible prescribing of opioids must be a priority, including effectively using the state’s prescription drug monitoring program as well as educating the patient and family regarding potential risks, safe use, storage and disposal of opioid analgesics, and;

WHEREAS, Federal and state legislative forces are under foot to dictate OMFS prescribing practices. AAOMS must be proactive in educating legislators on our efforts in developing guidelines for our membership on opioid sparing pain protocols and newly published White paper and,

Be it RESOLVED, that the AAOMS Board of Trustees be directed to convert the existing ad hock committee on opioids to a special committee, thereby, continue its efforts on curbing opioid abuse; serving as content experts to other committees and the board of trustees;

And be it further RESOLVED, that the AAOMS Board of Trustees report back to the House of Delegates regarding this matter at the earliest possible date.

FISCAL IMPACT: Dependent on actions taken.

Reference Committee B

RESOLUTION B-1

RESOLVED, that Chapter IX. Committee and Sections, Section 10: Name, Composition, Term of Appointments and Duties, I. Committee on Hospital and Interprofessional Affairs (lines 1320-1329) of the Bylaws be amended to read with all confliction bylaws and policies amended accordingly (Bold Underline = Addition, strikethrough = deletion):

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 (meeting at Headquarters = $7,000)

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

RESOLVED, that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, C. Committee on Anesthesia of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

C. Committee on Anesthesia (CAN)

Composition: The committee shall be composed of 6 members, one from each district, and a Chair, all of whom shall be fellows/members of the Association. Committee members are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) ten (10) years on the committee.

Chair: The Chair shall be appointed annually by the AAOMS Board of Trustees. The chair must have served a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall review issues relative to anesthesia, including the anesthesia updates, programs, simulation, and recommend action by the Association on matters pertaining to pain and anxiety control.

FISCAL IMPACT: NONE

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

RESOLUTION B-3

RESOLVED, that CHAPTER VI • BOARD OF TRUSTEES, Section 30. Term of Office, of the AAOMS Bylaws as follows: (strikethrough = deletion; bold underline = addition)

The term of office of the President, President-Elect and Vice President shall be for one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Immediate Past President shall serve for one year immediately following his term as President.

The term of office of the President, President-Elect, Vice President, Treasurer and Immediate Past President shall be as designated above or until their successors are elected and installed. The term of office of trustees shall be two (2) years or until their successors are elected and installed. The consecutive tenure of a trustee shall be limited to two (2) three (3) full terms. Trustees elected or appointed to fulfill an unexpired trustee term shall be elected to a new full two-year term and then be eligible for re-election to a second two additional two-year terms for a total of four six (6) years.

FISCAL IMPACT: NONE

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

RESOLUTION B-3 (Amend) (Dist III)

RESOLVED, that CHAPTER VI • BOARD OF TRUSTEES, Section 30. Term of Office, of the AAOMS Bylaws be amended as follows: (strikethrough = deletion; bold underline = addition)
The term of office of the President, President-Elect and Vice President shall be for one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Immediate Past President shall serve for one year immediately following his term as President.

The term of office of the President, President-Elect, Vice President, Treasurer and Immediate Past President shall be as designated above or until their successors are elected and installed. The term of office of trustees shall be two (2) years or until their successors are elected and installed. The consecutive tenure of a trustee shall be limited to two (2) three (3) full terms. Trustees elected or appointed to fulfill an unexpired trustee term shall be elected to a new full two-year term and then be eligible for re-election to a second two additional two-year terms for a total of four six (6) years must be elected from the District Caucus during the next cycle for their first two-year term, and will remain eligible for a total of three 2 year terms.

FISCAL IMPACT: NONE

| Board Recommendation on Resolution B-3: (Amend) (Dist III) | The Board does not concur with Resolution B-3 (Amend) (Dist III) and recommends adoption of Resolution B-3. |

**RESOLUTION B-4**

RESOLVED, that Chapter VI. Board of Trustees, Section 90. Qualifications, Duties, (lines 814-852) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

**Section 90. Duties:**

A. To provide for the maintenance and supervision of the headquarters and all other property or offices owned or operated by the Association.

B. To appoint the Executive Director of the Association and Editor and Assistant Editors of the *Journal of Oral and Maxillofacial Surgery*.

C. To determine the dates and place for convening of each annual meeting and other Association meetings.

D. To cause to be bonded by a reliable surety company any officer or employee of the Association entrusted with funds of the Association for whatever amount is deemed necessary.

E. To cause all accounts of the Association to be audited annually by a reputable auditor.

F. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.

G. To provide for the publication and distribution of all official publications of the Association.

H. To provide, 40 days prior to the annual meeting, an annual report of the Board of Trustees to the House of Delegates which shall embrace activities of the Board since the previous annual meeting, including a report on the Association’s priorities and strategic management plan.

I. To create or abolish committees other than those set forth in Chapter IX. of these Bylaws.

J. To approve appointments, except House of Delegates committees or as otherwise provided in these Bylaws or applicable policies.

K. To review the annual written reports of all committees and make recommendations concerning the same to appropriate reference committees of the House of Delegates.
L. To approve all awards, honors, or other special commendations given in the name of the Association.

M. To elect a director to the Oral and Maxillofacial Surgery Political Action Committee in accordance with its Bylaws.

N. To review and approve OMS Foundation Board of Director officers and members, OMSF representatives to AAOMS committee and members of the OMS Foundation Committee on Research, as provided in the OMS Foundation bylaws.

O. To review operations of the OMS Foundation through reports and meetings with the OMS Foundation Board of Directors

P. To perform such other duties as may be prescribed in these Bylaws.

**FISCAL IMPACT: NONE**

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<th>Board Recommendation on Resolution B-4: The Board concurs with Resolution B-4 and recommends its ADOPTION.</th>
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**RESOLUTION B-5**

RESOLVED, that Chapter VII • Elective Officers of the Association, Section 90.Duties, D. Treasurer (lines 1049-1066) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

**D. Treasurer:** It shall be the duty of the Treasurer:

1. To serve as custodian of all monies, securities and deeds belonging to the Association, and to hold, invest and disburse these subject to the direction of the Board of Trustees.

2. To oversee the annual audit of the Association.

3. To present at each annual meeting a report of the finances of the Association.

4. To serve as Chair of the Finance and Audit Committee and as a member of the Board of Trustees and of its Executive and Building Committees.

5. To function as Vice President in the event of vacancy.

6. To serve as Treasurer of the ASI Board of Directors and the OMS Foundation as provided in the OMS Foundation Bylaws

7. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

**FISCAL IMPACT: NONE**

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<th>Board Recommendation on Resolution B-5: The Board concurs with Resolution B-5 and recommends its ADOPTION.</th>
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**RESOLUTION B-6**

RESOLVED, that Chapter VII • Elective Officers of the Association, Section 90.Duties, E. Immediate Past President (lines 1068-1083) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

**E. Immediate Past President:** It shall be the duty of the immediate Past President:

1. To assist the President as required.
2. To serve as a member of the Board of Trustees, the Executive Committee and as Chair of the Building Committee.

3. To serve as a member of the Board of Directors of the Oral and Maxillofacial Surgery Foundation for one year and serve in a liaison role between the two boards.

4. To function as Treasurer in the event of vacancy.

5. To serve as a director of the ASI Board of Directors.

6. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

**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 IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, M. Committee on Public and Professional Communications (lines 1409-1416) of the **Bylaws** be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

**M. Committee on Public and Professional Communication (CPPC)**

*Composition:* The committee shall be composed of seven (7) fellows or members, life fellows or life members or provisional fellows or provisional members, six (6) of whom shall represent the trustee districts, with two (2) committee members appointed annually for terms of three (3) years. These members shall be limited to serving a tenure of up to two (2) consecutive terms. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms.

*Duties:* The committee shall be responsible for developing and implementing programs and publications for the dissemination of information regarding oral and maxillofacial surgery to the membership, general public, and health care professions. The committee shall coordinate and integrate communications regarding the specialty through editorial and managerial responsibility over products and public information in the print and electronic media. The committee shall oversee the public relations activities for projects designed to market the specialty. The committee shall also be responsible for communications and publicity for the OMS Foundation and for development and maintenance of its website.

**FISCAL IMPACT: NONE** (OMS Foundation covers costs of their representative)

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

**RESOLUTION B-8**

**RESOLVED,** that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, A. Committee on Research Planning and Technology Assessment (lines 1156-1175) of the **Bylaws** be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):
A. Committee on Research Planning and Technology Assessment (CRPTA)

**Composition:** The committee shall be composed of seven (7) voting members with research experience in broad areas of the specialty. District representation is favored but is not mandatory.

While there are no specific criteria for selecting a CRPTA member, those with extensive research experience should be considered for appointment. The Chair, or a designee, of the Foundation's Committee on Research shall serve as a non-voting member. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms. All other committee members shall serve four-year terms, with appointments staggered so that no more than one member's term is completed annually and shall be limited to serving a tenure of up to two consecutive four-year terms. The Chair of this committee shall also serve on the Committee on Continuing Education and Professional Development.

**Duties:** The committee shall:

- Serve as the entity to identify, assess, establish and plan research priorities for areas of interest in oral and maxillofacial surgery relating to clinical practice and technology transfer, and develop and implement a plan for the investigation of these areas. Areas of interest should be selected from developing research technologies and evaluated with evidence-based science.

- Submit requests for funding of research and development projects to the Board of Trustees for approval or submission to the OMS Foundation.

- Solicit concerns and inform and educate the general membership on research and technology matters through the conduct of an annual open forum on research usually held at the annual meeting.

