

**MEETING MINUTES OF THE  
AMERICAN DENTAL ASSOCIATION  
COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION  
July 9-10, 2020**

**CALL TO ORDER**

The virtual meeting of the Council on Advocacy for Access and Prevention (CAAP) was called to order by Dr. Richard Stevenson, CAAP chair, at 4:00 pm, Thursday July 9<sup>th</sup>.

**ROLL CALL**

**Members:** Dr. Karen Arsenault, (2024), First District; Dr. R. David Bradberry (2020), Fifth District; Dr. Paul Casamassimo, (2020), Seventh District, Dr. Chris Delecki (2024), Eleventh District, Dr. Kristi Golden, (2022), Twelfth District; Dr. Shailee J. Gupta, (2022), Fifteenth District; Dr. Irene V. Hilton, (2021), Thirteenth District; Dr. Mark J. Humenik (2020), Eighth District; Dr. Carmine LoMonaco, Fourth District, Dr. James Mancini, (2024), Third District; Dr. Robert Margolin, (2024), Second District; Dr. Jessica A. Meeske, vice-chair, (2021) Tenth District; Dr. Carol Marie Morrow, (2021), Fourteenth District; Dr. Michael L. Richardson (2022), Sixth District, Dr. Richard A. Stevenson, chair, (2020), Seventeenth District; Dr. Shamik S. Vakil, (2022), Sixteenth District and Dr. Jehan Wakeem, (2021), Ninth District.

**Not in attendance:** Dr. Andrew Welles, New Dentist member.

**Liaisons:** Dr. Billie Sue Kyger, ADA Board of Trustees, Seventh District; Mr. Greg Mitro, Alliance of the American Dental Association; Ms. Sydney Shapiro, ASDA Representative, Dr. David White, Council on Government Affairs (CGA) Vice 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: Mr. Robert Quashie, Senior Vice President, Business Operations, Ms. Diptee Ojha, Senior Manager, Office of Assessment and Quality Improvement, Mr. Paul O'Connor, senior legislative liaison, Department of State Government Affairs; Department of State Government Affairs; Wendy J. Wils, Esq., deputy general counsel, Legal Affairs; Ms. Katherine Merullo, manager, Public Affairs & Advocacy Communications;

**Special Guests:** Rear Admiral Tim Ricks, Assistant Surgeon General, Dr. Renee Joskow, Chief Dental Officer, Health Resources and Services Administration; Dr. Emily Mattingly, Chair, Committee on the New Dentist.

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

**Approval of the Agenda:** The Agenda was approved with one item, Policy review of 65H, removed.

**Special Order of Business:** Rear Admiral Tim Ricks gave a presentation which featured an overview of the US Public Health Service and the office of the Surgeon General. He covered the basic information regarding the 6000 health care and health care related officers serving underserved communities while stressing the importance of good oral health as a recognized strategy to keep US troops ready for deployment.

Dr. Ricks mentioned that the current Surgeon General (SG), Dr Jerome Adams, is the second SG to prioritize oral health and detailed some ways that organized dentistry could support his national priorities.

Decreasing the use of E cigarettes is especially seen as a way to improve health and Dr. Ricks is collaborating with state oral health directors to improve strategies focused on school based populations.

Dr. Ricks elaborated on the Surgeon General's Report on Oral Health which is anticipated to be released in 2021 with a variety of experts among the editors and contributors. COVID has taken over much attention within the SGs office but the priorities for the Health People 2030 are on track for development. Dr. Ricks has formed an Oral Health Coordinating Committee (OHCC) which brings the majority of federal agencies together to facilitate oral health efforts.

**Report of the Chair:** Dr. Richard Stevenson referred the Council members to his written report, but thanked the Council members for their work while stating his gratefulness for their support during his year as Chair.

**Report of the Director:** Dr. Grover referred to her written report while drawing attention to the need for Council members to become familiar with the Action for Dental Health / HRSA grant opportunities in their Districts.

