UNOFFICIAL REPORT OF ACTIONS
AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES
Las Vegas, Nevada: October 13-16, 2021

This document reflects the "unofficial actions" of the 2021 House of Delegates and it was developed based on notes taken during the meeting of the House. The official actions will be reflected in the minutes of the House of Delegates that will be available in 2022.

Resolution Number	House Action	Resolution	Notes
1H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 1—Proposed Policy, Rank and Status of Dentists in the Uniformed Services** **Resolved,** that the following policy titled Rank and Status of Dentists in the Uniformed Services be adopted: **Rank and Status of Dentists in the Uniformed Services** **Resolved,** that flag rank(s) of dental officers should be protected and enhanced in all branches of the uniformed services, and their offices should have the appropriate status and funding to carry out their missions effectively, and be it further **Resolved,** that the American Dental Association supports a 2-star equivalent rank or higher for the chief dental officers for the uniformed services and the Veterans Administration, and be it further **Resolved,** that graduates of a two year comprehensive dental residency or a dental specialty residency recognized by the National Commission on Recognition of Dental Specialties should be awarded special pay while serving in the federal dental services, and be it further **Resolved,** that the following policies be rescinded: • Compensation of Dental Specialists in the Federal Dental Services (*Trans.*1990:557; 2012:496) • Restoration of the Rank of Brigadier General to the Army Reserve Position of Deputy Assistant Surgeon General for Dental Services (*Trans.*1992:622) • Dentistry in the Armed Forces (*Trans.*1972:718; 2012:496) • Rank Equivalency for Chief Dental Officers of the Federal Dental Services (*Trans.*2012:496)	

2H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 2—Amendment of the Policy, Dental Research by Military Departments** **Resolved,** that policy titled Dental Research by Military Departments (*Trans.*1970:451; 2016:316) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA considers oral and craniofacial research to be an integral component of the military dental corps' mission and believes that each military branch should continue to support such research at the basic and applied science levels.~~ military dental research is unique in that it focuses on the oral and craniofacial needs of active duty military personnel, such as: • Improving dental readiness. • Minimizing in-theater dental emergencies. • Treating and ameliorating combat-related disfigurement and loss of facial function. and be it further **Resolved,** that each military branch should continue to support such research.	
3H.	**Adopted**	**Council on Government Affairs Resolution 3—as amended—Proposed Policy, Anesthesia Coverage Under Health Plans** **Resolved,** that the following policy titled Anesthesia Coverage Under Health Plans be adopted: **Anesthesia Coverage Under Health Plans** **Resolved,** the ADA supports the position that all health plans, including those governed by the Employee Retirement Income Security Act, should be required to cover general anesthesia and/or hospital or outpatient surgical facility charges incurred by covered persons who receive dental treatment under anesthesia, due to a documented complexity, behavioral, physical, mental or medical reason as determined by the treating dentist(s) and/or physician, and be it further **Resolved,** that the policy titled ERISA Reform (*Trans.*1998:738) be rescinded.	
4H.	**Adopted**	**Council on Government Affairs Resolution 4—as amended—Proposed Policy, Provisions for ERISA Plans** **Resolved,** that the following policy titled Provisions for ERISA Plans be adopted: **Provisions for ERISA Plans**	

		Resolved, that the American Dental Association supports the following provisions for ERISA plans: 1. Beneficiaries of employee health benefit plans should have the right to receive health care from the providers of their choice 2. Employee health benefit plans should be prohibited from discriminating against legally qualified health care providers and to assure the solvency of such plans 3. Plan subscribers in Employee Retirement Income Security Act-regulated dental benefit programs should have the same protections that are commonly enjoyed by subscribers of state-regulated programs including the elimination of missing tooth clauses after one year of premium payments and the prohibition of down coding of fixed prosthesis to removable prosthesis 4. Self-insured payers and/or utilization review organizations should be held liable for any negligent utilization review decision that overturns the health care provider's clinical decision 5. Patients who suffer as the result of negligent utilization review decisions should be entitled to meaningful remedies and fair compensation 6. Patients who are denied benefits should have the right to an appropriate appeal mechanism under self-funded group health plans and be it further **Resolved,** that the policies titled Support Legislation Amending the Employee Retirement Income Security Act (*Trans*.1982:550; 1989:561), Employee Retirement Income Security Act (ERISA) Enforcement Activities (*Trans.*1992:622), Amendment of Employee Retirement Income Security Act (*Trans.*1994:644), and Amendments to ERISA to Achieve Greater Protections for Patients and Providers (*Trans.*1995:649) be rescinded.	
5H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 5—Rescission of the Policy, Advocating for ERISA Reform** **Resolved,** that the policy titled Advocating for ERISA Reform (*Trans.*2009:474; 2014:500) be rescinded.	

6H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 6—Amendment of the Policy, Use of Expert Witnesses in Liability Cases** **Resolved,** that the policy titled Use of Expert Witnesses in Liability Cases (*Trans.*1986:531) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the American Dental Association urge constituent dental societies to actively support legislation and changes in court rules that would require~~ plaintiffs and their attorneys in professional liability actions should be required to include with each complaint the affidavit of a health care professional~~,~~ who practices in the same field or specialty as the defendant and who has reviewed the patient record and related materials, stating that there is reasonable and meritorious cause for filing the action, and be it further **Resolved,** that ~~constituent dental societies be urged to actively support legislation and changes in court rules that would require~~ expert witnesses in court proceedings should be required to possess the clinical knowledge and skill to qualify them on the subject of their testimony and familiarity with the practices and customs of practitioners in good standing in the locality where the defendant practiced when the incident occurred, and be it further **Resolved,** that ~~constituent dental societies also be urged to actively support legislation and changes in~~ court rules ~~requiring courts in appropriate cases to instruct~~ should require that juries be instructed on the availability of alternative treatments and the role of patients in their own care, as appropriate.	
7H.	**Adopted—Consent Calendar Action**	**Thirteenth Trustee District Resolution 7S-1 adopted in lieu of Council on Government Affairs Resolution 7—as editorially revised by Reference Committee D— Amendment to the Policy, Professional Liability Insurance Legislation** **Resolved,** that the policy titled Professional Liability Insurance Legislation (*Trans.*1984:548) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the American Dental Association monitor and constituent dental societies ~~support~~ be urged to monitor federal and state legislation for challenges to tort reform that would result in liability insurance premiums ~~skyrocketing~~ rising and leading to increased health care costs for patients~~., as appropriate, to deal fairly and equitably with the problems of rapidly increasing professional liability insurance costs which contribute significantly to higher costs of health care services for patients~~, and be it further	

		Resolved, that the ADA should stand ready to aid and assist constituent dental societies experiencing a crisis of rising malpractice insurance premiums due to tort reform challenges. ~~legislative or other approaches to the professional liability problem be studied and developed in cooperation with other health organizations and interested parties~~.	
8H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 8—Rescission of the Policy, Costs for the Submission of Electronic Dental Claims** **Resolved,** that the policy titled Costs for the Submission of Electronic Dental Claims (*Trans.*1995:623) be rescinded.	
9H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 9—Amendment of the Policy, Fee-For-Service Medicaid Programs** **Resolved,** that the policy titled Fee-For-Service Medicaid Programs (*Trans.*1999:957) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA support and encourage states to~~ states should adopt adequately funded fee-for-service models for Medicaid programs to increase dentist participation and increase access to care for Medicaid participants.	
10H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 10—Amendment of the Policy, Medicaid and Indigent Care Funding** **Resolved,** that the policy titled Medicaid and Indigent Care Funding (*Trans.*2006:338; 2014:499) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the ~~ADA make lobbying for adequate funds~~ American Dental Association supports adequate funding to provide oral health care to Medicaid and other indigent care populations ~~a high priority and that the constituent and component societies be urged to do the same, and be it further~~. ~~**Resolved,** that the ADA and its constituent and component societies carry out an intensive educational program, subject to current budgetary limits, to enlighten the public and government agencies of the value of oral health care and the consequences of untreated oral health disease to the overall health of our citizens and to health care payment systems, and be it further~~ ~~**Resolved,** that the appropriate ADA agency study how to improve health outcomes through greater accountability and responsibility of dental patients to the care, educational and preventive opportunities provided to them~~.	

11H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 11—Amendment of the Policy, Use of Dentist-To-Population Ratios** **Resolved,** that the policy titled Use of Dentist-to-Population Ratios (*Trans.*1984:538; 1996:681) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the American Dental Association urges all governmental, professional and public agencies, and schools of dentistry to refrain from using~~ dentist-to-population ratios ~~exclusively in~~ should not be used as the exclusive measure for designating dental health professional shortage areas or for evaluating or recommending programs for dental education or dental care.	
12H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 12—Rescission of the Policy, Maldistribution of the Dental Workforce** **Resolved,** that the policy titled Maldistribution of the Dental Workforce (*Trans.*2001:442; 2014:500) be rescinded.	
13.	--	**WITHDRAWN**	
14H.	**Adopted**	**Third Trustee District Resolution 14S-1—as amended—adopted in lieu of Council on Government Affairs Resolution 14—Proposed Policy, Guaranteeing Patient's Freedom of Choice of Dentist** **Resolved,** that the following policy titled Guaranteeing Patient's Freedom of Choice of Dentist be adopted: **Guaranteeing Patient's Freedom of Choice of Dentist** **Resolved,** that the patient's right to choose any licensed dentist ~~to deliver his or her oral health care without any type of coercion~~ must be preserved, and be it further **Resolved,** that the American Dental Association opposes any arrangement that eliminates, interferes with, or otherwise limits the patient's freedom of choice, and be it further **Resolved,** that any plan with an arrangement that eliminates, interferes with, or otherwise limits the patient's freedom of choice, should include notice to prospective plan purchasers and recipients that it may be necessary to change dentists to utilize that coverage, and be it further **Resolved,** that the policy titled Legislation to Guarantee Patient's Freedom of Choice of Dentist (*Trans.*1995:631) be rescinded.	

15H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 15—Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider** **Resolved,** that the following policy titled Discrimination of Benefit Payment Based on Professional Degree of Provider be adopted: **Discrimination of Benefit Payment Based on Professional Degree of Provider** **Resolved,** that that the American Dental Association opposes discrimination of benefit payment based on the type of license and/or professional degree of the dentist and/or physician, and be it further **Resolved,** that the policy titled Legislation Prohibiting Discrimination of Benefit Payment Based on Professional Degree of Provider (*Trans.*1989:562) be rescinded.	
16H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 16—Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs** **Resolved,** that the policy titled Freedom of Choice in Publicly Funded Aid Programs (*Trans.*2006:344) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA pursue regulatory or legislative action to mandate that~~ any licensed dentist ~~may~~ should be able to participate in a publicly funded program without joining a third-party network that requires them to also see privately funded commercial patients under a managed care contract.	
17H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 17—Amendment of the Policy, Limited English Proficiency** **Resolved,** that the policy titled Limited English Proficiency (*Trans.*2005:338) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the American Dental Association ~~work with the appropriate federal agencies, advocacy groups, trade associations, and other stakeholders to ensure that~~ considers accommodating the language needs of English-limited patients ~~is recognized as~~ to be a shared responsibility, which cannot be fairly visited upon any one segment of a community, and be it further ~~**Resolved,** that the Association support appropriate legislation and initiatives that would enhance the ability of individuals of limited English proficiency to effectively communicate in English with their dentist and the dental office staff, and be it further~~	

		Resolved, that the ~~Association oppose federal legislative and regulatory~~ ADA opposes efforts that would unreasonably add to the administrative, financial, or legal liability of providing dental services to limited English proficient patients, such as being required to provide interpreters on demand as a condition of treating patients receiving state and/or federal benefits~~, and be it further~~ ~~**Resolved,** that constituent and component dental societies be encouraged to support state, local, and private sector efforts to address the language needs of English-limited patients, and be it further~~ ~~**Resolved,** that dental and allied dental programs be encouraged to educate students about the challenges associated with treating patients of limited English proficiency~~.	
18H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 18—Amendment of the Policy, Protection of Retirement Assets** **Resolved,** that the policy titled Protection of Retirement Assets (*Trans.*1987:521) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA strongly support efforts by the constituent society at the state legislature level to enact laws which exempt IRS qualified Keogh, Corporate Pension or Profit Sharing Plans, and Individual Retirement Accounts from attachment to satisfy any nondomestic judgment~~ retirement savings accounts should be exempt from nondomestic judgments.	
19H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 19—Amendment of the Policy, Suggested Dental Practice Acts** **Resolved,** that the policy titled Suggested Dental Practice Acts (*Trans.*1978:529) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA supports only those suggested dental practice acts that are consistent with Association policies, and be it further~~ ~~**Resolved,** that the appropriate agency of the Association provide a timely, ongoing analysis to constituent societies of any suggested state dental laws that are developed by any agency outside the Association, with particular references as to how such proposed dental practice acts may be in conflict with Association policies~~ state dental practice acts should be consistent with American Dental Association policies, as appropriate and feasible.	