**FISCAL IMPACT:** NONE (OMS Foundation covers costs of their representative)

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

**RESOLUTION B-9**

**RESOLVED,** that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, L. Committee on Education and Training (CET) (lines 1366-1408) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (strikethrough = deletion, underline = addition):

L. Committee on Education and Training (CET)

**Composition:** The committee shall be composed of 15 members, all of whom shall be fellows or life fellows of the Association. Committee members, with the exception of the member from the OMS Foundation, are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) years on the committee. They are:

- 4 members appointed by the AAOMS Board of Trustees
- 3 members selected by the Oral and Maxillofacial Surgery Faculty Section
- 3 members who are predoctoral full-time faculty
• 2 members who are the AAOMS representatives to the ADA Residency Review Committee
• 1 member who is the OMS Commissioner to the Commission on Dental Accreditation
• 1 member who is the ABOMS representative to the ADA Residency Review Committee
• 1 member who is a representative of the OMS Foundation Board of Directors
• 1-Chair appointed by the AAOMS Board of Trustees

AAOMS Board Appointed Members: Four (4) members, appointed by the AAOMS Board of Trustees, shall serve three-year terms, with appointments staggered so that no more than two (2) members’ terms are completed in any given year. The four (4) members shall be limited to serving a tenure of up to two consecutive three-year terms. Any appointee serving an uncompleted term may be reappointed to only one additional three-year term. These members may not be current members of the AAOMS Board of Trustees.

Section Members: Three (3) members shall be the three (3) senior members of the Faculty Section Executive Committee who are elected by the Oral and Maxillofacial Surgery Faculty Section. These members may not be current members of the AAOMS Board of Trustees.

Predoctoral Members: Three (3) members shall be full-time predoctoral faculty within a CODA accredited dental school appointed by the AAOMS Board of Trustees. These members may not be current members of the AAOMS Board of Trustees.

AAOMS Member to ADA Residency Review Committee on OMS: Two (2) members shall serve by virtue of serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. These members are ineligible to concurrently serve as Chair of the committee.

ABOMS Member: One (1) member shall serve by virtue of his serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. This member is ineligible to serve as Chair of the committee.

OMS Commissioner: One (1) member shall serve by virtue of serving as the Chair of the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation. This member is ineligible to concurrently serve as Chair of the committee. This AAOMS appointed member will be eligible to serve as Chair of the committee at the completion of serving as the OMS Commissioner.

OMS Foundation: One (1) member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms.

Chair: The Chair shall be appointed annually by the AAOMS Board of Trustees from the AAOMS appointed members to the committee or Residency Review Committee or the three members elected by the Oral and Maxillofacial Surgery Faculty Section with the stipulation that the individual designated has completed a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall:

• Review OMS Accreditation Standards and recommend changes.
• Annually select the recipients of the Faculty Educator Development Award (FEDA).
• Review applications for OMS Foundation fellowship funding, rank the applicants according to accepted criteria and recommend OMS Foundation funding accordingly.

FISCAL IMPACT: NONE (OMS Foundation covers costs of their representative)

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

RESOLUTION B-10
RESOLVED, that the amended or added policies as approved by the Board during the period September 2016 – October 2017 as reflected in Appendix I of the 2017 Annual Reports, be approved. (majority)

RESOLUTION B-10 (Amend)
RESOLVED, that the amended or added policies as approved by the Board during the period September 2016 – October 2017 as reflected in Appendix I of the 2017 Annual Reports, including those reflected in the 2017 supplementary report of the Board of Trustees, be approved. (majority)

Board Recommendation on Resolution B-10 and B-10 (Amend): The Board presents Resolution B-10 (Amend) and recommends ADOPTION in lieu of Resolution B-10.

RESOLUTION B-11
RESOLVED, that a 2018 operational budget with revenues of $20,979,823 and expenses of $20,760,093 as presented on pages AR-73 through AR-98 of the 2017 Annual Reports, be approved.

Board Recommendation on Resolution B-11: The Board concurs with Resolution B-11 and recommends its ADOPTION.

Note regarding RESOLUTIONS B-12 THROUGH B-15: the background information presented in each Resolution contains an error. It indicates the public member to the new proposed ADA Commission will be appointed by the ADA, which is not the case. The ADA resolution states the Commission itself would appoint the public member.

RESOLUTION B-12 (Dist II)
WHEREAS, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and;

WHEREAS, the CODA has initiated a process removing from its standards the term "dental specialty" and substituting in its place the term "advanced dental education", and;

Whereas, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,
Be it RESOLVED, that the AAOMS Board of Trustees be directed by the AAOMS House of Delegates to investigate and potentially pursue independent specialty recognition and accreditation processes;

And be it further RESOLVED, that the AAOMS Board of Trustees report back to the House of Delegates regarding this matter at the earliest possible date.

**FISCAL IMPACT:** Dependent on actions taken.

**Board Recommendation on Resolution B-12 (Dist II):** The Board recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-12 (Dist II).

**RESOLUTION B-13 (Dist III)**

Whereas the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and

Whereas the CODA has initiated a process removing from its standards the term "dental specialty" and substituting in its place the term "advanced dental education," and

Whereas the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,

Be it Resolved, the AAOMS Board of Trustees investigate independent specialty recognition and accreditation processes and report back to the 2018 House of Delegates.

**Board Recommendation on Resolution B-13 (Dist III):** The Board concurs with Resolution B-13 (Dist III) and recommends its ADOPTION.

**RESOLUTION B-14 (Dist IV)**

Whereas, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA, and

Whereas, the CODA has initiated a process, removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education”, and

Whereas, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces,

We authorize the AAOMS Board of Trustees to investigate and potentially pursue independent specialty recognition and accreditation processes and report back to the House of Delegates at the earliest possible date.

**Board Recommendation on Resolution B-14 (Dist IV):** The Board recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-14 (Dist IV).
RESOLUTION B-15 (Dist V)

WHEREAS, the ADA is proposing the formation of a new commission for specialty recognition that is to be initially populated by nine general dentists appointed by the ADA, one representative appointed by each of the nine recognized specialty organizations, and one public member appointed by the ADA; and

WHEREAS, the CODA has initiated a process removing from its standards the term “dental specialty” and substituting in its place the term “advanced dental education;” and

WHEREAS, the importance of dental specialty recognition, education and accreditation continues to be marginalized by numerous outside forces; therefore, be it

RESOLVED, that we direct the AAOMS Board of Trustees to investigate and potentially pursue independent specialty recognition and accreditation processes and report back to the House of Delegates at the earliest possible date.

Board Recommendation on Resolution B-15 (Dist V): The Board recommends adoption of Resolution B-13 (Dist III) in lieu of Resolution B-15 (Dist V).

RESOLUTION B-16 (Dist II)

WHEREAS; it has been recognized that the District Trustees and officers of the AAOMS Board of Trustees expend considerable personal resources and time performing the required duties and voluntary activities of their elected position, and;

WHEREAS, it has been recognized that although the District Trustees and officers receive a modest yearly stipend for the purpose of reimbursement for these personal expenses, the reimbursement amount may be inadequate to meet the District Trustees’ and officers’ personal expenses, and;

WHEREAS financial considerations and personal expenditures may preclude an otherwise qualified candidate from aspiring to seek election to the District Trustee or officer position;

Be it RESOLVED, that a House of Delegates advisory committee with equal district representation and the Speaker of the House be formed, and that this advisory committee be charged with reviewing and recommending the amount of the District Trustee and officers reimbursement stipend every three years.

Fiscal Impact: Meeting at Headquarters = $6,000; Teleconference meetings = minimal costs.

Board Recommendation on Resolution B-16 (Dist II): The Board concurs with Resolution B-16 (Dist II) and recommends its ADOPTION.

RESOLUTION B-17 (Dist VI)

Whereas the 2016 AAOMS House of Delegates passed a resolution that established Life Fellow and Life Member dues to a half share, and
Whereas some current and future Life Fellows and Members feel that this was done without adequate forewarning and notice, and
Whereas these same Life Fellows and Life Members have contributed significantly to the AAOMS, and
Whereas they feel that the change is a breach of the Life Fellow and Life Member “promise,” therefore

Be it Resolved, that the 2017 AAOMS House of Delegates rescind the Life Fellow and Life Member dues requirement, returning those categories of membership to non-dues paying status.

Fiscal Impact: Foregone revenue of slightly over $500,000

**Board Recommendation on Resolution B-17 (Dist VI):** The Board does not concur with Resolution B-17 (Dist VI) and recommends it not be adopted.

**RESOLUTION B-18**

Whereas recent natural disasters will have a long-term negative impact on AAOMS fellows and members in Puerto Rico and the U.S. Virgin Islands; and

Whereas these affected members would likely qualify for a one-year dues waiver under the Committee on Membership’s current guidelines;

Be it RESOLVED, that AAOMS fellows and members residing in Puerto Rico and the U.S. Virgin Islands be granted a waiver of 2018 AAOMS Membership Dues and Assessments.

Fiscal Impact: Approximately $34,000 (dues and assessment billings in the absence of a natural disaster)

**Board Recommendation on Resolution B-18:** The Board concurs with Resolution B-18 and recommends its ADOPTION.
Policy Amendments, Additions & Deletions

Enacted by the Board of Trustees
September 2016 – October 2017
(As of September 29, 2017)

During its 2016-2017 meetings and conference calls, the board amended, added and deleted the following policies. Amendments/additions are bold underlined, deletions are indicated by strike-through and page/line numbers refer to the Governing Rules and Regulations, 2016-2017. Depending upon actions of the House, some policy amendments may have to be removed or changed.

1. **Amended** Section II. Board of Trustees, Policy 12. New Board Member Orientation Session as follows: (strikethrough = deletion; bold underline = addition/change)

   **12. New Board Member Orientation Session:** New board member(s) shall be provided per-diem, hotel accommodations and travel for an orientation session in the headquarters. **An orientation session for new board member(s) will be held electronically prior to the convening of the first board session.** (Jan. 17)

2. **Amended by addition** Section XI. Budget and Finance, Policy 15. Reimbursement (Travel, Per Diem), Section d. Reimbursement of Airfare for Spouses of the Board of Trustees.

