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*Material Not Included in Early Posting
**Material Posted August 4
***Newly Received (Received and Processed August 14; Posted August 21)
++**Newly Received (Received and Processed September 13; Posted September 22)
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*Material Not Included in Early Posting
**Material Posted August 4
***Newly Received (Received and Processed August 14; Posted August 21)
+**Newly Received (Received and Processed September 13; Posted September 22)
Resolution No. 501

Report: N/A

Date Submitted: February 2023

Submitted By: Board of Trustees

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

Total Net Financial Implication: None

Net Dues Impact: Not applicable

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: Not Applicable

BYLAWS AMENDMENT TO CLARIFY NON-VOTING MEMBERS OF THE HOUSE OF DELEGATES

Background: CHAPTER III. HOUSE OF DELEGATES, Section 10. MEMBERS, C. NON-VOTING

MEMBERS of the Bylaws states that “elective and appointive officers and trustees of this Association shall be members of the House of Delegates without the power to vote and shall not serve as delegates.”

As written, there may be ambiguity about whether the New Dentist Committee chair could also vote in the House of Delegates given that while they are a voting member of the Board, they do not serve as an officer or trustee. To eliminate this ambiguity and to confirm the New Dentist Committee chair should be a non-voting member of the House of Delegates, the proposed amendment would strike “trustees” and replace with “members of the Board of Trustees.”

Resolution

501. Resolved that CHAPTER III. HOUSE OF DELEGATES, Section 10. MEMBERS, C. NON-VOTING MEMBERS, of the ADA Bylaws be amended as follows (additions underscored; deletions stricken):

C. NON-VOTING MEMBERS. The elective and appointive officers and trustees members of the Board of Trustees of this Association shall be members of the House of Delegates without the power to vote and shall not serve as delegates. Past presidents of this Association shall be members of the House of Delegates without the power to vote unless designated as delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.
NOTES
Resolution No. 502

Report: N/A

Date Submitted: April 2023

Submitted By: Board of Trustees

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

Total Net Financial Implication: N/A

Net Dues Impact: 

Amount One-time 
Amount On-going 

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

AMENDMENT OF THE ADA GOVERNANCE MANUAL AND RULES OF THE HOUSE OF DELEGATES TO REVISE THE INSTALLATION CEREMONY SCHEDULE

Background: Currently Chapter VI., Section D. of the Governance and Organizational Manual of the American Dental Association specifies that the installation ceremony for ADA elective officers take place at “the last meeting of the annual session of the House of Delegates.” The Manual of the House of Delegates also specifies that the installation ceremony shall be held during the third and final meeting of the House of Delegates “as the first item of business” (pp. 7 and 17).

At the 2022 House of Delegates, business of the House’s second meeting was mostly finished around 11:15 a.m. Rather than move ahead with the installation ceremony to be more efficient, it was determined that a longer break between the second and third meetings would still be needed in order to stay in compliance of both the Governance and House Manuals, have lunch, and also allow time to set up the stage for the installation.

The proposed resolution would eliminate the restriction of holding the installation ceremony at a specific time during the House of Delegates, instead leaving it up to the discretion of the Speaker of the House of Delegates. Eliminating this restriction would possibly allow for increased efficiency. To ensure transparency, the proposed resolution also includes publishing the installation ceremony schedule in the Manual of the House of Delegates.

Resolution

502. Resolved, that Chapter IV., Section D. of the Governance and Organizational Manual of the American Dental Association be amended as show below (deletions stricken through):

D. Installation. The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. The Second Vice President shall be installed as First Vice President at the next annual session of the House following election.

and be it further

Resolved, that the section entitled “Installation of New Officers and Trustees” contained in the Rules of the House of Delegates be amended as follows (additions underlined; deletions stricken through):
Installation ceremonies for new officers and trustees shall take place at a on Tuesday afternoon as the first item of business with the time specified by the Speaker of the House and shall be published in *The Manual of the House of Delegates*.

**BOARD RECOMMENDATION:** Vote Yes.

**BOARD VOTE:** UNANIMOUS.
Resolution No. 503

Report: N/A

Date Submitted: May 2023

Submitted By: Board of Trustees

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

Total Net Financial Implication: None

Net Dues Impact: Amount One-time Amount On-going

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: Not Applicable

AMENDMENT TO THE ADA BYLAWS TO CLARIFY PRESIDENTIAL AUTHORITY TO ESTABLISH WORKGROUPS OR TASK FORCES AND APPOINT MEMBERS

Background: The Board of Trustees reviewed Chapter X. of the ADA Bylaws, which discusses the establishment of committees, special committees, and subcommittees, with no mention being made regarding establishing workgroups or task forces. It was the consensus of the Board that although this language does not preclude the ADA President from forming, and selecting members for, workgroups or task forces, clear delineation of this authority is desirable.

Resolution

503. Resolved, that Chapter X., Section 20. of the ADA Bylaws be amended as follows (additions underscored, deletions stricken through):

Section 20. SPECIAL COMMITTEE. A special committee is a group formed to perform tasks not otherwise assigned by the Bylaws or the Governance Manual. A special committee will cease to exist at the earlier of the completion of its assigned tasks or at the adjournment sine die of the annual session of the House of Delegates following its creation.

A. ESTABLISHMENT AND DUTIES. The House of Delegates, Board of Trustees, ADA President, councils and commissions of the ADA may establish special committees. The resolution or motion or, in the case of the ADA President, written declaration, establishing a special committee shall specify the tasks and scope of responsibility assigned to the special committee.

B. MEMBERSHIP AND MEMBER APPOINTMENT, TERM AND TENURE. The resolution, or motion or written declaration establishing a special committee shall specify the number and type of committee members, their method of selection and the term and tenure of members of the Committee.

C. RULES OF OPERATION. The rules of operation and procedures of special committees shall be as set forth in the Governance Manual and the rules of body establishing the special committee.
D. FUNDING. Unless otherwise specified in the resolution or motion establishing a special committee, any funding required by the special committee to fulfill its assigned tasks shall be the responsibility of the body establishing the special committee. In the case of a special committee being established by the President, any funding required by the special committee to fulfill its assigned tasks shall be the responsibility of the Board of Trustees.

E. REPORTING. All reports of a special committee shall be directed to the body that established the committee.

F. PRIVILEGE OF THE FLOOR. Chairs and members of special committees who are not members of the House of Delegates shall have the right to participate in the debate on any reports originating with their respective special committees but shall have no other rights unless that person is a duly credentialed delegate or alternate delegate.

and be it further

Resolved, that Chapter VI., Section 90.A. of the ADA Bylaws be amended by the inclusion of a newly enumerated duty, as follows (additions underscored, deletions struck through):

Section 90. DUTIES:

A. PRESIDENT. It shall be the duty of the President to:

* * *

g. Declare the establishment of special committees.

gh. Review travel reimbursements for the Treasurer.

b). Perform such other duties as may be provided in these Bylaws and/or the Governance Manual.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)
PROPOSAL TO POSTPONE THE ADA GOVERNANCE STUDY TO ACCOUNT FOR STRATEGIC FORECASTING

Background: In accordance with Resolution 56H-2002 (Trans.2002:375), a governance study should be undertaken at least every 12 years.

56H-2022. Resolved, that the American Dental Association examine its governance structure at least every 12 years.

Subsequent to 2002, the 2011 House of Delegates adopted Resolution 38H-2011 (Trans.2011:524), which further clarifies:

38H-2011. Resolved, that a sum of up to $300,000 be allocated to fund a comprehensive governance study of the Association consistent with Resolution 56H-2002 and the draft RFP provided to the House by the Board of Trustees, and be it further

Resolved, that the results of the governance study, along with any recommended governance changes, be presented to the 2012 House of Delegates

Currently, the next governance study would be due to be placed before the House in 2024. However, at the 2022 House of Delegates, the Strategic Forecasting Committee (SFC) was established. The SFC and its associated substructure is charged with the provision of and continuous oversight and revision of a rolling five-year strategic forecast, for which the House of Delegates receives an annual report containing recommendations for suggested changes and status updates for current goals. The Committee also has the responsibility of reviewing and proposing revisions to the mission and vision of the ADA. The forecast provided by this Committee, as adopted by the House of Delegates, provides the basis upon which the ADA Board of Trustees creates and adopts a budget for the Association.