20H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 20—Rescission of the Policy, State Regulation of Advertising** **Resolved,** that the policy titled State Regulation of Advertising (*Trans.*1984:549) be rescinded.	
21H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 21—Rescission of the Policy, ADA Assistance in Legislative Initiatives** **Resolved,** that the policy titled ADA Assistance in Legislative Initiatives (*Trans.*1982:513) be rescinded.	
22H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 22—Rescission of the Policy, Dental Focus in Federal Health Agencies** **Resolved,** that the policy titled Dental Focus in Federal Health Agencies (*Trans.*2012:497) be rescinded.	
23H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 23—Amendment of the Policy, Confidentiality and Privacy Regarding Health Information** **Resolved,** that the policy titled Confidentiality and Privacy Regarding Health Information (*Trans.*1999:951; 2000:507) be amended to read as follows (additions are <u>underscored</u>; deletions are ~~stricken~~): **Resolved,** that the following be adopted as the American Dental Association's policy on health information confidentiality and privacy. **Legislation** • The Association supports legislative and regulatory actions that protect the confidentiality and privacy of patient health information. • In particular, the Association believes minimum safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information. **Limits on disclosure and use of patient-identifiable information** • Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the proper care of the patient, or authorized by the patient and/or other applicable law. • Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.	

		• Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider. **Patients' rights** • Patients should have the right to know who has access to their personally identifiable health information and how that information has been used. • A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information. • With appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests, patients should be afforded the opportunity to see their treatment records and obtain copies. **Unauthorized disclosure of patient-identifiable health information** • Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released. • No liability should arise against a provider who, in good faith and for the purpose of providing appropriate health care, unintentionally releases confidential health information in a manner not permitted by law. • A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party. **Use of health information for research** • Generally, all identifying information should be removed when health records are used for research purposes. Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols. • Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn. **Use of health information by law enforcement** • Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant or subpoena before having access to patient records. **Practice considerations** • Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy. • Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information. ~~and be it further~~	

		~~**Resolved,** that the Association track and advocate privacy laws governing the Internet in their applicability to the privacy of patient records, and be it further~~ ~~**Resolved,** that the Association advocate in its legislative and regulatory efforts that all points of potential interception, sale or unauthorized electronic transmission from doctor to third party be included in consideration of electronic privacy laws.~~	
24H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 24—Amendment of the Policy, Need for HIPAA Standards Reform** **Resolved,** that the policy titled Need for HIPAA Standards Reform (*Trans.*2003:384; 2016:317) be amended to read as follows (additions are <u>underscored</u>; deletions are ~~stricken~~): **Resolved,** that the appropriate agencies of the American Dental Association work with the dental specialty organizations and other health care associations to continue to make every effort to limit the adverse effects of the HIPAA regulations for dentists and their patients, and be it further **Resolved,** that the appropriate Association agency seek the establishment of reasonable transition periods between proposed new versions of the electronic dental claim standard so as to reduce the substantial financial burden placed on small providers, such as dentists, to implement new electronic claims standards~~, and be it further~~ ~~**Resolved,** that the appropriate Association agency encourage educational efforts by HHS to clarify the HIPAA regulations and counter the misrepresentations and misunderstandings that interfere with the doctor-patient relationship and are impeding the effective delivery of quality health care~~.	
25H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 25—Rescission of the Policy, Legislation Prohibiting Waiver of Patient Copayment/Overbilling** **Resolved,** that the policy titled Legislation Prohibiting Waiver of Patient Copayment/Overbilling (*Trans.*1990:534) be rescinded.	
26H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 26—Rescission of the Policy, Legislation Reflecting ADA Policy on Primary Dental Health Care Provider** **Resolved,** that the policy titled Legislation Reflecting ADA Policy on Primary Dental Health Care Provider (*Trans.*1981:564; 1990:559) be rescinded.	

27H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 27— as editorially revised by Reference Committee D—Amendment to the Policy, Support for Adult Medicaid Dental Services** **Resolved,** that the policy titled Support for Adult Medicaid Dental Services (*Trans.*2004:327) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that ~~the ADA adopt policy supporting the inclusion of~~ comprehensive adult dental services should be included in the federal Medicaid program as an integral part of overall health, and be it further ~~**Resolved,** that the ADA take every opportunity to educate policy makers that, consistent with ADA's position on health system reform (*Trans.*1993:664; *Trans.*1994:656) oral health is an integral part of overall health, and be it further~~ **Resolved,** that adult coverage under Medicaid should not be left to the discretion of individual states but rather, should be provided consistent with all other basic health care services.	
28.	**Not Adopted**	**Council on Government Affairs Resolution 28—Rescission of the Policy, Legislative Separation of Medicine and Dentistry** **Resolved,** that the policy titled Legislative Separation of Medicine and Dentistry (*Trans.*1996:715) be rescinded.	
29H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 29—Rescission of the Policy, Adding the ADA Definition Of Dentistry To Existing Dental Regulatory Provisions** **Resolved,** that the policy titled Adding the ADA Definition of Dentistry to Existing Dental Regulatory Provisions (*Trans.*2001:440) be rescinded.	
30H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 30RC adopted in lieu of Council on Government Affairs Resolution 30—Amendment of the Policy, Antitrust Reform** **Resolved,** that the policy titled Antitrust Reform (*Trans.*2016:314) be amended as follows (additions are underscored; deletions are ~~stricken~~): ~~**Resolved,** that the ADA strongly supports eliminating the current insurance industry exemption from anti-trust laws including support for legislation to clarify, Amend or, if necessary, repeal the McCarran-Ferguson Act's antitrust immunity for the business of health insurance, and be it further~~	

		Resolved, that the ~~ADA~~ American Dental Association strongly opposes any legislation that would extend an antitrust exemption to the insurance industry for information gathering endeavors such as collecting and distributing information on cost and utilization of health care services, and be it further **Resolved,** that the ADA supports changes in federal antitrust laws that will enable dentists to practice effectively within the health care system, and be it further **Resolved,** that the ADA supports legislative and regulatory activities to change the antitrust safe harbor guideline for dental networks based on percentage of provider participation in favor of a guideline relying on a health plan's market share, and be it further **Resolved,** that the ADA work closely with constituent and component societies to provide them the most current and comprehensive antitrust information and guidance available, on an as-needed basis, and be it further **Resolved,** that the ADA utilize appropriate resources to work with other provider groups to amend antitrust laws to allow dentists and other providers to negotiate collectively with health care purchasers, and be it further **Resolved,** that the ADA support effective regulation of insurance companies including**:** the establishment of requirements for disclosure to dentists prior to signing network participation contracts**;** and current and complete information relating to the establishment of payment reimbursement rates and claims experience~~.~~, and be it further **Resolved,** that the ADA supports changes in antitrust laws that would make professional societies and their members ~~should be~~ exempt from antitrust scrutiny for the narrow area of collective bargaining, so that dental societies can collectively negotiate on behalf of members. and be it further **Resolved,** that the policies titled Legislative Support to Allow Collective Bargaining by Professional Societies (*Trans.*2001:440; 2015:271) and Financial, Political and Administrative Consequences of Collective Bargaining Legislation (*Trans.*2000:506) be rescinded.	
31H.	**Adopted**	**Commission for Continuing Education Provider Recognition Resolution 31—Amendment of Chapter IX, Section A of the Governance and Organizational Manual of the American Dental Association**	

		Resolved, that Chapter IX. Section A.3 of the *Governance and Organizational Manual of the American Dental Association* be amended as shown below (additions underscored; deletions ~~stricken~~): Commission for Continuing Education Provider Recognition. The number of and the method of selection of members of the Commission for Continuing Education Provider Recognition shall be governed by the Rules of the Commission for Continuing Education Provider Recognition, except that ~~six~~ five (~~6~~5) members shall be selected as follows: a. Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency. At least two (2) of the members appointed shall be general dentists. ~~b. One (1) member who is an active member of the American Association of Dental Boards and also, if eligible, an active, life or retired member of this Association shall be selected by the American Association of Dental Boards.~~ ~~c~~b. One (1) member who is an active member of the American Dental Education Association and also, if eligible, an active, life or retired member of this Association shall be selected by the American Dental Education Association.	
32H.	**Adopted—Consent Calendar Action**	**Reference Committee C (Dental Education, Science and Related Matters)** **Resolution 32RC adopted in lieu of Council on Dental Education and Licensure Resolution 32—Amendment of the Policy: Review of ADA Definition: Continuing Competency** **Resolved,** that the ADA definition of Continuing Competency (*Trans.*1999:939) be amended as follows (additions underscored; deletions ~~stricken~~): Continuing Competency: The continuance of the ~~appropriate knowledge and skills~~ appropriateness, necessity and quality of the care provided by ~~the~~ dentists in order to maintain and improve the dental, oral, and craniofacial health ~~care~~ of ~~his or her~~ their patients in accordance with the ethical principles of dentistry.	
33H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 33—as editorially corrected by the Speaker—Amendment of the Policy, Legislative Delegations** **Resolved,** that the policy titled Legislative Delegations *(Trans.*1982:550; 1995:648) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the ~~Association continue to encourage individual ADA members to join the ADA Grassroots Program, and be it further~~	

		~~Resolved,~~ ~~that ADA members representing constituent and component societies who travel to Washington, D.C. be encouraged to visit with their senators and representatives to discuss legislative issues of importance to the profession and to coordinate this activity with the ADA Washington Office~~ American Dental Association encourages members to join and actively participate in the American Dental Political Action Committee's Grassroots Program.	
34H.	**Adopted—Consent Calendar Action**	**Council on Ethics, Bylaws and Judicial Affairs Resolution 34—Amendment and Simplification of Bylaws Chapter I., Section 20.B.** **Resolved,** that Chapter I, Section B. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~): B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications: a. Association Membership. The member has been: 1. ~~Has been an~~ An active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; or 2. ~~Was a~~ A member of the National Dental Association for twenty-five (25) years and has been an active and/or retired member in good standing of this Association for at least ten (10) years; b. Reached the age of at least sixty-five (65) during the previous calendar year; and c. Maintains membership in good standing in a constituent and component, if such exists, and in this Association. ~~d. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years and having reached the age of at least sixty-five (65) during the previous calendar year.~~	
35H.	**Adopted—Consent Calendar Action**	**Council on Ethics, Bylaws And Judicial Affairs Resolution 35: Response to Referred Resolution 64-2020, Amendment of Chapter III., Section 120. of the ADA Bylaws** **Resolved,** that Chapter III., Section 120. of the ADA *Bylaws* be amended as shown below (additions underscored, deletions ~~stricken through~~):	