**Report of the Senior Vice President:** Mr. Michael Graham reviewed the advocacy efforts on behalf of the membership in light of the challenges of COVID. He focused on the high rate of activity for the Washington staff in the HEROS Act, advocating for PPP loans, EIDL loans, working with the Federal Emergency Management Agency (FEMA) on Personal Protective Equipment (PPE) issues.

He also mentioned how important dental offices are to the local economy even as patient load remains somewhat below pre-COVID levels.

Mr. Graham also covered issues relating to Veterans care and the interest of the Council on Governmental Affairs to receive input from CAAP on proposed policy.

**Council Elections:** Dr. Stevenson called for nominations for the office of Council chair in the 2020-2021 term and Dr. Jessica Meeske was nominated. Dr. Stevenson asked if there were any additional nominations and there were none. There being no additional nominees, Dr. Stevenson declared Dr. Meeske duly elected to the office of Council Chair for the 2020-2021 term.

Dr. Stevenson called for nominations for the office of Council vice chair in the 2020-2021 term and Dr. Shailee Gupta was nominated. Dr. Stevenson called for additional nominations and there were none. There being no additional nominees, Dr. Stevenson declared Dr. Gupta elected to office of Council Vice Chair for the 2020-2021 term.

**Report of the American Dental Student Association (ASDA):** Ms. Sydney Shapiro reported on the challenges of student closings, alternative pathways to licensure now in effect in 27 states and the wellness efforts within the ASDA population.

She also covered the shortcomings of virtual classes as opposed to in person clinical instruction, the practice of testing students prior to their returning to school and an overview of the job market for newly graduated dentists. Performing hygiene procedures has become a way to enter the practice world and the interest in screening patients for chronic diseases is very high.

The Council then entered in a general discussion about how their area of the country is addressing COVID challenges. Each member gave an update from their business and personal perspectives.

**Special Order of Business:** Mr. Robert Quashie, Senior Vice President of Business Operations, gave the Council an in depth view of the new Strategic Plan, Common Ground 2025, with particular emphasis on the budgetary considerations underway within the Association due to COVID. He featured integration within the operating plan while stressing the increased collaboration with state dental associations.

From a business perspective, the ADA has been forecasting and reforecasting to manage through the COVID crisis while serving members and allowing offices to return to “normal”. Operationally, we have discovered that we can work remotely and better within teams.

COVID has demonstrated the strength of the ADA with respect to advocacy, science and dental practice. Membership will continue to be a priority with the Common Ground Public Goal serving to benefit both the public and the profession.

**This report was informational and no action was requested.**

**Report of the Council on Government Affairs:** Dr. David White, Vice Chair of CGA,

Dr. White updated the Council on the formation of three workgroups within CGA to address particular topics of interest. These topics include Indian Health Service, Medicaid and care for Veterans. He touched on teledentistry, the issue of H1B visas for dentists, student loan reform and advocating for a chief dental officer within the federal agency CMS.

COVID has shown the ADA to be the lead advocate for the dental profession with continued support for the Action for Dental Health initiatives, such as water fluoridation, which promote prevention of dental disease.

**Report of the Trustee Liaison:** Dr. Billie Sue Kyger expressed her professional satisfaction in being the liaison from the ADA Board to CAAP. She shared insights and comments from the Board of Trustees relating to the COVID challenges faced by the Association and highlighted the opportunities to overcome obstacles with innovation such as teledentistry. She encouraged the Council to keep moving forward in light of the new Common Ground Strategic Plan with public facing objectives.

**Report of the Committee of the New Dentist (CND):** Dr. Emily Mattingly, CND Chair, reported on the many areas of activity within the CND at this time such as the continued focus on the challenges of employee dentists and enhancing the New Dentist experience at annual conferences. She also mentioned the discussions taking place on the New Dentist blog related to diversity appreciation and civil unrest.

