

## Report of the HDA Delegation to the ADA House of Delegates – 2023

The 2023 American Dental Association House of Delegates (HOD) was held in Orlando, Florida from October 7 to October 10, 2023. The HOD preparation meetings started on October 6 with the Treasurer’s Summit and the Strategic Forecasting Committee Town Hall. District Caucus meetings were held from October 7 and October 9. The caucus meeting was busy with reference group meetings and visits from ADA President-Elect and second Vice-President candidates. The ADA House of Delegates reviewed and voted on 2023 ADA Resolutions and held the elections for 2024 new officers. This report will give you the relevant points of the speeches and actions of this 2023 HOD.

### Executive Director Dr. Ray Cohlma Address to the House:

Dr. Cohlma reviewed the work of the ADA that transpired since the 2022 ADA HOD. Three goals were outlined: Goal 1 Seamless Member Experience, Goal 2 Agile Governance and Decision making, Goal 3 Connections Across Our Profession. Through greater efficiency as a business, the ADA was able to propose a reduction in membership dues for 2024. ADA customer groups are Public and Professional, Direct to Dentist, Tripartite, Business, Enterprise.

**Direct to Dentist** includes a start-up Mentor Program that is initiated in the App. ADA has launched into a stronger proactive presence in social media with a new program of social influencing. ADA Digital Commons expands access to quality research and will be a repository for state publications and journals. ADA’s integration with Broadcast Med enables digital-first publishing.

**Business** includes expansion of current catalog products through digital systems and customer content delivery, including ADABEI and a new developing international marketplace. The Board of Trustees Innovation Advisory Committee where analysis of current ADA products and services will lead to new product distribution in 2025. Continued development of new modules for dental career services.

**Public/Professional** includes advocacy and leadership on such issues as MLR, ERISA, and other reform for the benefit of patients and providers, ensuring that ADA science and standards are resourced and aligned to address emerging research trends that effect clinical practice and patient care. The ADA Foundation with Give Kids a Smile, Give Vets a Smile, charitable giving and emotional support. With the adopted philosophy of growth, innovation, value and evolution (GIVE). Continued engagement with the dental community at large, with dental education, specialties, ASDA, ADEA, and FDI.

**Tripartite** covers Association Management Systems transition to IT tools Salesforce (Service cloud) and Fonteva (Accounts and Contracts, Customer portal, accounting, Membership, items, e-store and community groups) platforms that will be free to every state and local societies, providing savings to their operating budgets. Data insights and knowledge sharing will be jointly owned by societies of the tripartite. Operational and strategic support provided by national will enable state and local to maximize resources to prioritize member engagement and satisfaction.

**Enterprise** is all inclusive of what the ADA is and what it does to support the profession of dentistry and serves all customer groups.

45 Strategic Forecasting was discussed with its areas of focus. This SFC will increase engagement  
46 and membership conversation of dental students and early-career dentists; position ADA's role in  
47 dental benefit marketplace; and should ensure the organization's effectiveness and stability.

48

49 Dr. George Shepley 159<sup>th</sup> President of the ADA address to the House:

50 He recapped his year as President. He talked about volunteering with GKAS, accolades of MLR  
51 success in Massachusetts, ERISA plans transparency, workforce initiatives and legislation, and  
52 the ADA SPA program success in helping states with advocacy. He talked about bold leadership  
53 of the ADA that will lead our profession into the future. He was most proud of the work by the  
54 Special task force on Nutrition, that work on the awareness of sugar and the role of dentist in the  
55 health and wellbeing of their patients through nutrition and diet assessments as part of an overall  
56 exam. He thanked the ADA membership for his year as President.