		Section 120. METHOD OF ELECTION: Elective officers and members of councils and committees shall be elected by ballot, except that when there is only one candidate, such candidate may be declared elected by the Speaker of the House of Delegates. The Secretary shall provide facilities for voting. 1. When one is to be elected, and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast. 2. When more than one is to be elected, and the nominees exceed the number to be elected, ~~the votes cast shall be non-cumulative, and~~ the <u>following applies:</u> <u>a. Each voting member may vote for a number of nominees not to exceed the number to be elected; and</u> <u>b. For any single nominee, only one vote may be cast by each voting member;</u> <u>c. The</u> candidates receiving the greatest number of votes shall be elected.	
36H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 36—Proposed Policy, Support for the American Academy of Pediatric Dentistry Policy on Early Childhood Caries** **Resolved,** that the following policy titled Support for the American Academy of Pediatric Dentistry Policy on Early Childhood Caries be adopted: **Support for the American Academy of Pediatric Dentistry Policy on Early Childhood Caries** **Resolved,** that the American Dental Association supports the Policy Statement of the American Academy of Pediatric Dentistry (AAPD) on Early Childhood Caries (2021): The AAPD recognizes the unique and often virulent nature of ECC. Non-dental healthcare providers who identify ECC in a child should refer the patient to a dentist for treatment and establishment of a dental home (AAPD Dental home) immediate intervention is indicated, and non-surgical interventions should be implemented when possible to postpone or reduce the need for surgical treatment approaches. Because children who experience ECC are at greater risk for subsequent caries development, preventive measures (e.g., dietary counseling, reinforcement of toothbrushing with fluoridated toothpaste), more	

		frequent professional visits with applications of topical fluoride, and restorative care are necessary.	
37H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 37—Rescission of the Policy, Preventive Dental Procedures** **Resolved,** that the policy titled Preventive Dental Procedures (*Trans.*1967:325; 2013:342) be rescinded.	
38H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 38—Amendment of the 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 <u>underscored</u>; 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. <u>The Association supports collaboration with state and local oral health coalitions to complete the objectives of effective health planning in areas of common ground between the organizations.</u>	
39H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 39—Rescission of the Policy, High Blood Pressure Programs** **Resolved,** that the policy titled High Blood Pressure Programs (*Trans.*1974:643; 2013:343) be rescinded.	
40H.	**Adopted—Consent Calendar Action**	**Eleventh Trustee District Resolution 40S-1 adopted in lieu of Council on Advocacy for Access and Prevention Resolution 40—Amendment of The 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 double underscored; deletions are double ~~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, and be it further **Resolved,** that this communication be delivered in a culturally competent manner.	
41H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 41—Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs** **Resolved,** that the policy titled Encouraging the Development of Oral Health Literacy Continuing Education Programs (*Trans.*2006:316) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the Council on Dental Education and Licensure and other appropriate ADA agencies encourage the development of undergraduate, graduate and continuing education programs to train dentists and allied dental team members to effectively communicate in a culturally-competent, plain language, accurate manner with all patients. ~~with limited literacy skills.~~	
42S-1	**Not Adopted**	**Sixteenth Trustee District Resolution 42S-1—Amendment to the Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders** **Resolved,** that the *Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (Trans.2017:269; 2019:270) be amended as follows (*additions are double underscored, deletions are ~~double stricken~~). **Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders** Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBD are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBD include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.	

		Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various ~~surgical~~ modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients. ~~compared to no therapy or placebo devices~~. Oral appliance therapy (OAT) can improve or effectively treat OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP). Dentists are the only health care provider with the knowledge and expertise to provide OAT. The dentist's role in the treatment of SRBD includes the following: • Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If patients are at risk and appropriate candidates for home sleep apnea tests (HSAT) the dentist may order or administer the HSAT directly. If risk for SRBD is determined, ~~these~~ patients and pertinent patient information and HSAT data should be referred, ~~as needed,~~ to the appropriate sleep physicians for ~~proper~~ diagnosis. • In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern. • Oral appliance therapy is an appropriate treatment for mild and moderate obstructive sleep apnea, and for severe obstructive sleep apnea when a CPAP cannot or will not be ~~is not~~ tolerated by the patient. • When a sleep physician diagnoses obstructive sleep apnea in a patient and the treatment with oral appliance therapy is recommended through written or electronic referral, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed	

		appropriate, a dentist should fabricate an oral appliance, monitor its effectiveness and titrate the appliance as necessary. • Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity. • Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral. • Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, ~~the use~~ of ~~unattended cardiorespiratory (Type 3) or (Type 4) portable monitors~~ HSAT may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of ~~these portable monitoring devices~~ HSAT'S may assess the objective interim results for the purposes of OA titration. • Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment. • Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education. • Dentists should maintain regular communications with the patient's referring physician and other healthcare providers to the patient's treatment progress and any recommended follow-up treatment. • Follow-up sleep testing ~~by a physician~~ should be conducted so a sleep ~~the~~ physician ~~to~~ is able to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities.	
42H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 42RC—as amended—adopted in lieu of Council on Dental Practice Resolution 42—Amendment to the Policy Statement on the Role of Sleep Related Breathing Disorders** **Resolved,** that the Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (*Trans.*2017:269; 2019:270) be amended as follows (further additions are double underscored, and deletions are ~~double stricken~~.)	

Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBD are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBD include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various ~~surgical~~ modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients. ~~compared to no therapy or placebo devices~~. Oral appliance therapy (OAT) can improve or effectively treat OSA in adult patients, especially those who are intolerant of ~~continuous positive airway pressure (CPAP)~~ positive airway pressure therapy (PAP therapy). Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist's role in the treatment of SRBD includes the following:

- Dentists are encouraged to screen patients for SRBD as part of a comprehensive
- medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If patients are at risk and appropriate candidates for ~~home~~ sleep apnea tests (~~H~~SAT) the dentist may order or administer the appropriate ~~H~~SAT ~~directly~~ in accordance with applicable laws. If risk for SRBD is determined, ~~these~~ patients and pertinent patient information and ~~H~~SAT data should be referred, ~~as needed,~~ to the appropriate physicians for ~~proper~~ diagnosis.

		• In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern. • Oral appliance therapy is an appropriate treatment for mild and moderate obstructive sleep apnea, and for severe obstructive sleep apnea when a CPAP cannot or will not be ~~is not~~ tolerated by the patient. • When a physician diagnoses obstructive sleep apnea in a patient and the treatment with oral appliance therapy is recommended through written or electronic referral, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate, a dentist should fabricate an oral appliance, monitor its effectiveness and titrate the appliance as necessary. • Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity. • Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral. • Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, ~~the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors~~ home sleep apnea tests (HSAT) may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of ~~these portable monitoring devices~~ HSAT'S may assess the objective interim results for the purposes of OA titration. • Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment. • Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.	

		• Dentists should maintain regular communications with the patient's referring physician and other healthcare providers ~~to~~ regarding the patient's treatment progress and any recommended follow-up treatment. • Follow-up sleep testing ~~by a physician~~ should be conducted so the physician ~~to~~ is able to evaluate the improvement or confirm treatment efficacy for the OSA~~, especially if the patient develops recurring OSA relevant symptoms or comorbidities~~.	
43H.	**Adopted—Consent Calendar Action**	**Council on Dental Practice Resolution 43—Proposed ADA Policy Statement on the Use of Augmented Intelligence in Dentistry** **Resolved**, that the ADA Policy Statement on the Use of Augmented Intelligence in Dentistry be adopted. **ADA Policy Statement on the Use of Augmented Intelligence in Dentistry** Augmented intelligence (AI) is the theory and development of computer systems that can perform tasks that would otherwise require human intelligence, such as visual perception, speech recognition, decision-making and translation between languages. The term may also be applied to any software that performs intelligent behavior and acts intelligently. The ADA supports using AI as a tool to supplement the dentist's clinical judgment rather than a technology to replace or override it, while taking into account a patient's clinical presentation, including history, examination, and relevant tests. • The ADA encourages the development of thoughtfully designed, high-quality, clinically validated dental AI. • The ADA urges dental professionals to become fully informed about AI technology and how it might support the delivery of patient care. • The ADA encourages training and education for dental students to ensure that all clinicians in the United States can incorporate AI into clinical practice. **Dental AI Developers**: The ADA urges entities to incorporate the following principles when developing AI systems for dental care applications: • Integrate, when possible, the perspective of practicing dentists in the development, design, validation, and implementation of dental care AI; • Design and evaluate AI systems following the best practices in dentistry;	

		• Ensure that the development process of such systems is transparent and conforms to leading standards for reproducibility; • Address bias and avoid introducing or exacerbating health care disparities when testing on vulnerable populations or deploying new AI tools; • Demonstrate the efficacy and accuracy of AI systems with reliable data obtained from the relevant clinical domains; • Safeguard the privacy of patients and other individuals and securing their personal and medical information. **Clinical Practitioners**: The ADA supports the following principles for the introduction of AI systems into clinical dental practice: • Produce outcomes that match or exceed the currently accepted standard of care; • Prioritize patient safety when using an AI system; • Encourage dental educators to introduce clinical AI systems in practice and to foster digital literacy in the current and future dental workforce; • An AI system in clinical dental practice should be supervised by a dentist; • Identify and acknowledge the limitations of an AI system in clinical decision-making, and continue to collaborate or consult with clinical colleagues as appropriate; • Demonstrate the efficacy of AI systems with reliable data obtained from the relevant clinical domains; • Interpret data from dental AI to allow for clinical observation and judgment input from dentists, with an ongoing emphasis on risk management, accountability, and bias; • Obtain the appropriate informed consent, permission, privacy controls, checks for accuracy and relevance of any patient data used in original development or ongoing refinement of AI algorithms; • Use patient data only for the stated purpose and storing such data securely.	

		Third-Party Payers: The ADA supports the following principles for the introduction of AI systems into the claims adjudication processes by third-party payers: • All decisions on treatment are appropriately the result of a joint discussion between the patient and the dentist; • If AI is used by dental benefit plans as a tool to assist with claims processing or adjudication, that tool should not be used to diagnose or dictate a treatment plan that interferes with the doctor-patient decision process or deny any benefits that the patient is entitled to under their plan; • Any AI tool used by third party payers should not be used to direct patients to specified preferred providers; • AI systems should not allow for denial of claims without consultant review.	
44H.	**Adopted—Consent Calendar Action**	**Board of Trustees Resolution 44—Sustaining the Pipeline of Volunteer Leadership** **Resolved,** that the following policy titled "Sustaining the Pipeline of Volunteer Leadership" be adopted: **Sustaining the Pipeline of Volunteer Leadership** **Resolved,** that new dentists be considered as essential leaders in the tripartite, and be it further **Resolved,** that constituent dental societies be urged to develop and implement strategies to grow and maintain new dentist participation in leadership, which may include: • Leadership development • Dedicated leadership positions for new dentists • Programs that support the pathway to leadership for new graduates • Other opportunities to foster leadership growth, and be it further **Resolved,** that the policy titled "New Dentist Involvement in Volunteer Leadership" (*Trans*.2009:487) be rescinded.	

