A – 2018 REFERENCE COMMITTEE ON COMMISSION ON PROFESSIONAL CONDUCT (CPC); COMMITTEE ON ANESTHESIA (CAN); COMMITTEE ON CLEFT, CRANIOFACIAL & PEDIATRIC OMS (CCCPOMS); COMMITTEE ON CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT (CCEPD); COMMITTEE ON GOVERNMENTAL AFFAIRS (CGA); COMMITTEE ON HEALTH CARE POLICY, CODING, AND REIMBURSEMENT (CHPCR); COMMITTEE ON HOSPITAL AND INTERPROFESSIONAL AFFAIRS (CHIA); COMMITTEE ON EDUCATION AND TRAINING (CET); COMMITTEE ON RESEARCH PLANNING AND TECHNOLOGY ASSESSMENT (CRPTA); OMS FACULTY SECTION EXECUTIVE COMMITTEE (FS); KNOWLEDGE UPDATE EDITORIAL BOARD (5TH VOLUME) (OMSKU); EXECUTIVE COMMITTEE, RESIDENT ORGANIZATION OF AAOMS (ROAAOMS); SPECIAL COMMITTEE ON EMERGING LEADERS IN OMS (SCELOMS); SPECIAL COMMITTEE ON MAXILLOFACIAL ONCOLOGY & RECONSTRUCTIVE SURGERY (SCMORS)

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

During its hearing, Reference Committee “A” heard testimony regarding Resolution A-1 regarding the formation of an adverse outcome database for midlevel providers. Our committee recognizes the need for the AAOMS to be leaders in providing quality oral and maxillofacial surgery care by its members. The committee feels that this resolution falls outside the mission of the AAOMS and the purpose of the OMSQOR. Furthermore, the committee feels that this issue must be addressed at the local or state level. The committee recommends Resolution A-1 be DEFEATED.

RESOLUTION A-1

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

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution A-1 and recommends it be DEFEATED) (majority)
COMMISSION ON PROFESSIONAL CONDUCT (CPC)

The Reference Committee commends the Commission on Professional Conduct for their work in administering the *Code of Professional Conduct*. The Reference Committee notes that, this year, the CPC reviewed the *Code* and has recommended no changes.

COMMITTEE ON ANESTHESIA (CAN)

The Reference Committee acknowledges the Committee on Anesthesia (CAN) efforts in addressing issues related to anesthesia, including: component society implementation of the office anesthesia evaluations and re-evaluations; planning and evaluation of CAN-sponsored educational programs; and offering anesthesia simulation educational programs at regional locations.

The CAN developed the 9th edition of the Office Anesthesia Evaluation (OAE) manual. The revised manual includes new emergency drill scenarios for the anesthesia team, new chapters on considerations for the geriatric patient, patients using illicit drugs and OAE evaluators. The revised manual will also include new medical illustrations as reference materials. In an effort to standardize the OAE evaluation process, the committee will develop a web application in 2019.

The Reference Committee applauds the CAN for development of the 2018 Anesthesia Update (AU) to be held at the AAOMS Annual Meeting in Chicago, IL on October 10, 2018. This preconference course will discuss the past, present and future of anesthesia.

The Reference Committee also applauds the CAN for completing all pilot studies for the BEAM and OBCM. The BEAM course will be offered to the AAOMS membership beginning Fall/Winter 2018. In addition, the committee will collaborate with OMS residency programs to conduct validation studies to obtain data to publish and demonstrate the success of the program to the membership. The committee discussed the utilization of the simulation program at state society meetings and centers throughout the country.

COMMITTEE ON CLEFT, CRANIOFACIAL & PEDIATRIC OMS (CCCPOMS)

The Reference Committee applauds the Committee on Cleft, Craniofacial, and Pediatric Oral and Maxillofacial Surgery (CCCPOMS) for the well-attended OMS study session that was presented at the 2017 ACPA. The committee also discussed the development of the educational content for the 2019 ACPA meeting which will focus on stem cells, VSP (virtual surgical planning), videofluoroscopy and 3D printing. The committee will continue to promote participation in the ACPA.

The CCCPOMS also reviewed the current fellowship programs and discussed the benefits of being accredited. Primarily due to the GME funding. The committee discussed a need to increase involvement with the CHA (Children’s Hospital Association) and discussed having a fellowship trained OMS present at future CHA leadership conferences.

The committee discussed the need for additional educational programming related to evidence based protocols. The committee believes these programs could be offered as webinars through the AAOMS.

The Reference Committee commends oral and maxillofacial surgeons and other volunteer groups for donating their time, expertise and resources to those in need of OMS care. Fellows and members are encouraged to contact AAOMS Headquarters for information on volunteer trips led by oral and maxillofacial surgeons.
COMMITTEE ON CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT (CCEPD)

The Committee on Continuing Education and Professional Development is responsible for the development, execution and oversight of the clinical education of all major meetings and educational activities of the association within the guidelines of the American Dental Association Continuing Education Recognition Program (CERP) and the Accreditation Council for Continuing Medical Education (ACCME). The CCEPD is also responsible for the review and approval of continuing dental education and continuing medical education credit for educational activities developed by other committees within AAOMS as well as oversight of the joint partnership process. Additionally, the CCEPD identifies and develops new methods for delivering continuing education to the AAOMS membership. Reference Committee A commends the CCEPD for its continued efforts in developing a comprehensive continuing dental and medical education mission statement and strategic educational goals for the association.