It is important to allow the SFC time to establish its work before undertaking a governance study. Undergoing a governance study in 2024 may be premature while also requiring significant time and resources. Postponing the study until 2027 would allow for a better understanding of the organization's current situation and needs under the SFC.
Resolution

504. Resolved, that the ADA recognize that the 2022 House of Delegates establishment of the Strategic Forecasting Committee has the potential to have impact upon the governance structure of the Association, and be it further Resolved, as Resolution 56H-2002 (Trans.2002:375) and Resolution 38H-2011 (Trans.2011:524) combine to direct a governance study be completed and for which the results and recommendations be presented to the 2024 House of Delegates, that any such governance study instead be deferred such that the results and recommendations be delivered to the 2027 House of Delegates, thus giving the Strategic Forecasting Committee sufficient time for any governance impact to be reflected in such a study.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.
Resolution No. 505

Report: Special Committee on ERISA

Date Submitted: July 2023

Submitted By: Special Committee on ERISA

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

Total Net Financial Implication: None

Net Dues Impact:

Amount One-time

Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT OF THE SPECIAL COMMITTEE ON ERISA

Background: The 2022 ADA House of Delegates adopted Resolution 518H-2022, which established a committee to develop a strategy to improve patient protections in federally regulated health plans subject to the Employee Retirement Income Security Act and report its findings and recommendations to the 2023 House of Delegates.

Resolved, that a Special Committee be convened to develop a broad-reaching strategy for improving patient protections in dental plans regulated under ERISA, and be it further

Resolved, that the Special Committee be comprised of representation of 11 members with 2 representatives from each of the following groups: the Board of Trustees, Council on Dental Benefit Programs, Council on Government Affairs, and 5 at-large ADA Member Dentists with dental benefits advocacy expertise, with such representatives and the Special Committee chair appointed by the ADA President. Individuals with dental benefits advocacy expertise can be utilized as consultants to the Special Committee at the discretion of the Chair.

and be it further

Resolved, that the Special Committee meet electronically and shall submit a report to the 2023 ADA House of Delegates.

Members of the Special Committee, appointed by ADA President George Shepley, are as follows:

Board of Trustees: Dr. Randall C. Markarian, chair (District 8), Dr. Frank J. Graham (District 4).

Council on Dental Benefit Programs: Dr. Mark M. Johnston (District 9), Dr. Sara E. Stuefen (District 10).

Council on Government Affairs: Dr. Leigh W. Kent (District 5), Dr. Matthew B. Roberts (District 15).

At-Large Members: Dr. Mark A. Vitale (District 4), Dr. Christopher M. Bulnes (District 7), Dr. Duc M. Ho (District 15), Dr. Patrick J. Tepe (District 9), Dr. W. Brian Powley (District 14).

The Committee carried out its work via electronic communications, individual phone calls, and virtual meetings. The Committee began its work in December of 2022. Meetings took place every three to four weeks.
To ground their work, Committee members acquired a more in-depth understanding of the ERISA statute, including what it does, the reasons for its passage, how it has interpreted by the courts, and how carriers have used it to circumvent state insurance laws. The Committee factored in common complaints by dentists, patients, and dental office team members in dealing with dental insurers. The Committee also reviewed information from an annual ADA-district level survey conducted by the Council on Dental Benefit Programs. Based on this analysis, the Committee members suggested prioritizing ERISA issues as they relate to ADA goals.

A recent US Supreme Court decision, which refined how ERISA impacts state regulations, also factored in the Committee’s developing strategy. In a case titled Rutledge v. Pharmaceutical Care Management Association (2020), the Supreme Court clarified the types of laws that ERISA preempts and rejected some broad interpretations of ERISA preemption.

Two major points of the Supreme Court ruling are:

- Many states have tended to look past the initial question of whether ERISA preemption is even triggered and just assumed that any law impacting a self-funded ERISA plan is preempted.
- In light of the Supreme Court’s clarification with respect to the application of state law to self-funded (i.e. ERISA) plans, there is no longer any legal justification for the position that self-funded plans enjoy a virtual blanket exemption from state statutes and regulations.

The Committee identified several strategies to test whether the narrowed ERISA preemption outlined in Rutledge could be applied to how dental insurance reform laws are applied to dental carriers.

- **State Activities.** Introduce or amend dental insurance reform legislation so as to capture carriers operating as administrators for ‘self-funded’ (i.e., ERISA plans). In effect, amending these laws would be applied to the carriers regardless of whether they are processing claims for their fully-insured (i.e., non-ERISA) products or their ERISA products.
  
  Six possible dental insurance reform issues were targeted: assignment of benefits, disallow clause prohibitions, non-covered services, prior authorization, retroactive denials, and virtual credit card-payments. Dentistry would need to educate state attorneys general, state insurance commissioners, and relevant state legislators on the Supreme Court ruling and have them enforce the appropriate state law that regulates ERISA plans in accordance with the Rutledge Supreme Court decision.

- **Legal Activities.** Bring suit against insurers and working with the State Attorneys General to possibly sue or defend the state law against the insurance industry.

- **Federal Activities.** Seek federal legislation on a specific ERISA dental insurance issue(s) or pursue overall ERISA preemption reform. Engage the Administration to pursue regulatory changes at the Department of Labor on issues of ERISA preemption concern. Including: assignment of benefits, disallow clause prohibition, non-covered services, prior authorization, retroactive denials, and/or virtual credit card-payments.

To further this work at all three levels, the ADA government affairs department hired an outside ERISA attorney as a consultant to provide expertise in this area of the law. The attorney’s legal analysis of the Rutledge decision suggests that states may regulate insurers and third-party service administrators who are not designated ERISA fiduciaries without triggering ERISA preemption. His analysis concluded that a strategy of testing whether state laws pertaining to dental insurance reform trigger an ERISA preemption is worthwhile. The Government Affairs Division has taken up the costs for the ERISA Special Committee with its staff time and internal budget to pay for the outside attorney with ERISA expertise.
The Committee further determined that the success of this strategy depended on member-dentist engagement. To that end, the Committee recommended that ADA staff develop an education program for its members to advocate for ERISA reform(s).

To broaden support for the Committee’s recommended strategy, ADA staff have done initial outreach to other provider groups. One major success has been with the American Optometric Association. ADA staff and members of the ERISA Committee met with the AOA’s board of trustees. Dr. Markarian (Chair of the ERISA Committee) was given an award for our collaborative work with their group at their House of Delegates meeting in June. The ADA team will continue to do outreach to other like-minded provider groups at the state and federal level to assist in our lobbying efforts.

The Committee requests consideration that the Special Committee on ERISA be reauthorized for an additional year to oversee the implementation of the proposed strategy and develop the member ERISA education program.

Resolution

505. Resolved, that the 2023 ADA House of Delegates reauthorizes the Special Committee on ERISA for an additional year to oversee the implementation of the proposed strategy and develop an ERISA education program for members, and be it further

Resolved, that the Special Committee encourages the President to retain as many existing members of the committee as possible for the sake of continuity, and be it further

Resolved, that the Special Committee on ERISA report back to the 2024 House of Delegates on the progress made on ERISA reform and member education.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
The following resolution was submitted by the Second Trustee District and transmitted on July 10, 2023, by Dr. Anthony Cuomo, caucus chair of the Second District.

**Background:** Since its publication in 2012, the American Dental Association has been utilizing the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC)* as its parliamentary authority. One marked change incorporated into AIPSC was the requirement of a two-thirds (2/3) vote for the motion to table. The effect of the motion to table is to dispose of a motion without a direct vote. This can be a useful tool because according to the authors, some main motions can "...be seen by some members as extremely objectionable, divisive, or clearly unwanted." In essence, the use of the motion to table "permits the assembly to sidestep an unwelcome issue quickly and decisively."

Prior to adopting AIPSC, the Association's parliamentary authority was *The Standard Code of Parliamentary Procedure* by Alice Sturgis (*Sturgis*). Although *Sturgis* provided for a motion to postpone temporarily (table), the ADA House chose to prohibit the use of this undebatable motion, because it would permit only a simple majority to kill a proposal without discussion. With the publication of AIPSC, the vote required to adopt a "motion to table" was increased to an appropriate threshold.

At the 2021 ADA Annual Session this issue arose. A resolution containing two resolving clauses was introduced where the resolving clauses were ultimately divided into two free-standing resolutions. However, the House soon recognized the second half of the divided resolution standing on its own, was problematic whether it had been adopted or been lost. An effort to “suspend the rules” to allow for the resolution to be tabled was not adopted.

At last year's NYSDA House of Delegates, a resolution similar to that being proposed herein was adopted. However, prior to the ADA House convening, the Second Trustee District caucus withdrew because of strategic concerns. Notwithstanding, the Second Trustee District believes the intent of the resolution still has merit. Accordingly, the following resolution is being submitted for consideration by the Second Trustee District.
Resolution

506. Resolved, that the Rules of the House of Delegates section entitled “Motion to Table” of the American Dental Association’s Manual of the House of Delegates be amended by deletion in its entirety as follows (deletions stricken):

Motion to Table
A motion to table shall not be used in the House of Delegates since it stops debate and could force the delegate to vote without full information.