45H.	**Adopted—Consent Calendar Action**	**Council on Ethics, Bylaws and Judicial Affairs Resolution 45—Amendment to Section 3.A. of the *ADA Principles Of Ethics and Code of Professional Conduct*** **Resolved,** that Section 3.A. of the ADA *Principles of Ethics & Code of Professional Conduct* be amended by deletion as follows (deletion ~~stricken through~~): **3.A. COMMUNITY SERVICE.** Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the ~~dental~~ health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.	
46H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Report 1— Special Care Dentistry Association** **Resolved,** that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in special needs dentistry by the Commission on Dental Accreditation, and be if further **Resolved,** that the Special Care Dentistry Association be urged to collaborate with advanced dental education programs and their sponsoring institutions to enhance the current scope and depth of instruction related to special needs dentistry and to encourage the establishment of more training programs in special needs dentistry.	
47H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 47—Continuing Education Market Research** **Resolved,** that market research be conducted to learn more about the continuing education interests of practicing dentists related to managing and treating patients with special needs, i.e., people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.	
48H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 48—Developing Continuing Education Activities** **Resolved** that a variety of continuing education activities related to special needs dentistry be developed by the appropriate ADA agency.	
49H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 49—Proposed Policy: Patients with Special Needs** **Resolved,** that the following policy be adopted:	

		Patients with Special Needs The dental profession's continued ability to effectively provide dental care for America's special needs population is dependent on sustaining a strong educational foundation in this area. The ADA encourages efforts to maintain and expand the availability of courses and programs at the predoctoral, advanced and continuing educational levels that support practitioners in providing dental treatment to patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. The ADA encourages dental practitioners to regularly participate in continuing education in this area.	
50H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 50—Amendment of the Policy, Use of Health Literacy Principles for All Patients** **Resolved,** that the policy titled Use of Health Literacy Principles for All Patients (*Trans*.2016:322) be amended to read as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the ADA supports the continuing education of oral health professionals regarding the use of health literacy principles and plain language for all patients and providers to make it easier for them to navigate, understand and use appropriate information and services to help patients be stewards of their oral health.	
51.	--	**UNASSIGNED**	
52H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 52—Amendment of the Policy, Bottled Water, Home Water Treatment Systems and Fluoride Exposure** **Resolved,** that policy titled Bottled Water, Home Water Treatment Systems and Fluoride Exposure (*Trans.*2002:390; 2013:342) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that in order to ensure optimal fluoride intake, the American Dental Association supports actions by its members to educate their patients and communities regarding the level of fluoride in bottled water and the possible removal of fluoride by some home water treatment systems, and be it further **Resolved,** that the American Dental Association urges its members to inquire about their patients' primary and secondary water source as part of the health history and be it further	

		Resolved, that the American Dental Association supports the labeling of bottled water with the fluoride concentration of the product and company contact information including address, ~~and~~ telephone and website, and be it further **Resolved,** that the American Dental Association urges its members and the public to refer to the International Bottled Water Association's "List of Brands Containing Fluoride", and be it further **Resolved,** that the American Dental Association supports the inclusion of information on the effect of various home water treatment system's ~~effect~~ on water fluoride levels ~~with each home water treatment system~~.	
53H.	**Adopted—Consent Calendar Action**	**Eighth Trustee District Resolution 53—New Dentist Committee Chair Serving on the Board of Trustees** **Resolved,** that Chapter V. BOARD OF TRUSTEES, Section 10. COMPOSITION and Section 40 INSTALLATION of the Bylaws be amended as follows (Additions are underscored, deletions are ~~stricken~~): Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each trustee district. Such trustees, the President-elect, and the two Vice-Presidents and the chair of the New Dentist Committee shall constitute the voting members of the Board of Trustees. The President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the Bylaws, shall be non-voting members of the Board of Trustees. * * * Section 40. INSTALLATION: The installation of trustee nominees and the New Dentist Committee chair shall be as provided in the Governance Manual. and be it further **Resolved,** that Chapter V, Section B. Nomination, Declaration of Election and Installation Procedure of the Governance and Organizational Manual of the American Dental Association be amended as follows (additions are underscored, deletions are ~~stricken~~). B. Nomination, Declaration of Election and Installation Procedure. The name of each nominee for the office of trustee brought forward by the nominee's trustee district shall be read to the House of Delegates by the Speaker of the House of Delegates. Because there is only a single nominee provided by each trustee district, following the reading of names, the Speaker of the House of Delegates shall declare the nominees elected. The newly elected trustees and the New	

		Dentist Committee chair shall be installed by the President or the President's designee.	
54H.	**Adopted—Consent Calendar Action**	**Council on Dental Practice Resolution 54—Rescission of Policy, Individual Practice Association** **Resolved,** that the ADA policy Individual Practice Association (*Trans*.1990:540) be rescinded.	
55H.	**Adopted—Consent Calendar Action**	**Council on Dental Practice Resolution 55—Rescission of Policy, Support for Individual Practice Associations** **Resolved,** that the policy titled Support for Individual Practice Associations (IPAs) (*Trans.*1988:475; 1994:655; 2000:458; 2013:305) be rescinded.	
56H.	**Adopted**	**Board of Trustees Report 1—Nominations to Councils** **Resolved,** that the nominees put forward for membership on ADA councils be elected.	
57H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 57—as editorially corrected by the Speaker—Proposed Policy, American Academy of Pediatric Dentistry Statement on Perinatal and Infant Oral Health Care (2021)** **Resolved,** that the following policy titled Support for the American Academy of Pediatric Dentistry Guideline on Perinatal and Infant Oral Health Care be adopted: **Support for the American Academy of Pediatric Dentistry Guideline on Perinatal and Infant Oral Health Care** **Resolved,** that the American Dental Association supports the American Academy of Pediatric Dentistry Anticipatory Guideline on Perinatal and Infant Oral Health Care (2021): Anticipatory guidance in the perinatal and infant period includes assessment of any growth and development issues that the parents should be aware of or need referral to the child's medical provider. AAPD BP Periodicity Schedule Assessment of caries risk that should be considered in counselling the parents regarding the child's fluoride exposure, including consumption optimally fluoridated water, appropriate frequency and quantity of brushing with fluoridated toothpaste, and need for professional topical fluoride applications. (AAPD BP Fluoride) Anticipatory guidance during this infant period also entails oral hygiene instruction, dietary counselling regarding sugar consumption, frequency of periodic oral examinations (AAPD Periodicity Schedule), and information regarding non-nutritive habits that if prolonged may result in flaring of the	

		maxillary incisor teeth, open bite, and a posterior cross bite. (Dogramaci and Rossi-Fedele, 2016). Counselling regarding safety and prevention of orofacial trauma would include discussions of play objects, pacifiers, car seats, electrical cords, and injuries due to falls when learning to walk. **Recommendations** 1. Advise expecting and new parents regarding the importance of their own oral health and the possible transmission of cariogenic bacteria from parent/primary caregiver to the infant. 2. Encourage establishment of a dental home that includes medical history, dental examination, risk assessment, and anticipatory guidance for infants by 12 months of age. 3. Provide caries preventive information regarding: high frequency sugar consumption; brushing twice-daily with optimal amount fluoridated toothpaste; safety and efficacy of optimally-fluoridated community water; and for children at risk for dental caries, fluoride varnish and dietary fluoride supplements (if not consuming optimally-fluoridated water). 4. Assess caries risk to facilitate the appropriate preventive strategies as the primary dentition begins to erupt. 5. Provide information to parents regarding common oral conditions in newborns and infants, non-nutritive oral habits (e.g., digit sucking, use of a pacifier), teething (including use of analgesics and avoidance of topical anesthetics), growth and development, and orofacial trauma (including play objects, pacifiers, car seats, electric cords, and falls when learning to walk). 6. When ankyloglossia results in functional limitations or causes symptom, the need to surgical intervention should be assessed on an individual basis. 7. When a patient presents with a prematurely erupted primary tooth (i.e., natal or neonatal tooth), decisions regarding intervention should be individualized, based on the interference with feeding, the risk of detachment and aspiration, and any medical or contributing considerations.	
58H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 58—Proposed Policy, Oral Health Equity** **Resolved,** that the American Dental Association (ADA) defines oral health equity as optimal oral health for all people. The ADA is committed to promoting equity in oral	

		health care by continuing research and data collection, advocating to positively impact the social determinants of oral health, reinforcing the integral role of oral health in overall health, supporting cultural competency and diversity in dental treatment, disease prevention education, and supporting efforts to improve equitable access to oral health care.	
59H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 59—Amendment of the Policy, Women's Oral Health: Patient Education** **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~~ prenatal and perinatal professional community to ensure that ~~pregnant mothers~~ expectant parents and caregivers are provided relevant oral health care information during the perinatal period.	
60H.	**Adopted—Consent Calendar Action**	**Sixteenth Trustee District Resolution 60S-1 adopted in lieu of Council on Advocacy for Access and Prevention Resolution 60—Amendment of the 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; 2014:505) to be amended as follows (additions are double underscored; deletions are double ~~stricken~~): **Resolved,** that only dentists, physicians and their properly supervised and trained designees, be allowed to provide preventive dental services to ~~patients of all ages~~ ~~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~~ ~~this age group~~, and be it further	

		Resolved, that the ADA ~~urge~~ encourage constituent societies to support this policy.	
61H.	**Adopted—Consent Calendar Action**	**Thirteenth Trustee District Resolution 61S-1 adopted in lieu of Council on Advocacy for Access and Prevention Resolution 61—Amendment of the 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 double underscored): **Resolved,** that prior to any preventive dental treatment, a dental disease risk assessment should be performed by a dentist or appropriately trained dental or 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 with a report of the services rendered given to the custodial parent or legal guardian.	
62H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 62RC adopted in lieu of Council on Advocacy for Access and Prevention Resolution 62—Amendment of the 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 a lack of health literacy as a significant ~~that limited oral health literacy is a potential~~ barrier to effective prevention, diagnosis and treatment of oral disease, and be it further **Resolved,** that dental offices encourage staff training in the principles of health literacy to Improve patient health outcomes.	
63H.	**Adopted—Consent Calendar Action**	**Council on Dental Benefit Programs Resolution 63—Proposed Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans**	

		Resolved, that the American Dental Association supports the elimination of wait periods for treatment, including orthodontic treatment, for children from dental benefit plans.	
64H.	**Adopted—Consent Calendar Action**	**Council on Scientific Affairs Resolution 64—Amendment of the Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting** **Resolved,** that the Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (*Trans*.1998:743; 2000:481; 2004:309; 2012:469; 2016:300) be amended as follows (additions underscored; deletions ~~stricken~~): **ADA Policy Statement on Intraoral/Perioral Piercing, Tooth Gems/Jewelry and Tongue Splitting** **Resolved,** that the American Dental Association advises against the practices of cosmetic intraoral/perioral piercing, tooth gems/jewelry, and tongue splitting, ~~and views these as invasive procedures~~ due to the increased risk of negative health outcomes. ~~sequelae that outweigh any potential benefit.~~	
65aH.	**Adopted**	**Reference Committee C (Dental Education, Science and Related Matters) Resolution 65RC adopted in lieu of Council on Scientific Affairs Resolution 65—as divided—Amendment of the Policy, Research Funds** **Resolved,** that the ADA Policy Statement on Research Funds (*Trans.*1984:519; 1999:974; 2016:302) be amended as follows (additions underscored; deletions ~~stricken~~): **Policy Statement on Research ~~Funds~~Fundings~~ Advocacy~~** **a. Resolved**, that the ADA ~~urges appropriate external agencies and organizations to provide~~ advocate for sustained, robust funding ~~for~~ in basic, translational, ~~and~~ clinical, dental, oral and craniofacial health research for the improvement of health outcomes in diverse populations across their lifespan. ~~advances the scientific basis of dentistry and the oral and craniofacial health sciences, and be it further~~ ~~**b. Resolved,** that the ADA advocate for external funding to enhance gender, racial and ethnic diversity and equity across the research workforce in the oral and craniofacial health sciences.~~	
65b.	**Referred to the Appropriate Agency for Further Study and Report to the 2022 House of Delegates**	**Reference Committee C (Dental Education, Science and Related Matters) Resolution 65RC adopted in lieu of Council on Scientific Affairs Resolution 65—as divided—Amendment of the Policy, Research Funds** **Resolved,** that the ADA Policy Statement on Research Funds (*Trans.*1984:519; 1999:974; 2016:302) be amended as follows (additions underscored; deletions ~~stricken~~):	