57

58 Dr. Linda Edgar 160<sup>th</sup> President of the ADA address to the House:

59 She is excited to present a presidency that takes to heart what really matters to the members of  
60 the ADA – what she refers to as Caring Connections Create Commitment. She will foster an  
61 administration of collaboration and communication. She has already started with Lessons in a  
62 Lunchbox, which includes healthy teeth essentials and facts about snacks. The ADA will support  
63 10,000 boxes to be distributed. She is launching a new member recruitment campaign where a  
64 member who brings in 5 new members has a chance to win a quarterly prize of a trip to Hawaii,  
65 and distribution of wristbands that can be given to our young patients with the words “You can  
66 be a Dentist, Hygienist, or Assistant too”. She will lead with an open door and welcomes  
67 members to contact her. She quotes, “change is scary, but you know what’s scarier? Allowing  
68 fear to stop you from evolving and progressing.” Let’s stand united.

69

70 The Election of Officers on October 10<sup>th</sup>, 2023:

71 President-Elect. Brett H. Kessler, DDS, our 14<sup>th</sup> 2023 District Trustee!  
72 Second Vice President. Edwin A. del Valle-Sepulveda, DMD, JD

73

74 The business of the 14<sup>th</sup> District also took place during Caucus 2 and 3.

75 14<sup>th</sup> District news: Dr. Brett Kessler was elected President-Elect for 2024. Colorado Delegate  
76 Dr. Jeff Kahl will begin his 4-year term as 14<sup>th</sup> District Trustee. Caucus chair from Arizona was  
77 Dr. Rob Roda. Vice Chair from Colorado Dr. Karen Foster will be the 2024 Caucus chair. Dr.  
78 Curt Shimizu from Hawaii was voted in as 2024 Caucus vice-chair. Location of the next Caucus  
79 will be in Denver, Colorado. It will be Hawaii’s turn to host the 14<sup>th</sup> district Caucus in 2025, the  
80 ED’s will be discussing travel to Hawaii. Thanks go out to Caucus Chair Dr. Rob Roda (AZ),  
81 Caucus Vice Chair Karen Foster (CO), Parliamentarian Curt Shimizu (HI), Caucus secretary Dr.  
82 Gina Cobb (AZ), Caucus Coordinator Ms. Molly Pereira (CO), and the campaign team for Dr.  
83 Brett Kessler who pushed him over the finish line.

84

85 Resolution Reports:

86 **Report on Committee A: Budget, Membership, and Administrative Matters:** Submitted by  
87 Dr. Curt Shimizu.

88

89 At the Reference Committee Hearing, only three resolutions garnered multiple individuals  
90 offering testimony: Resolutions 210, 212, and 218.

91  
92 Resolution 210, Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental  
93 Profession: Proposed Resolution to Reauthorize Task Force. This received supportive testimony  
94 and it was mentioned that this is a priority for the ADA. Testimony also urged that additional fee  
95 waivers be consistent with the current need-based program. The Reference Committee offered a  
96 substitute resolution 210RC that recommended the Task Force continue its work, that it monitors  
97 the implementation of historically underrepresented racial and ethnic (HURE) DAT fee waivers  
98 consistent with need-based fee waiver program and assess any additional requirements or needs  
99 arising from the HURE programs. The 210RC was adopted at the House.

100  
101 Resolution 212, Amendments to the ADA Bylaws Regarding Faculty Membership. This also  
102 received supportive testimony at the Reference Hearing. The Reference Committee offered a  
103 substitute resolution 212RC that recommended aligning the definition of “qualified faculty  
104 member” as set forth in other ADA governing documents. A “qualified faculty member “means a  
105 dentist holding a DDS, DMD, or a degree in dentistry conferred by a school outside of the  
106 United States who submits annually an affidavit attesting that they are employed in a CODA  
107 accredited academic setting providing dental education more than two (2) days or sixteen (16)  
108 hours per week. 212RC was adopted from the consent calendar at the House.

109  
110 Resolution 218, Amendment of the ADA Volunteer and Non-Staff Travel and Expense Policy.  
111 This also received supportive testimony at the Reference Hearing. The existing policy had the  
112 daily per diem set at \$75 in 2016. The Reference Committee supports the amendment to raise  
113 the daily per diem to \$150. 218 was adopted at the House.

114  
115 Many resolutions were adopted on the Consent Calendar that involved language changes and  
116 rescission of policies.