BOARD COMMENT: The Board thanks the Second District for its interest in ADA governance and procedures and understands the sentiment expressed in the background statement supporting the resolution. However, the Board has concerns that the motion to table could be used as a procedural tool to limit or even avoid debate. Further, a delegate could still introduce the motion to table by getting two-thirds (2/3) affirmative vote to suspend the rules. Those reasons led the Board to oppose the adoption of Resolution 506.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 506

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Resolution No. 507

Report: CGA Report 1

Date Submitted: July 2023

Submitted By: Council on Government Affairs

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

Total Net Financial Implication: N/A

Net Dues Impact: 

Amount One-time 

Amount On-going 

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

How does this resolution increase member value: Not Applicable

COUNCIL ON GOVERNMENT AFFAIRS REPORT 1 TO THE HOUSE OF DELEGATES: RESPONSE TO RESOLUTION 502 AND 502S-1: AMENDMENT TO THE POLICY, ACTIVITY TO STOP UNLICENSED DENTAL OR DENTAL HYGIENE PRACTICE

Background: In 2022, the House of Delegates referred Resolution 502, Amendment to the Policy, Activity to Stop Unlicensed Dental or Dental Hygiene Practice and Fourth Trustee District Substitute Resolution 502S-1 to the appropriate agency for further study and Report back to the 2023 House. The Council on Government Affairs was assigned as lead agency to conduct the further review and report back to the 2023 House. Resolutions 502 and 502S-1 can be found in Appendix 1.

Through Resolution 502-2022, the Council sought to amend a then 23-year-old directive titled “Activity to Stop Unlicensed Dental or Dental Hygiene Practice” (Trans.1999:949). The 1999 directive called for the Association to help state dental boards secure the statutory authority to directly issue and enforce injunctions against individuals found to be practicing dentistry or dental hygiene without a license.

The intent of the 1999 directive was to encourage states to replicate legislation in New Mexico, where unlicensed individuals were continuing to practice dentistry and dental hygiene while their cases lingered with the state attorney general (Supplement 1999:391). The Council sought to amend the policy from being a time limited assignment, which had been fulfilled, to a more enduring statement of philosophy or position.

The Fourth District introduced a substitute resolution, Resolution 502S-1-2022, on the grounds that the Council’s amendment read as a basic statement opposing the unlicensed practice of dentistry instead of reiterating the policy’s original intent, which was for dental boards to be given the statutory authority to issue injunctions when attorneys general fail to act swiftly.

The House of Delegates agreed with concerns raised by the Reference Committee on Legislative, Health, Governance and Related Matters:

The Reference Committee recommends referring the amended policy Resolutions 502 and 502S-1 back to the Council on Government Affairs and other appropriate ADA agencies. The Committee carefully considered the policy with the amendments proposed. The Committee understands the reasons for pursuing an amended policy because state attorneys general, for various reasons, may not prioritize the prosecution of unlicensed practice. The issue of state dental board enforcement of state laws directed to the unlicensed practice of dentistry and dental hygiene has been and remains a controversial and unsettled area of law since the US Supreme Court’s decision in North Carolina.
Board of Dental Examiners vs. Federal Trade Commission (2015). Given the present state of the law, and recognizing that the organizational structures of state dental boards vary widely throughout the United States, the Committee has come to the conclusion that this policy and the changes proposed to it, raise myriad issues that need further investigation and discussion. This is because pursuing the proposed amended policy may have unintended consequences for state dental boards such as exposing volunteer state board members to onerous personal liability. This is true under the current state of the law even if the board in a particular state is authorized by the state legislature to enforce state statutes against the unlicensed practice of dentistry or dental hygiene.

The House of Delegates ultimately referred the matter back to the Association for further consideration.

The Council agrees that much has changed in the now 24 years since the policy was originally adopted. North Carolina Board of Dental Examiners v. Federal Trade Commission (2015) revealed that vesting dental boards with the statutory authority to issue injunctions is an unsettled area of law that is rife with legal risks—to both the dental boards and the board members personally.

Additionally, the Council questions whether every state dental board would want enforcement duties added to their list of responsibilities. The expanded duties would likely require additional resources (e.g., funding, new staff, etc.). States may also have (or be considering) other mechanisms that would just as easily fulfill the 1999 policy’s intent. The foundational issue is timely prosecution, and timely prosecution is ultimately a state issue.

The Council further notes that the policy is worded as a singular, time-limited directive that essentially became moot once the assignment was carried-out. The Council on Government Affairs reported fulfilling the assignment as follows (Reports 2000:118):

Resolution 74H-1999 (Trans.1999:947) urges constituent societies to support legislation which gives the board of dental examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person. The Department of State Government Affairs has identified issues and developed strategies to assist constituents in this endeavor. However, no recent laws were enacted as of mid-May to provide dental boards with additional authority.

The Government Affairs Division has received no requests for assistance with this topic in recent memory.

In reviewing the referred resolutions, the Council considered rescinding 24-year-old policy, based on the legal and financial risks to state dental boards (and board members personally), enforcement being a state issue, the original assignment having been fulfilled, and the subject matter being an unsettled area of law. However, the Fourth District requested that the policy be retained in some form, even if only as a statement of principle opposing unlicensed practice.

To accommodate the Fourth District’s concerns, the Council agreed to an amended version to both reiterate the Association’s opposition to unlicensed practice and clarify the policy’s original intent, which was to address timely prosecution of cases referred by state dental boards.

After consulting the Council on Dental Practice and the ADA’s Legal Division, the Council on Government Affairs recommends that the following resolution be adopted:
Resolution

507. Resolved, that the following policy titled Opposition to Unlicensed Dental or Dental Hygiene Practice be adopted:

Resolved, that it is the position of the American Dental Association that no person should practice, attempt to practice, or offer to practice dentistry or dental hygiene without a proper license, and be it further

Resolved, that the designated state practice act enforcement authority should be expeditious in prosecuting individuals who are practicing dentistry or dental hygiene without a license, and be it further

Resolved, that individuals found to be practicing dentistry or dental hygiene without a proper license should be prosecuted to the fullest extent of the law.

and be it further

Resolved, that the policy titled Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
APPENDIX 1

RESOLUTIONS REFERRED FROM THE 2022 HOUSE OF DELEGATES

RESOLUTION 502-2022—COUNCIL ON GOVERNMENT AFFAIRS—AMENDMENT TO THE POLICY, ACTIVITY TO STOP UNLICENSED DENTAL OR DENTAL HYGIENE PRACTICE

502-2022. Resolved, that the policy titled Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949) be amended as follows (additions are underscored; deletions are stricken):

Resolved, that each constituent dental society be urged to support enactment of legislation which gives each Board of Dental Examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person the American Dental Association supports the position that states should stop the illegal practice of dentistry or dental hygiene until a valid license is issued or the matter is resolved by a court of law.

RESOLUTION 502S-1-2022—FOURTH TRUSTEE DISTRICT—AMENDMENT TO THE POLICY, ACTIVITY TO STOP UNLICENSED DENTAL OR DENTAL HYGIENE PRACTICE

502S-1-2022. Resolved, that the following policy titled Timely Prosecution of Unlicensed Individuals Practicing Dentistry or Dental Hygiene be adopted:

Resolved, that state attorneys general should be expeditious in prosecuting individuals who are practicing dentistry or dental hygiene without a license, and be it further

Resolved, that state dental boards should be empowered to deliver and enforce cease and desist orders and press charges for practicing dentistry or dental hygiene without a proper license, and be it further

Resolved, that individuals charged with practicing dentistry or dental hygiene without a license should be prosecuted to the fullest extent of the law.

and be it further

Resolved, that the policy titled Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949) be rescinded.
WORKSHEET ADDENDUM

ADA POLICY TO BE RESCINDED

Activity to Stop Unlicensed Dental or Dental Hygiene Practice (Trans.1999:949)

Resolved, that each constituent dental society be urged to support enactment of legislation which gives each Board of Dental Examiners the means to stop the illegal practice of dentistry or dental hygiene by an unlicensed person.
Resolution No. 508

Report: N/A  
Date Submitted: December 2022

Submitted By: First Trustee District

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

Total Net Financial Implication: $15,000  
Net Dues Impact: $0.15

Amount One-time  
Amount On-going  

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

AMENDMENT TO THE MANUAL OF THE HOUSE OF DELEGATES: APPROVING MINUTES OF THE ADA HOUSE OF DELEGATES

The following resolution was submitted by the First Trustee District and transmitted on December 13, 2022, by Dr. Mark Desrosiers, caucus chair, ADA First District.

Background: Approving minutes for an organization is an important procedure that has legal implications. Waiting a year to review them for approval is challenging for even the most diligent of our delegates. Additionally, unapproved minutes may, in certain circumstances hinder an organization that only meets once per year.

Many organizations choose to empower a group of their members or delegates to review and approve minutes in a timely manner. Our adopted parliamentary authority, the American Institute of Parliamentarians Standard Code of Parliamentary Procedure, also recommends this process. This allows the release of approved minutes and makes them official in a timely manner. There is always the ability for a full assembly to make corrections at a future time.

