MEETING MINUTES OF THE

AMERICAN DENTAL ASSOCIATION

COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION

ADA HEADQUARTERS BUILDING, CHICAGO

July 25-27, 2019

CALL TO ORDER

The second regular meeting of the Council on Advocacy for Access and Prevention (CAAP) was called to order by Dr. Rich Herman, CAAP chair, at 4:00 pm, Thursday July 25 in the 22nd floor Board Room at the ADA Headquarters Building, Chicago, IL.

ROLL CALL

Members: Dr. Kristi Gipe Golden, (2022), Twelfth District; Dr. Shailee J. Gupta, (2022), Fifteenth District; Dr. Richard P. Herman, chair, (2019), Second District; Dr. Irene V. Hilton, (2021), Thirteenth District; Dr. Mark J. Humenik (2020), Eighth District; Dr. Mark Koday, (2019), Eleventh District; Dr. Carmine J. LoMonaco (2020) Fourth District; Dr. Jessica A. Meeske, (2021) Tenth District; Dr. Carol Marie Morrow, (2021), Fourteenth District; Dr. Bonita Davis Neighbors, (2021), Ninth District; Dr. Michael L. Richardson (2022), Sixth District, Dr. Alicia Risner-Bauman (2019), Third District; Dr. Richard A. Stevenson, vice chair, (2020), Seventeenth District; Dr. Shamik S. Vakil, (2022), Sixteenth District; Dr. Michael H. Wasserman, (2019), First District and Dr. Andrew D. Welles, New Dentist Committee.

Not in attendance: Dr. R. David Bradberry (2020), Fifth District

Liaisons: Dr. Ken McDougall, ADA Board of Trustees, Tenth District; Mr. Greg Mitro, Alliance of the American Dental Association; Mr. Craig McKenzie, ASDA Representative, Dr. Craig Armstrong, CGA Chair;.

Council Staff: Mr. Michael Graham, senior vice president, Government & Public Affairs; Dr. Jane S. Grover, director; Dr. Steven P. Geiermann, senior manager, Access, Community Oral Health Infrastructure and Capacity; Ms. Kelly Cantor, manager, Preventive Health Activities; Ms. Tooka Zokaie, manager, Community Based Programs; Mr. Carlos Jones, Jr., Action for Dental Health coordinator, and Ms. Elaine Barone, Council coordinator.

Other ADA Staff in attendance for all or portions of the meeting, include: Dr, Kathleen O'Loughlin, executive director; Mr. Chad Olson, director, Department of State Government Affairs; Mr. Paul O'Connor, senior legislative liaison, Department of State Government Affairs; Mr. Jeff Troupe, senior legislative liaison, Department of State Government Affairs; Wendy J. Wils, Esq., deputy general counsel, Legal Affairs; Dana Wilson, Esq., assistant general counsel, Legal Affairs Ms. Katherine Merullo, manager, Public Affairs & Advocacy Communications;

Special Guests: Dr. Jeff Cole, ADA president and Dr. Chad Gehani, president-elect, attended portions of this meeting. Also present was Dr. Tim Ricks, Chief Dental Officer of the US Public Health Service, Dr. Virginia Jones, Chief Operating Officer of Village Family Dental, Dr. Greg Heinstchel and Community Dental Health Coordinators Jenna Linden, Gena Riley, Tana McColl and Dora Sandoval

ADA Disclosure Policy: Prior to conducting any business, Dr. Herman referenced the ADA Disclosure Policy printed in the agenda and called for disclosures. No disclosures were made.

Approval of the Agenda: The Agenda and Consent Calendar was approved without comment.

Report of the Executive Director: Dr. Kathleen O'Loughlin, Executive Director, gave the Council an update on the current state of the ADA. She covered the membership trends of the past several years and the aspects of consumerism which are now impacting dental practices.

She shared an overview of the new Strategic Plan, Common Ground, for the 2020-2025 planning cycle with an enhanced emphasis on the health of the public along with member success. The ADA can empower the profession to advance the overall oral health of the public through advocacy for effective dental benefit programs accompanied by being the recognized voice for trusted information.

She praised the Council for its focus on the public facing stakeholder groups and commended the ADA Washington Office team for its advocacy on key issues such as the opioid crisis and the Action for Dental Health bill which has passed into legislation.

