

1 Report of the HDA Delegation to the ADA HOD  
2 October 15 – 19, 2020  
3

4 In 2020, the COVID-19 pandemic has permeated almost every aspect of our lives, and the virtual  
5 ADA House of Delegates was a reflection of that. Our 14<sup>th</sup> District and the ADA held all  
6 meetings virtually through Zoom, and all things considered, it was executed effectively and as  
7 efficiently as possible for a first time run. While the in-person interactions were missed, our 14<sup>th</sup>  
8 District Caucus meetings lived up to previous hard working, progressive, and thoughtful  
9 meetings to discuss sensitive issues and networking with other Districts to express our specific  
10 concerns on important issues facing our patients and the dental profession. Virtual Reference  
11 Committee Hearings were held as well as Officer Candidate speeches and the traditional  
12 speeches by outgoing and incoming Presidents, Dr. Chad Gehani and Dr. Dan Klemmedson,  
13 respectively. The down side of this for our Hawaii Delegation was the meeting times were based  
14 on Chicago CST which meant that our meetings often started between 3:30 and 4:30 AM.  
15 Although we saved travel time and cost, it was more difficult and tiring than in-person meetings.  
16 As a Reference Committee Chair, I spent three mornings at my dining room table dressed in a  
17 coat and tie at 4:00 am, and the last day of the HOD did not finish until 1:30 pm.  
18

19 The majority of work for the Delegation involves the many resolutions that are brought before  
20 the House. As in years past, all resolutions were placed on the consent calendar, and therefore,  
21 approved without discussion on the House floor; however, a significant number were pulled off  
22 the consent calendar and discussed at the four Reference Committee Hearings. Commonly, the  
23 four Hearings are held on Saturday, but this year, two were held on Thursday, after the first  
24 session of the House and the remaining two were held on Friday. Then our Caucuses met on  
25 Saturday and Sunday and our Hawaii Delegation met right after the close of the Sunday Caucus  
26 to discuss the resolutions and candidates before the vote and House deliberations on Monday,  
27 October 19. Our Caucuses were led by our Trustee, Dr. Brett Kessler from Colorado and this  
28 year's Caucus Chair, Dr. Julius Manz from Utah.  
29

30 **Reference Committee A: Budget, Business, Membership and Administrative Matters.**

31 This year Resolutions 67, 68, 87, 88, 101 and 110 were pulled off the consent calendar.

32 **Resolutions 87 and 88** were overwhelmingly passed at the end of the HOD to approve the  
33 budget and the Active Member dues.

34 **Res 87:** established the budget with anticipated revenues: \$128,840,000; anticipated expenses:  
35 \$134,803,000 yielding a net deficit: \$5,963,000 that will be made up by the royalty reserves.

36 **Res 88:** established the 2021 dues at \$573 for Active Members, an \$8 increase over last year's  
37 dues to account for a 1.5% inflationary increase.

38 **Res 67:** eliminated the hardship waiver for Humanitarian Organizations and was substituted by

39 **Res 67-S1** that put back the definition and guidelines for Humanitarian Waivers for better  
40 clarification. The substitution was passed 430/13 and then adopted by general consent.

41 **Res 68:** removes the 65-year age requirement for Life Member qualification. It was amended to  
42 defer implementation of the change until adjournment of the 2021 HOD. Both amendment and  
43 resolution were overwhelmingly passed 414/8 and 432/10 respectively.

44 **Res 101:** The New Dentist Representation to the ADA House of Delegates drew the most  
45 testimony for RC-A resolutions. The testimony was presented by individuals and Districts and

46 the pro testimony emphasized that the resolution was not a mandate, but merely an assessment to  
47 be done and reported to the 2021 HOD. Texas was very opposed to the resolution as were  
48 several New Dentists Delegates who expressed that participation would be best done at the  
49 Constituent and Component level and not at the ADA level. They said mentoring and  
50 relationship building would better introduce new dentists to organized dentistry and encourage  
51 advancement. One new dentist stated that allowing this change would be a slippery slope and  
52 may allow more “groups” to be recognized for their portion of participation. After significant  
53 testimony, the resolution was not adopted by 201/252 margin.