   The spouse or significant other of current officers, trustees and the Speaker of the House shall be reimbursed for their air travel when attending the AAOMS Annual Meeting, ADA Annual Meeting, Dental Implant Conference and the off-site Board meeting in accordance with Policy 15c (1) Travel Reimbursement, Section XI. Budget and Finance. (Jan. 17)

3. **Amended by deletion.** Section II. Board of Trustees, Policy 4. Board Appointments to Committees, Etc., n. Special Committee on FEDA Awards (SCFEDA): (strikethrough = deletion; bold underline = addition/change)

   **n. Special Committee on FEDA Awards (SCFEDA):** The special committee is comprised of seven (7) voting members of whom one serves as Chair and one (1) consultant. Committee members represent the six trustee districts and include representatives of the OMS Foundation, AAOMS House of Delegates, and OMS faculty. The consultant position is occupied by a FEDA Award recipient. The terms are for one year with annual review and reappointment. The committee annually selects the recipients of the Faculty Educator Development Award. (Sept. 10)

4. **Amended by deletion.** Section II. Board of Trustees, Policy 4. Board Appointments to Committees, Etc., p. Special Committee on Parameters of Care: (strikethrough = deletion; bold underline = addition/change)

   **p. Special Committee on Parameters of Care (ParCare):** The special committee is comprised of the chairs of the 12 ParCare subcommittees of whom one is the overall chair and one is designated assistant to the chair. The terms are for one year with annual review and reappointment. (Sept. 10)
5. **Amended** Section IX. Awards and Gifts, Policy 11. Presidential Achievement Award as follows: (strikethrough = deletion; bold underline = addition/change)

   **Presidential Achievement Award:**
   
   *Purpose:* To recognize AAOMS fellows and members for important contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities.
   
   *Criteria:* Made significant contributions to the specialty. Up to two (2) individuals may be named annually. (April 15)
   
   *Eligibility:* Individuals who meet the criteria. The Presidential Achievement Award is not meant to again recognize those individuals who have previously been recognized as a meeting dedicatee, or have received the Robert V. Walker Distinguished Service Award or the William J. Gies Foundation Award in Oral and Maxillofacial Surgery. Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.
   
   *Selection:* Nominations for the award are One awardee is selected made by the AAOMS President and a second recommendation is chosen by the Advisory Committee on Awards Nominations from nominations by any fellow/member or substructure of the AAOMS Membership. The supporting documentation of all nominees received, along with the recommendation from the Advisory Committee on Award Nominations, is submitted to the Board of Trustees for final selection. Election shall be by secret ballot and require eight affirmative votes of the Board of Trustees. (June 15)
   
   *Award:* The award shall consist of a plaque.
   
   *When Given:* At the annual meeting following selection.
   
   *Compensation:* Waiver of the annual meeting registration fee at which the award is presented.

6. **Amended** Section II. Board of Trustees, Policy 2. Officer and Trustee Representation and Reimbursement for Attendance at Regional and Component Society Meetings as follows: (strikethrough = deletion; bold underline = addition/change)

   **2. Officer and Trustee Representation and Reimbursement for Attendance at Regional and Component Society Meetings:** (HD-67; Jan. 78; Nov. 78; Sept. 93)

   *a. Purpose and Procedure on Representation Requests:* Officer and trustee representation to component and regional society meetings is for informational purposes and the exchange of ideas on national oral and maxillofacial surgery issues and to advocate implementation by the component or regional society of national goals at the local level. (Nov. 79; Oct. 85; Dec. 88; Dec. 97)

   (1) Officers of the Board of Trustees, as approved by the President, and the six district trustees may attend regional and state component society meetings within their districts and receive reimbursement in accordance with policy. (July 03).

   a. **In addition to the district trustee, a minimum of two AAOMS officers shall attend the Southeastern Society of OMS and the Southwest Society of OMS meetings.** Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President.

   b. **In addition to the district trustee, a minimum of one AAOMS officer shall attend**
one Mid-Atlantic Society of OMS meeting and the Western Society of OMS meeting. Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President.

c. In addition to the district trustee, a minimum of two AAOMS officers shall attend the January CALAOMS and the NYSOMS meetings. Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President.

(2) The Executive Director or a designated appointee may participate in allied, related, regional and component society meetings, with the approval of the President, such expense to be borne by the AAOMS. (HD-67; Dec. 73; July 03)

b. Reimbursement:

(1) Trustees attending regional and state component society meetings outside their district shall not be reimbursed, unless specifically approved by the Board of Trustees. (July 03)

(2) Members of the Board of Trustees attending regional and state component society meetings in their own district, including meetings of the state component society of which they are a member, shall be reimbursed at $185 per day for days of official business and for hotel and travel in accordance with Policy 15c (1) Travel Reimbursement, Section XI. Budget and Finance. (June 88; June 99; Dec. 04; June 08; Sept. 10)

(3) The President or his official designee(s) attending a component or regional society meeting shall be reimbursed at $185 per day for days of official business, and for hotel and travel in accordance with Policy 15c (1) Travel Reimbursement, Section XI. Budget and Finance. (June 99; Aug. 03; June 08; Sept. 10)

(4) Reimbursement to a member of the Board of Trustees to attend a state component or regional society meeting convened outside the continental United States, except for the AAOMS President, shall not be provided unless approved in advance by the Board of Trustees. If approved, reimbursement shall be provided in accordance with Policy 15. Reimbursement (Travel, Per Diem), c. Basis of Reimbursement, 8. Representatives to Non-USA Meeting (Excludes Canada and Mexico), Section XI. Budget and Finance. (June 99; June 05)

(5) Members of the Board of Trustees attending the summer caucuses in their districts shall be reimbursed for air fare, up to two nights’ hotel (room and tax) and up to two days per diem. (June 99)

(6) Reimbursement to Candidates for Officer Positions: A member of the Board of Trustees, who is a candidate for the office of Vice President, Treasurer, or Speaker of the House of Delegates, will not be eligible for reimbursement of expenses or per diem payment for attendance at a regional society meeting or component society meeting outside of the candidate's AAOMS district during the calendar year of that election unless designated by the President to attend on official AAOMS business as referenced in Section II, b.3. Expense reimbursements and per diem payments for attendance at meetings as designated above and made in the calendar year of a candidacy, prior to a declaration of candidacy or initiation of campaign activities, will be repaid by the candidate to the AAOMS. (Dec. 12, August 16)

c. Report: Following representation at regional and state component society meetings, members of the board are requested to submit a report to the AAOMS headquarters to
include meeting dates, the number of attendees, issues and concerns discussed, whether or not the board member was allotted speaking time on the program and the value of AAOMS representation. (Aug. 03; Sept. 10)

7. **Amended by addition** Section III. American Dental Association, Policy 3. Officer Representation at ADA Committee and Commission Meetings: (bold underline = addition/change)

   **3. Officer Representation at ADA Committee and Commission Meetings.** In order to remain up-to-date on the issues the ADA is considering regarding residency and accreditation, at a minimum the President-Elect and Vice President shall attend the two Residency Review Committee meetings annually and the Vice President shall attend the two Commission on Dental Accreditation (CODA) meetings.

8. **Amended** Section I. General Policies, Policy 26. AAOMS Disaster Relief Policy as follows: (strikethrough = deletion; bold underline = addition/change)

   **26. AAOMS Disaster Relief Plan:** AAOMS residents and interns that suffer financial harm from a disaster are eligible to receive relief payment if certain criteria are met. This plan authorizes the AAOMS Board of Trustees to determine what events would qualify for financial assistance and to withdraw from the House of Delegates’ Reserve Fund up to $75,000 per disaster to provide financial aid to residents and interns that are impacted. In addition, an AAOMS Qualified Relief Plan shall also be established under the Internal Revenue Code any time that AAOMS residents and interns require financial assistance in the aftermath of a Presidentially-declared disaster. (HD-09)

   On an as needed basis, an ad hoc committee, composed of the six district caucus chairs, the AAOMS Treasurer (ex-officio) and the Associate Executive Director, Business and Operations (ex-officio), shall be established to authorize additional disbursements from the House of Delegates’ Reserve Fund as approved by the Board of Trustees and presented at the next meeting of the House of Delegates. (HD-09)
ACTIONS OF THE BOARD OF TRUSTEES
(Tuesday, October 10, 2017)

Unless otherwise indicated, all actions were unanimous:

- Approved the 2017 report of the Committee on Membership and additional membership changes.
- Reviewed the reports of Reference Committees A and B to be considered at the second session of the House of Delegates.
- Approved financial support to CALAOMS for 2018
- The board expressed appreciation for Dr. Lou Rafetto for his efforts and hard work during his tenure as President and as a member of the board. Board members also expressed appreciated to Dr. Fain as he transitions to Immediate Past President.
- Dr. Fain thanked board members for their support and participation during his year as President and looks forward to supporting the Board over the next year as Immediate Past President.
AAOMS OFFICERS AND TRUSTEES, 2016-2017

Officers
Douglas W. Fain DDS, MD, FACS, President
19211 Mohawk St
Stilwell, KS 66085
(913)839-9709  Cell (913)221-8572
FAX (913)839-9471
E-Mail dfainddsmd@gmail.com

Brett L. Ferguson, DDS, FACS, President-Elect
Truman Medical Center
Department of Dentistry, OMS
2301 Holmes Street
Kansas City, MO 64108
(816)404-4355  Cell (816)590-7505
FAX (816)404-4359
E-Mail brett.ferguson@tmcmed.org

A. Thomas Indresano, DMD, FACS, Vice President
School of Dentistry, Department of OMS
155 5th St
San Francisco, CA 94103-2919
(510)437-4026  Cell (510)499-9571
FAX (510)437-5128
E-Mail atindresano@gmail.com

J. David Johnson, Jr., DDS, Treasurer
OMS Specialists, PC
420 Laboratory Road
Oak Ridge, TN 37830
(865)482-1319  Cell (865)405-3692
FAX (865)481-3067
E-Mail jdjj1@aol.com

Louis K. Rafetto, DMD, Immediate Past President
3512 Silverside Road, Suite 12
Wilmington, DE 19810-4941
(302)477-1800  Cell (302)562-1942
FAX (302)477-0343
E-Mail lkraffetto@gmail.com

Scott Farrell, MBA, CPA Executive Director
9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701
(847)678-6200; (800)648-2299 or (800)822-6637
Cell (847)977-4352
FAX (847)678-4302
E-Mail sfarrell@aaoms.org

Steven R. Nelson, DDS, MS
Speaker, House of Delegates
6850 E. Hampden Ave., Ste. 202
Denver, CO 80224
(303)758-6850  Cell (303)550-4647
FAX (303)758-0729
E-Mail snelson.omfs@gmail.com

Trustees
Victor L. Nannini, DDS, FACS
Trustee, District I (Northeastern)
2131 Valentines Rd
Westbury, NY 11590
(516)333-1549  Cell (516)361-2683
FAX 516/294-3531
E-Mail vnannini@hotmail.com

Paul J. Schwartz, DMD
Trustee, District II (Middle Atlantic)
12120 Palisades Dr
Dunkirk, MD 20754
(301)855-0880  Cell (443)624-8251
FAX (410)257-4364
E-Mail drpaulschwartz@comcast.net.