The ADA contractual relationship with CVS was described with regard to dental products and the difficulties of "do it yourself" dentistry. The ADA Find a Dentist program now has over 93,000 member profiles displayed.

Report of the Chair: Dr. Rich Herman welcomed all of the Council members to the meeting and discussed the priority issues which the membership would look to CAAP for leadership. These topics include the resolutions passed by the 2018 House of Delegates on developing a Culture of Safety within the ADA policy realm, support for the Action for Dental Health initiatives and the challenges of "junk science" with regard to water fluoridation.

Report of the Senior Vice President: Mr. Michael Graham reviewed the success of the Division of Government Affairs and the potential opportunities for the new Senate property such as holding the summer Council meeting for CAAP there in 2020.

He also covered the potential of the Action for Dental Health legislation and the ability of more groups to apply for federal grants. This will allow for more programs within states which can have outcomes tracked to demonstrate improvement of the oral health or the public.

Report of the Director: Dr. Jane Grover invited the Council to review her written report and mentioned Alliance members as a group of over 400 dental spouses who can collaborate with Council members on Action for Dental Health initiatives in their Districts. She also encourage them to interact with their CGA counterparts within their Districts.

Report of the Trustee Liaison: Dr. Ken McDougall, 10th District Trustee representative from the ADA Board of Trustees updated the Council on the changes to the ADA Foundation as well as the Dues Simplification program which will be discussed by the House of Delegates this year. He shared his impressions of attending the National Oral Health Conference and offering views as a rural dentist in North Dakota.

Report of Communications and Integrated Marketing: Ms. Katherine Merullo, Manager, Public Affairs and Advocacy Communications, informed the Council on the various types of media such as earned, paid or unearned. She let the Council know about the increased emphasis on "white hat" stories and the challenges of how the media may address Community Water Fluoridation in particular communities.

Report of the Council on Government Affairs: Dr. Craig Armstrong, CGA Chair, shared the interest of his Council regarding the "team effort" necessary for the success of Action for Dental Health initiatives within states. He also described the activities of the Lobby Day issues addressed such as Ensuring Lasting Smiles Act and Surprise Billing.

Report of the American Student Dental Association (ASDA) : Mr. Craig McKenzie, elected ASDA President in February of this year, updated the Council on the strategic priorities of ASDA. He covered the ASDA focus on wellness for students and mentioned the difficulty that students are having with school restrictions on attendance at national meetings. The November ASDA Leadership Conference will feature a session on Readiness for Public Practice presented by CAAP staff.

Report of the Committee of the New Dentist: Dr. Andrew Wells reported on the New Dentist Conference members being involved in all areas of the ADA. Diversity and Inclusion are two separate goals for CND with the ADAPT program having special interest in the state of Wisconsin. He stated that younger dentists first decide where they want to live, then look at practice options for that particular area.

There is also special emphasis within the CND on the specific challenges of pregnant practitioners and team based care with assistants and hygienists.

Report of the Alliance of the ADA: Mr. Greg Mitro brought greetings from the Alliance spouse group which has shifted their meeting structure from spouse based to family centric. Their advocacy efforts will focus not only on dental health education within communities but well-being for the entire dental family.

The above reports were informational and no action was requested

Special Order of Business:

Rear Admiral Dr. Tim Ricks, Assistant Surgeon General and Chief Dental Officer of the US Public Health Service, updated the Council on the efforts regarding development of the forthcoming Surgeon General's Report on oral health. He referenced the previously published report on oral health from the Surgeon General in 2000 and noted areas where significant progress has been made.

These areas will be described within a larger framework which will cover the changing perception of oral health, build the science base of ways to address disease, support the need to replicate effective programs, highlight proven efforts, increase oral health work force diversity capacity and increase medical / dental collaborations.

He assured the Council that the current Surgeon General has oral health mentioned as a priority area for the health of the country along with vaccinations, substance misuse, community health and military readiness.

Council members engaged in effective dialogue with Dr. Ricks, sharing thoughts on designation of HPSA areas and Medicaid audits which focused on appropriate use of stainless steel crowns for treatment of children.

His additional topic areas included the increasing oral health needs of a crowing elder population, e-cigarettes, vaping and the challenge of vaccine acceptance. He mentioned that measles is at its highest level in 20 years. The support of the Surgeon General for Community Water Fluoridation remains steadfast despite various challenging reports in the media regarding its safety.