54 **Res 110:** was to include funding of \$650,000 for an in-person 2021 Lobby Day. Although the  
55 event will most likely occur again as a virtual event in 2021, the concern was that if left off the  
56 proposed budget, it could be eliminated. Much testimony was given at Caucuses, RC-A Hearing  
57 and at the House with many expressing the value of the event to the ADA Membership and our  
58 lobbying effort. It passed 259/191.

59

#### 60 **Reference Committee B: Dental Benefits, Practice and Related Matters.**

61 This year Resolutions 15, 16, 18, 19, 20, 22, 84, 91, 102, 106 and 108 were pulled off the  
62 consent calendar.

63 **Res 15RC:** clarified the policy on Silver Diamine Fluoride and released the ADA statement on  
64 SDF to arrest carious lesions.

65 **Res16:** a proposed amendment of the Comprehensive ADA Policy Statement on Teledentistry.  
66 The RC recommended to vote yes on referral; however, significant and passionate testimony felt  
67 delaying another year would not be good for the ADA. After much debate, **Res 16S-4** was  
68 passed 66.8% providing ADA guidance to the States’ BOD and Legislatures.

69 **Res 18:** Amendment of Policy, Dentist Selection Based on Cost. ADA opposes the practice by  
70 dental benefit programs that encourage patients to select their dentist principally based on cost.  
71 Adopted on the consent calendar.

72 **Res 19RC:** recommended to adopt in lieu of Res 19—Amendment of Policy, Maximum fees for  
73 Non-Covered Services was further amended and passed 81%. This resolution can be used as a  
74 resource to curb actions by dental benefit carriers.

75 **Res 20RC:** Temporary Expansion of Scope During Public Health Crisis. It was adopted in lieu  
76 of Res 20 and 20S-1 and supports utilization of those who choose to participate to increase  
77 medical capacity during a declared local, state and federal public health emergency.

78 **Res 22RC:** on Diagnostic Testing by Dentists was recommended in lieu of Res 22, 90 and 90S-  
79 1, and was adopted with 90% approval as amended. Considerable discussion and voting  
80 occurred on varied amendments to change the words screening to testing to screening tests and  
81 then back.

82 **Res 84RC:** Review and Consideration ADA Ad Interim Policy: Dentistry is Essential  
83 Healthcare. It was adopted in lieu of Res 84 and keeps us working to treat dental disease during  
84 lockdowns. The language in this resolution may be used to substantiate the essential nature of  
85 dentistry in healthcare.

86 **Res 91RC:** Vaccine Administration by Dentists received a fair amount of discussion, both pro  
87 and con, however, it was approved and will require BOD and Legislative action.

88 **Res 102:** A System to Provide Accurate and Timely Access to a Patient’s Insurance  
89 Information. The RC recommended a no vote, but after some discussion the HOD voted yes for  
90 referral to the BOT.

91 **Res 106:** Teledentistry Legislative Principles and Ethical Considerations was amended and  
92 adopted by 97%. Appropriate ADA agencies will develop legislative principles for inclusion in  
93 state dental practice laws and ADA Code of Ethics and Code of Professional Conduct.

94 **Res 108:** Logistics of Vaccine Administration by Dentists. This also received passionate pro  
95 and con testimony and cost of training and administration was discussed. It was amended and  
96 approved by 90%. The military was in agreement with the resolution and stated it would help.

97

#### 98 **Reference Committee C : Dental Education, Science and Related Matters.**

99 This year the RC was lighter than normal, but not without charged resolutions.

100 **Res 21RC:** Council of Scientific Affairs Report 2 to the House of Delegates: Proposed ADA  
101 Policy Statement on Optimizing Dental Health prior to Surgical/Medical Procedures and  
102 Treatment. Res 21RC was placed on the Priority Calendar based on considerable debate at the  
103 RC that resulted in 21 RC replacing Res 21 and 21S-1. The 21RC was adopted as amended to  
104 add “and treatment when appropriate” to the last sentence of the first Resolving Clause.

105 **Res 1RC:** Review of ADA Policies: Dentistry and Dentistry as an Independent Profession was  
106 adopted in lieu of Res 1 and Res 1B to add that dentistry is “essential”.