Robert S. Clark, DMD
Trustee, District III (Southeastern)
2533 Larkin Road
Lexington, KY 40503
(859)278-9376  Cell (859)221-9376
FAX (859)276-0260
E-Mail rsc4876@aol.com

J. David Morrison, Jr, DMD
Trustee, District IV (Great Lakes)
221 Glen Lake Rd
Loveland, OH 45140
(513)791-0550  Cell (513)265-8096
FAX (513)791-1517
E-Mail jdavemor@aol.com

B.D. Tiner, DDS, MD, FACS
Trustee, District V (Midwestern)
Alamo Maxillofacial Surgical Associates
4499 Medical Drive
Suite 190
San Antonio, TX 78229
(210)614-3915  Cell (210)867-3683
FAX (210)614-5234
E-Mail btiner2@satx.rr.com

Mark A. Egbert, DDS, FACS
Trustee, District VI (Western)
15527 61st Ave NE
Kenmore, WA 98028
(206)987-3554  Cell (206)999-8493
FAX (206)987-3891
E-Mail mark.egbert@seattlechildrens.org
HOUSE OF DELEGATES ACTIONS

The 2017 House of Delegates' Consent Agenda Committee, comprised of the two reference committee chairs, the 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 A-1 (RC)**, AAOMS Board of Trustees appoint a Special Committee on Responsible Prescribing
- **Resolution B-4**, Bylaws Amendment Chapter VI. Board of Trustees, Section 90. Qualifications, Duties, (lines 814-852)
- **Resolution B-5**, Bylaws Amendment Chapter VII • Elective Officers of the Association, Section 90.Duties, D. Treasurer
- **Resolution B-6**, Bylaws Amendment Chapter VII • Elective Officers of the Association, Section 90.Duties, E. Immediate Past President
- **Resolution B-7**, Bylaws Amendment Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, M. Committee on Public and Professional Communications
- **Resolution B-8**, Bylaws Amendment Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, A. Committee on Research Planning and Technology Assessment
- **Resolution B-9**, Bylaws Amendment Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, L. Committee on Education and Training (CET)
- **Resolution B-10 (Amend)**, September 2016-October 2017 amended or added policies
- **Resolution B-13 (Dist III)**, AAOMS Board of Trustees investigate independent specialty recognition and accreditation processes
- **Resolution B-16 (RC)**, New House of Delegates advisory committee
- **Resolution B-18**, Puerto Rico and the U.S. Virgin Islands be granted a 2018 dues and assessments waiver
RESOLUTION A-1 (RC)

RESOLVED, that the AAOMS Board of Trustees appoint a Special Committee on Responsible Prescribing to serve as content experts to existing committees and the Board of Trustees with a report of its activities to the 2018 House of Delegates.


RESOLUTION B-1

RESOLVED, that Chapter IX. Committee and Sections, Section 10: Name, Composition, Term of Appointments and Duties, I. Committee on Hospital and Interprofessional Affairs (lines 1320-1329) of the Bylaws be amended to read with all conflicting bylaws and policies amended accordingly (bold underline = addition, strikethrough = deletion):

II. 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 – 17-B-1

Refer back to the Board of Trustees to determine specifically where CHIA’s clinical and staff responsibilities will be handled with a report back to the 2018 House of Delegates.

RESOLUTION B-2

RESOLVED, that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, C. Committee on Anesthesia of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

C. Committee on Anesthesia (CAN)

Composition: The committee shall be composed of 6 members, one from each district, and a Chair, all of whom shall be fellows/members of the Association. Committee members are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) ten (10) years on the committee.
Chair: The Chair shall be appointed annually by the AAOMS Board of Trustees. The chair must have served a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall review issues relative to anesthesia, including the anesthesia updates, programs, simulation, and recommend action by the Association on matters pertaining to pain and anxiety control.

RESOLUTION B-3 (RC)

RESOLVED, that CHAPTER VI • BOARD OF TRUSTEES, Section 30. Term of Office, of the AAOMS Bylaws be amended to read as follows (bold underline = addition, strikethrough = deletion):

The term of office of the President, President-Elect and Vice President shall be for one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Immediate Past President shall serve for one year immediately following his term as President.

The term of office of the President, President-Elect, Vice President, Treasurer and Immediate Past President shall be as designated above or until their successors are elected and installed. The term of office of trustees shall be two (2) years or until their successors are elected and installed. The consecutive tenure of a trustee shall be limited to two (2) three (3) full terms. Trustees elected or appointed to fulfill an unexpired trustee term shall be elected to a new full two-year term and then be eligible for re-election to a second two-year terms for a total of four years.

And be it further RESOLVED, that CHAPTER VI • BOARD OF TRUSTEES, Section 70. Vacancies, of the AAOMS Bylaws be amended to read as follows: (strikethrough = deletion; bold underline = addition)

Section 70. Vacancies:

A. Should a vacancy in a trustee position occur during an annual meeting, the district involved shall hold a caucus to nominate a candidate(s) as provided in the nominating procedures for trustees.

B. If a trustee vacancy occurs between annual meetings, a successor, appointed by the district caucus chair and secretary in consultation with the President, shall be designated as interim trustee, but only until the next annual meeting, at which the district caucus shall meet to nominate a candidate for a new two-year term. The newly elected trustee’s term will be for two years with eligibility for a second two additional two-year terms for a maximum of four consecutive years.

C. Election of the trustee shall be by the House of Delegates.

RESOLUTION B-4

RESOLVED, that Chapter VI. Board of Trustees, Section 90. Qualifications, Duties, (lines 814-852) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

Section 90. Duties:
P. To provide for the maintenance and supervision of the headquarters and all other property or offices owned or operated by the Association.

Q. To appoint the Executive Director of the Association and Editor and Assistant Editors of the Journal of Oral and Maxillofacial Surgery.

R. To determine the dates and place for convening of each annual meeting and other Association meetings.

S. To cause to be bonded by a reliable surety company any officer or employee of the Association entrusted with funds of the Association for whatever amount is deemed necessary.

T. To cause all accounts of the Association to be audited annually by a reputable auditor.

U. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.

V. To provide for the publication and distribution of all official publications of the Association.

W. To provide, 40 days prior to the annual meeting, an annual report of the Board of Trustees to the House of Delegates which shall embrace activities of the Board since the previous annual meeting, including a report on the Association’s priorities and strategic management plan.

X. To create or abolish committees other than those set forth in Chapter IX of these Bylaws.

Y. To approve appointments, except House of Delegates committees or as otherwise provided in these Bylaws or applicable policies.

Z. To review the annual written reports of all committees and make recommendations concerning the same to appropriate reference committees of the House of Delegates.

AA. To approve all awards, honors, or other special commendations given in the name of the Association.

BB. To elect a director to the Oral and Maxillofacial Surgery Political Action Committee in accordance with its Bylaws.

CC. To review and approve OMS Foundation Board of Director officers and members, OMSF representatives to AAOMS committee and members of the OMS Foundation Committee on Research, as provided in the OMS Foundation Bylaws.

DD. To review operations of the OMS Foundation through reports and meetings with the OMS Foundation Board of Directors.

AF. To perform such other duties as may be provided in these Bylaws.

RESOLUTION B-5

RESOLVED, that Chapter VII • Elective Officers of the Association, Section 90. Duties, D. Treasurer (lines 1049-1066) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

D. Treasurer: It shall be the duty of the Treasurer:
1. To serve as custodian of all monies, securities and deeds belonging to the Association, and to hold, invest and disburse these subject to the direction of the Board of Trustees.
2. To oversee the annual audit of the Association.
3. To present at each annual meeting a report of the finances of the Association.
4. To serve as Chair of the Finance and Audit Committee and as a member of the Board of Trustees and of its Executive and Building Committees.
5. To function as Vice President in the event of vacancy.
6. To serve as Treasurer of the ASI Board of Directors and the OMS Foundation as provided in the OMS Foundation Bylaws.

7. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

HOUSE ACTION – 17-B-5: ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-6

RESOLVED, that Chapter VII • Elective Officers of the Association, Section 90. Duties, E. Immediate Past President (lines 1068-1083) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

E. Immediate Past President: It shall be the duty of the immediate Past President:

1. To assist the President as required.

2. To serve as a member of the Board of Trustees, the Executive Committee and as Chair of the Building Committee.

3. To serve as a member of the Board of Directors of the Oral and Maxillofacial Surgery Foundation for one year and serve in a liaison role between the two boards.

4. To function as Treasurer in the event of vacancy.

5. To serve as a director of the ASI Board of Directors.

6. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

HOUSE ACTION – 17-B-6: ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION B-7

RESOLVED, that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, M. Committee on Public and Professional Communications (lines 1409-1416) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

M. Committee on Public and Professional Communication (CPPC)

Composition: The committee shall be composed of seven (7) fellows or members, life fellows or life members or provisional fellows or provisional members, six (6) of whom shall represent the trustee districts, with two (2) committee members appointed annually for terms of three (3) years. These members shall be limited to serving a tenure of up to two (2) consecutive terms. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms.