It is anticipated that the 2020 Surgeon General's Report on Oral Health will be completed in midyear 2020 and may include a section on the ADA's Community Dental Health Coordinator program.

This report was informational only and no action was requested

Report of the Prevention Subcommittee: Dr. Mike Wasserman, Subcommittee Chair, presented the following information to the Council:

The National Fluoridation Advisory Committee (NFAC) met in June for the first time under the new Charter approved by the Council at the January meeting.

Two CAAP members who currently serve on NFAC, Drs. Bonita Neighbors and Kristi Gipe-Golden, updated the Council on Search Engine Marketing and geo-targeting of populations within communities facing a fluoridation challenge.

Silver Diamine Fluoride Policy Proposal: Dr. Wasserman then shared with the Council the Statement on Silver Diamine Fluoride) going to the the 2019 House of Delegates from the Council on Dental Practice. The Council by general consent agreed to support the CDP draft Policy Statement reflected below, without comment:

Statement on the Use of Silver Diamine Fluoride (SDF)

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain limited circumstances, SDF can be used as a non-restorative treatment to arrest cavitated carious lesions on primary and permanent teeth. SDF treatment for carious lesions requires appropriate diagnosis and monitoring by a dentist.

When using SDF for caries management, the following protocols should be followed:

1. A diagnosis of caries and comprehensive treatment plan, developed by a dentist, are necessary for each patient prior to the application of SDF.

2. Patients or their lawful guardians who opt for this treatment modality should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.

3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training under the indirect or Public Health supervision of a dentist, in accord with state law and in conjunction with the above protocols keeping in mind that caries removal may be indicated for effective use of SDF.

Proposed Resolution

Resolved, that the proposed policy, Use of Silver Diamine Fluoride, be forwarded to the 2019 House of Delegates for adoption as ADA policy.

Regular Policy Review: Dr. Wasserman reported on the subcommittee's work to assist the Council in its review of current policies, as directed by Resolution 170H-2012 (*Trans.*2010;603; 2012:370),

By vote, the Council approved the following recommendations for policy retention, revisions and rescission

Oral Health Assessment for Schoolchildren (2005:323 2013;360)

Resolved, that the ADA supports oral health assessments for school children, intended to gather data, detect clinically apparent pathologic conditions and allow for triage and referral to a dentist for a comprehensive dental examination, and be it further

Resolved, that the ADA supports state dental associations' efforts to sponsor legislation to provide oral health assessments for school children, and be it further

Resolved, that ADA recommends that school children receive a comprehensive examination conducted by a licensed dentist, and be it further

Resolved, that the ADA supports efforts to educate policymakers and the public that oral health is an integral part of overall health, and as such, oral health assessments should be given the same priority as other health assessments for children, and urges state and local dental societies to take similar actions.

Retain as written (consent calendar)

High Blood Pressure Programs (Trans 1974:643 2013 343)

~~Resolved, that the American Dental Association supports member participation in the National High Blood Pressure Program.~~

Rescinded due to the National High Blood Pressure Program no longer being active

Preventive Dental Procedures (*Trans.*1967:325;2013:342)

~~Resolved, that constituent dental societies support the use of preventive procedures in all dental offices, and be it further~~

~~**Resolved,** that constituent and component societies support continuing education programs in the effective use of preventive procedures.~~

Rescinded due to outdated language

Orofacial Protectors (*Trans.*1994:654; 1995:613;2016:322)

Resolved, that the American Dental Association recognizes the preventive value of orofacial protectors and endorses the use of orofacial protectors by all participants in recreational and sports activities with a significant risk of injury at all levels of competition including practice sessions, physical education and intramural programs, and be it further

Resolved, that the ADA supports collaboration with international and national sports conferences, sanctioning bodies, school federations and others to mandate the use of orofacial protectors.

Retain as written (consent calendar)

Special Order of Business: Staff Presentation Ms. Kelly Cantor
Per Council request, a CAAP staff member will present to the Council the focus of their current work and their professional background of health activities. Ms. Kelly Cantor, Manager of Community Based Programs, gave the Council insight on her background in adolescent health in the New York school system coupled with her ongoing work with Action for Dental Health initiatives and HPV vaccination goals.

She covered the areas of population health programs and the opportunities that ADA members have to engage in total person care, not only the provision of dental services.