**Special Report:** Mr. Michael Graham, Senior Vice President of Government Affairs, reported on a proposed resolution from the Council on Governmental Affairs regarding a pilot project for veterans care using CDHCs as patient navigators. The essence of this project would be working with the Innovation Center of the VA to allow those not eligible for VA dental care to be directed towards community based care locations.

**Special Report:** Dr. Renee Joskow, Chief Dental Officer of the Health Resources and Services Administration (HRSA), brought the Council up to date with a review of how the HRSA agency mission aligns with the ADA Action for Dental Health initiatives. She shared that 90% of HRSA appropriations go out to community agencies as federal grants.

Dr. Joskow shared how the Bureau of Health Workforce is looking to expand capacity in underserved areas as providers who train there are more often likely to remain. She mentioned health literacy and educational resources to support the oral health education of non-dental health care colleagues. She also touched on the multiple opportunities for loan repayment programs through the National Health Service Corps which now has a pipeline beginning for senior dental students.

**Report of the Prime Subcommittee:** Dr. David Bradberry, Subcommittee Chair, gave a brief overview of the activities of the Subcommittee with the new assignment relating to the ADA Humanitarian Award.

The Council approved two members to serve on the Selection Committee along with Dr. Richard Stevenson, Chair. Those members are Drs. David Miller and Allen J. Moore with Dr. Robert Lamb serving as alternate.

Dr. Mark Humenik reported on the CDHC Transition Team while Dr. Shailee Gupta reported on both the ED Referral Workgroup and National Advisory Committee on Health Literacy in Dentistry.

**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 paid, earned, shared and owned. She let the Council know about the “Oral Health is Health” digital campaign while covering the various types of audiences that are critical to promote the message that it is safe to go back to the dentist. She also offered an update on geo-targeted posts and the increased health care conversations going on within the Washington beltway.

A major item of recent public health and communications was the coverage from the first ever Give Kids A Smile Day within the Indian Health Service (IHS). Dr. Tim Ricks, who attended the Council meeting in addition to presenting, offered his thanks for the attention that event drew to oral health needs within the IHS.

**Report of the Dental Quality Alliance (DQA):** Ms. Diptee Ojha and Dr. Mark Koday, Chair of the DQA, updated the Council on the new DQA strategic plan as well as new performance measures which include a sealant measure. This led to some robust discussion with the Council members offering insights and asking questions on the pathways of dentists utilizing quality measures in patient treatment planning. There was general agreement on the challenges of risk assessment as an indicator of caries risk with the acknowledgment of the need for more defined metrics.

**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. He presented the four areas of focus within the Strategic Plan for the Alliance, all of which support oral health promotion within communities to reduce dental disease. The Alliance program, Healthy Smiles from the Start, aligns with the Tiny Smiles program offered through the ADA Office of Corporate and Social Responsibility.

**Report of the Access and Advocacy Subcommittee:** Dr. Carol Morrow, Subcommittee Chair, shared with the Council the focus of the A & A Subcommittee of assisting members with efforts to help the public and the profession in light of the ADA Common Ground Strategic Plan.

To that end, the discussion of how to address Medicaid audits which conflict with established standard of care protocols offered insight on a pathway to benefit to both the public and the profession. Upon vote, the Council approved the following resolution:

**Resolved,** that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to adopt such guidelines into their request for proposal (RFP) to third party payers interested in managing the dental benefit:

#### Guidelines for Medicaid Reviews

The auditor / reviewer shall demonstrate adherence, not only to individual state Board regulations and requirements, but also demonstrate an understanding, acceptance and adherence to Medicaid state guidelines and specific specialty guidelines. In addition, the Auditor / Reviewer shall demonstrate experience in treatment planning and treatment of specific demographic groups and unique treatment sites that influence treatment planning.