Duties: The committee shall be responsible for developing and implementing programs and publications for the dissemination of information regarding oral and maxillofacial surgery to the membership, general public, and health care professions. The committee shall coordinate and integrate communications...
regarding the specialty through editorial and managerial responsibility over products and public information in the print and electronic media. The committee shall oversee the public relations activities for projects designed to market the specialty. The committee shall also be responsible for communications and publicity for the OMS Foundation and for development and maintenance of its website.

**HOUSE ACTION – 17-B-7: ADOPTED BY WAY OF CONSENT AGENDA**

**RESOLUTION B-8**

RESOLVED, that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, A. Committee on Research Planning and Technology Assessment (lines 1156-1175) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

A. Committee on Research Planning and Technology Assessment (CRPTA)

*Composition:* The committee shall be composed of seven (7) voting members with research experience in broad areas of the specialty. District representation is favored but is not mandatory.

While there are no specific criteria for selecting a CRPTA member, those with extensive research experience should be considered for appointment. The Chair, or a designee, of the Foundation's Committee on Research shall serve as a non-voting member. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms. All other committee members shall serve four-year terms, with appointments staggered so that no more than one member’s term is completed annually and shall be limited to serving a tenure of up to two consecutive four-year terms. The Chair of this committee shall also serve on the Committee on Continuing Education and Professional Development.

*Duties:* The committee shall:

Serve as the entity to identify, assess, establish and plan research priorities for areas of interest in oral and maxillofacial surgery relating to clinical practice and technology transfer, and develop and implement a plan for the investigation of these areas. Areas of interest should be selected from developing research technologies and evaluated with evidence-based science.

Submit requests for funding of research and development projects to the Board of Trustees for approval or submission to the OMS Foundation.

The committee shall also undertake to Solicit concerns and inform and educate the general membership on research and technology matters through the conduct of an annual open forum on research usually held at the annual meeting.

**HOUSE ACTION – 17-B-8: ADOPTED BY WAY OF CONSENT AGENDA**

**RESOLUTION B-9**

RESOLVED, that Chapter IX • Committees and Sections, Section 10. Name, Composition, Term of Appointments and Duties, L. Committee on Education and Training (CET) (lines 1366-1408) of the Bylaws be amended to read with all conflicting bylaws, policies etc. amended accordingly (bold underline = addition, strikethrough = deletion):

L. Committee on Education and Training (CET)
**Composition:** The committee shall be composed of 15-16 members, all of whom shall be fellows or life fellows of the Association. Committee members, **with the exception of the member from the OMS Foundation**, are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) years on the committee. They are:

- 4 members appointed by the AAOMS Board of Trustees
- 3 members selected by the Oral and Maxillofacial Surgery Faculty Section
- 3 members who are predoctoral full-time faculty
- 2 members who are the AAOMS representatives to the ADA Residency Review Committee
- 1 member who is the OMS Commissioner to the Commission on Dental Accreditation
- 1 member who is the ABOMS representative to the ADA Residency Review Committee
- **1 member who is a representative of the OMS Foundation Board of Directors**
- 1-Chair appointed by the AAOMS Board of Trustees

**AAOMS Board Appointed Members:** Four (4) members, appointed by the AAOMS Board of Trustees, shall serve three-year terms, with appointments staggered so that no more than two (2) members’ terms are completed in any given year. The four (4) members shall be limited to serving a tenure of up to two consecutive three-year terms. Any appointee serving an uncompleted term may be reappointed to only one additional three-year term. These members may not be current members of the AAOMS Board of Trustees.

**Section Members:** Three (3) members shall be the three (3) senior members of the Faculty Section Executive Committee who are elected by the Oral and Maxillofacial Surgery Faculty Section. These members may not be current members of the AAOMS Board of Trustees.

**Predoctoral Members:** Three (3) members shall be full-time predoctoral faculty within a CODA accredited dental school appointed by the AAOMS Board of Trustees. These members may not be current members of the AAOMS Board of Trustees.

**AAOMS Member to ADA Residency Review Committee on OMS:** Two (2) members shall serve by virtue of serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. These members are ineligible to concurrently serve as Chair of the committee.

**ABOMS Member:** One (1) member shall serve by virtue of his serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. This member is ineligible to serve as Chair of the committee.

**OMS Commissioner:** One (1) member shall serve by virtue of serving as the Chair of the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation. This member is ineligible to concurrently serve as Chair of the committee. This AAOMS appointed member will be eligible to serve as Chair of the committee at the completion of serving as the OMS Commissioner.

**OMS Foundation:** One (1) member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms.
Chair: The Chair shall be appointed annually by the AAOMS Board of Trustees from the AAOMS appointed members to the committee or Residency Review Committee or the three members elected by the Oral and Maxillofacial Surgery Faculty Section with the stipulation that the individual designated has completed a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall:

- Review OMS Accreditation Standards and recommend changes.
- Annually select the recipients of the Faculty Educator Development Award (FEDA).
- Review applications for OMS Foundation fellowship funding, rank the applicants according to accepted criteria and recommend OMS Foundation funding accordingly.

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RESOLUTION B-10 (Amend)
RESOLVED, that the amended or added policies as approved by the Board during the period September 2016- October 2017 as reflected in Appendix I of the 2017 Annual Reports, including those reflected in the 2017 Supplementary Report of the Board of Trustees, be approved. (majority)

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RESOLUTION B-11
RESOLVED, that a 2018 operational budget with revenues of $20,979,823 and expenses of $20,760,093 as presented on pages AR-73 through AR-98 of the 2017 Annual Reports, be approved.

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RESOLUTION B-13 (Dist III)
Be it Resolved, the AAOMS Board of Trustees investigate independent specialty recognition and accreditation processes and report back to the 2018 House of Delegates.

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RESOLUTION B-16 (RC)
Be it RESOLVED, that a House of Delegates advisory committee with equal district representation composed of caucus chairs and the Speaker of the House be formed every five years, and that this advisory committee be charged with reviewing and recommending the amount of the District Trustee and officers reimbursement honoraria every three years with an initial report to the 2018 House of Delegates.
RESOLUTION B-17 (Dist VI)
Be it Resolved, that the 2017 AAOMS House of Delegates rescind the Life Fellow and Life Member dues requirement, returning those categories of membership to non-dues paying status.

HOUSE ACTION – 17-B-17 (Dist VI): DEFEATED

RESOLUTION B-18
Be it RESOLVED, that AAOMS fellows and members residing in Puerto Rico and the U.S. Virgin Islands be granted a waiver of 2018 AAOMS Membership Dues and Assessments.

HOUSE ACTION – 17-B-18: ADOPTED BY WAY OF CONSENT AGENDA

RESOLUTION NB-1
Resolved that the AAOMS President-Elect, at his/her discretion, when it is their duty under these Bylaws, may reappoint the Chairman of any committee for his/her year contingent on majority approval of the Board of Trustees. This may extend the tenure of that Chairman for the committee for that year beyond a limitation otherwise specified by the Bylaws.

HOUSE ACTION – 17-NB-1: DEFEATED

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 99th Annual Meeting, and referral of reports and resolutions by adoption of the following Resolutions:

  o 17-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.

  o 17-HD-2 RESOLVED, that the Committee on Rules and Procedure has reviewed the agendas for the 201 House of Delegates sessions and recommends they be approved.

  o 17-HD-3 RESOLVED, that the committee has reviewed The Report of the AAOMS Annual Meeting –2016 and recommends it be approved.

• Elected Dr. Edwin Christopher Robinson, Edmonton, Canada, past Executive Director of the Canadian Association of Oral and Maxillofacial Surgeons, to Honorary Fellowship.

• Elected Dr. Pushkar Mehra, Boston, MA, to serve an eight-year term (October 2017-September 2025) as director on the ABOMS Board of Directors.
At the second session, the House

- Approved the Committee on Membership's report recommending 258 candidates be elected to fellowship or membership (48 members, 19 fellows, 184 provisional, 7 affiliate members); 175 previously elected provisional members be transferred to full fellowship/membership; 176 fellows/members be transferred to life status and 42 to retired status; 17 fellows/members/candidates/affiliate members be granted a waiver of dues for 2017 for medical or economic reasons; 3 fellows/members/affiliate members/candidates be granted a waiver of dues for post-doctorate education. Two hundred thirty-two (232) fellows/members and candidates had not paid 2017 dues/fees and assessments as of the convening of the 2017 annual meeting and were discontinued from the membership rolls in accordance with the Bylaws; 133 individuals were reinstated; 17 resigned; 134 members were transferred to fellow status following Board certification; and 248 candidates remained in this category. A total of 42 fellows/members passed away since the 2016 annual meeting.

During the third session of the House

- The House of Delegates utilized electronic voting and, by majority vote, Dr. A. Thomas Indresano was elected as President-Elect for 2018, Dr. Victor L. Nannini was elected as Vice President for 2018, and Dr. Steven R. Nelson was re-elected as Speaker of the House of Delegates for 2018. Dr. Brett Ferguson was installed as President for 2018 and Dr. Douglas Fain was installed as Immediate Past President.