		Policy Statement on Research ~~Funds~~Fundings~~ Advocacy~~ ~~**a. Resolved**, that the ADA urges appropriate external agencies and organizations to provide advocate for sustained, robust funding for in basic, translational, and clinical, dental, oral and craniofacial health research for the improvement of health outcomes in diverse populations across their lifespan. advances the scientific basis of dentistry and the oral and craniofacial health sciences, and be it further~~ **b. Resolved,** that the ADA advocate for external funding to enhance gender, racial and ethnic diversity and equity across the research workforce in the oral and craniofacial health sciences.	
66H.	**Adopted—Consent Calendar Action**	**Council on Scientific Affairs Resolution 66—Rescission of the Policy, Comparative Effectiveness Research and Patient-Centered Outcomes Research** **Resolved,** that the policy titled Comparative Effectiveness Research and Patient-Centered Outcomes Research (*Trans*.2011:457; 2016:302) be rescinded.	
67H.	**Adopted—Consent Calendar Action**	**Eleventh Trustee District Resolution 67S-1 adopted in lieu of Council on Advocacy for Access and Prevention Resolution 67—Amendment of the Policy, Comprehensive Statement On Allied Dental Personnel** **Resolved,** that the definitions of the term "Community Dental Health Coordinator" in the policy titled Comprehensive Policy Statement on Allied Dental Personnel (*Trans*.1996:699; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505) be amended as follows (further additions are double underscored and deletions are double ~~stricken~~): **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. 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 clinical duties, such as screenings, fluoride treatments, placement of sealants and temporary restorations and simple teeth 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 comprehensive services from a dentist or dental hygienist. Upon graduation, they will work primarily in public health and community settings like clinics, schools, ~~churches,~~ faith based settings, senior	

		citizen centers, and Head Start programs in coordination with a variety of dental providers, including clinics, community health centers, the Indian Health Service and private practice ~~dentists~~ dental offices.	
68H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 68—Amendment to the Policy, Oral Health Education in Schools** **Resolved,** that policy titled Oral Health Education in Schools (*Trans*.2014:506; 2016:319) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Resolved,** that the Council on ~~Access, Prevention and Interprofessional Relations~~ Advocacy for Access and Prevention work with the appropriate ADA agencies and national education organizations to increase the number of school districts requiring oral health education for K-12 students based on the ~~2012~~ 2016 School Health Policies and Practices Study (SHPPS) data, and be it further **Resolved,** that, where applicable, the ADA supports the inclusion of the current National Health Education Standards in the accreditation requirements for all public, ~~and~~ private and charter elementary and secondary schools.	
69H.	**Adopted—Consent Calendar Action**	**Council on Membership Resolution 69—Proposed Policy on ADA Diversity** **Resolved**, that the following Policy on Diversity and Inclusion be adopted: The ADA is committed to a culture of diversity and inclusion to foster a safe and equitable environment for its membership. In this environment, representation matters and every member is provided intentional opportunities to make meaningful contributions. Diverse viewpoints and needs are heard, valued and respected. The ADA embraces diversity and inclusion to drive innovation and growth, ensure a relevant and sustainable organization and deliver purposeful value to members, prospective members, and stakeholders. The ADA's commitment to diversity and inclusion will further advance the dental profession, improve the oral health of the public, and achieve optimal heath for all.	
70.	--	**UNASSIGNED**	
71H.	**Adopted—Consent Calendar Action**	**Council on Dental Benefit Programs Resolution 71—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices** **Resolved,** that the policy titled Third-Party Payers Overpayment Recovery Practices (*Trans*.1999:930; 2013:312) be amended as follows (additions are underscored; deletions are stricken): **Resolved,** that the American Dental Association shall and its constituent societies are urged to seek or support legislation to prevent third-party payers from	

		withholding assigned benefits or recouping payment when a payment made in error has been made on behalf of a different patient covered by the same third-party payer or because of an alleged overpayment to a different dentist, and be it further **Resolved**, that dental plans should not retroactively deny, adjust, or seek recoupment or refund of a paid claim for dental care expenses submitted by a provider for any reason, other than fraud or for duplicate payments on claims received from the same plan for the same service from a provider, after the expiration of six months from the date that the initial claim was paid. The plan must provide information about why a refund is due, including the name of the patient, date of service and service provided along with the reason for the overpayment and allow the provider six months before the refund must be paid. The provider should be allowed 30 days to contest the refund request, and be it further **Resolved**, that dental plans, representing self-funded and fully-insured plans, be urged to adopt these guidelines as an industry-wide standard for alleged overpayment of benefits to dentists.	
72.	--	**WITHDRAWN**	
73H.	**Adopted—Consent Calendar Action**	**Board of Trustees Resolution 73—Clarifying Amendments to the *Manual of the House of Delegates* Relating to Delegate Allocation** **Resolved,** that the *Manual of the House of Delegates,* Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates, Section A., be amended as follows (additions underscored, deletions ~~stricken through~~): **Section A. Goal of Delegate Apportionment** The allocation of the remaining delegates over the minimum number of delegates allocated to each constituent and the District of Columbia Dental Society shall be made pursuant to the delegate allocation methodology set forth in this section of the *Manual of the House of Delegates*. The goals of the delegate apportionment scheme adopted by the ADA is to (i) achieve as close to proportional representation of active, life and retired members of ~~the Association~~ constituents and federal dental services as possible while providing for the minimum representational requirements set forth in the *Governance and Organizational Manual of the American Dental Association* (*Governance Manual*); (ii) providing for representation of the American Student Dental Association; and (iii) maintaining the size of the House of Delegates as close to 473 delegates as possible while meeting the other goals recited in this herein. and be it further **Resolved,** that the *Manual of the House of Delegates*, Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates, Subsection B.3., be amended as follows (additions underscored, deletions ~~stricken through~~):	

		Subsection B.3. Determination of the True Proportional Delegate Counts for each Constituent and each Federal Dental Service Divide each constituent's and each federal dental service's total membership by the ~~total membership of the Association~~ total constituent and federal dental service membership of the Association. Multiply the resulting percentage of membership for each constituent and federal dental service by the target number of delegates set forth in section B.1. of this methodology less the number of delegates allocated to the American Student Dental Association in section B.2. of this allocation methodology. The resulting true proportional delegate numbers will be used later in the delegate allocation methodology. and be it further **Resolved,** that the *Manual of the House of Delegates,* Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates, Subsection B.5., be amended as follows (additions underscored, deletions ~~stricken through~~): **Subsection B.5. Calculation of Non-Minimum Membership Total** Subtract the total membership numbers of each constituent and federal dental service identified as being excluded from the remaining steps of the delegate allocation methodology from the ~~total membership of the Association~~ total constituent and federal dental service membership of the Association. The resulting non-minimum membership total will be used in the remaining delegate allocation methodology steps.	
74H.	**Adopted—Consent Calendar Action**	**Council of Dental Benefit Programs Resolution 74—Proposed Policy, Dental Benefits within Affordable Care Act Marketplace and a Public Option** **Resolved**, that within the Marketplaces established by the Affordable Care Act: • Dental coverage should be available to consumers through Stand Alone Dental Plans. • Diagnostic and preventive dental services embedded within Qualified Health Plans should be covered without any additional co-payment, co-insurance or deductibles. • Dental care is essential across the individual's life span. Individuals seeking to purchase benefits in the Marketplaces must be able to purchase dental benefits without having to first purchase a medical plan. • Plan designs should remain flexible and offer consumers adequate choices balancing cost and benefit value. • Dental Plans offered in the Marketplaces must be required to transparently report Dental Loss Ratios (DLR).	

		• Cost sharing assistance or premium tax credits should be available to consumers purchasing dental plans. and be it further **Resolved**, that if a public option plan that includes pediatric or adult dental benefit plans were introduced within the Marketplaces established by the Affordable Care Act, then such plans should: • Allow freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit. • Not force any providers, including those already participating in existing public programs, to join a Marketplace plan network and instead should support fair market competition, including meaningful negotiation of contracts and annual adjustment of fee schedules. • Only include minimal and reasonable administrative requirements to promote participation and provide meaningful access.	
75H.	**Adopted**	**Board of Trustees Resolution 75—Approval of 2022 Budget** **Resolved,** that the 2022 Annual Budget of revenue and expenses, including net capital requirements, be approved.	
76H.	**Adopted by a 60% affirmative vote**	**Board of Trustees Resolution 76—Establishment of the Dues Effective January 1, 2022** **Resolved,** that the dues of the ADA active members shall be $582.00, effective January 1, 2022.	
77.	--	**WITHDRAWN**	
78H.	**Adopted—Consent Calendar Action**	**Council on Membership Resolution 78—Amendment of the Policy, Four-Year Recent Graduate Reduced Dues Program** **Resolved**, that the ADA policy, Four-Year Recent Graduate Reduced Dues Program (*Trans*.2008:482), be amended as follows (additions underscored; deletions ~~stricken~~): **Two ~~Four~~ Year Recent Graduate Reduced Dues Program** **Resolved**, that the ADA urges constituent and component societies to adopt the ADA two ~~four~~-year reduced dues structure for recent dental school graduates.	
79.	**Not Adopted—Consent Calendar Action**	**New York State Dental Association Resolution 79—National Dental Endosseous Implant Registry**	

		Resolved, that the American Dental Association investigate the establishment of a dental endosseous implant registry, and be it further **Resolved,** that the registry maintain data on placed implants by patient, date of placement, implant manufacturer, type, size and intraoral location, and be it further **Resolved**, that the database be accessible by dentists only and for the express purpose of providing information that can be of assistance in improving patient care, and be it further **Resolved**, that a report with any recommendations be presented to the 2022 American Dental Association House of Delegates meeting.	
80H.	**Adopted—Consent Calendar Action**	**Ninth District, Co-Sponsored by Districts Two and Thirteen Resolution 80—Electronic Archiving of State And Component Dental Publications** **Resolved,** that the appropriate ADA agencies explore creating or facilitating a searchable digital archive for tripartite publications and report back to the 2022 House of Delegates.	
81H.	**Adopted—Consent Calendar Action**	**Reference Committee C (Dental Education, Science and Related Matters) Resolution 81RC adopted in lieu of Board of Trustees Resolution 81 and Third Trustee District Resolution 81S-1—Response to Resolution 74-2020 – Elder Care Strategies for Continuing Education** **Resolved,** that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on both the oral-systemic connection and the dental management of the medically complex older adult as priority projects, and be it further **Resolved,** elevate the importance of both the oral-systemic connection and the dental management of the medically complex older adult, to both ~~members and the public~~ the dental ~~community~~ and medical communities, as appropriate, by: ~~1. providing educational opportunities for the profession on the oral-systemic connection.~~ ~~2. promoting dental continuing education on treating the medically, functionally or cognitively complex patients through the Annual Meeting or other ADA meetings.~~ ~~3. developing and maintaining a roster of qualified speakers both the oral-systemic connection and the dental management of the medically complex older adult.~~ 1. developing and delivering dental continuing education on both the oral-systemic connection and the dental management of the medically complex	

		older adult through ADA online CE, ~~SmileCon programs~~ ADA conferences and ~~other ADA~~ meetings, publications and programming as appropriate. ~~4.~~2. developing presentations on both the oral-systemic connection and the dental management of the medically complex older adult for use by member state or local dental societies, and to be shared with other Associations and other Health Care Professionals with an increased emphasis on the need for a more active collaboration and consultation between dental and medical providers when managing medically complex older adults. 3. the development of continuing education~~al curricula~~ for the delivery of preventive and quality of life dental care for institutional, long-term care and home-bound individuals to allow for greater access in their respective environments.	
82H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 82—Proposed Policy: A Culture of Safety in Dentistry – Voluntary Reporting** **Resolved,** that the American Dental Association acknowledges the value of self-reporting dental patient safety issues to a certified Patient Safety Organization that complies with the Patient Safety Rule of the Department of Health and Human Services, as critical to our professional responsibility for education and self-regulation, and be it further **Resolved,** the American Dental Association encourages the voluntary reporting of near misses and adverse incidents to the Dental Patient Safety Foundation in an anonymous and non-discoverable manner, and be it further **Resolved,** that the American Dental Association utilizes submitted reports to develop and report on improved safety measures for the profession of dentistry.	
83H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 83RC adopted in lieu of Council on Advocacy for Access and Prevention Resolution 83—Establishment of a Medicaid Task Force** **Resolved,** that a Task Force meet virtually and develop a cohesive and broad-reaching strategy for federal and state Medicaid and Children's Health Insurance Program advocacy to reduce administrative burdens and create sustainable reimbursement for participating dentists. Issues addressed should include, but not be limited to: • Credentialing • Funding and reasonable reimbursement • Benefit design and administration • Appropriate auditing practices • Coordination when multiple state program administrators exist • Managed care design and implementation	