The 2018 Annual Meeting offers innovative learning methods and advanced technological features, as follows:

- AAOMS Keynote Lecture- General Colin L. Powell, USA (Ret.)
- Nine clinical tracks to include a plenary session, breakout sessions and oral abstracts
- 1 cadaver course
- 12 spotlight sessions
- 3 “Meet the Experts” sessions
- 63 poster presentations
- 33 practice management and allied staff sessions as well as a Beyond the Basics coding workshop
- 3 open forums and 11 CIG business meetings
- An Anesthesia Update preconference course
- The 100th Annual Meeting Mobile App, available on members’ personal electronic devices, allowing meeting attendees to access sessions, view the speaker index, review presentation materials, build an itinerary, locate exhibitors, view maps and complete evaluations to obtain CDE/CME. In addition, attendees are able to evaluate and print CDE/CME transcripts online.
- The exhibit hall at the 2018 annual meeting provides attendees the opportunity to visit over 400 booths representing over 200 companies/organizations and two Product Theater programs.
- 3 exhibit hosted FRED (Focused, relevant, Exhibitor Driven) Talks each day of the exhibition
- The 100th Annual Meeting will offer a “Boston Bound” game for members and fellows. This activity will require a specified number of visits to exhibitors during the opening of the exhibit hall with the potential to win a grand prize consisting of a free registration to the 101st Annual Meeting in Boston, airline tickets, hotel stay and several other items.
- A “social media bar” will also be available in the hall with learning opportunities on the use of various social media outlets which identify primary targets.

The Reference Committee applauds the CCEPD for creating a museum highlighting the history of AAOMS. The museum will include a 100-year timeline of AAOMS, pictures of AAOMS Past Presidents, AAOMS member news publications, a time capsule to hold memories of the past and present, a photo booth and a history video with interviews over the years of past presidents and members.

On December 1, 2017 AAOMS filed their re-accreditation application with ADA CERP for Continuing Dental Education (CDE), in the form of an abbreviated application, which is granted to providers every other year, when they achieve the maximum accreditation term. AAOMS received notice of approval of reaccreditation for a four-year term in May.
Additionally, with CCEPD efforts, six (6) organizations have partnered with AAOMS to provide educational programs: Louisiana Society of Oral and Maxillofacial Surgeons (LSOMS/LSU OMS); Ohio Society of Oral and Maxillofacial Surgeons (OSOMS); Southwestern Society of Oral and Maxillofacial Surgeons, Texas Society of Oral and Maxillofacial Surgeons and Midwestern Chapter of Oral and Maxillofacial Surgeons (SWOMS/TSOMS/MCOMS); Houston Society of Oral and Maxillofacial Surgeons (HSOMS); Alabama Society of Oral and Maxillofacial Surgeons (ASOMS); and the American Board of Oral and Maxillofacial Surgery (ABOMS).

The Reference Committee also applauds the CCEPD for the 2017 Dental Implant Conference. The conference had three pre-conference didactic courses, one hands-on course offered for CE credit and three hands-on courses sponsored by vendors. Twenty clinicians presented during the Dental Implant general sessions and the exhibit hall was yet again “sold out” for the 16th year in a row.

Committee on Governmental Affairs (CGA)

The Reference Committee recognizes the Committee on Governmental Affairs for its essential work with the Association’s state and federal government affairs activities. In particular, the committee monitors and works with the AAOMS Board of Trustees and committees such as the Committee on Healthcare Policy, Coding and Reimbursement (CHPCR) and our Washington, D.C. representatives at Bryan Cave Leighton Paisner LLP to set and carry out the Association’s federal advocacy agenda. The CGA also fulfills a liaison capacity with component societies regarding state legislative/regulatory issues affecting the specialty. The committee also partners with the OMSPAC Board to encourage fellow/member participation in the political process by developing relationships with members of Congress through OMSPAC support and in the Association’s grassroots advocacy through opportunities such as the OMS Action Network and the Annual AAOMS Day on the Hill.

Committee on Health Care Policy, Coding, and Reimbursement (CHPCR)

The reference committee commends the Committee on Health Care Policy, Coding and Reimbursement (CHPCR) for their efforts and contributions on behalf of AAOMS fellows and members. In 2018, the CHPCR continued to educate and advise the membership on correct, effective and ethical medical and dental coding through a series of online and in-person coding workshops. The CHPCR continued to track reimbursement trends, regulatory items, and state as well as federal laws that directly influence the OMS’s ability to be reimbursed fairly for services provided. Specifically, in early May, representatives from the CHPCR spoke with Guardian representatives to discuss their revisions to their third molar policy requiring that each claim for third molars and associated IV sedation and general anesthesia be reviewed for medical necessity. In early August, Guardian announced they reversed their clinical review policy and will no longer deny claims for third molars and anesthesia based on medical necessity criteria.