- Dr. David Shafer was elected to serve a new two-year term and Dr. Robert Clark was re-elected for a second term (October 2017-September 2019) as the Districts I and III Trustees, respectively. New or 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 42 fellows and members who have passed away since the 2016 annual meeting (September 2016 - October 2017). A red rose for each one was placed in a vase by the trustee from the district in which the deceased resided. At the end, all members of the House stood in silence to honor these individuals. They are:

  **District I - Dr. Victor Nannini**
  Walter C Guralnick, MA, Life Fellow Retired, 1916
  E Gerard Keen, MA, Life Fellow, 1934
  Joseph F Kenneally, MA, Life Fellow – Retired, 1930
  Merwin Wolf, NY, Life Fellow, 1928

  **District II - Dr. Paul Schwartz**
  Richard L Behan, MD, Life Fellow – Retired, 1942
  Vincent I DiSalvo, PA, Life Fellow, 1935
  Mervin Eisenberg, NJ, Life Fellow – Retired, 1922
  Jerome S Engel, NJ, Life Fellow – Retired, 1919
  Robert J Fischer, NJ, Life Fellow – Retired, 1927
  Christopher L Fisher, MD, Fellow, 1952

  **District III - Dr. Robert Clark**
  Gerald W Beatty, NC, Fellow, 1947
  Andre U Buchs, FL, Life Fellow – Retired, 1939
Stephen Halperin, GA, Life Fellow – Retired, 1938
Spencer B Howard, FL, Provisional Member, 1973
Arthur Post, VA, Retired Fellow, 1925
Paul E Prillaman, VA, Fellow, 1962
Cary W Stimson, FL, Life Fellow, 1951

**District IV - Dr. J David Morrison**
James E Dumas, IN, Life Fellow, 1939
Bernard J. Degen, IL, Honorary Fellow (Former AAOMS Exec. Dir.), 1937
George B Helden, IL, Fellow, 1955
Charles E Hutton, IN, Life Fellow- Retired, 1925
Jack S Litz, IL, Life Fellow – Retired, 1942
Robert A Rhodes, OH, Life Fellow – Retired, 1935
E Karl Schneider, OH, Life Fellow, 1944
Irwin A Small, MI, Life Fellow – Retired, 1926

**District V - Dr. B D Tiner**
Joseph G Abood, CO, Life Fellow, 1932
John L Dolce, AR, Life Fellow – Retired, 1935
Terence H Furman, TX, Retired Fellow, 1931
Robert H Galloway, MN, Retired Fellow, 1944
Manusreh Iravani, ND, Fellow, 1966
J Don Lance, TX, Life Fellow, 1939
Peter D Lemon, IA, Fellow, 1966
David E Reed, TX, Life Fellow – Retired, 1946
Patrick J Vezeau, SD, Fellow, 1957
Walter G Williams, TX, Life Fellow - Retired

**District VI - Dr. Mark Egbert**
Patrick G Duffy, CA, Fellow, 1969
David A Ferguson, OR, Retired Fellow, 1931
John C Greene, CA, Honorary Fellow, 1926
David N McIntire, CA, Member, 1958
Norman M Pokras, CA, Life Fellow, 1932

**International- Dr. Mark Egbert**
J Richard Emery, Canada, Affiliate Member, 1952
Hugo L Obwegeser, Switzerland, Honorary Fellow, 1920

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**House of Delegates Officials and Committees 2017**

**Speaker**
Steven R. Nelson (CO)

**Committee of Tellers (CT)**
Eugene D’Amico (DE), Chair, II
David A. Cottrell (MA), I
James Terrance O’Neil (IN), 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
Charles A. Crago (ND), V

Reference Committee A
Larry E. Stigall (NC), III, Chair
Steven Brown (RI), I
Kathy A. Banks (NJ), District II
Debra M. Sacco (NC), III
Coleman J. Spector (IL), IV
Thomas M. Keane, Jr. (MN), V
Chan M. Park (CA), VI

Reference Committee B
Katherine A. Keeley (NV), VI, Chair
Cynthia E. Winne (ME), District I
Carl Labella (AF), 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
## 2017 Caucus Chairs and Secretaries

### DISTRICT I (Northeastern) -- Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island & Vermont

**Summer Caucus: August 16, 2017, New York, NY**

**Chair:** Dr. David A. Cottrell  
Center for OMS, 835 W Center St, 2nd Floor, Franklin, MA 02038-3189  
508/553-8989, FAX 508/553-8999, Email dacottre@verizon.net

**Secretary:** Ruben Figueroa  
100 E Newton St, Boston, MA 02118  
617/638-4809, FAX 617/638-6674, Email rubenf@bu.edu

### 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 5, 2017, Baltimore, MD**

**Chair:** Dr. Bruce A. Huberman  
Raritan Valley OMS, 619 Amboy Ave., Edison, NJ 08837  
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 5, 2017, 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 5, 2017, AAOMS Headquarters, Rosemont, Illinois**

**Chair:** Dr. Mary Lou C. Sabino  
Medical College Physicians, 840 N. 87th St., 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  
212/951-3255, 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 12, 2017**

**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 cacrago@gmail.com

**Secretary:** Dr. Wendell Edgin  
Alamo Maxillofacial Surgical Associates, 4499 Medical Dr., Ste. 190, San Antonio, TX 78229  
210/614-3915, FAX 210/614-5234, Email waedgin@alamooms.com

### DISTRICT VI (Western) -- Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah & Washington

**Summer Caucus: August 19, 2017**

**Chair:** Dr. Guillermo Chacon  
11116 12th Avenue Ct NW, Gig Harbor, WA 98332-7631  
253/445-0022, FAX 253/445-0979, Email drchacon@puyluppoms.com

**Secretary:** Dr. Elizabeth A Kutipal  
2420 Westlake Ave N, Unit 10, Seattle, WA 98109-2279  
206/783-9672, Email libbyk@seattleoralsurgeon.com
# House of Delegates Attendance Record
October 9, 10 and 11, 2017

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<td>Carl Labella (D)</td>
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<td>U.S. Army (55)</td>
<td>Andrew Joseph Wargo (D)</td>
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<td>John Marshall Green (D)</td>
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<td>Paul A. Covello (D)</td>
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**TOTAL VOTING DELEGATES**  102  102  102
Mr. Speaker, fellow officers, trustees, delegates, alternates, past presidents, colleagues, guests and friends – welcome to San Francisco and the 99th 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 and report on the activities of your Association during the past year. I have been sincerely honored to serve in this role and see our specialty grow and work on several important projects. But before I do that, I want to recognize some very important guests here today. My three daughters are all here today and I want them to stand and be recognized. Holley, a hard-working actor in Los Angeles; Snow, a hard-working conservator of paper and books in Jefferson City, Missouri; and Leighton, a hard-working dentist in Charlotte. Snow may have to sneak out to catch a flight home so safe travels sweetie. The funny thing about children is that we learn more from them than we impart to them. Thank you girls.

During my time as President, I wanted to focus on the opioid crisis, a national health emergency termed an epidemic of unprecedented proportions. Oral and maxillofacial surgeons oftentimes prescribe analgesics to teens and young adults following third molar extraction, giving us a prominent role in the fight to curb opioid misuse. The Board of Trustees approved a special committee to develop prescribing recommendations for the management of acute pain of oral and maxillofacial surgery procedures. Published in August, the white paper recognizes the value and importance of patient safety as well as the doctor-patient relationship when it recommends ibuprofen – rather than opioids – to be used as a first-line therapy to manage a patient’s acute and post-surgical pain.

I urge you all to attend Wednesday’s keynote lecture. Dr. Andrew Kolodny, the Co-Director of Opioid Policy Research at the Brandeis University Heller School for Social Policy and Management, will examine the roots of the opioid epidemic and strategies to combat its growth.

When AAOMS surveyed our members this spring about their prescribing habits, we learned many have changed their practices. Half of the respondents said they have reduced their narcotic prescriptions. This message bears repeating: It is vital for us to responsibly prescribe according to individual patient needs and to use non-opioids when appropriate. Through our educational programs, our work with national agencies and our collaborations with allied dental and medical organizations, we can make inroads that could help turn the tide on this terrible epidemic.

Beyond the opioid epidemic, concerns about the safety of office-based anesthesia have been voiced in the media and legislature. AAOMS is committed to a culture of safety and continues to work to strengthen anesthesia training. The Committee on Anesthesia is developing an office-based simulation course with three modules. Basic Emergency Airway Management – or BEAM – focuses on critical airway management skills needed for potential office-based emergencies and is expected to be available soon to AAOMS members. The committee also is improving the Office Anesthesia Evaluation Manual, with additions such as patient selection criteria, emergency scenarios for regular drills which are critical for the office staff and the anesthesia team,
chapters on geriatric patient care and considerations of patients who use illicit drugs, and a standardized evaluation form.

Pediatric dental sedation entered the national spotlight this year, with television news shows airing segments about the issue and the bills in California related to the delivery of sedation and anesthesia to pediatric patients. One California bill that was withdrawn would have required a separate anesthesia provider when dental patients younger than 7 are sedated. The bill that passed out of committee strengthened the state’s dental anesthesia statutes and was supported by CALAOMS.

AAOMS also held its first Anesthesia Patient Safety Conference at the American Society of Anesthesiology headquarters in April. The Association’s top concern is patient safety, and a dozen doctors presented on topics such as identification of at-risk patients and emergency preparedness. Acknowledging that the ability to provide dental sedation in an ambulatory or office setting is both a privilege and a profound responsibility, this conference showed the ASA and members of other allied organizations that our commitment to the OMS team model of office-based anesthesia has never been stronger.

It has been a busy, productive year. Another highlight was the first-ever Clinical and Scientific Innovations for Oral and Maxillofacial Surgery conference. Previously known as the AAOMS Research Summit, CSIOMS brought together more than 15 national experts over the course of three days to present their invaluable research related to our specialty. CSIOMS aimed to attract more surgeons from all career paths, including private practice and academics. The new format and insight on innovation contributed to the conference increasing overall attendance by 25 percent from the 2015 Research Summit.

Following the August 2015 Women in OMS Summit, the Board of Trustees established a Special Committee on Women in OMS. The Special Committee was established to determine what is working well, what AAOMS can do better and the dynamics affecting the specialty’s future in regards to women in oral and maxillofacial surgery. The special committee focused on two main areas—the establishment of a Special Interest Group (SIG) for Women in OMS and exploring avenues for networking opportunities for women in OMS. This year, a little over 5 percent of our practicing fellows and members are women. Women comprise 16 percent of OMS residents and 10 percent on AAOMS standing committees. We are excited about the inaugural meeting of the Special Interest Group for women in OMS where my female colleagues will gather to discuss the impact of the dynamics affecting the specialty’s future in regards to women in OMS.