With this in mind, we propose that the ADA House of Delegates use a committee that will have the authority to approve minutes of the House, followed by final approval of the minutes by the House of Delegates at its next meeting.

Resolution

508. Resolved, that the Standing Committee on Credentials, Rules and Order of the House of Delegates be tasked with reviewing and approving the minutes of the House of Delegates, followed by final approval of the minutes by the House of Delegates at its next annual session, and be it further

Resolved, that the Committee will meet in a timely manner in order to complete its deliberations and submit the approved minutes to the Secretary of the House of Delegates within ninety (90) days following the close of the House of Delegates sine die, and be it further

Resolved, that the Standing Committees of the House of Delegates section of the Manual of the House of Delegates and Supplemental Information be amended as follows:
Standing Committees of the House of Delegates

In order to conduct its business, the House of Delegates uses three standing committees: (1) the Committee on Credentials, Rules and Order; (2) the Committee on Constitution and Bylaws; and (3) the Strategic Forecasting Committee. The Committee on Credentials, Rules and Order is composed of nine members of the House of Delegates appointed by the President. The Committee on Constitution and Bylaws is composed of not more than eight nor less than six members of the Council on Ethics, Bylaws and Judicial Affairs appointed by the President in consultation with the Speaker of the House of Delegates and the Council Chair. These committees are largely concerned with procedural matters. A description of their specific duties follows.

Committee on Credentials, Rules and Order. This standing committee of the House of Delegates consists of nine (9) members from the officially certified delegates and alternate delegates, who are appointed by the President at least sixty (60) days in advance of each session. It is the duty of the Committee to present the agenda and recommend for approval such rules as are necessary for the conduct of the business of the House of Delegates. The report of this committee is prepared in collaboration with the officers of the House of Delegates and is presented at the opening of the first meeting of the House. In addition, this committee has the duty to conduct hearings and to make recommendations on the eligibility of delegates and alternate delegates to a seat in the House of Delegates when a seat is contested, maintains a continuous roll call and periodically reports on the roll call to the House of Delegates, determines the presence of a quorum and supervises voting and election procedures. The Committee also has the responsibility to consult with the Speaker and Secretary of the House of Delegates on matters relating to the order of business and special rules of order as required. The Committee is tasked with reviewing and approving the minutes of the House of Delegates, which are drafted by the Secretary of the House of Delegates. The Committee will meet in a timely manner in order to complete its deliberations and submit the approved minutes to the Secretary of the House of Delegates within ninety (90) days following the adjournment sine die of the House of Delegates. Final approval of the minutes will be acted on by the House of Delegates at its next annual session. The Committee is on duty throughout the annual session and until it has submitted the approved minutes of the House of Delegates to the Secretary of the House of Delegates.

and be it further

Resolved, that this resolution and its amendment to the Manual of the House of Delegates and Supplemental Information shall take effect at the adjournment sine die of the 2024 ADA House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 508

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PROPOSED POLICY, AVAILABILITY OF DENTISTS FOR AMERICAN INDIANS AND ALASKA NATIVES

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the following policies addressing the availability of dentists for American Indians and Alaska Natives, with an emphasis on redundancy, the continued need for the policies, their adequacy (or obsolescence) in modern times, and the merits of any revision(s).

- Dental Program for Remote Alaskan Residents (Trans.2004:323) originated in 2004 with the Eighth Trustee District (Supplement 2004:6050). The intent was to present a "viable and alternative solution" to address the lack of dentists in rural areas of Alaska. The Eighth District maintained that the health units in the military reserve could be mobilized on an ongoing basis to provide oral health services in the remote and frontier communities of Alaska.

- Incentives for Dental School Graduates to Work in Tribal Areas (Trans.2006:338; 2016:316) originated in 2006 with the Board of Trustees (Supplement 2006:6006-6009, 6011). The Board maintained that using "pre- and postgraduate educational programs (i.e., externships, internships and other advanced education)" would help the Indian Health Service recruit personnel for its vacant dental positions.

- Utilization of Dentists by Indian Health Service (Trans.1987:519; 2016:317) originated in 1987 with the Council on Governmental Affairs and Federal Dental Services (Supplement 1987:229). The intent was to consolidate two 1974 policies addressing the limited funds available for the Indian Health Service to bolster the availability of dentists for American Indians and Alaska Natives.

The Council observed that all three policies are worded as a singular, time-limited directives that essentially have been fulfilled. The Council’s responses are appended to this report (see Appendix 1).

The Council felt it would be valuable to retain these policies in a more enduring form, particularly since access to dentists remains a problem for American Indians and Alaska Natives, especially in remote and frontier communities. The Council therefore proposes to both consolidate these policies and amend them from being singular, time-limited assignments to more enduring statements of philosophy or position.
After consulting the Alaska Dental Society, the chief dental officers of the Indian Health Service and the Tri Service Military Reserve, and the Council on Advocacy for Access and Prevention, the Council on Government Affairs recommends that the following resolution be adopted:

Resolution

509. Resolved, that the following policy titled Availability of Dentists for American Indians and Alaska Natives be adopted:

Resolved, that the American Dental Association supports enhancing federal appropriations dedicated to helping the Indian Health Service Division of Oral Health increase the number of dentists that are available to treat American Indians and Alaska Natives, and be it further

Resolved, that the ADA supports collaborating with the Indian Health Service to close gaps in access to dental care and address the current and future oral health needs of American Indians and Alaska Natives, including the practical and cost-effective use of dentists in private practice, recent graduates of pre- and postgraduate educational programs (i.e., externships, internships, and other advanced education), and dentists in the Tri Service Military Reserve, and be it further

Resolved, that the ADA supports and encourages American Indian and Alaska Native students to pursue careers in dentistry.

and be it further

Resolved, that the policies titled Utilization of Dentists by Indian Health Service (Trans.1987:519; 2016:317), Incentives for Dental School Graduates to Work in Tribal Areas (Trans.2006:338; 2016:316) and Dental Program for Remote Alaskan Residents (Trans.2004:323) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
APPENDIX 1

HOUSE OF DELEGATES

1988 Assignment. The Council on Governmental Affairs and Federal Dental Services reported fulfilling
the 1987 assignment as follows (Reports 1988:143):

Indian Health Service: Resolutions 24aH and 24bH (Trans.1987:519) are consolidations of previous
Association policies relating to the expanded utilization of dentists in private practice as a resource for
the provision of dental care for Alaska Natives and American Indians. The Council will continue to
advocate these policies during Congressional consideration of appropriations for the Indian Health
Service.

2004 Assignment. The Council on Government Affairs reported fulfilling the 2004 assignment as follows
(Supplement 2005:7039):

Dental Program for Remote Alaskan Residents: Resolution 36H-2004 (Trans.2004:323) states that
the Association encourage the Public Health Service and Indian Health Service and the Tri Service
Military Reserve to work together to establish civic action programs to provide needed oral health
care in remote and frontier communities of Alaska, that the Tri Service Military Reserve Forces be
formally requested to provide oral health care support in the needed areas of Alaska, and that the
ADA encourage the Alaskan Native Tribal Health Consortium to consider the utilization of the Tri
Service Military Reserve Forces to provide health care services in their respective communities.

There are currently at least two initiatives that provide oral health care to native Alaska populations
using both active duty and reserve component Tri-Service Forces.

- The Alaska Area IHS has had an ongoing operation with the Marine Forces Reserve
  (components of multiple reserve organizations across all uniformed services under the
  heading Operation Arctic Care) to provide care in rural Alaska communities since 1995. For
  instance, “Arctic Care” in 2005 involved the Alaska Area Native Health Service, the US Army,
  Coast Guard and the US Air Force. This operation provided medical, dental, optometric and
  veterinary care in the remote villages surrounding the Tanana Chiefs Conference and Kodiak
  Area Native Association in rural Alaska. This activity provided care to 13 villages (Kodiak,
  Ouzinke, Port Lions, Old Harbor, Akhiok, Galena, Hughes, Huslia, Kaltag, Nulato, Ruby,
  Karluk, and Larson Bay) over a 4 week period. According to the report filed by the Alaska
  Area IHS, 6,150 dental procedures valued at over $290,000 were provided during the
  operation. Dental Service provided included emergency dental services such as oral surgery,
  endodontic and periodontal care as well as routine examination, prophylaxis and restorative
  care.

- The US Air Force’s Pacific Air Command (PACAF) has an established dental treatment
  program with the Maniilaq Association. The Memorandum of Understanding between PACAF
  and the Maniilaq Association was begun in 2001 and runs through December 1, 2006. The
  initial intent was to provide a dental team visit to Kotzebue, Alaska, on a once a quarter basis;
  however, to date, there have only been 10 such missions with the most recent taking place in
  July 2004. According to the Air Force, the Maniilaq Association has canceled the last couple
  of these operations. On at least two occasions the military personnel deployed in support of
  these operations were Air Force Reserve Units. The remainder were active duty personnel
  from bases within PACAF.
Both active duty and reserve components have sought out opportunities to provide oral health care in remote Alaska areas not only for the opportunity to provide humanitarian support to these populations but also as an opportunity to exercise readiness and other training skill sets in remote and austere locations. However, the pace of operations in support of the global war on terror has had an adverse impact on the ability for military personnel, both active and reserve component, to support these efforts. For instance, the Air Force Reserve Command was scheduled to provide two teams in 2004, but had to cancel one of the teams because that unit had been activated and deployed.