The CHPCR continues to advocate for the specialty through its participation in the AMA’s CPT and RUC Committees; and the ADA’s Code Maintenance Committee, SNODENT, and Dental Quality Alliance. The CHPCR continues to attend the American Association of Dental Consultants Spring Workshop. Attendance at this meeting provides an opportunity to provide input related to coding, reimbursement, and quality improvement initiatives related to the specialty.

The CHPCR continues to oversee the content in print/web publications such as the Optum EncoderPro and OMS Coding Guide; the Comprehensive Billing and Reimbursement Guide for the OMS; the bimonthly AAOMS Today Coding Corner and Health Policy Perspectives columns; and the series of Coding Papers and Clinical Condition Statements. The CHPCR also continues to support and promote the Allied Staff Membership.
COMMITTEE ON HOSPITAL AND INTERPROFESSIONAL AFFAIRS (CHIA)

The Board has recommended sunsetting of the committee, which is consistent with the position of the CHIA Chair.

COMMITTEE ON EDUCATION AND TRAINING (CET)

The reference committee acknowledges the Committee on Education and Training efforts in dealing with issues related to quality, criteria and standards for acceptable education and training in OMS residency programs, predoctoral programs and related programs.

The CET continually recommends updates to the Standards for Advanced Specialty Education Programs in OMS. The OMS accreditation standard revisions for standards 4-9 and 4-4-9.1 regarding general anesthesia and deep sedation clinical requirements will be implemented July 1, 2019. The proposed Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery Standards 4-9.2, 4-9.3, 4-9.4, 4-9.5, 4-9.6, 4-9.7 will be circulated to the CODA communities of interest until December 1, 2018; and will be considered at the February 2019 CODA meeting.

At the winter 2018 Commission on Dental Accreditation the commission adopted the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, including proposed revisions and new fellowship Standards 6-4.2, 6-4.3, and 6-4.4.1 in the area of Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery), with an implementation date of July 1, 2019.

The National Matching Program continues to be successful for oral and maxillofacial surgery programs and applicants. In the 2018-2019 matching program, 382 applicants participated, a total of 234 OMS positions were offered and 297 acceptable rankings were submitted by program directors, for an average of 1.3 rankings per position. A total of 223 positions were matched, with 11 positions not filled in the match. Applicants submitted 382 rankings for 234 positions. The final match results reflected 126 applicants matched to single-degree programs and 97 matched to double degree programs.

NBME Comprehensive Basic Science Examination for OMS Programs: In order to provide OMS Applicants an opportunity to measure their understanding of the basic sciences and to assist OMS program faculty in evaluating applicants for 2018-19 resident positions, AAOMS offered the National Board of Medical Examiners (NBME) Comprehensive Basic Science Examination (CBSE) on February 17, and Aug 18, 2018. There were 475 registrants and 240 repeat examinees at the February examination. The mean score was 53 with a range of 23 to 98, a standard deviation of 12.5.

AAOMS is in the process of contracting with NBME to administer the CBSE examination in 2019 in February and August.

The reference committee applauds the CET efforts on the development of the OMS National Curriculum, a learning management system for OMS residency programs. CET will be working with the Surgical Council on Resident Education (SCORE) to create customized modules for OMS residency programs within SCORE. The first modules developed will be in the anesthesia and dental implant domains. The committee will utilize a variety of resources the AAOMS has already developed and referenced to develop the content for the modules.
OMS FACULTY SECTION EXECUTIVE COMMITTEE (OMSFS)

The Reference Committee applauds the Faculty Section Executive Committee on its continued discussion of issues related to OMS predoctoral and postdoctoral education, training and related issues.

The Section convened its educational and business meeting in conjunction with the 2017 AAOMS Annual Meeting in San Francisco, CA. The OMS Faculty educational program, presented by the AAL, was focused on reframing academic leadership providing participants with the opportunity to explore the concept of “multi-frame thinking” for analyzing and responding as a leader to organizational issues and problems. The meeting further included updates on the first year of the OMSNIC resident surgical log, CBSE annual report, ACS OMS section, faculty recruitment and retention survey results, update from CET and OMS education and training milestones. The business meeting included review and approval of revisions to the OMS accreditation standards and revisions to the OMS faculty section guidelines.

In accordance with the faculty section guidelines, a quorum consisting of qualified voting members present is needed for all business and elections. The Faculty Section elected a member at large, Dr. Joli C. Chou, an Assistant Professor-Clinician Educator in the Department of Oral Surgery/Pharmacology at the University of Pennsylvania to a 6 year term.

The Reference Committee notes FSEC’s selection of Dr. John Zuniga, Chairman, UT Southwestern Medical Center, Department of Oral and Maxillofacial Surgery, as the recipient of the 2018 Donald B. Osbon Award. Also, Dr. Dean M. DeLuke, Professor, Virginia Commonwealth University School of Dentistry and Virginia Commonwealth University Medical Center was selected as the recipient of the 2018 Daniel M. Laskin Award.