		• Requirements for stakeholder involvement • Best practices and model programs to use as benefit and policy benchmarks and be it further, **Resolved,** that the Task Force be comprised of ~~equal~~ representation from the Board of Trustees, Council on Dental Benefit Programs, Council on Government Affairs, Council on Advocacy for Access and Prevention, at-large Delegates or Alternate Delegates of the 2021 House of Delegates, with Medicaid provider experience when possible, and state dental association staff with public program advocacy experience, with such representatives and the task force chair appointed by the ADA President, and be it further **Resolved,** the advocacy strategy should include policy actions that the ADA and state advocates can pursue at the federal and state level, including adequate ADA public affairs support to ensure successful outcomes, and be it further **Resolved,** that the Task Force shall report its recommendations to the 2022 ADA House of Delegates.	
84H.	**Adopted—Consent Calendar Action**	**Council on Membership Resolution 84—Rescission of the Policy, Qualifications For Membership** **Resolved**, that the ADA policy, Qualifications for Membership (*Trans*.1959:219; 1996:672; 2013:365), be rescinded.	
85H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 85RC adopted in lieu of Indiana Dental Association Resolution 85, Third Trustee District Resolution 85S-1 and Indiana Dental Association Resolution 85S-2—Addressing the Dental Team Workforce Shortage** **Resolved**, that the appropriate ADA agency distribute existing print and social media communications materials to state and local dental societies to use to promote and encourage middle and high school students to consider careers in dentistry, dental hygiene and dental assisting, and be it further **Resolved**, that the appropriate ADA agency study the issue of dental hygienist and dental assistant employment tenure to determine variables that lead to attrition and high employee turnover, as well as variables that encourage long term employees. The research will be used to develop a toolkit that dentists can use to help increase the tenure of dental team members, and be it further **Resolved**, that the appropriate ADA agency request ADEA to collaborate in conducting a study of accredited dental hygiene and assisting programs and formulate ideal	

		enrollment recommendations by state and or region and make this information available to state and local dental societies, as well as dentistry, hygiene and assisting education administrators, and be it further **Resolved**, that the appropriate ADA agency investigate financial incentives, such as possible tax abatements and grants, to motivate educational institutions to create, or expand existing, dental hygiene and dental assisting programs in order to expedite the resolution of the workforce issue.	
86H.	**Adopted**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 86RC adopted in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 86, Board of Trustees Resolutions 86BS-1, and Thirteenth Trustee District Resolution 86BS-2—Proposed Amendments to the Comprehensive ADA Policy Statement on Teledentistry** **Resolved,** that the Comprehensive ADA Policy Statement on Teledentistry (*Trans*.2015:244; 2020:107) be amended as follows (additions underscored; deletions ~~stricken~~): **Comprehensive ADA Policy Statement on Teledentistry** Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery. Teledentistry can include patient care and education delivery using, but not limited to, the following modalities: Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and an ~~provider~~ oral health care practitioner using audiovisual telecommunications technology. Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction. Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data	

		processing service) in a different location for use in care and related support of care. Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA). **General Considerations:** While in-person (face to face) ~~direct~~ examination has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered. In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in person (face to face) environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency. ~~As the care provided is equivalent to in person care, i~~ Insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in-person, including reimbursement for the teledentistry codes as appropriate. **Patients' Rights:** Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect: 1. That any dentist delivering, directing or supervising services to a patient of record using teledentistry technologies will be licensed in ~~the~~ a state or other territory or jurisdiction of the United States~~, where the~~	

		~~patient receives services,~~ or be providing these services as otherwise authorized by the ~~that state's~~ dental board of that state, territory or jurisdiction. 2. That any dentist delivering, directing or supervising services to a new patient using teledentistry technologies will be licensed in the state or other territory or jurisdiction of the United States where the patient receives the services. ~~2~~3. Access to the name, practice address, telephone number, emergency contact information, and email address of the virtual practice. Access to the names, licensure information, and board certification qualifications of ~~the~~ all oral health care practitioners who ~~is providing the~~ provide care via teledentistry in the practice. Prior to the virtual visit, the patient should be informed of the name, licensure information, and qualification of the oral healthcare practitioners conducting the visit and virtual care. ~~3~~4. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, consistent with accepted standards of care as a means of ensuring patient safety, quality of care and positive health outcomes. 45. That patients will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services. ~~5~~6. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information. ~~6~~7. That the provision of services using teledentistry technologies will be properly documented, that ~~and~~ the records and documentation collected will be provided to the patient upon request and that the limitations (if any) of teledentistry encounters should be disclosed to a patient prior to the initiation of any teledentistry encounter. 8. That any patient has the right to discuss their treatment with any third party. A patient should not be required to agree to any provision that restricts the patient's freedom to bring any concerns about their dental treatment to the attention of an entity of the patient's choosing.	

		~~7~~9. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home. ~~8~~10. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person (face to face) services. ~~9~~11. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information. **Quality of Care:** The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person (face to face) services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information. **Supervision of Allied Dental Personnel:** The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state, territory or jurisdiction of the United States where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel. **Licensure:** Dentists ~~and allied dental personnel~~ who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state, territory or jurisdiction in which the dentist practices. Allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state, territory or other jurisdiction in which the patient receives service. The delivery of services via teledentistry must comply with the ~~state's~~ scope of practice laws, regulations or rules applicable to the encounter. Teledentistry cannot be used to expand the scope of practice or change permissible duties of ~~dental auxiliaries~~ allied dental personnel. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.	

		Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person (face to face) encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person (face to face) encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed ~~in the state where the patient receives service~~ as indicated above. **Technical Considerations:** Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.	
87.	--	**WITHDRAWN**	
88H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 88RC in lieu of Fourteenth Trustee District Resolution 88—Reinstatement of ADA Third-Party Payer Concierge Service** **Resolved,** that the ADA restart and significantly promote its third-party dental insurance concierge service for a five-year period, at which time this service can be re-evaluated as ~~an ADA member~~ a state dental association benefit.	
89.	**Not Adopted—Consent Calendar Action**	**Indiana Dental Association Resolution 89—Addressing Third Party Dental Reimbursement Rates** **Resolved**, that the ADA communicate to dental insurance industry leaders that COVID-related increases in dental staffing costs and enhanced infection control expenses have increased the cost of dental care and third party payer reimbursement rates should be adjusted accordingly.	
90H.	**Adopted—Consent Calendar Action**	**Reference Committee A (Budget, Business, Membership and Administrative Matters) Resolution 90RC adopted in lieu of Eleventh Trustee District Resolutions 90 and 90S-1—Eliminating Barriers for Underrepresented Minorities into the Dental Profession** **Resolved,** that an ADA Task Force be convened by the ADA President ~~that will~~ to explore the current barriers for entry into the dental profession by underrepresented ~~minorities~~ populations, and be it further	

		Resolved, that invitations be extended to at least, but not limited to, the American Dental Education Association, American Student Dental Association, National Dental Association, Hispanic Dental Association and Society of American Indian Dentists to nominate members of their respective organizations to participate in the Task Force, and be it further **Resolved,** the ~~ADA~~ Task Force will develop ~~policies and a~~ broad-reaching ~~strategy~~ strategies and action plans that will strengthen and support a workforce that is more representative of the population, and be it further **Resolved,** that the Task Force shall report its findings and recommendations to the 2022 ADA House of Delegates.	
91.	**Not Adopted—Consent Calendar Action**	**Fourteenth Trustee District Resolution 91—Mid-Level Provider Impact Study** **Resolved,** that the ADA collect data on mid-level providers to evaluate the impact on access to care. This would include but not be limited to: • the number in each state • practice settings • populations served • individual state mandates and be it further **Resolved,** that a report be made to the 2022 ADA House of Delegates.	
92.	**Not Adopted**	**Fourteenth Trustee District Resolution 92—Study Dental School Demographics: All Dental Schools Are Not Created Equal** **Resolved,** the ADA form a task force that establishes metrics to compare the dental school educational experience and financial implications across CODA accredited dental schools to assist prospective dental students in making choices to include but not limited to the following: 1. Evaluates the value of new dentists' education experience 1, 5 and 10 years after graduation. 2. Evaluates Student: Teacher ratios at dental schools. 3. Evaluates the cost of education and breakdown of expenses.	

		4. Compiles a data bank of the number and type of procedures performed by each student prior to graduation. 5. Evaluates Student: Specialist-Teacher ratios at dental schools. 6. Evaluates the feasibility of using ADA resources to provide guidance for pre-dental students on selecting a dental school. 7. Review CODA standards in dental education. and be it further **Resolved,** that this task force report back to the 2022 House of Delegates with their findings.	
93H.	**Adopted—Consent Calendar Action**	**Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 93RC adopted in lieu of Fourteenth Trustee District Resolution 93—Developing Safeguards to Protect Employee Dentists** **Resolved,** that the appropriate ADA agency assess the feasibility of creating guidelines, best practices or educate members on mechanisms to assure accuracy of claims submitted by the office or a third party on behalf of the treating dentist, and be it further **Resolved**, that a report be submitted to the 2022 House of Delegates.	
94.	**Referred to the Appropriate Agency for Further Study and Report to the 2022 House of Delegates**	**Fourteenth Trustee District Resolution 94—State Representation and Alternate Delegates** **Resolved,** that the Chapter III, Section 10. B. of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken~~ through): B. ALTERNATE DELEGATES. Each constituent and each federal dental service may select from among its active, life and retired members up to ~~the same number of~~ two alternate delegates for each ~~as~~ delegate~~s~~. The American Student Dental Association may select from among its active members up to the same number of alternate delegates as delegates.	
95H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 95RC adopted in lieu of Fourteenth Trustee District Resolution 95—Prioritizing the Mental Health of Dentists** **Resolved,** that the appropriate agency of the ADA ~~analyze~~, in conjunction with mental health consultants, analyze the availability of resources to support the mental health of dentists, and collect information regarding existing health and wellness programs from	

		across the tripartite and other professional organizations including, but not limited to the American Medical Association, the American Student Dental Association, and the New Dentist Committee. ~~to include the collection of information from national, state and local entities about:~~ ~~• activities available to support mental health~~ ~~• efficacy of current activities~~ ~~• prevailing mental health issues in their area~~ and be further **Resolved,** that the ADA then use the collected information to ~~partner with mental health experts to~~: • Explore partnering with third-party mental health providers for our membership; • Analyze the existing well-being conference for potential enhancement; • Create a toolkit to help prevent dentist suicide, including a guide for responding to a suicide or unexpected death; and recommendations for practice coverage for short-term and long-term absences due to mental illness and permanent absence due to suicide or unexpected death; • And identify best practices, then consider the creation of an effective mental health and wellness campaign for our members ~~• create an effective mental health wellness campaign for our members~~ ~~• explore the possibility of partnering with a third-party therapy provider to provide access to mental health care for our membership~~ ~~• analyze the existing well-being conference and consider how it could be expanded~~ ~~• create a toolkit to assist members with regard to practice coverage for short-term, long-term and permanent absences~~ ~~• study what other health-related professional organizations are doing for mental health including ASDA and NDC~~ ~~• create guidance around the ethics of reporting mental health crisis and suicide~~ and be it further **Resolved,** that ADA explore safeguarding dentists from punitive action by state dental boards as well as third party credentialing; with regard to mental health issues and report back to the 2022 House of Delegates with an actionable plan. ~~**Resolved,** that the ADA partner with mental health experts to create a legislative strategy regarding safeguarding dentists from punitive action from state boards as well~~	