Special Order of Business: Dr. Reva Bhushan, Science Consultant ,American Association of Pediatric Dentists (AAPD) and Dr. Robin Wright, Director of Oral Health Policy and Research (AAPD) presented "Science and Strategy for Talking About the HPV Vaccine)".

They began with the foundation of "small talk isn't small" and gave an overview of how the dental community is well positioned to play an important role in promoting the HPV vaccine for patients. Their

comments focused on preventive efforts to reduce HPV-related cancer incidence can begin in the dental office with the age groups of interest stated by the CDC.

The primary message of their session was the opportunity dentists and staff have in framing the HPV vaccine conversation with patients as cancer prevention. One of their key strategies was to set the stage for HPV discussion by beginning with open-ended questions to the patient, then move to general health topics such as smoking before transitioning to the HPV vaccine discussion.

This presentation was informational only and no action was requested

Special Order of Business: Dr. Greg Heinstchel Safety in Dentistry Workgroup Update

Dr. Gregory Heinstchel is the Chair of Oral Health and Dentistry at The MetroHealth System in Toledo Ohio. He works in collaboration the Case Western Reserve University (CWRU) School of Dental Medicine in the areas of access, patient safety, quality and patient experience.

His service on the Safety Workgroup was shared with the Council members. Other members of the workgroup include Dr. Rich Herman, CAAP Chair, Dr. Dan Klemmedson, ADA Trustee, and Dr. David White, CGA member.

Dr. Heinstchel discussed with the Council the highly regarded reputation of safety which the dental profession enjoys while presenting the case for developing an overall system of safety for both patients and providers.

While pain management efforts of the Dental Quality Alliance and waterline safety are well established, there exists a need to establish an overall culture of safety where providers may share areas of improvement which may avoid costly events. The emphasis is on systems structure, not individual actions.

Report of the Access and Advocacy Subcommittee: Dr. Mark Koday, Subcommittee Chair, updated the Council on the following areas of interest:

Medicaid audits were discussed with an emphasis on fair audit practices which include case review to be performed by a dentist, not a financial manager or policy reviewer.

Dr. Rich Herman transferred Council meeting duties over to Dr. Rick Stevenson, Vice Chair, for a continuing discussion of the Safety Workgroup. Dr. Hermann indicated to the Council that he would like the House of Delegates to view the work done so far by the Workgroup, knowing that there are other groups (such as AAOMS) who are also convening discussions on Safety.

On vote, the Council approved the following resolution:

Resolved:,

that the appropriate ADA agency be tasked with implementing in a measured and methodical manner, a three or more year framework for action that will begin to:

- Develop a curriculum on patient safety and encourage its adoption into training
- Disseminate information on patient and dental team safety through a variety of in-person, print, web and social media communication vehicles on a regular basis
- Work collaboratively to develop community –based initiatives for error reporting and analysis and
- Collaborate with other dental and healthcare professional associations and disciplines in a national summit on dentistry's role in patient safety,
- and be it further,

Resolved, that an annual report be submitted to the ADA House of Delegates detailing progress in nurturing this culture of safety in order to raise awareness, while alleviating fear and anxiety associated with making the dental environment safe for patients, providers and the dental team.

Upon vote via adoption of the consent calendar, the Council approved the following policies to be retained as written:

Designation of Individuals with Intellectual Disabilities as a Medically Underserved Population (*Trans.*2014:508)

Resolved, that the American Dental Association support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically underserved population, and be it further

Resolved, that the ADA seek to collaborate with the American Medical Association and the American Academy of Developmental Medicine and Dentistry to promote this process to appropriate governmental agencies.

Retain as written

Vision Statement on Access for the Underserved and Promotional Activities (*Trans.*2004:321; 2014:503)

Resolved, that the American Dental Association support efforts to establish programs and services that improve access to oral health care, while maintaining a single standard of oral health care.

The Association thereby:

- Recognizes that oral health is integral to overall health and can affect a person's self-esteem, ability to learn and employability.
- Acknowledges that oral health disparities and the extent and severity of untreated dental disease—especially among underserved children—is unacceptable.
- Commits through advocacy and direct action, to identify and implement market-based solutions that capitalize on the inherent strengths of the American dental care system.