OMS KNOWLEDGE UPDATE EDITORIAL BOARD (OMSKU)

The thirteen (13) chapters that make up OMSKU V are: History of Oral and Maxillofacial Surgery, Dental Implants, Anesthesia, Cranio-Maxillofacial Trauma Surgery, Head and Neck Infections, Pathology, Maxillofacial Reconstructive Surgery, Orthognathic Surgery, Temporomandibular Joint Disorders, Microneurosurgery, Cosmetic Facial Surgery, Obstructive Sleep Apnea and Patient Assessment.

The Board of Trustees approved the chapter sales for $200 per chapter for members, $400 for non-members and a charge of $100 for residents. The Microneurosurgery chapter is available at the following rates: $100 for members, $200 for non-members and $50 for residents and the History of Oral and Maxillofacial Surgery chapter is available on a complimentary basis. In mid-2017, the Board also approved bundle pricing for the full volume at $1,800 for members, $3,600 for non-members and $900 for residents. Seasonal bundles were also approved, which include four chapters which change seasonally, at the price of $650 for members, $1,300 for non-members and $350 for residents. 2017 produced the highest OMSKU V sales since its release in 2013. This is attributable to several factors, including the improved platform, an enhanced marketing strategy and bundle pricing.

RESIDENT ORGANIZATION OF AAOMS (ROAAOMS)

The Reference Committee acknowledges the work of the Resident Organization Executive Committee including ROAAOMS’s discussion of current activities, projects and issues related to residency education and training.
The Reference Committee applauds ROAAOMS for organizing an educational program on Career Development: Practice Models and Transition Strategies for Rising OMS at the 2017 AAOMS Annual Meeting in San Francisco. The program provided residents with essential, non-clinical information that will guide them through the process of developing a prosperous career in OMS. The program included key elements in communication and negotiation during contract resolution, understanding of the various practice models available and the importance of selecting an appropriate practice model that will bring personal fulfillment while ensuring financial success.

ROAAOMS convened a ROAAOMS/ABOMS Orientation program which provided residents with an understanding of the accomplishments of ROAAOMS and policies and protocols for board certification.

The Reference Committee recognizes that ROAAOMS has conducted dental school visits for the past eleven years. This grassroots effort focused on visiting dental schools without OMS residency programs. The program continues to provide a relaxed forum for dental students to become familiar with OMS training and scope of practice.

The Reference Committee also recognizes that ROAAOMS began involvement with the American Dental Educators Association (ADEA). ROAAOMS attended the ADEA Fall Meeting in Columbus, OH in October 2017 and had the opportunity to attend the Council of Hospitals and Advanced Education Programs’ (CoHAEP) educational and business sessions and presented to approximately 125 attendees on the transitions into residency during the Section on Admissions and Student Affairs educational program. Additionally, ROAAOMS attended the ADEA Annual Session where the ROAAOMS representative became the first resident voting delegate for CoHAEP. Continued involvement in ADEA positively impacts the success of ROAAOMS/AAOMS in recruiting dental students into the specialty.

The Reference Committee applauds ROAAOMS for its continual active involvement with the American Student Dental Association (ASDA). ROAAOMS attended the 2018 ASDA Annual Session in Anaheim, CA in February 2018 and hosted a booth to educate dental students on oral and maxillofacial surgery and to increase the students’ interest in the specialty. Additionally, ROAAOMS attended the national leadership conference held on November 17, 2017, in Chicago, IL.

The second stand-alone Resident Educational Program was held in Rosemont, Ill on Feb. 16-17, 2018. The program was designed to provide residents with the essential non-clinical information that will assist them as they transition from residency to practice. Practicing OMS at various stages in their career shared their experience and wisdom to help residents understand what to expect as they prepare for their career as an oral and maxillofacial surgeon.

**SPECIAL COMMITTEE ON EMERGING LEADERS IN OMS (SCELOMS)**

The goal of the SCEL is to review AAOMS education in total (Advanced Education, Practice Management and Continuing Education); create a blueprint or roadmap to include timing, venue and content; coordinate educational offerings; and identify opportunities to partner with others through various educational tools and meetings.

The Reference Committee applauds the committee for holding its second Emerging OMS Leaders Workshop. The workshop brought together the specialty’s national leaders and 50 OMSs interested in exploring and expanding their understanding of their leadership styles and how others might perceive and react to them.
A third Emerging OMS Leaders Workshop is scheduled to convene in 2019 and will include leadership development and provide participants the opportunity to expand their leadership skills and pursue a more prominent role in OMS and the dental profession.

SPECIAL COMMITTEE ON MAXILLOFACIAL ONCOLOGY AND RECONSTRUCTIVE SURGERY (SCMORS)

The Reference Committee acknowledges the SCMORS development of educational programs, overseeing the area of oral cancer, coordinating collaborative studies, and increasing awareness of oral, head and neck cancer.