117  
118 Treasurer Dr. Ted Sherwin shared information on the budgetary process now that the House does  
119 not set the budget as that responsibility was given to the Board of Trustees at last year’s HOD.  
120 There are over 170 programs that the ADA considers budgets for. The Strategic Forecasting  
121 Committee (SFC) prioritizes each program based on mission and impact on mission. These  
122 programs are ranked from highest impact on ADA goals to lowest impact. Using rankings and  
123 its total cost including overhead, the BOT determines how far down the rankings the ADA can  
124 afford to fund in any given quarter. Programs deemed not funded would be held in a “parking  
125 lot” for the next quarter when the process is repeated.

126  
127 As the ADA moves forward, membership dues set by the House will drive budgets rather than  
128 budgets driving membership dues. Because one of the priorities is to increase the Tripartite  
129 value and influence, the BOT determined that a 5% or \$30 dues reduction would help keep the  
130 ADA in good balance with the dues rates of state and local organizations.

131  
132 Resolution 216, Establishment of Dues Effective January 1, 2024. On the House floor there was  
133 debate on the reduction of dues by \$30. Some preferred keeping the dues at the current \$600 to  
134 fund programs. Others liked the dues reduction as a way of supporting members and providing  
135 the states and local organizations the option to raise their dues due to inflation. The vote to

136 amend the resolution to keep dues at \$600 was narrowly defeated, with 208 voting for a \$600  
137 dues and 251 voting for \$570. Resolution 216 was then adopted by a vote of 364 to 81.

138

139 **Report on Committee B: Dental Benefits, Practice and Related Matters: Submitted by Dr.**  
140 **Dayton Lum**

141

142 **1. Resolution 301RC**—Adopt Resolution 301RC in lieu of Resolution 301—Amendment of  
143 Policy,

144 Statement on Preventive Coverage in Dental Benefits Plans

145 \$: None

146 District 14 Vote: yes

147 **House Vote: Yes**

148 **2. Resolution 302**—Adopt—Amendment of Policy, Statement on Managed Care and Utilization  
149 Management

150 \$: None

151 District vote: yes

152 **House Vote: Yes**

153 **3. Resolution 303RC**—Adopt Resolution 303RC in lieu of Resolution 303, 303B and 303BS-  
154 1—Amendment of Policy, Statement to Encourage U.S. Dental Schools to Interact with U.S.

155 Dental Laboratories

156 \$: None

157 District vote: yes

158 **House Vote: Yes**

159 **4. Resolution 304RC**—Adopt Resolution 304RC in lieu of Resolution 304 and 304S-1—  
160 Amendment of Policy, Guiding Principles for Dentist Well-Being Activities at the State Level

161 \$: None

162 District vote: yes

163 **House Vote: Yes**

164 **5. Resolution 305RC**—Adopt Resolution 305RC in lieu of Resolution 305 and 305B—  
165 Proposed Policy,

166 Payment for Services for Medically Compromised Individuals in Publicly Funded Programs

167 \$: None

168 District vote: yes with reservations but edits from reference hearings and RC made this policy  
169 workable for future publicly funded programs

170 **House Vote: Yes, pulled from the consent calendar.**

171 **6. Resolution 306RC**—Adopt Resolution 306RC in lieu of 306—Amendment of Policy, Dental  
172 Benefits Within Affordable Care Act Marketplace and a Public Option

173 \$: None

174 District vote: yes

175 **House Vote: Yes**

176 **7. Resolution 307RC**—Adopt Resolution 307RC in lieu of Resolution 307—Proposed Policy,  
177 Comprehensive Statement on Dental Medicaid Programs