		~~as third party credentialing; with regard to mental health issues and report back to the 2022 House of Delegates with an actionable plan.~~	
96H.	**Adopted—Consent Calendar Action**	**Reference Committee C (Dental Education, Science and Related Matters) Resolution 96RC adopted in lieu of Fourteenth Trustee District Resolution 96 and Third Trustee District Resolution 96S-1—The Practice of Dentistry and Cannabis** **Resolved**, that the ADA encourage the development of best practices for the management of patients and their caregivers, dentists, and dental team members who are under the influence of cannabis.	
97.	**Not Adopted—Consent Calendar Action**	**Fourteenth Trustee District Resolution 97—Development of Best Practices for the Inclusion of Research with Negative Findings and Failed Replications Studies** **Resolved,** that the appropriate ADA agency is urged to participate and work with the Editors of professional dental publications and the American Association of Dental Editors and Journalists (AADEJ) to develop best practices for the inclusion of, and publication of, dental research with negative findings as well as failed replication studies and report back to the 2022 ADA HOD.	
98H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 98—Approval of Certified Delegates** **Resolved,** that the list of certified delegates and alternate delegates posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2021 House of Delegates of the American Dental Association.	
99H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 99—Minutes of the 2020 Session of the House Of Delegates** **Resolved,** that the minutes of the 2020 session of the House of Delegates be approved.	
100H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 100—Adoption of Agenda and Order of Agenda Items** **Resolved,** that the agenda as presented in the *2021 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further **Resolved,** the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.	

101H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 101—Referrals of Reports and Resolutions** **Resolved,** that the list of referrals recommended by the Speaker of the House of Delegates be approved.	
102H.	**Adopted—Consent Calendar Action**	**Reference Committee A (Budget, Business, Membership and Administrative Matters Resolution 102RC adopted in lieu of Third Trustee District Resolution 102—Strategy for Engaging Dental Residents** **Resolved,** that starting with the 2022 House of Delegates, the appropriate ADA agencies provide regular status reports on the efforts to engage, connect, recruit and develop long-term relationships with dentists in post-graduate programs.	
103.	**Not Adopted**	**Third Trustee District—Resources For ADA Dentist Members Transitioning Into Retirement** **Resolved**, that the appropriate agencies evaluate and develop a program that could possibly include a full-time counselor/advisor, and continuing education, both live face-to-face and virtual, to guide its members who are or will be transitioning into retirement, with resources to include, but not be limited to: • basics of retirement living • mental and emotional needs • social needs • current health needs • long-term healthcare needs • retirement budget • personal or spiritual growth, and of course • fun and be it further **Resolved**, that the appropriate agencies report back to the 2022 House of Delegates regarding said program and the financial implication of implementing it.	
104H.	**Adopted—Consent Calendar Action**	**Reference Committee C (Dental Education, Science and Related Matters) Resolution 104RC adopted in lieu of Third Trustee District Resolution 104—Financial Literacy Among New Dentists and Dental Students** **Resolved**, that the appropriate ADA agencies inventory all ADA course and program offerings related to debt management, practice management, financial advisor services, and financial literacy for new dentists and students and be it further,	

		Resolved, that a determination be made as to whether there are any gaps in the current offerings, along with estimated costs to close those gaps and be it further **Resolved,** that a determination be made on the feasibility and costs of developing an easily accessible electronic catalog, with a report on the findings to the 2022 House of Delegates.	
105.	**Not Adopted—Consent Calendar Action**	**Eleventh Trustee District Resolution 105—Increasing Transparency and Improving Member Engagement Through Virtual Testimony at the House of Delegates Reference Committees** **Resolved**, that the House of Delegates form an ADA task force to present a two-year pilot proposal to the 2022 House of Delegates for expanding reference committee testimony to members in a virtual format and making House of Delegates resolutions, reports, and other, non-privileged information accessible to all members virtually.	
106H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Health, Governance and Related Matters) Resolution 106RC adopted in lieu of Fourth Trustee District Resolution 106—Fair Delegate Allocation For Federal Dental Services** **Resolved,** that the appropriate agency <u>propose revisions to</u> ~~revise~~ the delegate allocation methodology found in the *Manual of the House of Delegates* so that a minimum of two delegates is allocated to each of the Federal Dental Services, and be it further **Resolved,** that a report on the requested revisions be provided to the 2022 House of Delegates.	
107H.	**Adopted—Consent Calendar Action**	**Sixteenth Trustee District Resolution 107—Standard Form for Consolidating Dental Implant and Implant Restoration Data** **Resolved,** that the appropriate ADA agency create a form for patients and dental records that consolidates the data on placed implants and implant restorations to include the date of placement, implant manufacturer, type, size and intraoral location as well as abutment manufacturer, type, size and dental laboratory, and be it further **Resolved,** that the ADA urge dentists to use the form for patient records and provide a copy to the patient.	
108H.	**Adopted—Consent Calendar Action**	**Fifth Trustee District and Sixteenth Trustee District Resolution 108—National Commission On Recognition Of Dental Specialties And Certifying Boards Requirements For Recognition Review** **Resolved,** that the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, currently used by the National Commission on	

		Recognition of Dental Specialties and Certifying Boards, be reviewed by the ADA Council on Dental Education and Licensure in 2022, rather than 2023, and be it further **Resolved,** that CDEL report its findings and any proposed revisions to the Requirements for Recognition to the National Commission and to the 2022 ADA House of Delegates.	
109H.	**Adopted**	**Reference Committee A (Budget, Business, Membership and Administrative Matters) Resolution 109—as amended—Consent Calendar** **Resolved,** that the recommendations of Reference Committee A on the following resolutions be accepted by the House of Delegates. **1. Resolution 44**—Adopt—Sustaining the Pipeline of Volunteer Leadership (Worksheet:2002) $: None **COMMITTEE RECOMMENDATION: Vote Yes.** **2. Resolution 69**—Adopt—Proposed Policy on ADA Diversity and Inclusion (Worksheet:2008) $: None **COMMITTEE RECOMMENDATION: Vote Yes.** **3. Resolution 78**—Adopt—Amendment of the Policy, Four-Year Recent Graduate Reduced Dues Program (Worksheet:2114) $: None **COMMITTEE RECOMMENDATION: Vote Yes.** **4. Resolution 84**—Adopt—Rescission of the Policy, Qualifications for Membership (Worksheet:2115) $: None **COMMITTEE RECOMMENDATION: Vote Yes.** **5. Resolution 90RC**—Adopt Resolution 90RC in lieu of Resolutions 90 and 90S-1—Eliminating Barriers for Underrepresented Minorities into the Dental Profession $: None **COMMITTEE RECOMMENDATION: Vote Yes.** **6. Resolution 102RC**—Adopt Resolution 102RC in lieu of Resolution 102— Strategy for Engaging Dental Residents $: None **COMMITTEE RECOMMENDATION: Vote Yes.**	

		~~**7. Resolution 103**—Not Adopt—Resources for ADA Dentist Members Transitioning into Retirement (Worksheet:2120) $: None~~ **COMMITTEE RECOMMENDATION: Vote No.** **8. Resolution 105**—Not Adopt—Increasing Transparency and Improving Member Engagement Through Virtual Testimony at the House of Delegates Reference Committees (Worksheet:2123) $: None **COMMITTEE RECOMMENDATION: Vote No.**	
110H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 110—as amended—Consent Calendar** **Resolved,** that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates. ~~**1. Resolution 42RC**—Adopt Resolution 42RC in lieu of Resolution 42—Amendment to the Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (Worksheet:3000) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **2. Resolution 43—**Adopt—Proposed ADA Policy Statement on the Use of Augmented Intelligence in Dentistry (Worksheet:3003) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **3. Resolution 54—**Adopt—Rescission of Policy, Individual Practice Association (Worksheet:3006) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **4. Resolution 55—**Adopt—Rescission of Policy, Support for Individual Practice Associations (Worksheet:3008) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **5. Resolution 63—**Adopt—Proposed Policy for the Elimination of Wait Periods for Children in Dental Benefit Plans (Worksheet:3010) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **6. Resolution 71—**Adopt—Amendment of the Policy, Third-Party Payers Overpayment Recovery Practices (Worksheet:3012) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes **7. Resolution 74—**Adopt—Proposed Policy, Dental Benefits Within Affordable Care Act Marketplace and a Public Option (Worksheet:3017) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **8. Resolution 79—**Not Adopt—National Dental Endosseous Implant Registry (Worksheet:3018) $: 40,000 **COMMITTEE RECOMMENDATION: Vote No** ~~**9. Resolution 85RC—**Adopt Resolution 85RC in lieu of Resolutions 85, 85S-1 and 85S-2—Addressing the Dental Team Workforce Shortage $: 125,000~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ ~~**10. Resolution 88RC—**Adopt Resolution 88RC in lieu of Resolution 88—Reinstatement of ADA Third Party Payer Concierge Service $: 200,000 per year for five years~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **11. Resolution 89—**Not Adopt—Addressing Third Party Dental Reimbursement Rates (Worksheet:3023) $: None **COMMITTEE RECOMMENDATION: Vote No** **12. Resolution 93RC—**Adopt Resolution 93RC in lieu of Resolution 93—Developing Safeguards to Protect Employee Dentists (Worksheet:3024) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **13. Resolution 107—**Adopt—Standard Form for Consolidating Dental Implant and Implant Restoration Data (Worksheet:3025) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	
111H.	**Adopted**	**Reference Committee C (Dental Education, Science and Related Matters)** **Resolution 111—as amended—Consent Calendar** **111. Resolved,** that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.	