**2006 Assignment.** The Council on Government Affairs reported fulfilling the 2006 assignment as follows (Supplement 2007:6030):

*Incentives for Dental School Graduates to Work in Tribal Areas: Resolution 39H-2006 (Trans.2006:338)*, requires the ADA to develop and support new or enhanced post-dental school programs and clinical experiences for recent dental school graduates to work in remote American Indian/Alaska Native communities, and develop and support opportunities for retired dentists to work in AI/AN communities, and to work with various agencies and others to establish an Internet process whereby individuals could obtain information concerning job vacancies and loan repayment programs. In 2007, the ADA spearheaded a lobbying effort that resulted in an additional $5 million funding for Indian Health Service loan repayments, which is the first step in a four-year appropriations plan to fully fund loan repayments for all health positions within the agency. The ADA is also very actively lobbying for additional dental residency program funding and has developed a legislative proposal that will waive the tax liability associated with Indian Health Service loan repayments, which otherwise is paid by the Service, significantly reducing the amount of loan repayment funds available to distribute. In response to the third resolving clause, the ADA continues to provide the link to the IHS Internet recruitment pages in ADA News and in other articles related to the Dental Placement Program, as well as information concerning other features about American Indian/Alaska Native oral health. The IHS is also described in the "Careers in Dentistry InfoPak," published by Office of Student Affairs and available on ADA.org.
WORKSHEET ADDENDUM
ADA POLICIES TO BE RESCINDED

Utilization of Dentists by Indian Health Service (*Trans.*1987:519; 2016:317)

Resolved, that the ADA support federal appropriations to increase the number of dentists to meet the needs of Alaska Natives and American Indians, and be it further

Resolved, that the ADA collaborate with the Indian Health Service to seek ways to meet the number of dentists needed to address current and future oral health needs of these populations, including the use of dentists in private practice.

Dental Program for Remote Alaskan Residents (*Trans.*2004:323)

Resolved, that the American Dental Association encourage the Public Health Service/Indian Health Service and the Tri Service Military Reserve to work together to establish civic action programs to provide needed oral health care in remote and frontier communities of Alaska, and be it further

Resolved, that the Tri Service Military Reserve Forces be formally requested to provide oral health care support in the needed areas of Alaska, and be it further

Resolved, that the ADA encourage the Alaskan Native Tribal Health Consortium to consider the utilization of the Tri Service Military Reserve Forces to provide health care services in their respective communities.

Incentives for Dental School Graduates to Work in Tribal Areas (*Trans.*2006:338; 2016:316)

Resolved, that in collaboration with the Indian Health Service, the appropriate agencies of the Association investigate, develop and support new or enhanced programs and incentives for post-dental school programs and clinical experiences for recent graduates of CODA-accredited dental schools and CODA accredited programs of recognized dental specialties to work in remote American Indian/Alaska Native communities, and be it further

Resolved, that the ADA will work with the US Public Health Service, the Indian Health Service, and charitable foundations to establish a process whereby individuals may gain access through links on the ADA, ASDA and other Web page lists of USPHS and IHS dental openings as well as access to information concerning relevant loan repayment programs within the USPHS and the IHS.
Resolution No. 510  New  
Report: N/A  Date Submitted: July 2023  
Submitted By: Council on Government Affairs  
Reference Committee: D (Legislative, Health, Governance and Related Matters)  
Total Net Financial Implication: N/A  Net Dues Impact:  
Amount One-time  Amount On-going  
ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.  
How does this resolution increase member value: Not Applicable

PROPOSED POLICY, PUBLIC FUNDING FOR ORAL HEALTH CARE PROVIDED AT ACADEMIC DENTAL INSTITUTIONS

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the policy titled Legislation to Increase Federal and State Funding of Oral Health Care Services Provided at Academic Dental Institutions (Trans.2002:404), with an emphasis on redundancy, continued need, adequacy (or obsolescence) in modern times, and the merits of any revision(s).  
The 2002 directive was proposed by the Board of Trustees to address the increased cost of providing dental care to the indigent and underserved, which was being compounded by the economic recession in the early 2000s (Supplement 2002:5065).  
The Council observed that the policy is worded as a singular, time-limited directive that essentially was fulfilled. The Council on Dental Education and Licensure responded to the assignment as follows (Reports 2003:70):  
Legislation to Increase Federal and State Funding of Oral Health Care Services Provided at Academic Dental Institutions: Resolution 36H-2002 (Trans.2002:404) directs that the Association work collaboratively with the ADEA and other appropriate organizations to develop and advocate for legislation that increases the provision of oral health care services to underserved, unserved and uninsured indigent populations seeking treatment at academic dental institutions through federal and state funding mechanisms that assist those dental institutions. Constituent dental societies, dental school deans, the ADEA and other dental related organizations were notified of the adoption of this resolution in correspondence dated January 2003. The Council on Government Affairs’ annual report will include information regarding other actions taken to implement this resolution.  
The Council on Government Affairs responded to its portion of the assignment as follows (Reports 2003:98):  
Legislation to Increase Oral Services to the Underserved: Resolution 36H-2002 (Trans.2002:404) directs the Association to work collaboratively with the American Dental Education Association (ADEA) and other appropriate organizations to develop and advocate for legislation that increases the provision of oral health care services to underserved, unserved and uninsured indigent populations seeking treatment at academic dental institutions through federal and state funding mechanisms that financially assist those dental institutions.
As stated in the Council on Dental Education and Licensure report, constituent dental societies, dental school deans, ADEA and other dental-related organizations were notified of the adoption of this resolution in correspondence dated January 2003. In the Department of State Government Affairs’ notification, constituent dental societies were offered assistance. The Department compiled a Medicaid Fee Database and provided assistance to several states in an effort to prevent elimination of adult dental services under Medicaid and reductions in oral health services to children. Finally, at the federal level, ADA is working with ADEA and others to develop legislation to be introduced by Senator Bingaman and Representatives Dingell, Upton and Murtha to expand access to oral health care services.

While the directives appear to have been fulfilled, the Council still felt it would be valuable to retain the policy in a more enduring form, particularly since academic dental institutions perpetually struggle to finance their dental treatment programs. The Council therefore proposes to amend the 21-year-old policy from being a singular, time-limited assignment to a more enduring statement of philosophy or position.

After consulting the Council on Advocacy for Access and Prevention and the Council on Dental Education and Licensure, the Council on Government Affairs recommends that the following resolution be adopted:

Resolution

510. Resolved, that the following policy titled Public Funding for Oral Health Care Provided at Academic Dental Institutions be adopted:

Resolved, that the American Dental Association supports enhancing federal and state funding for academic dental institutions to provide oral health care services to underserved, unserved and uninsured indigent populations.

and be it further

Resolved, that the policy titled Legislation to Increase Federal and State Funding of Oral Health Care Services Provided at Academic Dental Institutions (Trans.2002:404) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
WORKSHEET ADDENDUM
ADA POLICY TO BE RESCINDED

Resolved, that the Association work collaboratively with the American Dental Education Association and other appropriate organizations to develop and advocate for legislation that increases the provision of oral health care services to underserved, unserved and uninsured indigent populations seeking treatment at academic dental institutions through federal and state funding mechanisms that financially assist those dental institutions.
Resolution No. 511  
Report: N/A  
Date Submitted: July 2023  
Submitted By: Council on Government Affairs  
Reference Committee: D (Legislative, Health, Governance and Related Matters)  
Total Net Financial Implication: N/A  
Net Dues Impact:  
Amount One-time  
Amount On-going  
ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.  

How does this resolution increase member value: Not Applicable

RESCISSION OF THE POLICY, REDUCED FEE PROGRAMS FOR THE ELDERLY POOR

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the policy titled Reduced Fee Programs for the Elderly Poor (Trans.1980:591), with an emphasis on redundancy, continued need, adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The policy was proposed by ADA President Lawrence Kerr in 1980 (Supplement 2 1980:389). The intent was to encourage constituent societies to pursue state-level programs of comprehensive dental care for seniors based on the success of California’s “Senior Dent” program. The president asserted that such programs would help older adults who are not eligible for public assistance benefits and do not have private dental insurance.