178 \$: None

179 District vote: yes

180 **House Vote: Yes**

181 **8. Resolution 308RC**—Adopt Resolution 308RC in lieu of Resolution 308—Promoting Use of  
182 DICOM in Dentistry  
183 \$: None  
184 District vote: yes  
185 **House Vote: Yes**  
186 **9. Resolution 309**—Adopt—Amendment to the Policy, Policies and Recommendations on Diet  
187 and Nutrition  
188 \$: None  
189 District vote: yes  
190 **House Vote: Yes, pulled from the consent calendar and proposed amendments made, all**  
191 **passed**  
192 **10. Resolution 310RC**—Adopt Resolution 310RC in lieu of Resolution 310—Amendment of  
193 Policy, Orofacial Protectors  
194 \$: None  
195 District Vote: yes  
196 **House Vote: Yes**  
197 **11. Resolution 311**—Adopt—Rescission of Policy, Prevention Research to Aid Low Income  
198 Populations  
199 \$: None  
200 District vote: yes  
201 **House Vote: Yes**  
202 **12. Resolution 312**—Adopt—Human Papillomavirus (HPV) Education and Collaboration  
203 \$: None  
204 District vote:  
205 **House Vote: Yes**  
206 **13. Resolution 313**—Adopt—Incorporating Prescription Drug Monitoring Program (PDMP)  
207 Into Practice  
208 \$: None  
209 District vote: yes  
210 **House Vote: Yes**  
211 **14. Resolution 315**—Not Adopt—Survey of ADA Membership on Medicare  
212 \$: 90,000  
213 District Vote: No, this resolution was not feasible as a survey, Medicare is not well understood  
214 currently.  
215 **House Vote: No**  
216 **Informational reports:**  
217 1. Report of the Council on Advocacy for Access and Prevention (2023 Annual Reports)  
218 2. Report of the Council on Dental Benefit Programs (2023 Annual Reports)  
219 3. Report of the Council on Dental Practice (2023 Annual reports)  
220  
221 **Committee B resolutions can be divided into 3 categories:**  
222 **Access and Prevention:**  
223 Resolution 307, 309, 310, 311, 312.  
224 **Res 307RC:** ADA Medicaid Taskforce combined current ADA policies into a comprehensive  
225 statement on Medicaid programs. This can be used a reference to the HDA Legislative Program  
226 and Community and Public Health Program (CPHP) when guidance is needed for testimony, a

227 review of the ADA toolkit titled” Medicaid: Consideration When Working with States to develop  
228 an effective RFP/Dental Contract”.

229 **Res 309:** The Board of Trustees authorized a task force to identify gaps in the Associations  
230 policy on sugar consumption. Resolution included emphasis on healthy foods, incorporating the  
231 modern concept of ultra-processed foods. Promotion of widespread access to potable water,  
232 Broadening the vernacular to include the entire “dental professional community. Defines the  
233 Dentist’s role in Nutrition and Oral Health.

234 Res 310RC: CAAP reviewed the associations policy on Oral protectors, Amendments were made  
235 to the 2012 policy.

236 Res 311: CAAP rescission of policy, Prevention research to aid low-income population.

237 Res 312: CAAP statement on Human Papillomavirus (HPV) vaccination for the prevention of  
238 Infection with the HPV types Associated with Oropharyngeal Cancer. Resolution emphasizes  
239 the importance of the vaccine in cancer prevention. Resolution asks ADA to adopt position that  
240 HPV vaccination is safe and effective intervention to decrease the burden of oral and  
241 oropharyngeal HPV infection. ADA to encourage education of the professional at the state and  
242 local level and collaboration with other health care organizations to support patient education and  
243 HPV prevention.

#### 244 **Dental Benefit Programs:**

245 Resolutions: 301, 302, 305, 306, 315

246 **Res 301 RC:** CDBP Amendment to policy to clarify that the preventive procedures are not all-  
247 inclusive and remove redundancies in the policy statement. This is an ADA policy for legislative  
248 and dental stake holders to reference for Preventive coverage in Dental Benefit plans.

249 **Res 302:** CDBP Amendment of policy. Consolidation of ADA policies addressing managed care  
250 and utilization management. This Statement can be referred to by state and local dental  
251 stakeholders for ADA’s position on utilization and management. This statement generated some  
252 controversy in 14<sup>th</sup> district due to current events surrounding ADA Articles on “Value-based  
253 Dental Compensation models”. Marko Vujicic, ADA’s Chief Economist at the Health Policy  
254 Institute (HPI), feels this may be a model coming soon, and we need to be prepared. We see a  
255 lack of preparation and have no way to present a position without sufficient data. CDBP did not  
256 present information addressing this topic, and nor did the ADA. The 14<sup>th</sup> District generated a  
257 letter to the SFC to address this topic and start the data collection process to position ADA to  
258 make decisions on policies for Value-base Dentistry.