107 **Res 100S-1:** was adopted in lieu of Res 100—Special Needs Dentistry. This resolution also had  
108 considerable debate by general dentists, pediatric dentists, oral surgeons and deans of two dental  
109 schools. The original cost factor of \$100,000 was removed by having CDEL address “actionable  
110 Strategies” verses “develop and promote CE programs”. A feasibility study will be provided by  
111 CDEL to the 2021 House.

112

#### 113 **Reference Committee D: Legislative, Health, Governance and Related Matters.**

114 Reference Committee D was primarily focused on increasing access to dental care for all, but  
115 particularly our increasing elderly population. Res 70B, 71RC and 82RC were all placed on the  
116 Priority Calendar due to the considerable debate received at the RC-D Hearing.

117 **Res 70B:** Res 70—Elder Care Workgroup was the foundation for much of the discussion  
118 resolutions in this section. Res 70B was adopted in lieu of Res 70.

119 **Res 71RCS-1:** dealt with financing of the Elder Oral Healthcare, but after much discussion, it  
120 was felt that there were too many tiers of coverage; therefore, Res 71RCS-1 was adopted in lieu  
121 of 71, 71S-1, 71S-2 and 71RC.

122 **Res 71RCS-3:** failed due to the complexity of the financing proposed.

123 **Res 82RC:** amends the ADA Policy on Recommendations to the Board on the Prevention and  
124 Control of Dental Diseases Through Improved Access to Comprehensive Care. The Policy  
125 contains 33 items from 1979, but only two items had minor changes. Res 82RC was adopted in  
126 lieu of Res 82 by 97.7%.

127

128 One of the highpoints of the House is the induction of the incoming ADA Officers and Trustees.  
129 This year our very own Dr. Daniel Klemmedson, immediate past 14<sup>th</sup> District Trustee from  
130 Arizona, was inducted as the 157<sup>th</sup> President of the American Dental Association. It has been a  
131 long time since our District has had a President inducted, and we are all proud of Dan’s  
132 accomplishments.

133

134 President-elect was a 3-person race, but Dr. Cesar Sabates from Florida received 57% of the  
135 votes on the first ballot and was elected. Dr. Maria Maranga from New York was elected

136 Second Vice-president. Both were clear favorites in the election and will prove to be great  
137 leaders for the ADA.

138

139 New Trustees elected by their ADA Districts were as follows:

- 140 • Dr. Michael Medovic West Virginia, Sixth District
- 141 • Dr. Chad Leighty Indiana, Seventh District
- 142 • Dr. Scott Morrison Nebraska, Tenth District
- 143 • Dr. Gary Oyster North Carolina, Sixteenth District
- 144 • Dr. Rudolph Liddell Florida, Seventeenth District

145

146 In closing, this year has been very challenging in all aspects of our lives. We as a nation are  
147 dealing with a global pandemic, a very divisive and tumultuous political climate and a level of  
148 social unrest that we haven't seen in 50 years. It is in this time the ADA has truly demonstrated  
149 that it is the gold standard of professional organizations, providing information, guidance and  
150 advocacy when dentists and dentistry need it most. The ADA House of Delegates is the heart  
151 where all that comes from. The enthusiasm, passion, and dedication witnessed is truly  
152 inspirational. Every year hundreds of dentists from across the country volunteer their time,  
153 energy and intellect to develop policy and guidance which will shape the future of our  
154 profession. While not every dentist may feel that professional volunteerism is part of their  
155 "kuleana" or responsibility, it is extremely important for all dentists to "belong" to an  
156 organization which only exists for the good of our profession. While we can't form a union, we  
157 should be united for the good of the profession and our patients.

158

159 The HDA Delegation to the ADA House of Delegates included Delegates Drs. Neil Nunokawa  
160 and Curt Shimizu; Alternate Delegates Drs. Chris Lee, Wayne Leong, and Dayton Lum; and  
161 Senior Delegate Dr. Edmund Cassella. Also in attendance were Delegation Secretary Dr. Patsy  
162 Fujimoto and Executive Director Ms. Kim Nguyen.

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165 Respectfully Submitted,

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168 Edmund Cassella, DMD

169 Senior ADA Delegate