In March, approximately 115 AAOMS members met with nearly 200 Congressional representatives during the 17th annual Day on the Hill, the Association’s premier grassroots event, in Washington, D.C. Members were able to directly advocate to Congressional representatives about vital issues facing the specialty and its patients, including expanded use of FSAs and HSAs, reform of medical malpractice, student loan repayment and antitrust. The House passed two of AAOMS’s priorities this year—antitrust reform legislation called the Competitive Health Insurance Reform Act and medical malpractice reform legislation known as the Protecting Access to Care Act. The antitrust reform would amend the McCarran-Ferguson Act to repeal the current exemption from federal antitrust laws enjoyed by health and dental insurers. The medical malpractice reform would set a statute of limitations on filing lawsuits, a $250,000 cap on non-economic damages and a limit on contingency fees that lawyers can charge.

Our national Informational Campaign saw many changes and advancements this year as AAOMS brought the campaign in-house to provide not only a cost savings but better control of the messaging, strategies and project management to better communicate that OMSs are the true experts in face, mouth and jaw surgery.

Besides an expanded focus on digital marketing, I’m sure you noticed our national print ad in an Oral Health supplement in USA Today, new images on the MyOMS.org home page, the new WebMD microsite, additional press release distributions and more. In national awards contests this year, the campaign was honored with a total of 22 awards for our overall campaign, our website, our educational videos and public service announcements.

I’m also proud that AAOMS was notified this year that it received top accreditation status from the Accreditation Council for Continuing Medical Education. The reaccreditation process is a requirement for the Association to
maintain its status as an ACCME-accredited provider of continuing medical education to physicians. This represents countless hours by our staff and diligence through the years to maintain this highest level of accreditation.

Another accomplishment this year was the launch of a new association management system that is playing a great role in ensuring our members receive the best services from AAOMS. While most members might not notice the difference, this mobile-friendly and more intuitive system allows for more enhanced and personalized account management, enhanced security and soon one place for us to record CDE and CME. Be sure to take it out for a spin.

Over the past year, the AAOMS and OMS Foundation Boards have been working together to strengthen the collaboration between the two organizations, focusing on the Foundation’s board structure and operations. AAOMS and the Foundation developed a strategic alliance agreement that culminated in a new approach to the selection of the Foundation leadership, resulting in a revision of the Foundation’s Bylaws and changes to the Board of Directors and operating structure. The AAOMS Board believes these changes will lead to renewed membership enthusiasm for participation in the Foundation and a strengthened approach to the management of the relationships between the two organizations.

Another relationship that is as strong as ever is the one between AAOMS and OMSNIC. Founded during a time of crisis in the OMS professional liability insurance market, it achieved its goal of creating a company owned and operated by OMSs that provides members better control of their professional liability insurance and has stabilized what once was a very volatile industry. It is still the only medical professional liability company with 100 percent specialization in OMS. I want to personally thank them for their continued partnership and support of OMSs.

I also 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 Officers and Trustees of AAOMS 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. It has been a true honor to be a part of this organization. Casey Stengel said that the mark of a good manager is to keep all those that hate you away from those that have not yet decided. I have tried to do that.

And Chris, thank you, thank you, thank you. I can’t say it enough, but I will keep saying it.
Remarks of the
2017-2018 President

Third Session of the House of Delegates
Wednesday, Oct. 11, 2017

Brett L. Ferguson, DDS, FACS

Moving AAOMS into the Next Century

It’s hard to believe we – as an organization – are just one year away from our 100th anniversary. Imagine for a moment what life was like in 1918. Let’s look at the top headlines from that year:

World War ends. The big world war came to an end. No one knew it would be eventually called World War I.

Spanish Flu kills 50 million people. That total, by the way, is three times more than the number of people killed in World War I.

Boston Red Sox defeat Chicago Cubs in World Series. I thought this headline was appropriate given the more-than-a-century later Cubs series win.

And a reminder that the more things change, the more they stay the same, a major headline in 1918:

Total solar eclipse crosses U.S. from Washington state to Florida. Everyone was wearing their special glasses – except in those days their glasses didn’t arrive in two days using Amazon Prime.

Think about it. In 1915, Dr. Menifee Howard started working toward creating an organization that would meet the needs of dentists who were primarily interested in extractions and the use of anesthesia. He visited prominent exodontists to discuss the “urgent need” for an organization that would benefit all in the specialty and serve the common good. His letter to potential members in 1918 pointed out the obvious: “Perhaps you have realized that it is the only branch of dentistry not organized.”

His letter worked. Twenty-nine professionals got together in the Auditorium Hotel in Chicago prior to the start of that year’s National Dentist Association meeting. Later that day in August 1918, the American Society of Exodontists was born. Just three years later, the group changed its name to the American Society of Oral Surgeons and Exodontists. And then 25 years later changed its name again to the American Society of Oral Surgeons.

Consider this – one doctor convinced 28 others to join him that fateful day over a shared passion of the work and a respect for the specialty and ended up charting the course for the rest of us. Many times through the
years, this organization – now known as AAOMS – has forged new paths, been called on to protect our scope of practice and met challenges in the world of healthcare. We acknowledge and treasure our almost-100-year history that saw us evolve from a fledgling specialty of exodontists to the premier dental surgical specialty we are today.

With 99 years of milestones and success stories behind us, the question facing us today as we move into the next century is: what does the future hold?

There are transformations, innovations and advancements already underway today – glimpses of what the OMS specialty could be 50 to 100 years from now. Face transplants are still a rarity today, but think about the day when they’re commonplace for patients with severe facial disfigurements. Regenerative medicine will continue to change the future, by allowing us to grow certain tissues, entire teeth and perhaps even bones and muscle from patient stem cells. We’re going to see great advancements in medicine from the human genome to develop patient-specific therapies. There will come a day where we will be able to look at the genetic disposition of a patient and develop individualized pain treatment plans, oncologic treatment plans and more. We will get away from the concept of damaging a body part to build a body part that has pathology. If we can truly reconstruct a patient and rejuvenate all body systems, can you just think of the improvement that can be manifested in our patients’ lives and the lives of their families?

Of course, none of us can know the pace of these innovations, the pace of these changes. All we can do is plan for the future and be ready to address any challenges that might arise. Your Board of Trustees worked this year to develop 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.

A top item on my presidential agenda this coming year is one of our strategic objectives – to “preserve anesthesia” – meaning the protection of our OMS anesthesia delivery model, advancing standards and offering emergency preparedness training.

Office-based anesthesia is the foundation upon which this specialty was established in 1918. AAOMS and OMSs have worked tirelessly at every level to enhance the anesthesia education, training and experience we receive as residents and practitioners in order to assure our patients a safe, effective and comfortable surgical experience.

I assure you that our commitment to the OMS team model of office-based anesthesia has never been stronger. Our support for you and your patients will never waiver, and we will continue to advocate our belief that sedation-anesthesia education, training and experience must be rigorous, thorough and measurable at every level and for every provider.

In recent years, dental office-based anesthesia has become a hot button issue in many state legislatures and at regulatory board meetings. To be honest, there is every reason to believe other jurisdictions may consider the issue in the future. Rest assured, AAOMS is developing new opportunities and enhancing existing programs to provide you and your staff with the tools you need to demonstrate the value of OMS office-based anesthesia.

An AAOMS Special Committee on the Culture of Anesthesia Safety is working to develop multi-pronged strategies focusing on residency and continuing education, regular mock drills and new simulation trainings,
enhancing our Office Anesthesia Evaluation program and anesthesia assistants training.

A second goal in our strategic plan is to advance the specialty of oral and maxillofacial surgery. We can do that through the development and promotion of practice models that provide quality, safe, effective and efficient care.

As an organization, we can never stop working at the federal and state levels so we can achieve meaningful advocacy. As our bipartisan political action committee, OMSPAC tirelessly represents and promote the interests of OMSs at the federal level. You, as individual members, are encouraged to join in advocacy efforts at the grassroots level. That means writing letters, visiting with your legislators either at their home offices or at the capital, and even volunteering as a local resource or on a campaign committee.

Our third strategic goal is to influence healthcare transformation. What does that mean? For a while now, you’ve been hearing about the development of OMSQOR, the database registry that will enable us to accurately measure the continuum of care from an initial patient contact through treatment and follow-up. When OMSQOR launches next year, I urge you to participate as the data it collects will provide the information we need when we meet with federal and state agencies, legislators, third-party payers and other groups. These data are crucial to the future of our specialty in the areas of anesthesia, third molar extractions, practice expense benchmarks and payment reform.

Influencing healthcare transformation also means establishing the value of OMS as an integral element of the healthcare system. To that end, AAOMS is committed to exploring all avenues related to specialty recognition. This commitment is already taking center stage as an ADA task force is developing an organizational structure for a National Commission on Recognition of Dental Specialties and Certifying Boards. I’m sure you will be hearing more about this Commission’s activities and what AAOMS is doing to protect our specialty and your interests.

The last of the four priority goals is all about you – our valued fellows and members. We’re focusing on increasing member value and engagement. How will we do that? AAOMS is prioritizing the delivery of premier educational offerings, and we’ll work to align our member benefits to a growing diverse membership and your practice models. Strengthening our networking, collaborations and affiliations will be a priority.

And we can’t forget the Informational Campaign! We’ve made great strides the past four years to make a difference in the public perception of our specialty with the MyOMS.org website, educational videos, digital marketing and social media accounts. Now we’re enhancing and sometimes refocusing those tactics and expanding with new powerful ideas to reach even more prospective patients.

AAOMS also recognizes that our members need to have more ways to connect with one another. Using our new Association Management System, we’re setting up AAOMS Connect – a selection of digital communities where all of us will be able to share thoughts and ideas, discuss innovations and conundrums, and virtually meet up with old and new colleagues from around the country and around the world through the click of a button.

I do believe in my heart that all of us are already connected. AAOMS has been bringing us together for 99 years now. I am so honored, and so proud, to serve as your president during this coming centennial year.
Although I am just one person standing here today at the podium, I can tell you that I didn’t get here by myself. I have had a lifetime of people who have guided me, encouraged me, inspired me, opened doors for me, stood by me and supported me. I need to take a moment to thank some of them.

I need to mention one of my earliest “advisors” – Commandant Kobets from my high school military academy. He helped me better respect the world through the concepts of physical punishment, behavioral modifications, demerits and calls and visits to my home.