259 **Res 305RC:** CDBP proposed policy, Payment for services for medically compromised  
260 individuals in publicly funded programs. RC version corrected the policy to make it acceptable  
261 to House. The new policy can be to guide ADA lobbying in publicly funded health programs  
262 legislation. State legislative actions may use this for reference for matters of state publicly  
263 funded health programs.

264 **Res 306RC:** CDBP Amendment to policy Dental Benefit within ACA marketplace and a public  
265 option. 306RC version retained the specificity of the public option as it relates to the  
266 Marketplace plans. This policy can be used by ADA lobbyists and sets ADA guidelines. It is a  
267 good reference for state legislative committees, and dental stakeholders. It sets ADA ideology  
268 when determining ACA best plans. The information included should also be referenced if  
269 membership asks what we should be aware of in dental benefit ideals and best practices.

270 **Res315:** 17<sup>th</sup> District Survey of ADA Membership in Medicare. The CDBP opposed the  
271 resolution and RC agreed asking House to vote NO. Although the intent was good, CDBP is  
272 working on a statement to the membership for Medicare. CDBP recognizes that Medicare

273 benefit education needs to be provided. Resolution 314 Request for an ADA Medicare toolkit,  
274 which was introduced by 14<sup>th</sup> district (Hawaii) was pulled. Reports from District Rep to CDBP  
275 said that it was in the works and there are links to reference materials.

276 **Dental Practice:**

277 Resolutions: 303, 304, 308, 313

278 **Res 303RC:** CDP amendment to policy, statement to encourage U.S. Dental schools to interact  
279 with U.S. Dental Laboratories. RC heard testimony to reflect evolution of fabrications methods.  
280 Few implications for our state as Hawaii has no dental school.

281 **Res 304RC:** CDB Amendment to policy on guiding principles for the well-being activities at the  
282 state level, incorporating the current terminology from the National plan for Health Workforce  
283 Well-Being October 2022, regarding “reducing barriers” and “stigma”. This has importance as a  
284 guide for the HDA Wellness Program. It encourages dental societies to engage with state  
285 regulatory agencies in their mission to protect the public and provide support for dentists and  
286 regulated personnel by eliminating barriers and reducing stigma associated with seeking mental  
287 and behavioral health services.

288 **Res308RC:** South Dakota Dental Association. Promoting use of DICOM in dentistry.  
289 RC heard pro and con arguments and amended the resolution to further the knowledge of this  
290 subject matter. Referral to the ADA agencies to review image exchange between specialists and  
291 GP’s, updating DICOM standards, urge legislators and/or regulators to require the use of  
292 DICOM standards, and the dental software industry to adopt DICOM standards.

293 **Res 313:** 14<sup>th</sup> District. Incorporating Prescription Drug Monitoring Program into Practice. Res  
294 313 would encourage dental software vendors to include PDMP compliance tools into office  
295 management software. ADA agencies to develop standards for software development with  
296 PDMP compliance tools as an essential element. The greater convenience would aid in greater  
297 compliance to PDMP rules.

298

299 **Report on Committee C: Dental Education, Science and Related Matters: Submitted by Dr.**  
300 **Anthony Kim and Dr. Edmund Cassella**

301

302 Resolution 401 – Resolution 401 in lieu of 401S-1 Amendment of Policy, **Comprehensive**  
303 **Policy on Dental Licensure**

304 \$ none

305 ACTION – Referred to CDEL

306

307 Resolution 402 – Recission of the Policy on **Requirements for Board Certification**

308 \$ none

309 ACTION – Passed Consent Calendar

310

311 Resolution 403 – Recission of the Policy on **Special Areas of Dental Practice**

312 \$ none

313 ACTION – Passed Consent Calendar

314

315 Resolution 404 – Recission of the Policy on **Examinations for Allied (non-dentist)**  
316 **Dental Personnel**

317 \$ none

318 ACTION – Passed Consent Calendar

319 Resolution 405 – Recission of **ADA Policy on Tooth Whitening Administered by Non-**  
320 **Dentists**

321 \$ none

322 ACTION – Referred to CSA

323

324 Resolution 408RC- Adopt Resolution 408RC in lieu of Resolution 408 – **Increasing Allied**  
325 **dental personnel in the workforce**