It is recommended that entities, which conduct Medicaid dental reviews and audits, utilize auditors and reviewers who:

1. Have a current active license to practice Dentistry in the state where audited treatment has been rendered and be available to present his/her findings
2. Are of the same specialty (with equivalent education) as the dentist being audited
3. Document and reference the guidelines of the appropriate dental or specialty organization as part of their findings, including the definition of Medical Necessity being used as the basis for the review
4. Have a history of treating Medicaid recipients in the state in which the audited dentist practices
5. Have experience treating patients in a similar setting as the dentist being audited, such as a hospital, surgery center or school based-setting, if a significant portion of the audit targets such venues

In addition, these entities will be expected to conduct the review and audit in an efficient and expeditious manner, including:

1. Stating a reasonable period of time in which an audit can proceed before dismissal can be sought
2. Defining the reasonable use of extrapolation in the initial audit request

The Council also heard an update from the workgroup on Establishing a Culture of Safety in Dentistry. In addition to dealing with COVID, safety issues and measures continue to draw attention from the American Dental Education Association and the Organization for Safety, Asepsis and Prevention. The workgroup is continuing to develop a process of enhanced review of medical co-morbidities, procedural changes in scheduling and enhanced awareness of community risks.

**Report of the Prevention Subcommittee:** Dr. Shamik Vakil, Subcommittee Chair, updated the Council on the activities of the newly formed Sealant Workgroup and the need to promote sealant placement in the dental community. Dr. Irene Hilton, Council liaison to the Sealant Workgroup, shared the need to focus on awareness of aerosol generating procedures with consideration of glass ionomer sealants.

Dr. Kristi Gipe, Council liaison to the National Fluoridation Advisory Committee (NFAC), presented an overview of the four water fluoridation webinars which were offered in place of an official 75<sup>th</sup> Anniversary celebration.

Also highlighted with the Council was the winning poster for the 2021 National Children's Dental Health Month campaign featuring artwork from students at Columbia College in Chicago. The theme is "Water-Nature's Drink" with the poster showing a diverse group of children choosing water to drink after a sports event.

Two policies from the American Academy of Pediatric Dentistry (AAPD) were discussed by the Council with concurrence for both policies as a strategy to address ADA policies on Early Childhood Caries and Perinatal Oral Health which are due for review. These policies from AAPD are on track for AAPD review in 2021 and will be reviewed by the CAAP Prevention Subcommittee at the appropriate time to bring to the Council for additional discussion.

**Review of Future Council Meeting Dates:** The Council approved the following dates for 2021:

- January 7-8, 2021
- July 8-9, 2021

**New Business:** Dr. Stevenson introduced the topic of dentists performing temporarily outside their scope during times of a public health crisis. Discussion with the Council members led to review previous ADA policy drafted after the terrorism events of September 2001. Upon vote, the Council approved the following resolution for the 2020 HOD:

**Resolved,** that the ADA supports the utilization of dentists who volunteer to increase medical capacity during declared public health emergencies to include:

1. Administering critical vaccines
2. Performing FDA-authorized diagnostic tests to screen patients for infectious diseases
3. Taking patient medical histories and triaging medical patients
4. Performing other ancillary medical procedures and activities, as requested by medical personnel, to expand the nation's surge capacity, and be it further

**Resolved,** that dentists should be granted immunity from personal liability and restrictions on the services they provide for the duration of the emergency.

There was also discussion of the draft policy on Veterans care proposed by the Council on Government Affairs which requested comments from CAAP. These comments will be forwarded to CGA leadership for their consideration.

The policy, 69H, which was removed from the Consent Agenda, led to some discussion regarding how the Alaskan environment may have changed since the policy was first adopted. After various questions were addressed, the Council renewed its affirmation to retain this policy as written.