Retain as written

The Alaska Native Oral Health Access Task Force—Strategies to Assure Access to Quality Health Care for Native Alaskans (*Trans.*2004:291; 2010:521)

Resolved, that in response to the Alaska Native Oral Health Care Access Task Force's findings and recommendations and to the unique and separate challenges that Alaska presents, the following strategies to assure access to quality health care for Native Alaskans be approved:

1. The ADA encourage the establishment of a work group that includes tribal leaders and the Alaska Dental Society (ADS) to facilitate improved access to oral health care for the Alaskan village populations.
2. The ADA work with the ADS and tribal leaders to seek federal funding with the goal of placing a dental health aide (i.e., a Primary Dental Health Aide I or II) trained to provide oral health education, preventive services and palliative services (except irreversible procedures, including but not limited to tooth extractions, cavity and stainless steel crown preparation and pulpotomies) in every Alaska Native village that requests an aide.

3. The ADA support the use of Expanded Functions Dental Health Aides I and II where appropriate to improve the efficiency of delivering oral health care services to Alaska Natives within the Community Health Aide Program.
4. The ADA continue to support current federal policy that facilitates the entry of American Indians/Alaska Natives into the health professions, especially in the field of dentistry.
5. The ADA work to ensure that representatives of the ADS are included in oversight activities concerning the dental health aide program and other programs affecting the delivery of oral health care services to Alaska Natives.
6. The ADA offer, and the ADS be encouraged to offer, to work with the tribal leaders to increase the use of telecommunications to ensure the proper delivery of oral health care in the villages.
7. The ADA take actions that help to significantly increase the number of dentists and dental hygienists available to provide services to Alaska Natives in the rural villages through private contracts and volunteerism and to facilitate the placement of donated dental equipment, including encouraging the ADS to establish a volunteer position to coordinate these activities with the tribes.
8. The ADA offer, and the ADS be encouraged to offer, to explore ways of working with the Denali Commission and the tribes to expedite the building of dental clinics in rural Alaska villages.
9. The ADA offer to work with the ADS, Alaska Native Tribal Health Consortium, the Alaska Native Health Board and others to lobby for increased federal funding to help ensure that improvements in community water quality in the rural Alaska villages include fluoridation.
10. The ADA work with the ADS and tribes to help reduce the consumption of soft drinks and other cariogenic products.
11. Consistent with the needs and desires of tribal leaders, the ADA support the increased use and funding of military reservist dentists, including dental specialists, in delivering care to Alaska Natives in remote, rural villages.
12. The ADA through its agencies help to facilitate the placement of volunteer dentists and dental hygienists in tribal and Indian Health Service facilities nationwide.
13. The ADA is opposed to nondentists or non-licensed dentists, (except dentists who are faculty members of CODA-accredited dental schools) making diagnoses, developing treatment plans or performing surgical/irreversible procedures.
14. The ADA will work to help tribes and tribal leaders understand the dangers and patient health risks of nondentists making diagnoses or performing irreversible dental procedures, including but not limited to tooth extractions, pulpotomies and cavity and stainless steel crown preparation.

Retain as written

Access to Dental Services for the Underserved (*Trans.*2000:500)

Resolved, that the appropriate agencies of the Association support the development of state legislative models to be used by constituent societies to resolve issues related to access to dental care for the underserved, indigent and special needs children and adults, and be it further
Resolved, that the Association monitor, respond and, if necessary, pursue federal legislation to improve access to dental care of this same population using the following guidance:

A. Collection of Data and Development of Definitions

Terms, such as “need and demand for services” and “dental shortage areas” will be defined and data regarding the prevalence of dental disease among underserved children shall be collected and reported.

B. Reimbursement for Dental Health Care Providers

Grants shall be made to participating states that agree to make the application, claims processing, and reimbursement systems more like the marketplace. This would include, for example, higher reimbursement levels and use of the ADA claim form and code.

C. Education

Grants to develop and/or enhance educational programs to educate pediatric and general dentists to serve children will be provided and federal loan repayment options for dentists who serve in faculty positions and/or who conduct research shall be made available.

D. Availability of Providers

Educational loan reductions for dentists in underserved areas and grants for mobile dental facilities that provide comprehensive care.

E. Federally Qualified Health Centers

Require FQHCs to make it a priority to provide care to the indigent and to provide reports regarding their funding.