326 \$ none

327 ACTION – Passed Consent Calendar

328

329 Resolution 409 – **Methodology of CODA Accreditation Standards**

330 \$ none

331 ACTION – Adopted as amended

332

333 **Resolutions 402, 403, and 404** were policy updates from the ADA Councils that were the result  
334 of redundant language with existing ADA polices. They did not introduce or eliminate any items  
335 of significance to the function of the ADA or have implications for the HDA. These were passed  
336 on the Consent Calendar. *There were no implications to current HDA policies and practices with*  
337 *regards to these items.*

338 **Resolution 401** – It was clear that this item contained too many moving parts unable to address  
339 the significant concerns of many delegations. The ADA has been advocating for universal  
340 licensure portability; however, the issue is complex due to the variability of state licensing laws  
341 and the abilities of the states’ boards to address this issue with consistency. *The implications of*  
342 *401’s future is significant to the HDA due to Hawaii’s current licensing process for dentists and*  
343 *dental hygienists. The ADA supports proponents of the Dentist / Dental Hygienist Compact to*  
344 *“sign on” Hawaii to this Compact. The HDA has concerns regarding the licensure branch*  
345 *administration of such a document and the need for further changes to our licensing laws.*

346 **Resolution 405** – The HOD referred this item back to the CSA to create a policy addressing the  
347 safety of teeth whitening. The purpose being to educate the public on the recommendation for  
348 dental examinations to establish an informed plan for the use of bleaching agents and the  
349 appropriateness of teeth whitening as part of their overall treatment plan. The HOD agreed that  
350 this document should not delve into who does the teeth whitening but focus on the overall safety  
351 of uninformed teeth whitening. *The HDA should consider developing a policy statement on non-*  
352 *dental teeth whitening with the emphasis on patient safety and the importance of dentist*  
353 *examinations and evaluation of the appropriateness of the treatment being considered by the*  
354 *patient.*

355 **Resolution 408RC** – The HOD passed this item on the Consent Calendar. The implications of  
356 this item are that the ADA further study the CODA findings to recommend programs to attract  
357 more students into allied educational programs and careers. Furthermore, the ADA would look  
358 at the impact of CODA regulations to improve faculty to student ratios and the associated costs  
359 of tuition for these programs. This resolution asks for a report to the 2024 ADA HOD. *The HDA*  
360 *is currently examining the workforce shortages in the areas of dental hygienists, assistants, and*  
361 *allied personnel. We are in discussions with Kapiolani Community College to evaluate their*  
362 *capacity to expand training and student certification.*

363 **Resolution 409** – The HOD amended this resolution to include the specific language of  
364 recommending a 1:6 faculty to student ratio for dental hygiene programs accredited by CODA.



365 The implications of this amendment and the resolution is an effort to send a message to CODA to  
366 provide their current methodology for dental hygiene faculty to student ratios and also state the  
367 ADA recommendation of a 1:6 faculty to student ratio. *The implications of this resolution could*  
368 *impact dental hygiene programs across the nation including Hawaii. While it would be hopeful*  
369 *that it could help increase the numbers of graduating hygienists, it is also clear that the current*  
370 *resources of both Hawaii programs are lacking. Both programs currently have facility and*  
371 *funding limitations impacting any growth or expansion.*

372  
373 **Report on Committee D: Legislative, Health, Governance and Related Matters:** Submitted  
374 by Dr. Christopher Lee and Dr. Norman Chun

375  
376 This year, Reference Committee D once again had the bulk of its work fall in the realm of  
377 updating, clarifying, and removing existing and outdated ADA policies. The main takeaways  
378 from the activity in Committee D this year is that the ADA is trying to become more current and  
379 active by removing outdated rules (Resolution 506), moving up the time line for the production  
380 of House minutes (Resolution 508), and reaffirming its commitment to supporting access to care  
381 for the underserved population by promoting collaboration (Resolution 514), advocating for  
382 increased funding (Resolutions 509 and 510), and improving the metrics used to determine the  
383 distribution of funding (Resolution 515).