The Council observed that the policy is worded as a singular, time-limited directive that essentially has been fulfilled. The Council on Dental Health and Planning reported fulfilling the assignment as follows (Reports 1981:80):

Resolution 95H (Trans.1980:591) calls for the constituent dental societies to be encouraged to develop access programs providing reduced fee comprehensive dental care to financially distressed elderly persons. The Council on Dental Health and Health Planning has placed particular emphasis on highlighting those access programs which meet the intent of Resolution 95H. Both in its Manual on Comprehensive Dental Care Access Programs and in public testimony this concept is emphasized as an immediate need. One of several recommendations from the Conference on the "Oral Health Care Needs of the Elderly" was to seek out ways to meet this need both publicly and privately.

The Council on Dental Care Programs continues to promote the inclusion of comprehensive dental benefits under Medicaid, and the Council on Prosthetic Services and Dental Laboratory Relations promotes denture referral programs around the country which benefit mainly the indigent elderly. Moreover, the policy has been supplanted by several others in the 43 years since it was adopted, namely:

- Oral Health Care for the Elderly (Trans.2020:279), which supports the “development of policy at the federal, state, and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients".
Financing Oral Health Care for Adults Age 65 and Older (Trans.2020:285), which expresses conditional support for Medicare dental benefit targeting low-income seniors.

Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (Trans.1979:357, 596; 2020:287), which calls for development of “an adequately funded and efficiently administered dental benefit plan supporting the oral health of the elderly”.

Additionally, the Association has empaneled a National Elder Care Advisory Committee to educate the dental profession on the oral health care needs of the growing U.S. senior population and how best to respond to those needs, and to suggest policy recommendations related to positive oral health outcomes for the elderly. Its creation reflects the need for a more comprehensive strategy on elder care.

The Council questions the added value of maintaining this directive, which was fulfilled 42 years ago and whose intent is addressed elsewhere in Association policy.

The Council on Government Affairs recommends that the following resolution be adopted:

Resolution

511. Resolved, that the policy titled Reduced Fee Programs for the Elderly Poor (Trans.1980:591) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
1 WORKSHEET ADDENDUM
2 ADA POLICY TO BE RESCINDED
3 Reduced Fee Programs for the Elderly Poor (Trans.1980:591)
4 Resolved, that constituent dental societies be encouraged to develop access programs providing
5 reduced fee comprehensive dental care to financially distressed elderly persons.
Resolution No. 512

Report: N/A

Date Submitted: July 2023

Submitted By: Council on Government Affairs

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

Total Net Financial Implication: N/A

Net Dues Impact: N/A

Amount One-time Amount On-going

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

How does this resolution increase member value: Not Applicable

RESCISSION OF THE POLICY, EDUCATION OF AARP ON BENEFITS OF ORAL HEALTH AGENDA

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the policy titled Education of AARP on Benefits of Oral Health Agenda (Trans.1989:568), with an emphasis on redundancy, continued need, adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The policy was proposed by the Washington State Dental Society in 1989 (Supplement 2 1989:368). The intent was to improve the oral health of senior citizens by leveraging the resources (and membership) of the American Association of Retired Persons (AARP). WSDA maintained that encouraging ADA members to join AARP and get involved in its voting structure would drive it to advance a strong oral health agenda.

The 1989 House of Delegates adopted a modified version after recognizing that the AARP was not governed in the same volunteer-driven way as the ADA. The final version emphasized educating AARP’s leadership instead of attempting to pack its governing bodies with dentists.

The Council observed that the policy is worded as a singular, time-limited directive that essentially was fulfilled. The Council on Community Health, Hospital, Institutional, and Medical Affairs reported fulfilling the assignment as follows (Reports 1990:47):

Resolution 61H-1989 (Trans.1989:568) directed agencies of the Association to continue efforts to educate the leadership of AARP on the benefits of an acceptable oral health agenda for older Americans, together with appropriate financing mechanisms. The responsibility for this resolution was assigned jointly to CCHHIMA and Council on Dental Care Programs. The Councils are working together to gain support from AARP for a dental benefits program either for its members or within the Medicare and Medicaid programs. Additionally, the Council has sought to have AARP include a dental health education component within its library of subjects available to its membership.

CCHHIMA also reported engaging the National Volunteer Organizations for Independent Living of the Aging, a membership unit of the National Council on the Aging comprised of 200 voluntary organizations committed to the well-being of older adults (Reports 1990:44).

Moreover, the policy has been supplanted by several others in the 34 years since it was adopted, namely:
- Oral Health Care for the Elderly (Trans.2020:279), which supports the “development of policy at the federal, state, and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients”.

- Financing Oral Health Care for Adults Age 65 and Older (Trans.2020:285), which expresses conditional support for Medicare dental benefit targeting low-income seniors.

- Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (Trans.1979:357, 596; 2020:287), which calls for development of “an adequately funded and efficiently administered dental benefit plan supporting the oral health of the elderly”.

Additionally, the Association has empaneled a National Elder Care Advisory Committee to educate the dental profession on the oral health care needs of the growing U.S. senior population, how best to respond to those needs, and to suggest policy recommendations related to positive oral health outcomes for the elderly. Its creation reflects the need for a more comprehensive strategy on elder care.

The Council questions the added value of maintaining this directive, which was fulfilled 33 years ago and whose intent is addressed elsewhere in Association policy.

The Council on Government Affairs recommends that the following resolution be adopted:

Resolution


BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS
WORKSHEET ADDENDUM
ADA POLICY TO BE RESCINDED

3 Education of AARP on Benefits of Oral Health Agenda (Trans.1989:568)

4 Resolved, that agencies of the ADA continue efforts to educate the leadership of AARP on the benefits of an acceptable oral health agenda for older Americans together with appropriate financing mechanisms.
Resolution No. 513  
New

Report: N/A  
Date Submitted: July 2023

Submitted By: Council on Government Affairs

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

Total Net Financial Implication: N/A  
Net Dues Impact: 

Amount One-time  
Amount On-going  

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

How does this resolution increase member value: Not Applicable

RESCISSION OF THE POLICY, DENTISTS AS PROVIDERS IN ALL PUBLIC AND PRIVATE HEALTH CARE PROGRAMS AND DISCRIMINATION IN PAYMENT FOR SERVICES PERFORMED BY A LICENSED DENTIST

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the policy titled Dentists as Providers in All Public and Private Health Care Programs and Discrimination in Payment for Services Performed by a Licensed Dentist (Trans.1990:559), with an emphasis on redundancy, continued need, adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The policy was originated in 1990 with the Council on Governmental Affairs and Federal Dental Services (Reports 1990:160). The intent was to combine and update two older (but related) policies:

- Dental Care Under Medicaid (Trans.1983:584), which called for the ADA to support legislation that would allow Medicaid recipients to choose any dentist to provide medical or surgical services that fall in the dentist’s scope, and to prohibit payers from discriminating in payment for those services.

- Inclusion of Dentists in Health Legislation and Programs (Trans.1971:524), which called for the ADA to seek legislation requiring dentists to be paid on the same scale as physicians for dental surgical procedures that dentists are licensed to perform.

The 1990 House of Delegates adopted the Resolution by voice vote, with no arguments against.

The Council observed that this policy is worded as a singular, time-limited directive that essentially was fulfilled. The Council on Governmental Affairs and Federal Dental Services reported fulfilling the assignment as follows (Reports 1991:144):

Over nearly two decades in which the provisions of Revolution 36H were pursued by constituent society and the Association, substantial success was realized in assuring that dentists not be excluded from benefit programs which cover services that dentists are licensed to perform. The Department of State Government Affairs advises that currently 45 state prohibit such discrimination by law or regulation. The two principal federal health benefit programs, Medicare and Medicaid, now prohibit such discrimination. Great resistance has been found, however, at payments for dentists and physicians in law or regulation. As opportunities present themselves, the Washington Office and the
Department of State Government Affairs will continue to seek support for the equal payment provision of this policy.

The policy is also duplicative of several others, including:

- Legislation Regulating All Dental Benefits Programs (*Trans.*1993:694), which states, “[A]ll benefits [should] be paid without discrimination based on the professional degree and license of the dentist or physician providing treatment.”

- Requirements for Managed Care Programs (*Trans.*1995:627; 2000:466), which states, “There should be no discrimination against the dentist based on degree and/or specialty.”

- Benefits for Services by Qualified Practitioners (*Trans.*1989:546), which states, “[B]enefits that would otherwise be payable should not be denied solely on the basis of the professional degree and licensure of the dentist or physician providing treatment, if that treatment is provided by a legally qualified dentist or physician operating within the scope of his or her training and licensure.”

The Council questions the added value of maintaining this directive, which was fulfilled 32 years ago and whose intent is addressed elsewhere in Association policy.

The Council on Government Affairs recommends that the following resolution be adopted:

**Resolution**

513. Resolved, that the policy titled Dentists as Providers in All Public and Private Health Care Programs and Discrimination in Payment for Services Performed by a Licensed Dentist (*Trans.*1990:559) be rescinded.