**Old Business:** There was no old business

**Adjournment:** Meeting was adjourned at 4:32 pm Friday July 10.

**Appendix 1: CAAP Policies Approved Retained as Written - August 2020**

Resolution No. None N/A

Report: CAAP: ADA Policy Review Date Submitted: July 17, 2020

Submitted By: Council on Advocacy for Access and Prevention

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact: 0  
Amount One-time \_\_\_\_\_ Amount On-going \_\_\_\_\_

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: Not Applicable

1 **COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION REPORT 1 TO THE HOUSE OF**  
2 **DELEGATES: ADA POLICY REVIEW**

3 **Background:**

4 In accordance with Resolution 170H-2012 (Trans.2010:603;2012:370). Regular Comprehensive Policy  
5 Review, the Council on Advocacy for Access and Prevention reviewed the following Association policies  
6 and determined that they should be maintained.

7 Physical Examination by Dentists (*Trans.1977:924;1991:618*)

8 Educating Dental Professionals on Recognizing and Reporting Abuse (*Trans.2014:507*)

9 Guidelines for Hospital Dental Privileges (*Trans.2015:274*)

10 Definition of Oral Health Literacy (*Trans.2005:322; 2006:316*)

11 Drinking Water in Schools (*Trans.2016:323*)

12 Oral Evaluation for High School Athletes (*Trans.2016:343*)

13 Integration of Oral Health and Disease Prevention Principles in Health Education Curricula  
14 (*Trans.2016:322*)

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

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

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

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

21 Prevention and Control of Dental Disease through Improved Access to Comprehensive Care (*Trans.*  
22 *1979:357; 596*)

- 1 Summary of Recommendations: Report 5 of the Board of Trustees to the House of Delegates on
- 2 Prevention and Control of Dental Disease through Improved Access to Comprehensive Care
- 3 (*Trans.*1979:357,596)
  
- 4 State Dental Programs (*Trans.*1954:278; 2013:341)
  
- 5 Oral Health Assessment for Schoolchildren (*Trans.*2005:323; 2013:360)
  
- 6 Orofacial Protectors (*Trans.*1994:654; 1995:613; 2016:322)
  
- 7 The Council has submitted resolutions amend or rescind other ADA policies based on their continued
- 8 need, relevance or consistency with other Association policies. Those recommended are contained on
- 9 separate worksheets.



## Appendix 2: CAAP Policies Amended and Council Approved - August 2020

### 1. AMENDMENT OF POLICY: COMPREHENSIVE POLICY STATEMENT ON ALLIED DENTAL PERSONNEL

**Resolved**, that the terminology describing the Community Dental Health Coordinator provided in the “Glossary of Terminology Related to Allied Dental Personnel Utilization and Supervision” of the ADA Comprehensive Policy Statement on Allied Dental Personnel (*Trans.*1996:699; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505) be amended as follows (new language underscored, deletions ~~stricken through~~):

**Community Dental Health Coordinator (CDHC):** ~~an individual trained in an ADA pilot program as a community health worker with dental skills through the ADA licensed curriculum as a dental trained professional with community health worker skills.~~ an individual trained through the ADA licensed curriculum as a dental trained professional with community health worker skills. Their aim is to improve oral health education and to assist at risk communities with disease prevention. Working under the supervision of a dentist, a CDHC helps at risk patients improve their preventive oral health through education and awareness programs, navigate the health system and receive care from a ~~dentist in an appropriate clinic~~ licensed dentists.

~~CDHCs also perform limited duties such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple cleanings.~~ CDHCs also perform limited clinical duties only as allowed by their State Practice Acts such as screenings, fluoride treatments, and sealant placement until the patient can receive care from a dentist or dental hygienist. Upon graduation, they will work primarily in a public health and community settings like clinics, schools, ~~churches,~~ faith based settings, senior citizen centers, and Head Start programs in ~~with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice dentists~~ dental offices.