384  
385 Part A: Priority Items (none)

386  
387 Part B: Consent Calendar

388  
389 The appended Resolution 500 lists 16 Resolutions and recommendations.

390  
391 The highlighted Resolutions that were debated were as follows:

392  
393 **Resolution 501** A bylaws amendment to clarify non-voting members of the HOD. Adopted.

394  
395 **Resolution 503** Amendment to the ADA Bylaws to clarify Presidential authority to establish  
396 workgroups or Task Forces and Appoint Members was not adopted.

397  
398 **Resolution 504S-1** Proposal to postpone the ADA Governance Study to Account for Strategic  
399 Forecasting was amended then adopted.

400  
401 **Resolution 505** The 2023 ADA HOD reauthorizes the Special Committee on ERISA (Employee  
402 Retirement Income Security Act of 1974), for an additional year to oversee the implementation  
403 of the proposed strategy and develop an ERISA education program for members was adopted.

404  
405 **Resolution 507** From the Council of Government Affairs amended the Policy, Activity to stop  
406 Unlicensed Dental or Dental Hygiene Practice was adopted.

407  
408 **Resolution 508** To approving the Minutes of the ADA HOD in a timely fashion was highly  
409 debated. There was overwhelming testimony that setting a ninety period for producing the final  
410 minutes of the House of Delegates was necessary for the Association to keep current with this

411 legal document. The only push back was by the ADA staff which attached a \$15,000 price tag to  
412 a task that it was already doing just to make it faster. After some debate, the Resolution was  
413 referred for the staff to work out a solution.

414

415 **Resolution 509** Propose policy, Availability of Dentists for American Indians and Alaska Natives  
416 was adopted. The ADA supports enhancing federal appropriations dedicated to helping the Indian  
417 Health Service Division.

418

419 **Resolution 510** Council on Government Affairs. Proposed Policy, Public Funding for Oral  
420 Health Care Provided at Academic Dental Institutions was adopted. It supports advocating for  
421 increased funding geared to increase and expand the services provided to the underserved,  
422 unserved and uninsured indigent populations at Academic Dental Institutions.

423

424 **Resolution 511** Council of Government Affairs. Asked to rescind the Policy, Reduced Fee  
425 Programs for the Elderly Poor was adopted.

426

427 **Resolution 512** Council of Government Affairs. Asked to rescind the Policy, Education of AARP  
428 on Benefits of Oral Health Agenda. The resolution was adopted.

429

430 **Resolution 513** Council of Government Affairs. Asked to rescind the Policy, Dentists as  
431 Providers in all Public and Private Health Care Programs and Discrimination in Payment for  
432 Services Performed by a Licensed Dentist was adopted.

433

434 **Resolution 514** Council on Government Affairs. Proposed Policy, Engaging Community-Based  
435 Health Centers was adopted. The ADA will encourage efforts to improve and increase  
436 collaboration between private dental practices and the community-based health centers to further  
437 increase the access to care for the vulnerable and underserved seeking care at these facilities.  
438 This helps to reaffirm the ADA's commitment to improving access to care and the oral health in  
439 these communities.

440

441 **Resolution 515** Council on Government Affairs. Amendment of Policy, Use of Dentist-To-  
442 Population Ratios. The ADA opposes using dentist-to-population ratios as the exclusive measure  
443 for designating dental professional shortage areas or evaluating or recommending programs for  
444 dental education or dental care. It also supports accurate, timely, and objective determination of  
445 federal and state dental health professional shortage area designation. This resolution is designed  
446 to open the door for the ADA to help to develop a better metric for designating dental  
447 professional shortage areas. We were informed that a follow up resolution should be coming  
448 through next year. Policy was adopted.