The committee advocates for AAOMS involvement in organizations related to head and neck oncology and reconstructive surgery, including the International Federation of Head and Neck Oncologic Societies (IFHNOS), the International Academy of Oral Oncology (IAOO), the American Head and Neck Society (AHNS), and the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). The committee seeks to increase the speciality’s scientific presence in international affairs and with domestic organizations involved in the treatment of oral, head and neck cancer.

The committee seeks to increase OMS participation in Oral Cancer Awareness activities during April, the Oral Cancer Awareness Month. The committee will increase communications to members about how to become more involved six (6) months prior to April in an effort to increase participation.

An outstanding program has been developed for the 2018 MORS educational program during the AAOMS annual meeting. There will be two (2) tracks offered, Reconstruction and Head and Neck Oncology, with each track having a plenary session and breakouts. Members are encouraged to attend this day long program on Friday October 12, 2018.

On behalf of the reference committee, we would like to thank Dr. Ferguson for his exceptional leadership this past year and especially thank Rita Burnett for her support, time away from her everyday life and patience this past year. Please join us in a round of applause for Rita and the Ferguson family for sharing Brett with us this past year. The specialty has been very fortunate to have you as our leader.

Mr. Speaker and House of Delegates, I would also like to thank my committee members: Steven Brown, Kathy Banks, Debra Sacco, Stephen Doran, Lionel Candelaria and Chan Park and AAOMS staff for their time and efforts in completing this report.
B – 2018 REFERENCE COMMITTEE ON COMMITTEE ON MEMBERSHIP (CM), COMMITTEE ON PRACTICE MANAGEMENT & PROFESSIONAL STAFF DEVELOPMENT (CPMPSD), COMMITTEE ON PUBLIC & PROFESSIONAL COMMUNICATION (CPPC), JOURNAL OF ORAL & MAXILLOFACIAL SURGERY (JOMS) EDITORIAL BOARD, SPECIAL COMMITTEE ON THE AAOMS CENTENNIAL (SCAC), HOUSE OF DELEGATES ADVISORY COMMITTEE, BOARD OF TRUSTEES [ADMINISTRATIVE AND FINANCIAL AFFAIRS], STRATEGIC PLANNING AND PRESIDENT’S ADDRESS

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

During its hearing, the Reference Committee received comments on issues and resolutions involving the annual reports of the Committees on Membership, Practice Management and Professional Staff Development, and Public and Professional Communication, Journal of Oral and Maxillofacial Surgery Editorial Board, Special Committee on the AAOMS Centennial, House of Delegates Advisory Committee, and on Sections I, II and III of the Board’s annual and supplementary reports, the Strategic Plan, bylaw, policy and House manual amendments, resolutions from district caucuses, and the President’s Address.

The Reference Committee presents the following recommendations for consideration by the House of Delegates. Delegates are requested to note that prefatory language has been included when appropriate and advisable.

COMMITTEE ON MEMBERSHIP (CM)
During 2017-2018, the Committee on Membership met on several occasions by conference call to review and monitor membership-related information, including dues and assessments, waivers/reductions, candidate applications, requests for life, retired and inactive membership designations, and voluntary resignation requests.

The CM continues to be encouraged by the number of chief residents who apply for AAOMS membership within the year they finish training. 217 out of the 245, or 88%, in 2017 applied in time to receive the AAOMS graduated dues structure, whereby they did not pay any dues in 2018, and will pay 1/3 dues in 2019, 2/3 dues in 2020, and full dues thereafter. The Association continues to receive applications from the 2017 graduates well into 2018, even though the applicants no longer qualify for the graduated dues structure. Additionally, AAOMS has already received applications from 42 of the 253, or 16%, of the 2018 graduates, in advance of completion of their OMS training programs.

The Reference Committee commends the Committee on Membership and the Committee on Anesthesia (CAN) as they continue to work together to ensure that all members remain in compliance with the office anesthesia recertification requirements.

The Committee on Membership and the Committee on Practice Management and Professional Staff Development (CPMPSD) also continue to concentrate on developing additional programs and services for the allied staff membership category.
Resolution B-1, Composition of the Committee on Membership. The Committee reviewed the resolution and noted the possibility of more than one member rotating off at once with the terms currently defined, therefore Reference Committee B recommends adoption of Resolution B-1 (Amend) (RC) in lieu of Resolution B-1:

RESOLUTION B-1 (Amend) (RC)

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

J. Committee on Membership (CM)

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

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

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

FISCAL IMPACT: NONE

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-1 (Amend) (RC) and in lieu of Resolution B-1 and recommends its ADOPTION. (2/3 vote)

Resolution B-2, Dues for federal service fellows and members. Reference Committee B agrees that a revision to the current federal service dues structure will assist financial reporting and membership department administration of this category of membership, with minimal to no impact on the existing federal service members. Reference Committee B recommends for adoption:
RESOLUTION B-2

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

20. Dues and Assessments

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

FISCAL IMPACT: MINIMAL

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-2 and recommends its ADOPTION) (2/3 vote)