### 2. AMENDMENT OF POLICY: HEALTH PLANNING GUIDELINES

**Resolved**, that the policy titled Health Planning Guidelines (*Trans.*1983:545; 2014:503) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the following health planning objectives be adopted:

1. The Association supports a voluntary system of cooperative health planning at the state and local level.
2. Health planning should be directed at locally determined efforts to improve access to health care and avoid duplication of effort to maximize limited resources.
3. Dentists should have equal input along with other health care providers
4. Public and private sector financing for health planning should have adequate appropriations designated to accomplish the state objectives.
5. The Association supports collaboration with state and local oral health coalitions to complete these objectives.

3. **AMENDMENT OF POLICY: LIMITED ORAL HEALTH LITERACY SKILLS AND UNDERSTANDING IN ADULTS**

**Resolved**, that the policy titled Limited Oral Health Literacy Skills and Understanding in Adults (*Trans.*2006:317; 2013:342) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that ADA recognizes health literacy as a significant barrier to effective prevention, diagnosis and treatment of oral disease, and be it further

**Resolved**, that dental offices encourage staff training in health literacy to improve health outcomes.

4. **AMENDMENT OF POLICY: NON-DENTAL PROVIDERS NOTIFICATION OF PREVENTIVE DENTAL TREATMENT**

**Resolved**, that the policy titled Non Dental Providers Notification of Preventive Dental Treatment (*Trans.*2004:303; 2014:505) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that prior to any preventive dental treatment, a dental disease risk assessment should be performed by a dentist or appropriately trained ~~physician~~ medical provider, and be it further

**Resolved**, that risk assessments, screenings or oral evaluations of patients 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 utilize care coordination to refer the patient to a dentist for a comprehensive examination and to establish a dental home. ~~dental home with a report of the services rendered given to the custodial parent or legal guardian.~~

5. **AMENDMENT OF POLICY; NON-DENTAL PROVIDERS COMPLETING EDUCATIONAL PROGRAM ON ORAL HEALTH**

**Resolved**, that the policy titled Non-Dental Providers Completing Educational Program on Oral Health (*Trans.*2004:301) be amended as follows (additions are underscored; deletions are ~~stricken~~):

**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 appropriate for the age groups under their care, and be it further

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

6. **AMENDMENT OF POLICY: NON-DENTAL PROVIDERS COMPLETING EDUCATIONAL PROGRAM ON ORAL HEALTH**

**Resolved**, that the policy titled Women's Oral Health: Patient Education (*Trans.*2001:428; 2014:504), be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

~~Women's~~ Parent and Caregiver Oral Health: Patient Education

**Resolved**, that the ADA work with federal and state agencies, constituent and component societies and other appropriate organizations to incorporate oral health education information into health care educational outreach efforts directed at ~~mothers~~ parents, caregivers and their children, and be it further

**Resolved**, that the ADA work with the ~~obstetric~~ pregnatal and perinatal professional community to ensure that ~~pregnant mothers~~ expectant parents and caregivers are provided relevant oral health care information during the perinatal period.

7. **AMENDMENT OF POLICY: COMMUNICATION AND DENTAL PRACTICE**

**Resolved**, that the policy titled Communication and Dental Practice (*Trans.*2008:454; 2013:342) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the ADA affirms that culturally competent, plain language, accurate clear, ~~accurate and effective~~ communication is an essential skill for patient-centered dental practice

8. **AMENDMENT OF POLICY: WOMEN'S ORAL HEALTH; PATIENT EDUCATION**

**Resolved**, that the policy titled Communication and Dental Practice (*Trans.*2008:454; 2013:342) be amended to read as follows (additions are underscored; deletions are ~~stricken~~):

**Resolved**, that the ADA affirms that culturally competent, plain language, accurate clear, ~~accurate and effective~~ communication is an essential skill for patient-centered dental practice

9. **AMENDMENT OF POLICY: PREVENTIVE DENTAL PROCEDURES**

**Resolved**, that the policy titled Preventive Dental Procedures (*Trans.*1967:325; 2013:342) be rescinded.

**(Note: this policy was very broad in description of procedures and was directive to dental societies with outdated language)**