449

450 **Resolution 516** Election Commission

451 Resolution 516RC Reference Committee

452 Voted to accept new language: Candidate brochures, videos or other campaign-related  
453 communications can include photographs and likenesses of the candidate, but shall not include  
454 any photograph, likeness or mention of any other current officer of the ADA or current member  
455 of the ADA Board of Trustees.

456

457 **Resolution 517-14<sup>th</sup> Trustee District**  
458 Preventing Unfair Discrimination: Resolution was adopted.  
459 517 Resolved “For states to develop and advocate legislation that prevents discrimination in  
460 therapy, or treatment for mental health issues.” The intent is for the ADA develop a pilot project  
461 to assist states in developing and advocating for legislation or regulation that prevents  
462 discrimination in licensing, credentialing, and other matters against dentists who have received  
463 counseling, therapy or treatment for mental health issues. This is designed to remove  
464 professional prejudices associated with diagnosis and treatment of mental health issues as a  
465 deterrent for seeking professional care for mental health issues.

466  
467 **Resolution 518RC** -Amend the Duties of the Committee on Constitution and Bylaws. This was  
468 basically a resolution designed to clarify and wordsmith the current document and was adopted  
469 on consent.

470  
471 Part C: Non-Consent Resolutions

472  
473 **Resolution 506- Second Trustee District:**  
474 Amendment of the Rules of the House of Delegates to Permit the Motion to Table:  
475 This was a hotly debated topic about the existing rules of the ADA House of Delegates. The  
476 Resolution 506 was set to remove the part of the House Rules which prevented the use of the  
477 Motion to Table. The presence of this rule was seen as an unnecessary deviation from accepted  
478 parliamentary procedure because the Motion to Table required a two-thirds majority vote as it is.  
479 Theoretically, the House as a governing body would only use this as a tool to end debate and  
480 avoid voting on an issue which it deems as too volatile, or which brings about debate which  
481 could potentially be damaging to the Association or expose it to unwanted liability. In the end,  
482 the House decided to pass the resolution and remove the prohibition of the Motion to Table at all  
483 future House of Delegates.

484  
485 **Upcoming SmileCon/HOD locations and dates are:**

- 486 • 2024 – New Orleans, LA at the Ernest N. Morial Convention Center  
487 SmileCon: Oct 17-19; HOD: Oct 19-22.
- 488  
489 • 2025 – Washington, DC, at The Walter E. Washington Convention Center  
490 SmileCon: Oct 23-25; HOD Oct 25-28.
- 491  
492 • 2026 – Indianapolis, IN at the Indiana Convention Center  
493 SmileCon: Oct 8-10; HOD Oct 10-13.

494  
495 **2024** will be a year of change with the ADA as it progresses to new systems of IT, with the  
496 addition of Salesforce and Fonteva, SFC, and Mission based accounting. We look to the future  
497 where members drive the action of the ADA, and all done with greater efficiency which will help  
498 to control our dues and costs at all levels of the tripartite.

499  
500 The Senior Delegate would like to thank the HDA delegation for their service and dedication to  
501 the profession of dentistry. Your delegation worked seamlessly and participated in meetings by  
502 representing the HDA members. I would also like to thank Dr. Jase Chun and Dr. Ryan Chun for

503 their attendance and participation in the 14<sup>th</sup> district meetings and attendance at the ADA HOD as  
504 guests. We look forward to future meetings as engaging as this was, and invite any SmileCon  
505 attendee from the HDA to communicate with us if you would be interested in participating. In  
506 closing, please contribute to ADPAC and our local HDPAC. These contributions go to  
507 Advocacy!

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510 Respectfully Submitted,

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513 Dayton Lum, DDS

514 2023 HDA ADA Senior Delegate

515

516 HDA ADA delegation:

517 Dr. Christopher Lee, Delegate

518 Dr. Dayton Lum, Sr Delegate

519 Dr. Curt Shimizu, Delegate

520 Dr. Edmund Cassella, Alternate Delegate

521 Dr. Norman Chun, Alternate Delegate

522 Dr. Anthony Kim, Alternate Delegate

523 Ms. Kim Nguyen, Executive Director