COMMITTEE ON PRACTICE MANAGEMENT AND PROFESSIONAL STAFF DEVELOPMENT (CPMPSD)

The Committee on Practice Management and Professional Staff Development (CPMPSD) continues to monitor trends in the oral maxillofacial surgery practice and evaluate continuing education offerings, resources and programs, as well as practice management and allied staff publications and news items produced on behalf of AAOMS. The Reference Committee recognizes and applauds the CPMPSD for its dedication, commitment and success in the development, implementation and evaluation of practice management programming, including: Practice Management Clinics and hands-on courses held during the annual meeting; virtual seminars; Anesthesia Assistant Review courses; Anesthesia Assistant Skills labs; the annual Practice Management Stand-Alone Meeting and the Advanced Protocols for Medical Emergencies.

Resolution B-3, Addition of ROAAOMS liaison to CPMPSD. To ensure the committee remains relevant to residents as they transition from residency into practice, Reference Committee B recommends for adoption:
RESOLUTION B-3

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

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

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

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

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

FISCAL IMPACT: MINIMAL

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-3 and recommends its ADOPTION) (2/3 vote)

COMMITTEE ON PUBLIC AND PROFESSIONAL COMMUNICATION (CPPC)
The Committee on Public and Professional Communications (CPPC) is responsible for developing and reviewing new public and professional materials and programs. With the sunsetting of the Special Committee on the AAOMS Informational Campaign (SCAIC), the CPPC also took on oversight of the campaign.

One of the key objectives of the AAOMS Informational Campaign is to drive traffic to MyOMS.org. All digital and print ads in the campaign display the MyOMS.org URL, and a variety of Google AdWords, Bing/Yahoo ads and display network ads are deployed each month to generate online traffic to MyOMS.org.

The reference committee applauds the committee production and distribution of television and radio PSAs, which continue to rank as the campaign’s highest return-on-investment. Since their release, the three television PSAs have had a broadcast audience of more than 450 million with an equivalent dollar value of more than $10 million. Additionally, the campaign’s videos are hosted on both YouTube and Vimeo and are available for members to download and use on their practice websites and social media accounts.

The reference committee also commends the committee on the redesign of AAOMS Today. The new magazine-style format now includes a cover story and illustration, a table of contents, more news/feature stories (including a Giving Back series), color-themed content areas and a fresh look on inside pages.
Continued growth in the LinkedIn and ROAOMS Facebook social media accounts, and increase in member e-communications allowed for unprecedented promotion of AAOMS upcoming events and education offerings, and important member alerts.

In addition, following the transition of the OMS Foundation under the AAOMS umbrella, the CPPC approved a collateral plan including a new trifold targeting potential donors; a streamlined Annual Report; new design for the Torch; a new PowerPoint for state society meetings; and ads for AAOMS Today.

HOUSE OF DELEGATES ADVISORY COMMITTEE
The 2017 AAOMS House of Delegates voted in favor of Resolution B-16 (RC), which amended the AAOMS Policies to include a House of Delegates advisory committee charged with reviewing and recommending the amount of the District Trustees’ and Officers’ honoraria payments every five years. The House of Delegates Advisory Committee reviewed background information covering the history of the trustee and officer honoraria, as well as that of related dental specialty organizations.

Resolution B-4, Honoraria Increase for Officers and Trustees. Reference Committee B agrees that all roles are deserving of an honoraria increase due to significant time spent out of practice conducting AAOMS business, and acknowledges the great demands of the speaker’s role supporting delegates in the months surrounding the AAOMS Annual Meeting.

Since the submission of Resolution B-4, an omission from the original recommendation was discovered. The HOD Advisory Committee, recognizing the additional burden placed on the treasurer during the 2017-2018 Board year in supporting both AAOMS and the OMS Foundation, recommended retroactive honorarium for the role. The revised recommendation was included in the Supplementary Report of the House of Delegates Advisory Committee. Reference Committee B reviewed the resolutions and report and recommends Resolution B-4 (Amend) in lieu of Resolution B-4.
RESOLUTION B-4 (Amend)

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

AAOMS Policies, Section XI. Budget and Finance

14. Honorarium Policies:

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

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

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

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

RESOLUTION B-4

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

AAOMS Policies, Section XI. Budget and Finance

14. Honorarium Policies:

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

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

FISCAL IMPACT: $155,000, 2019 budget (if Resolution B-12a is approved)
(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-4 (Amend) in lieu of Resolution B-4 and recommends its ADOPTION.) (2/3 vote)

**JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY**

**JOMS**’s circulation is healthy at 8,624, and the journal is receiving a strong number of quality contributions, with the acceptance rate around 25 percent. The Implants Section has the lowest acceptance rate at 14 percent. Submissions from the United States decreased from 305 in 2016 to 264 in 2017, while international submissions increased from 1,386 to 1,422 with China (290) taking the top spot and the United States (264) falling to No. 2.