		~~**1. Resolution 31**—Adopt—Amendment of Chapter IX, Section A of the Governance and Organizational Manual of the American Dental Association (Worksheet:4001) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **2. Resolution 32RC**—Adopt Resolution 32RC in lieu of Resolutions 32—Amendment of the Policy: Review of ADA Definition: Continuing Competency (Worksheet:4005) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **3. Resolution 46—**Adopt—Special Care Dentistry Association (Worksheet:4057) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **4. Resolution 47**—Adopt—Continuing Education Market Research (Worksheet:4058) $: 35,000 **COMMITTEE RECOMMENDATION: Vote Yes** **5. Resolution 48**—Adopt—Developing Continuing Education Activities (Worksheet:4059) $: 7,500 **COMMITTEE RECOMMENDATION: Vote Yes** **6. Resolution 49**—Adopt—Proposed Policy: Patients With Special Needs (Worksheet:4060) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **7. Resolution 64**—Adopt—Amendment of the Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (Worksheet:4065) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**8. Resolution 65RC**—Adopt Resolution 65RC in lieu of Resolution 65—Amendment of the Policy, Research Funds (Worksheet:4066) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **9. Resolution 66**—Adopt—Rescission of the Policy, Comparative Effectiveness Research and Patient-Centered Outcomes Research (Worksheet:4069) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes **10. Resolution 80**—Adopt—Electronic Archiving of State and Component Dental Publications (Worksheet:4099) $: 5,000 **COMMITTEE RECOMMENDATION: Vote Yes** **11. Resolution 81RC**—Adopt Resolution 81RC in lieu of Resolution 81 and Resolution 81S-1—Response to Resolution 74-2020 - Elder Care Work Group—Elder Care Strategies for Continuing Education (Worksheet:4101) $: 10,000 **COMMITTEE RECOMMENDATION: Vote Yes** **12. Resolution 96RC**—Adopt Resolution 96RC in lieu of Resolution 96 and Resolution 96S-1—The Practice of Dentistry and Cannabis (Worksheet:4108) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **13. Resolution 97**—Not Adopt—Development of Best Practices for the Inclusion of Research with Negative Findings and Failed Replications Studies (Worksheet:4107) $: None **COMMITTEE RECOMMENDATION: Vote No** **14. Resolution 104RC**—Adopt Resolution 104RC in lieu of Resolution 104—Financial Literacy Among New Dentists and Dental Students (Worksheet:4110) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **15. Resolution 108**—Adopt—National Commission on Recognition of Dental Specialties and Certifying Boards Requirements for Recognition Review (Worksheet:4111) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **16. Resolution 113RC**—Adopt—Report 1 of the Council on Scientific Affairs Report 1 to the House of Delegates: Response to Resolution 21H-2020—Feasibility of Assessing the Role of Dental Health in the Management of Diseases and Medical Conditions $: None **COMMITTEE RECOMMENDATION: Vote Yes**	

112H.	**Adopted**	**Reference Committee D (Legislative, Health, Governance and Related Matters)** **Resolution 112—as amended—Consent Calendar** **Resolved,** that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates. **1. Resolution 1—**Adopt—Proposed Policy, Rank and Status of Dentists in the Uniformed Services (Worksheet:5000) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **2. Resolution 2—**Adopt—Amendment of the Policy, Dental Research by Military Departments (Worksheet:5004) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**3. Resolution 3—**Adopt—Proposed Policy, Anesthesia Coverage Under Health Plans (Worksheet:5007) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ ~~**4. Resolution 4—**Adopt—Proposed Policy, Provisions for ERISA Plans (Worksheet:5011) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **5. Resolution 5—**Adopt—Rescission of the Policy, Advocating for ERISA Reform (Worksheet:5015) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **6. Resolution 6—**Adopt—Amendment of the Policy, Use of Expert Witnesses in Liability Cases (Worksheet:5018) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **7. Resolution 7S-1—**Adopt Resolution 7S-1 in lieu of Resolution 7—Amendment to the Policy, Professional Liability Insurance Legislation (Worksheet:5024a) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **8. Resolution 8—**Adopt—Rescission of the Policy, Costs for the Submission of Electronic Dental Claims (Worksheet:5025) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes **9. Resolution 9—**Adopt—Amendment of the Policy, Fee-For-Service Medicaid Programs (Worksheet:5029) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **10. Resolution 10—**Adopt—Amendment of the Policy, Medicaid and Indigent Care Funding (Worksheet:5032) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **11. Resolution 11—**Adopt—Amendment of the Policy, Use of Dentist-To-Population Ratios (Worksheet:5035) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **12. Resolution 12—**Adopt—Rescission of the Policy, Maldistribution of the Dental Workforce (Worksheet:5039) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**13. Resolution 13—**WITHDRAWN—Rescission of the Policy, Availability of Dentists for Underserved Populations (Worksheet:5042) $: None~~ **COMMITTEE RECOMMENDATION: Vote Yes on Referral** ~~**14. Resolution 14S-1—**Adopt Resolution 14S-1 in lieu of Resolution 14—Amendment to Resolution 14: Proposed Policy, Guaranteeing Patient's Freedom of Choice of Dentist (Worksheet:5049a) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **15. Resolution 15—**Adopt—Proposed Policy, Discrimination of Benefit Payment Based on Professional Degree of Provider (Worksheet:5051) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **16. Resolution 16—**Adopt—Amendment of the Policy, Freedom of Choice in Publicly Funded Aid Programs (Worksheet:5054) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	

		17. Resolution 17—Adopt—Amendment of the Policy, Limited English Proficiency (Worksheet:5056) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **18. Resolution 18—**Adopt—Amendment of the Policy, Protection of Retirement Assets (Worksheet:5059) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **19. Resolution 19—**Adopt—Amendment of the Policy, Suggested Dental Practice Acts (Worksheet:5062) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **20. Resolution 20—**Adopt—Rescission of the Policy, State Regulation of Advertising (Worksheet:5065) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **21. Resolution 21—**Adopt—Rescission of the Policy, ADA Assistance in Legislative Initiatives (Worksheet:5070) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **22. Resolution 22—**Adopt—Rescission of the Policy, Dental Focus in Federal Health Agencies (Worksheet:5073) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **23. Resolution 23—**Adopt—Amendment of the Policy, Confidentiality and Privacy Regarding Health Information (Worksheet:5078) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **24. Resolution 24—**Adopt—Amendment of the Policy, Need for HIPAA Standards Reform (Worksheet:5081) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **25. Resolution 25—**Adopt—Rescission of the Policy, Legislation Prohibiting Waiver of Patient Copayment/OverBilling (Worksheet:5083) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes **26. Resolution 26—**Adopt—Rescission of the Policy, Legislation Reflecting ADA Policy on Primary Dental Health Care Provider (Worksheet:5085) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **27. Resolution 27—**Adopt—Amendment to the Policy, Support for Adult Medicaid Dental Services (Worksheet:5087) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**28. Resolution 28—**Adopt—Rescission of the Policy, Legislative Separation of Medicine and Dentistry (Worksheet:5090) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **29. Resolution 29—**Adopt—Rescission of the Policy, Adding the ADA Definition of Dentistry to Existing Dental Regulatory Provisions (Worksheet:5170) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **30. Resolution 30RC—**Adopt Resolution 30RC in lieu of Resolution 30—Amendment of the Policy, Antitrust Reform (Worksheet:5094) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **31. Resolution 33—**Adopt—Amendment of the Policy, Legislative Delegations (Worksheet:5099) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **32. Resolution 34—**Adopt—Amendment and Simplification of *Bylaws* Chapter I., Section 20.B. (Worksheet:5102) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **33. Resolution 35—**Adopt—Response to Referred Resolution 64-2020, Amendment of Chapter III., Section 120. of the ADA *Bylaws* (Worksheet:5106) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	

		34. Resolution 36—Adopt—Proposed Policy, Support for the American Academy of Pediatric Dentistry Policy on Early Childhood Caries (Worksheet:5108) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **35. Resolution 37—**Adopt—Rescission of the Policy, Preventive Dental Procedures (Worksheet:5113) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **36. Resolution 38—**Adopt—Amendment of the Policy, Health Planning Guidelines (Worksheet:5116) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **37. Resolution 39—**Adopt—Rescission of the Policy, High Blood Pressure Programs (Worksheet:5119) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **38. Resolution 40S-1—**Adopt Resolution 40S-1 in lieu of Resolution 40—Amendment of the Policy, Communication and Dental Practice (Worksheet:5123a) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **39. Resolution 41—**Adopt—Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs (Worksheet:5124) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **40. Resolution 45—**Adopt—Amendment to Section 3.A. of the ADA *Principles of Ethics and Code of Professional Conduct* (Worksheet:5127) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **41. Resolution 50—**Adopt—Amendment of the Policy, Use of Health Literacy Principles for All Patients (Worksheet:5130) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **42. Resolution 52—**Adopt—Amendment of the Policy, Bottled Water, Home Water Treatment Systems and Fluoride Exposure (Worksheet:5131) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes **43. Resolution 53—**Adopt—The New Dentist Committee Chair Serving on the Board of Trustees (Worksheet:5134) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **44. Resolution 57—**Adopt—Proposed Policy, American Academy of Pediatric Dentistry Statement on Perinatal and Infant Oral Health Care (2021) (Worksheet:5136) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **45. Resolution 58—**Adopt—Proposed Policy, Oral Health Equity (Worksheet:5145) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **46. Resolution 59—**Adopt—Amendment of the Policy, Women's Oral Health: Patient Education (Worksheet:5146) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **47. Resolution 60S-1—**Adopt Resolution 60S-1 in lieu of Resolution 60—Amendment of the Policy, Non-Dental Providers Completing Educational Program on Oral Health (Worksheet:5150a) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **48. Resolution 61S-1—**Adopt Resolution 61S-1 in lieu of Resolution 61—Amendment of the Policy, Non Dental Providers Notification of Preventive Dental Treatment (Worksheet:5153a) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **49. Resolution 62RC—**Adopt Resolution 62RC in lieu of Resolution 62—Amendment of the Policy, Limited Oral Health Literacy Skills and Understanding in Adults (Worksheet:5154) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	

		50. Resolution 67S-1—Adopt Resolution 67S-1 in lieu of Resolution 67—Amendment of the Policy, Comprehensive Statement on Allied Dental Personnel (Worksheet:5158a) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **51. Resolution 68—**Adopt—Amendment to the Policy, Oral Health Education in Schools (Worksheet:5159) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **52. Resolution 73—**Adopt—Clarifying Amendments to the *Manual of the House of Delegates* Relating to Delegate Allocation (Worksheet:5165) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **53. Resolution 82—**Adopt—Proposed Policy: A Culture of Safety in Dentistry – Voluntary Reporting (Worksheet:5178) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **54. Resolution 83RC—**Adopt Resolution 83RC in lieu of Resolution 83—Establishment of a Medicaid Task Force (Worksheet:5183) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **55. Resolution 91—**Not Adopt—Mid-Level Provider Impact Study (Worksheet:5195) $: None **COMMITTEE RECOMMENDATION: Vote No** ~~**56. Resolution 94—**Adopt—State Representation and Alternate Delegates (Worksheet:5197) $23,000; Amount On-going; Net Dues Impact: $0.23~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **57. Resolution 95RC—**Adopt Resolution 95RC in lieu of Resolution 95—Prioritizing the Mental Health of Dentists (Worksheet:5198) $50,000; Net Dues Impact: $0.50 **COMMITTEE RECOMMENDATION: Vote Yes** **58. Resolution 106RC—**Adopt Resolution 106RC in lieu of Resolution 106—Fair Delegate Allocation for Federal Dental Services (Worksheet:5229) $: None	

		COMMITTEE RECOMMENDATION: Vote Yes	
113H.	**Adopted—Consent Calendar Action**	**Reference Committee C (Dental Education, Science and Related Matters)** **Resolution 113RC—Report 1 of the Council on Scientific Affairs Report 1 to the House of Delegates: Response to Resolution 21H-2020—Feasibility of Assessing the Role of Dental Health in the Management of Diseases and Medical Conditions** **Resolved,** that the ADA advocate for external funding of research for the identification and treatment of pre-existing or underlying oral health conditions that may impact post-medical/surgical outcomes, particularly for patients who are at greater risk of adverse medical outcomes.	