**BOARD RECOMMENDATION:** Vote Yes.

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.*
Dentists as Providers in All Public and Private Health Care Programs and Discrimination in Payment for Services Performed by a Licensed Dentist (Trans.1990:559)

Resolved, that the American Dental Association, through its appropriate agencies, seek to ensure that all health legislation and all public and private health care programs that include care of a nature that a dentist is licensed to perform and traditionally renders, include dentists as providers, and be it further

Resolved, that there be no discrimination in the payment schedule or payment provision of covered services or procedures when performed by a licensed dentist.
Resolution No. 514  New

Report:  N/A  Date Submitted:  July 2023

Submitted By:  Council on Government Affairs

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

Total Net Financial Implication:  N/A  Net Dues Impact:  

Amount One-time  Amount On-going 

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

How does this resolution increase member value: Not Applicable

PROPOSED POLICY, ENGAGING COMMUNITY-BASED HEALTH CENTERS

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed two policies addressing the community-based health centers, with an emphasis on redundancy, the continued need for the policies, their adequacy (or obsolescence) in modern times, and the merits of any revision(s).

- The policy titled Community Health Centers (Trans.2002:415; 2016:314) originated with the Council on Government Affairs in 2002 (Supplement 2002:6022, 6025). The intent was to encourage more collaboration (and contracting) between community health centers and private sector dentists. CGA maintained that CHCs were operating outside their scope by competing for private sector business.

- The policy titled Health Centers (Trans.2005:338; 2016:338) originated with the Board of Trustees in 2005 (Supplement 2005:7022). The intent was to address concerns that federally qualified health centers were directly competing with private practice dentists despite their mission to treat only patients who could not afford private care.

The Board maintained that engagement between health centers and private practice dentists would help alleviate anxiety about market competition from health centers, eliminate fraud where it exists, and expand opportunities for private practitioners to treat the vulnerable and underserved.

The Council observed that these policies are fairly duplicative. They are also worded as a singular, time-limited directives that essentially were fulfilled. The Council’s responses are appended to this report (see Appendix 1).

The Council felt it would be valuable to consolidate these policies, particularly given the symbiotic relationship that still exists between private practitioners and community-based health centers. Both are critically important to the dental care safety net.

After consulting the Council on Advocacy for Access and Prevention, the Council proposes to merge these policies to avoid duplication. The Council also proposes to amend the resolving clauses from being singular, time-limited assignments to more enduring statements of philosophy or position.

The Council on Government Affairs recommends that the following resolution be adopted:
Resolution

514. Resolved, that the following policy titled Engaging Community-Based Health Centers be adopted as follows:

Resolved, that the American Dental Association supports and encourages efforts to improve the efficiency and effectiveness of community-based health centers to provide for the oral health of the vulnerable and underserved seeking care at these facilities, and be it further

Resolved, that the Association encourages increased contracting between community health centers and private practice dentists to improve access to dental care for the vulnerable and underserved in their communities, and be it further

Resolved, that Association encourages dentists to participate on community health center boards and other administrative bodies to ensure community-based health centers and private practice dentists are collaborating effectively to treat the vulnerable and underserved in their communities, and be it further

Resolved, that the Association encourages constituent dental societies to foster relationships with state and regional primary care associations to jointly develop dental advisory boards to ensure community health centers and private practice dentists are collaborating effectively to treat the vulnerable and underserved in their communities.

and be it further

Resolved, that the policies titled Community Health Centers (Trans.2002:415; 2016:314) and Health Centers (Trans.2005:338; 2016:338) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
APPENDIX 1

RESPONSES TO ASSIGNMENTS FROM THE 2002 AND 2005
HOUSE OF DELEGATES

2002 Assignment. The Council on Governmental Affairs and Federal Dental Services reported fulfilling the 1987 assignment as follows (Reports 2003:117; Supplement 2003:6021):

Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs): Resolution 75H-2002 (Trans.2002:409, 415) in part, encourages constituent and component dental societies to ask their members to participate on FQHC and Community Health Centers boards of directors and other administrative bodies to ensure the clinics’ effectiveness in treating underserved patients in the community. The resolution also encourages dialogue between constituent and component dental societies and Community Health Centers located in their areas to improve access through increased private contracting between CHCs and private sector dentists. The Department of State Government Affairs notified constituent dental societies of this resolution and offered assistance to accomplish this objective. At the federal level, Association representatives are working with officials at the Health Resources and Services Administration (the agency with oversight and grant funding responsibility regarding CHCs) and others address many of the issues raised in this resolution. Details will be provided in the Council’s supplemental report to the House.

Community Health Centers: Resolution 75H-2002 (Trans.2002:415) calls for the Association to: lobby to restructure the formula for determining health professional shortage areas; improve oversight of FQHCs; encourage dialogue between constituent and component societies and CHCs located in their areas; improve access through increased private contracting between CHCs and private sector dentists and through a Department of Health and Human Services-supported pilot program; obtain upon request information concerning particular CHCs; and request that constituent andcomponent societies ask their members to participate on CHC and FQHC Boards of Directors.

The Bureau of Health Professions within HRSA has told the ADA that the Association has a "seat at the table" on the advisory group that will review the methodology for determining the new dental health professional shortage area designation criteria. That process should begin soon. ADA staff on August 25 met with Secretary Thompson's Deputy Chief of Staff Lawler to discuss the Department's support for promotion of private contracting, specifically mentioning a pilot program. She was supportive of our suggestions and was willing to take them to the Secretary.

The ADA supported the development of the private contracting handbook by the Children’s Dental Health Project as a useful tool in facilitating contracting between private practitioners and health centers. The Council recommended that the ADA publicize the private contracting option in the ADA News and other sources.

The other issues in Resolution 75H-2002, including encouraging dialogue among the parties, participation of private sector dentists in an advisory capacity with health centers, and data collection, all of which are addressed in the following activities.

- An agency guidance that provides instruction to health centers on the information needed for the FQHC application process, the Bureau of Primary Health Care (BPHC) will recommend a letter of support from the local dental society indicating the need for an FQHC to serve the oral health needs of the populations indicated in the application.

- The BPHC will offer the American Dental Association the opportunity to submit names of individuals that will be submitted for consideration to serve on agency Objective Review
Committees to review section 330 grant funding applications and review submissions on an annual basis by FQHCs seeking to establish or expand an oral health care component.

- The BPHC will encourage each FQHC to establish a local dental workgroup to act in an advisory capacity to improve the operations of the dental component.

- A national Health Centers Workgroup composed of representatives from the BPHC, the ADA and the National Association of Community Health Centers will be established to: 1) facilitate the resolution of complaints between health centers and private sector dentists; 2) help disseminate information and dispel misinformation concerning and/or affecting one or more of the workgroup entities; 3) encourage improved communications between local dental societies and health center personnel; and 4) share data concerning dental practice matters.

- The National Association of Community Health Centers (NACHC) will survey its members to determine how many are ADA members. NACHC is willing to encourage those dentists who are not members to join organized dentistry and get involved in the local society.

NACHC recognized the benefit of more private sector dentist involvement in FQHCs, and community health centers in general, and will investigate how that can be accomplished.

**2005 Assignment.** The Council on Government Affairs reported fulfilling the 2005 assignment as follows (Reports 2006:89):

*Health Centers.* Resolution 54H-2005 (*Trans.*2005:338) states that the ADA shall work with federal officials to address complaints between dentists and Health Centers (HCs), seek a means of ensuring that grant reviewers receive accurate and complete information, encourage constituent societies to work with HCs, and monitor the various outreach initiatives between HCs and dental societies at the state and local levels. The Council continues to place a high priority on addressing HC related issues as it has a HC consultant attend every meeting. The consultant, along with Dr. Long of Texas, have provided the Council with the requisite expertise to begin to address the policy as stated in Res. 54H. The Health Resources and Services Administration (HRSA) is the federal agency with jurisdiction over the section 330 funding program for Health Centers. At a March 31 meeting with Dr. Elizabeth Duke, Administrator for HRSA, ADA representatives suggested two initiatives, which have as their long range goal facilitating cooperative relationships between HC dentists and private practitioners. To help accomplish this goal, the ADA suggested: first, that a Q&A document, officially endorsed by HRSA and the ADA, be developed that will provide useful facts about the Centers. This will help address some of the myths that persist about HCs and should serve as a useful tool to facilitate a dialogue at the local and state levels among dentists. Second, ADA suggested the formation of a fact finding group composed of relevant HRSA personnel and selected HC dentists and private sector dentists who will help address any points of friction that might arise between some private sector dentists or communities of dentists and a health center. The ADA is continuing to work with Dr. Duke’s staff on the details.
WORKSHEET ADDENDUM
ADA POLICIES TO BE RESCINDED

Community Health Centers (Trans.2002:415; 2016:314)

Resolved, that the ADA shall, and constituent societies are urged to, continue to lobby to support the accurate, timely determination of federal and state dental health professional shortage area designations, and be it further

Resolved, that the ADA shall, and constituent societies are urged to, support efforts to improve the efficiency and effectiveness of Federally Qualified Health Center oral health programs in order to increase capacity to improve the oral health of underserved populations seeking care at these facilities, and be it further

Resolved, that ADA members are encouraged to participate on health center Boards of Directors and other administrative bodies to ensure the clinics’ effectiveness in treating underserved patients in the community, and be it further

Resolved, that the Association encourage improving access to underserved populations through increased private contracting between health centers and private sector dentists.