Two-thirds of reviewers follow through on a review after receiving an invitation. The current accept-to-publish time for print articles is 5 to 7 months. As one of the quickest surgical journals for first decisions, submission to first decision took 18.6 days in 2017, compared to 18.1 in 2016 and 20.9 days in 2012.

The rejection rate is a healthy 65 percent for full-research articles. Full-text articles being viewed on mobile devices was up 121 percent.

Advertising marketing is predominantly in print. Digital advertising was 2 percent of commercial sales in 2017. Advertising for the healthcare market in 2017 decreased 16.9 percent compared to 2016, while it declined 12.4 percent for the dental group; **JOMS**’s share of the dental group is 1.6 percent.

The reference committee applauds this year’s winner of the Daniel M. Laskin Award, “Is Hyaluronic Acid or Corticosteroid Superior to Lactated Ringer Solution in the Short-Term Reduction of Temporomandibular Joint Pain, and Improving Function and Quality of Life After Arthrocentesis? (Parts 1 and 2)” featured in Volume 75, Issue 1. The authors are Drs. Bouloux, Joli Chou, Deepak Krishnan, Tara Aghaloo, Nora Kahenasa, Julie Ann Smith and Helen Giannakopoulos.

**SPECIAL COMMITTEE ON THE AAOMS CENTENNIAL (SCAC)**

The Special Committee on the AAOMS Centennial was established to consider possible events and activities to enhance the 100th AAOMS Annual Meeting, Scientific Sessions & Exhibition, October 8-13, 2018, in Chicago, IL. The Reference Committee applauds the Special Committee for approving a number of activities and items in conjunction with the centennial celebration. Some of these items include, the anniversary logo, enhancements to the Annual Meeting program books, themed educational programs, history-related features in **JOMS** and **AAOMS Today**, and proclamations from federal, state and city governments.

Reference Committee B commends the committee on its production of a history video, featured on the AAOMS member Vimeo page and AAOMS.org, and a video featuring interviews with past presidents featured in the Annual Meeting History Museum. The committee also continues its work with distinguished member authors to develop an AAOMS centennial history book, which will be available for sale to members following the centennial year.

**ADMINISTRATIVE AFFAIRS**

**AAOMS Strategic Plan, 2018-2020**: Reference Committee B reviewed the strategic plan for 2018-2020. It was noted that implementation of the plan is proceeding well and that it will be updated and revised on an ongoing basis with publication on the AAOMS website for review by the membership.

**Resolution B-5, Discontinuation of Committee on Hospital and Interprofessional Affairs (CHIA)**. Following review of Board’s response to Resolution 17-B-1 in the Board of Trustee’s Annual Report, Reference Committee B agrees that CHIA’s responsibilities are being managed by other committees or have become standard operating procedure for AAOMS Board and staff. The Committee recommends for adoption:
RESOLUTION B-5

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

I. Committee on Hospital and Interprofessional Affairs (CHIA)

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

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

FISCAL IMPACT: COST SAVINGS

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-5 and recommends its ADOPTION) (2/3 vote)

Resolution B-6, Termination of Membership. Reference Committee B recognizes the need to address situations where a member is non-compliant with their financial agreement with the Association and recommends for adoption:

RESOLUTION B-6

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

Section 60. Termination of Fellowship/Membership:

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

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

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

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

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

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

FISCAL IMPACT: NONE
(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-6 and recommends its ADOPTION) (2/3 vote)

Resolution B-7, Reinstatement of Membership. Similar to Resolution B-6, the need to address situations where a member becomes compliant with their financial agreement with the Association, and is eligible for reinstatement, was recognized. The Committee recommends for adoption:

RESOLUTION B-7

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

Section 70. Reinstatement:

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

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

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

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

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

FISCAL IMPACT: NONE

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-7 and recommends its ADOPTION) (2/3 vote)
Resolution B-8, Duties of the House of Delegates. During the 2017 Annual Meeting, the House of Delegates amended Section 30, Term of Office, of the Bylaws to increase the consecutive tenure of a trustee to three two-year terms. Additional bylaws were affected by this change and Reference Committee B recommends for adoption:

RESOLUTION B-8

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

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

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

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

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

D. To elect biennially a Treasurer.

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

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

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

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

I. To approve an annual budget.

FISCAL IMPACT: NONE

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-8 and recommends its ADOPTION) (2/3 vote)

Resolution B-9, Nomination Procedure for Trustees. Along with Resolution B-9, the Trustee nomination period was also affected by the 2017 resolution but not addressed at that time. The Committee recommends for adoption:

RESOLUTION B-9

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

50. Nomination Procedure for Trustees: At each Annual Meeting, the delegates from the components and counterparts of the trustee district in which the term of the trustee is to be completed shall hold a caucus in accordance with the guidelines for trustee district caucuses of the Manual of the House of Delegates to select one or two nominees for the office of trustee.
In odd numbered years, Districts I (Northeastern), II (Middle Atlantic) and VI (Western) shall nominate for election at least one candidate for trustee. In even numbered years, Districts III (Southeastern), IV (Great Lakes) and V (Midwestern) shall nominate for election at least one candidate for trustee.