F. Oral Health Awareness and Social Training

Materials will be developed to increase oral health care awareness and to promote better oral health care.

G. Community Water Fluoridation

Appropriate federal agencies shall increase research and public awareness efforts regarding the benefits of community fluoridation and grants will be provided to communities for water supply fluoridation.

H. Scope of Dental Practice Laws Protected

No provision of this guidance shall be interpreted to expand the scope of dental practice to allow untrained and/or unqualified personnel to perform any dental service.

Retain as written

Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596)

Resolved, that the House of Delegates approves the scope and direction of Report 5 on the *Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care* and requests implementation of its recommendations through coordinated Association activity.

Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596)

1. Increase Association efforts to promote the concepts of prevention within the profession and the public sector, including government.
2. Draw freely on the special professional abilities of dentists who are expert in practice, in public health, in research and in education.
3. Actively seek allies throughout society on specific activities that will help improve access to care for all.
4. Maintain and coordinate council and other Association activities involved in this program.
5. Maintain quality dental care in all aspects of the delivery system.
6. Seek new ways for the Association to assist state and local dental health units to strengthen themselves.
7. Speak clearly to the public and to government about their respective responsibilities with respect to dental health.

8. Recognition that the traditional form of private practice will remain the major source of dental care coupled with an understanding that other sources of care exist and should receive objective attention.
9. Press for more efficient administration of and more equitable reimbursement under Medicaid and similar programs.
10. Intensify efforts at the federal level to mandate basic dental benefits for all Medicaid recipients.
11. Explore the funding of a pilot program to obtain broader Medicaid dental care benefits at the state level.
12. Explore the use of elementary and secondary schools in providing patient education, referral and oral prophylaxis dental services to children.
13. Emphasize comprehensive dental services in addressing the need of the elderly.
14. Intensify efforts to amend Medicare to include dental benefits.
15. Seek ways to extend private group dental prepayment benefits to the elderly.
16. Develop minimal criteria that state dental societies must take to be eligible for Association assistance to provide access programs for denture care.
17. Investigate ways to improve increased opportunity for dental care for the elderly through a greater availability and effective utilization of dentists and dental auxiliaries.
18. Establish a national organization concerned with the dental health of the elderly.
19. Develop a program to provide assistance and information to state and local societies to assist dentists in caring for handicapped and disabled patients.
20. Maintain support of the National Foundation of Dentistry for the Handicapped.
21. Identify and publicize other sources of care for the handicapped, institutionalized and homebound.
22. Develop a better information base on the dental health needs of the long-term homebound.
23. Help establish appropriate continuing education for practitioners and cooperate with dental educators regarding any necessary additions to the undergraduate and postgraduate dental school curricula.
24. Implement appropriate methods of providing more accessible dental care to nursing home residents.
25. Explore the potential for resolving problems of limited health manpower and capital resources in nursing homes.
26. Reexamine existing Association policy respecting the National Health Service Corps and program activity.
27. Continued support of the Health Professions Placement Network.
28. Continued support of the Dental Planning Information System to enhance its ability to provide information on care delivery in remote areas.
29. Cooperate more closely with dental health departments in states with a high number of remote area residents, including possible funding of demonstration projects.
30. Expansion of the Association's present role in stimulating the growth of dental prepayment.
31. Broaden sources of prepayment coverage beyond the workplace.
32. Support extension of group dental prepayment benefits to federal employees and military dependents.
33. Work with private and governmental groups in developing a more detailed base of information on dental prepayment.

Retain as written

State Dental Programs (*Trans.*1954:278; 2013:341)

Resolved, that constituent dental societies be urged to support state oral health programs in their respective state by (1) assuming the necessary leadership to secure the appropriation of state funds earmarked for dental health purposes, (2) fostering the appointment of a capable state dental director, and (3) aiding in the establishment of a sound administrative position for the state oral health program.

Retain as written

Report of the Dental Quality Alliance (DQA): Dr. Mark Koday, Chair Elect of the DQA gave the Council an update on DQA activities. Presenting with Dr. Koday was Ms. Diptee Ojeda, Senior Manager, Office of Quality Assessment and Improvement.

Dr. Koday covered the basic governance structure of the DQA and reminded the Council of the pediatric measures initially developed with the starter set of adult measures accepted by the National Quality Health Forum (NQHF) accepted in 2016. He encouraged the Council to become familiar with all measures, many of which are plan based measures and some of which are practice based measures.