Other people would become my surgeon mentors. This would include the likes of Marv Revzin and William Robert Hiatt. I want to thank Charles Williams for his support in my admissions and through my matriculation process for residency in oral and maxillofacial surgery at the University of Missouri-Kansas City.

And then there’s Rudane Schultz, who showed me how to be a real person at all times in the academic arena. And I must mention John Bellome and Edward Mosby, who allowed me to expand my surgical arena by allowing me to participate in oncologic reconstruction.

And my family... I met the love of my life, my wife Rita, when we were doing animal research before entering dentistry. She’s a lady who has herself seen a very ominous diagnosis and who achieved victory over that diagnosis through her Christian attitude and her zest for life.

To my children – Brittny and Brett Jr. – who missed me during a large part of their maturation process, but loved me just the same. And to my grandchildren – Mykel and Tyreek – for being the light of my life.

And I would be remiss if I didn’t say something about my brother – Hubert Jr. – who has cerebral palsy and special needs. He couldn’t be here today, but he is in my heart as I am in his.

And last but certainly not least, I must mention my work wife, Renay Jefferson, who helps me stay on track, has no problem talking about my deficiencies and makes me a better administrator and surgeon advocate.

But I digress... This year isn’t about me. It’s about you! We’re a team of sorts, gathering today to begin a new season, a new year, and a new century. We share the same vision, the same core values.

Let’s see if I can offer some proof of this statement. Please stand and remain standing as I give this experiment a try...

Please stand if you are a current or past officer of AAOMS, helping to lead our organization.

Please stand if you have ever served as an AAOMS trustee, providing guidance on major issues.

Please stand if you are a current or past committee chair, tasked with giving direction in specific content areas.

Please stand if you have ever served on an AAOMS committee or the journal editorial board, giving of your time to help further our profession.
Please stand if you’re a resident, the next generation that will help guide us into this next century.

Please stand if you have ever authored an article for our journal or submitted a poster or abstract, because this research keeps us moving forward as a specialty.

Please stand if you’ve ever attended Day on the Hill, advocating on issues of national importance.

Please stand if you’ve ever donated to the OMS Foundation, where your money funds research and scholarships.

Please stand if you’ve ever attended the Dental Implant Conference, signed up for an AAOMS webinar or other educational opportunity, because only by keeping current with trends and innovations do we help our patients.

Please stand if you’re allied staff, helping to ensure patient safety and make our work lives more efficient.

Please stand if you are AAOMS staff, where you’re devoting every day to make us a better organization.

Please stand if you’re here today representing an affiliate organization, because these relationships help all of us.

Please stand if you’re an industry partner, because your support means so much to us.

And please stand, and remain standing, if you believe in the AAOMS mission: To assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members.

Thank you!
Board of Trustee Actions
Thursday, October 12, 2017 – San Francisco, California

The Board of Trustees met at 9:02 a.m. on Thursday, October 11, 2017, at the San Francisco Marriott Marquis Hotel to consider and approve the following items (see composition of Board for 2018 at the end of these actions):

- On a rotational basis, appointed Board members to serve on 2017-2018 Board committees as follows:

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

  **Finance and Audit Committee**
  J. David Johnson; Treasurer & Chair
  A Thomas Indresano; President-Elect
  Paul J. Schwartz; Trustee, District II
  Robert S. Clark; Trustee, District III
  B.D. Tiner, Trustee, District V

  **Building Committee**
  Douglas W. Fain, Chair, Past President
  A Thomas Indresano, President-Elect
  J. David Johnson, Treasurer
  Robert S. Clark; Trustee, District III
  J. David Morrison, Trustee, District IV

  **AAOMS Special Projects Committee**
  Victor L Nannini, Chair (Vice President)
  David Shafer; Trustee, District I
  Paul J. Schwartz; Trustee, District II
  Mark Egbert; Trustee, District VI
  J. David Johnson, Consultant (Treasurer)

  **Exhibitor Relations Committee**
  B.D. Tiner, Chair (Sr. Trustee)
  Victor L Nannini, Vice President
  J. David Johnson, Treasurer
  J. David Morrison, Trustee, District IV
  Mark Egbert; Trustee, District VI

  **Technology Task Force**
  J. David Johnson, Treasurer
  David Shafer; Trustee, District I
  Paul J. Schwartz; Trustee, District II
OMSNIC Working Group
Brett L. Ferguson; President and Chair
A Thomas Indresano; President-Elect
Victor L. Nannini; Vice President

OMSF Working Group
Brett L. Ferguson; President and Chair
A Thomas Indresano; President-Elect
Victor L. Nannini; Vice President

Commission on Professional Conduct Appeals Board
A Thomas Indresano, Chair (President-Elect)
B.D. Tiner; Trustee, District V
J David Morrison, Trustee, District IV
Paul Schwartz; Trustee, District II (Alternate)
Mark Egbert, Trustee, District VI (Alternate)

- Accepted as informational the Guidelines for New Board Liaisons and Trustees.
- Approved the following 2017-2018 appointments:
  Special Committee on Responsible Prescribing
  Brett Ferguson, Chair
  Douglas Fain
  Lionel Candelaria
  Harold Tu
  Wendy Pietz
  Karin Wittich, Staff Liaison
- Approved a list of Board consultants to reference committees for 2018.
- Reviewed the itinerary for the October 18-23, 2017 ADA Annual Sessions in Atlanta, GA.
- Received as informational a verbal report on the 2017 Past Presidents Luncheon.
- Reviewed the Board liaisons to each of the AAOMS Committees for the 2017-2018 year.
- Approved participation for up to two representatives from OMSNIC and ABOMS at the November 11th OBCM programs.
- A working group was formed to review current state anesthesia assistant rules with a report back to the Board by March 2018. The working group members include: Drs. Schwartz, Johnson, Morrison and Nannini, with staff support provided by Ms. Wittich and Ms. Schnitzer.
2017-2018 AAOMS OFFICERS AND TRUSTEES

Officers
Brett L. Ferguson, DDS, FACS, President
Truman Medical Center
Department of Dentistry, OMS 2301 Holmes Street
Kansas City, MO 64108
816-404-4355 | Cell 816-590-7505
FAX (816)404-4359
E-Mail brett.ferguson@tmcmed.org

A. Thomas Indresano, DMD, FACS, President-Elect
937 Anne Rd
Naperville, IL 60540-5501
Cell 510-499-9571
E-Mail atindresano@gmail.com

Victor L. Nannini, DDS, FACS, Vice President
Department of Oral and Maxillofacial Surgery Nassau University Medical Center
East Meadow, New York 11554
516-572-6895 | Cell 516-361-2683
FAX 516-572-5379
E-Mail vnannini@hotmail.com

J. David Johnson, Jr., DDS, Treasurer
OMS Specialists, PC
420 Laboratory Road Oak Ridge, TN 37830
865-482-1319 | Cell 865-405-3692
FAX 865-481-3067
E-Mail jdjj1@aol.com

Douglas W. Fain DDS, MD, FACS, Immed. Past President 19211 Mohawk St
Stilwell, KS 66085
913-839-9709 | Cell 913-221-8572
FAX 913-839-9471
E-Mail dfainddsmd@gmail.com

Scott Farrell, MBA, CPA Executive Director
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
(847)678-6200; (800)648-2299 or (800)822-6637
Cell 847-977-4352
FAX 847-678-4302
E-Mail sfarrell@aaoms.org

Steven R. Nelson, DDS, MS Speaker, House of Delegates 6850 E. Hampden Ave., Ste. 202
Denver, CO 80224
303-758-6850 | Cell 303-550-4647
FAX 303-758-0729
E-Mail snelson.omfs@gmail.com
Trustees
David M. Shafer, DMD
Trustee, District I (Northeastern)
University of Connecticut School of Dental Medicine, Division of OMFS
263 Farmington Ave. MC 1720
Farmington, CT 06030
Work 860-679-3004 | fax 860-679-1702
E-Mail dshafer@nso.uchc.edu

Paul J. Schwartz, DMD
Trustee, District II (Middle Atlantic) 12120 Palisades Dr
Dunkirk, MD 20754
301-855-0880 | Cell 443-624-8251
FAX 410-257-4364
E-Mail drpaulschwartz@comcast.net.

Robert S. Clark, DMD
Trustee, District III (Southeastern) 2533 Larkin Road
Lexington, KY 40503
859-278-9376 | Cell 859-221-9376
FAX 859-276-0260
E-Mail rsc4876@aol.com

J. David Morrison, Jr, DMD Trustee, District IV (Great Lakes) 221 Glen Lake Rd
Loveland, OH 45140
513-791-0550 | Cell 513-265-8096
FAX 513-791-1517
E-Mail jdavemor@aol.com

B.D. Tiner, DDS, MD, FACS Trustee, District V (Midwestern)
Alamo Maxillofacial Surgical Associates 4499 Medical Drive
Suite 190
San Antonio, TX 78229
(210)614-3915 | Cell (210)867-3683
FAX 210-614-5234
E-Mail btiner2@satx.rr.com

Mark A. Egbert, DDS, FACS Trustee, District VI (Western) 15527 61st Ave NE
Kenmore, WA 98028
206-987-3554 | Cell 206-999-8493
FAX 206-987-3891
E-Mail mark.egbert@seattlechildrens.org

AAOMS SERVICES, INC. BOARD OF DIRECTORS ACTIONS
Tuesday, August 22, 2017

The ASI Board of Directors deliberated as follows on its Conference Call on August 22, 2017:

- Approved the composition of the ASI Board of Directors for 2017-2018 as follows:
  Brett L. Ferguson, President
  A Thomas Indresano, Vice President
  Victor L. Nannini, Secretary
  J. David Johnson, Treasurer
  Louis K. Rafetto, Director
  Scott C. Farrell, Director (ex-officio)
Approved the composition of the ASI Board of Directors’ Projects Committee for 2017-2018 as follows:

J. David Johnson, Chair (Treasurer)
Douglas W. Fain (Immediate Past President)
Brett L. Ferguson (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 Ass. Ex. Dir. (ex-officio)