FISCAL IMPACT: NONE

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-9 and recommends its ADOPTION) (2/3 vote)

Resolution B-10, Affiliate Membership Dues. Reference Committee B recognizes the value in recruiting new and lapsed affiliate members, as well as retaining existing members and recommends for adoption:

RESOLUTION B-10

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

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

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

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

(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-10 and recommends its ADOPTION) (2/3 vote)

Resolution B-11 and B-11 (Amend), Approval of Policy Amendments: Reference Committee B reviewed the AAOMS Policies as amended in accordance with recommendations presented by committees, necessitated by changes proposed to the Bylaws and others to render the policies in compliance with current practice. Resolution B-11 was included in Appendix I to the 2018 Annual Reports, which were available to all members of the House of Delegates with the credentials materials provided via AAOMS Connect and AAOMS.org in July. Since then, an additional policy change resulted from later actions of the Board. The new policy was included in the Board’s Supplementary Report, and an amendment to Resolution B-11 was made.

The Reference Committee reviewed Resolutions B-11 and B-11 (Amend) regarding the policies and recommends Resolution B-11 (Amend) in lieu of Resolution B-11.

RESOLUTION B-11 (Amend)

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

RESOLUTION B-11

RESOLVED, that the amended or added policies as approved by the Board during the period October 2017 – October 2018 as reflected in Appendix I of the 2018 Annual Reports, be approved.
(Mr. Speaker, on behalf of the Reference Committee, the Chairman moves Resolution B-11 (Amend) in lieu of Resolution B-11 and recommends its ADOPTION) (majority)

FINANCIAL AFFAIRS

Resolution B-12 and B-12a, Approval of 2019 Operational Budget. The Reference Committee reviewed the budgets presented in Resolutions B-12 and B-12a. Resolution B-12a includes expenses for increased officer and trustee honoraria, should Resolution B-4 be approved. As Reference Committee B supports Resolution B-4, the Committee recommends Resolution B-12a in lieu of Resolution B-12.

RESOLUTION B-12a

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

RESOLUTION B-12

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

(Mr. Speaker, on behalf of the Reference Committee, the Chair moves Resolution B-12a in lieu of Resolution B-12 and recommends its ADOPTION) (majority)

DISTRICT RESOLUTIONS

Reference Committee B reviewed a resolution submitted by District V in support of development of an education center at AAOMS headquarters. A presentation regarding the education center was provided by the Board during the Reference Committee hearing, and testimony provided by members. Reference Committee B supports this initiative and recommends adoption of Resolution B-13.

RESOLUTION B-13 (Dist V)

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

FISCAL IMPACT: $2,514,000 (taken from operating reserves)

(Mr. Speaker, on behalf of the Reference Committee, the Chair moves Resolution B-13 (Dist V) and recommends its ADOPTION) (majority)

REFERENCE COMMITTEE RESOLUTIONS

During discussion of the resolutions, it was noted that there is gender-specific language throughout the Governing Rules and Regulations. Reference Committee B recognizes an increase in gender diversity within today’s society. Reference Committee B therefore recommends adoption of Resolution B-14 (RC).

RESOLUTION B-14 (RC)


(Mr. Speaker, on behalf of the Reference Committee, the Chair moves Resolution B-14 (RC) and recommends its ADOPTION) (majority)
2018 PRESIDENTIAL ADDRESS
The Reference Committee expresses gratitude to Dr. Brett Ferguson for his leadership, attention to details, many contributions and services to the Association during his year as President. He participated in many meetings at the AAOMS headquarters, ADA headquarters, state and regional societies, as well as allied organizations across the country and internationally, to support and advance the goals, priorities and mission of the specialty of oral and maxillofacial surgery. We commend him for his focus on the preserving the anesthesia model for OMSs. Under his leadership, the Committee on Anesthesia developed a National Simulation Program for office based management of anesthesia emergencies and improved the Office Anesthesia Evaluation Manual. Following the success of its first Anesthesia Patient Safety Conference, a second conference is planned for April, focused on the pediatric population. Dr. Ferguson also guided the Association in keeping ahead of the opioid crisis, educating the public on our specialty through a robust Informational Campaign, and securing our place in the American College of Surgeons, with our own Advisory Council and a seat on the Board of Governors.

As representatives of all fellows and members of the specialty, we, the members of the House, thank Dr. Rita Burnett for her support, time away from her everyday life and patience this past year. Thank you, Rita. Please join us in a round of applause for Rita and the Ferguson family for sharing Brett with us this past year. The specialty has been very fortunate to have you as our leader and spokesperson, and we look forward to having the benefit of your advice, expertise and counsel for many years to come.

Mr. Speaker and House of Delegates, I would also like to thank my committee members: Cynthia E. Winne, Gary W. Seldomridge, Jeffrey D. Schultz, MaryLou Sabino, Monte K. Zysset and Elizabeth A. Kutcipal, and AAOMS staff for their time and efforts in completing this report.