This report was informational only and no action was requested.

Report of the Prime Subcommittee: Dr. Alicia Risner-Bauman, Chair, reported the following information to the Council:

The National Advisory Committee on Health Literacy in Dentistry (NACHLD) is now within Prime to continue promoting this valuable work to the Council and the membership. The HPV vaccine project is within Prime as are the "prime" initiatives of the Action for Dental Health (ADH).

Upon vote, the Council approved the following policy revisions for consideration by the House of Delegates**:**

Home Health (*Trans* 1989:541)

Resolved, that constituent dental societies be encouraged to meet with licensed home care agencies in their states to stress the need for attention to the oral health needs of home care patients, and be it further

Resolved, that the American Dental Association encourage national accrediting bodies to adopt meaningful oral health care standards within their accrediting standards for home care agencies, ~~and be it further~~

~~**Resolved,** that the Council on Access, Prevention and Interprofessional Relations develop and distribute guidelines to be used as a basis for recommendations to home care agencies and accrediting bodies.~~

Non Dental Providers Completing Educational Program on Oral Health (Trans 2004:301)

Resolved, that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide preventive dental services to infants and young children, and be it further

Resolved, that anyone that provides preventive dental services to infants and young children should have completed an appropriate educational program on oral health, ~~common oral pathology~~, dental disease risk assessment, dental caries and dental preventive techniques for this age group, and be it further

Resolved, that the ADA encourage ~~urge~~ constituent societies to support this policy.

Non Dental Providers Notification of Preventive Treatment of Infants and Young Children (Trans 2004:303)

Resolved, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be performed by a dentist or appropriately trained physician, and be it further

Resolved, that risk assessments, screenings or oral evaluations of infants and young children by non-dentists are not to be considered comprehensive dental exams, and be it further

Resolved, that it is essential that non-dentists who provide preventive dental services to an infant or young child ~~notify a dentist~~ refer the family to a dental home with a report ~~of the custodial parent/legal guardians choosing~~ as to what of the services ~~were~~ rendered

Child Identification Programs (Trans 2014:506)

Resolved, that the ADA supports child identification programs that include scientifically demonstrated valid dental related components, including the documentation of the child's dental home, and be it further

Resolved, that the ADA supports constituent and component dental societies promoting partnerships with sponsoring organizations of these child identification programs and be it further

Resolved, to recognize the importance of dentistry's role in the provision of data for identification of missing and/or deceased children and encourages dental professionals to assist in identifying such individuals though dental records and other mechanisms. and be it further

Resolved, that the ADA policy, Child Identification Program Partnerships (*Trans*.2003:360) be rescinded

Recognition of ADH Within States: To promote the recognition of ADH within states, the Council approved the following resolution:

> **Resolved**, that CAAP recognize a dental association state executive or oral health champion who has moved the Action for Dental Health initiatives into visibility within their state with an "Excellence in Action for Dental Health" award.

Special Order of Business: Dr. Rick Stevenson was elected Chair of CAAP for 2019-2020 and Dr. Jessica Meeske was elected Vice-Chair unanimously by the Council

Special Order of Business: Community Dental Health Coordinator Graduate Update

Four graduates of the Community Dental Health Coordinator program gave presentations to the Council on their employment activities and outcome measures for their populations.

Ms. Gena Riley RDH CDHC, Ms. Jenna Linden RDH CDHC, Ms. Tana McColl, RDA, CDHC, and Ms. Dora Sandoval, RDH CDHC, gave compelling testimony on their daily duties and the impact their training has had on improving oral health for underserved populations.

Dr. Virginia Jones, Chief Operating Officer for Village Family Dental group practice, provided key metrics to the Council regarding the quality and dollar value added of the CDHC training to the practice operations.

Their reports were most appreciated by the Council and Dr. Tim Ricks, who remained throughout the entire Council meeting.

Review of Future Council Meeting Dates: Dr. Herman covered the various future dates of the Council meetings:

- 2020 Council Meeting Dates
    - Thursday, January 9 – Saturday, January 11
    - Thursday, July 9 – Saturday, July 11

Old Business: There was no old business.

New Business: There was no new business

Adjournment: The Council meeting was adjourned at 11: 46 am on Saturday July 27th