Health Centers (Trans.2005:338; 2016:338)

Resolved, that the ADA support collaboration between health centers and community private dental providers, especially those with specialty experience in disease management and those participating in the Medicaid program, and be it further

Resolved, that each constituent dental society is urged to collaborate with the primary care association in their state to address oral health care access and is encouraged to facilitate the formation of dental advisory boards in cooperation with the staff in Health Centers in their area and be it further

Resolved, that constituent and component societies be urged to report on these efforts to the Council on Government Affairs.
Resolution No. 515                             New
Report:  N/A                             Date Submitted:  July 2023
Submitted By:  Council on Government Affairs
Reference Committee:  D (Legislative, Health, Governance and Related Matters)
Total Net Financial Implication:  N/A       Net Dues Impact:  
Amount One-time  Amount On-going

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

How does this resolution increase member value: Not Applicable

AMENDMENT OF POLICY, USE OF DENTIST-TO-POPULATION RATIOS

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Government Affairs reviewed the policy titled Use of Dentist-To-Population Ratios (Trans.1984:538; 1996:681; 2021:314), with an emphasis on redundancy, the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The Council proposes a minor rewording of the resolving clause to create a more enduring statement of philosophy or position. A title change is also suggested to clarify the policy’s subject matter.

The Council on Government Affairs recommends that the following resolution be adopted:

Resolution

515. Resolved, that the policy titled Use of Dentist-to-Population Ratios (Trans.1984:538; 1996:681; 2021:314) be amended as follows (additions are underscored; deletions are stricken):

Use of Dentist-to-Population Ratios Determining Health Professional Shortage Areas

Resolved, that the American Dental Association supports and encourages the accurate, timely, and objective determination of federal and state dental health professional shortage area designations, and be it further

Resolved, that the ADA opposes using dentist-to-population ratios as the exclusive measure for designating dental health professional shortage areas or evaluating or recommending programs for dental education or dental care.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
NOTES
Resolution No. 516 New

Report: Election Commission Report 1 Date Submitted: August 2023

Submitted By: Election Commission

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

Total Net Financial Implication: N/A Net Dues Impact: 

Amount One-time Amount On-going

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

ELECTION COMMISSION REPORT 1 TO THE HOUSE OF DELEGATES: AMENDMENT TO THE CAMPAIGN RULES

Background: The Election Commission and Campaign Rules ("Campaign Rules") contain guidelines for campaign literature and videos that may be distributed by candidates for ADA elected office as follows:

18. No printed campaign-related material may be distributed in the House of Delegates or to delegates and alternate delegates.

19. Candidates may prepare a piece of campaign literature to be electronically distributed to the delegates and alternate delegates following a candidate’s announcement of candidacy for elective officer. Such campaign literature shall be sized so that if printed the literature is no larger than four single-sided sheets of 8½ x 11 inch paper. If desired, a second piece of campaign literature of similar length may be electronically distributed to the delegates and alternate delegates following the candidates’ receipt from the ADA of the final list of certified delegates and alternate delegates.

20. Each candidate may prepare a video to be distributed as described below to delegates and alternate delegates and other members of the House of Delegates.

21. Each piece of literature and any video developed by any candidate shall be submitted to the ADA for review and approval prior to being distributed. Such literature review may take up to five (5) business days to complete. Video reviews will be completed as quickly as possible but are dependent on the length of the video. The candidates shall obtain permissions to use the likeness or image of any non-familial third party that appears in a piece of campaign literature or in any video. Candidates shall state that such permissions have been obtained when submitting the literature and any video for review. The permission should be retained by the candidates and submitted to the ADA only if requested.

Current officers and trustees should be mindful of not exhibiting anything that could be construed as favoring one candidate over another because an inference of support from a volunteer in their position might influence the results of an election. While the Campaign Rules require candidates to secure the permission to use images and likenesses of non-familial individuals in campaign brochures, the Campaign Rules are silent concerning the propriety of the inclusion of images of or messages of support from current ADA officers or trustees.
In order to prevent anything that might be taken as an endorsement of a candidate by officers and trustees, it is proposed to insert the following new paragraph into the Campaign Rules:

Candidate brochures, videos or other campaign-related communications shall not include any photograph, likeness or mention of any current officer of the ADA or current member of the ADA Board of Trustees.

The Election Commission has reviewed and unanimously approved the proposed resolution and forwards it to the House of Delegates.

Resolution

Resolved, that the Election Commission and Campaign Rules be amended by the inclusion of the following paragraph (additions underscored):

18. No printed campaign-related material may be distributed in the House of Delegates or to delegates and alternate delegates.

19. Candidates may prepare a piece of campaign literature to be electronically distributed to the delegates and alternate delegates following a candidate’s announcement of candidacy for elective officer. Such campaign literature shall be sized so that if printed the literature is no larger than four single-sided sheets of 8½ x 11 inch paper. If desired, a second piece of campaign literature of similar length may be electronically distributed to the delegates and alternate delegates following the candidates’ receipt from the ADA of the final list of certified delegates and alternate delegates.

20. Each candidate may prepare a video to be distributed as described below to delegates and alternate delegates and other members of the House of Delegates.

21. Candidate brochures, videos or other campaign-related communications shall not include any photograph, likeness or mention of any current officer of the ADA or current member of the ADA Board of Trustees.

242. Each piece of literature and any video developed by any candidate shall be submitted to the ADA for review and approval prior to being distributed. Such literature review may take up to five (5) business days to complete. Video reviews will be completed as quickly as possible but are dependent on the length of the video. The candidates shall obtain permissions to use the likeness or image of any non-familial third party that appears in a piece of campaign literature or in any video. Candidates shall state that such permissions have been obtained when submitting the literature and any video for review. The permission should be retained by the candidates and submitted to the ADA only if requested.

and be it further

Resolved, that the remaining paragraphs of the Election Commission and Campaign Rules be renumbered accordingly.

BOARD COMMENT: Received after the July-August 2023 Board of Trustees Meeting.
Resolution No. 517

Report: N/A

Date Submitted: September 2023

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: $30,000

Net Dues Impact: ______________________

Amount One-time ______________________

Amount On-going ______________________

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

How does this resolution increase member value: See Background

PREVENTING UNFAIR DISCRIMINATION

The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 13, 2023, by Molly Pereira, executive director, Colorado Dental Association.

Background: Appropriate access to, and utilization of, mental health care is a concern in our country and in our profession. A clinician’s well-being is necessary for safe and quality patient care. It not only improves the patient-doctor relationship, but it also supports the entire care team leading to a more effective workforce.

Recent discussion by healthcare organizations, famous athletes, entertainers, and even royalty have encouraged people to seek help for mental health. While there is an increasingly accepting attitude toward treatment for the mental health and wellness issues that can affect anyone, there continues to be misconceptions and discrimination in some public and private institutions against health professionals who have received mental health treatment and who are healing. This type of discrimination can, and does, prevent many health care professionals from seeking the care they need for fear of being unable to renew or receive a license, insurance, or credentials.

It is in the best interest of our profession and our patients that dentists are able to openly seek and obtain mental health care and to disclose information honestly to authorities without fear of discrimination or punitive measures. This can be accomplished with properly phrased questions and reporting mechanisms that accurately convey actual risk. Two examples are:

Option 1: Ask one question consistent with the Federation of State Medical Board’s recommended language: “Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical, and professional manner? (Yes/No)”

Option 2: Implement an Attestation Model that offers “safe haven” non-reporting options to those who are under treatment and in good standing with a recognized physician health program or appropriate provider.

These would allow licensing agencies and others to fulfill their obligation to protect the public while destigmatizing mental health care and avoiding inappropriate discrimination.
Utilizing the State Public Affairs program’s existing infrastructure to assist states that are ready to address these issues will benefit our dental team and our patients. The resources that are developed can then be utilized in other states and can inform their advocacy efforts. While some additional investment may be required, the return will be realized by both our profession and the public who we serve.

Resolution

517. Resolved, that the appropriate ADA agency create a pilot project to assist a limited number of states to develop and advocate for legislation or regulation that prevents discrimination in licensing, credentialing, and other matters against dentists who have received counseling, therapy, or treatment for mental health issues, and be it further

Resolved, that the resources developed by this project, including model legislation, be compiled into a toolkit for other state associations to use in their advocacy efforts, and be it further

Resolved, that a report on these activities be prepared for the 2024 House of Delegates.

BOARD COMMENT: Received after the July-August 2023 Board of Trustees Meeting.