UNOFFICIAL REPORT OF ACTIONS AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES New Orleans, Louisiana: October 19-22, 2024 *This document reflects the "unofficial actions" of the 2024 House of Delegates and it was developed based on notes taken during the meeting of the House. The official actions will be reflected in the minutes of the House of Delegates that will be available in 2025.*			
Resolution Number	**House Action**	**Resolution**	**Notes**
101H.	**Adopted**	**Board of Trustees Resolution 101—Nominations to Councils** **Resolved,** that the nominees put forward for membership on ADA councils be elected.	
102H.	**Adopted**	**Board of Trustees Resolution 102—Nomination to Fill A Commission Vacancy** **Resolved,** that Dr. Victor Rodriguez of Texas be elected to fill a vacancy on the Commission for Continuing Education Provider Recognition for a term that ends at the close of the 2027 House of Delegates.	
103H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 103—Approval of Certified Delegates** **Resolved,** that the list of certified delegates and alternate delegates posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2024 House of Delegates of the American Dental Association.	
104H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 104—Minutes of the 2023 Session of the House of Delegates** **Resolved,** that the minutes of the 2023 session of the House of Delegates be approved.	
105H.	**Adopted**	**Standing Committee on Credentials, Rules and Order Resolution 105—Adoption of Agenda and Order of Agenda Items** **Resolved,** that the agenda as presented in the *2024 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further **Resolved,** the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.	

<table>
<tr><td>106H.</td><td>Adopted</td><td>Standing Committee on Credentials, Rules and Order Resolution 106—Referrals of Reports and Resolutions

Resolved, that the list of referrals recommended by the Speaker of the House of Delegates be approved.</td><td></td></tr>
<tr><td>200H.</td><td>Adopted</td><td>Reference Committee A (Business, Membership and Administrative Matters) Resolution 200—Consent Calendar

Resolved, that the recommendation of Reference Committee A on the following resolution be accepted by the House of Delegates.

1. Resolution 202—Adopt—Strategic Forecasting Committee Recommendation on ADA Mission and Vision Statements (Worksheet:2024) $: None

COMMITTEE RECOMMENDATION: Vote Yes</td><td></td></tr>
<tr><td>201.</td><td>—</td><td>WITHDRAWN</td><td></td></tr>
<tr><td>202H.</td><td>Adopted—Consent Calendar Action</td><td>Strategic Forecasting Committee Resolution 202—Recommendation on ADA Mission and Vision Statements

Resolved, that the ADA House of Delegates retain the current mission and vision statements of the American Dental Association as set forth below:

Mission Statement: Help dentists succeed and support the advancement of the health of the public.

Vision Statement: Empowering the dental profession to achieve optimal health for all.</td><td></td></tr>
<tr><td>203H.</td><td>Adopted</td><td>Reference Committee A (Business, Membership and Administrative Matters) Resolution 203RC—as amended—adopted in lieu of Strategic Forecasting Committee Resolution 203—Direct to Dentist Component of Proposed 2024 Strategic Forecast

Resolved, that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of Direct to Dentist in a manner that results in sustainable positive growth toward the ADA's Mission and Vision statements, and be it further

Resolved, that the high-level outcome of an increase in interpersonal and digital connections with members, dental students, and future members of the next five years</td><td></td></tr>
</table>

be, and hereby is established, as a part of the ADA's Strategic Forecast, with the following high-level goals:

- By 2030, 75% of all dentists are engaging with the ADA digitally and interpersonally.
- By 2030, 75% of all dentists consider the ADA as indispensable to their success and are professionally satisfied.
- By 2030, ADA's market share will be 70% of Generation Z and new dentists.

and be it further

Resolved, that Appendix 1 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Direct to Dentist Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies' work product under any approved Strategic Forecast, and be it further

Resolved, that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each's specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further

Resolved, that the ADA communicate and collaborate with states and local dental societies before offering a new product or service in that state, and be it further

Resolved, that the outcomes and goals, as well as any of the Associations supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.

Appendix 1
Direct to Dentist

The tables below outline the work product of all levels of the SFC with regard to Direct to Dentist discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.

- **Outcomes**: **Represent the highest-level desired state for the ADA to reach.**
- Objectives / Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA agencies charged with the area of responsibility under which they fall AND availability of funds.
- In certain instances within the key results, “x” means the baseline has yet to be determined and the measure will be inserted once that baseline work is completed.

Direct to Dentist Table 1

Purpose	5-Year Goals	Outcomes	Objectives
1a. Improve ADA’s ranking as a trusted source of information. **1b.** ~~Alignment and c~~Collaboration among interested affiliated dental organizations.[*]	**1a.** By 2030, 75% of all dentists are engaging with the ADA digitally and interpersonally. [Based on 2025 Baseline goal from Fonteva/ Salesforce]. **1b.** By 2030, ADA and interested affiliated dental organizations[*] ~~align~~ collaborate on areas of mutual interest.	**1.** ADA universal engagement and loyalty.	**1a.** By 2030, more dentists are engaging with the ADA in new ways. Includes: loyalty program, new membership model, custom / personalized content, Salesforce, Marketing Cloud, social media, ADA App, ADA.org, Google search, Omni-Channel content engagement, proactive social media, marketing, communications, paid/earned/shared/owned, products/services, etc. **1b.** ~~Aligned o~~Organizations will achieve Operational efficiency to benefit the organizations and their dentists.

Direct to Dentist Table 2

Purpose	5-Year Goals	Outcomes	Objectives
2a. Ensure dentists and dentistry thrives in tomorrow’s healthcare environment. **2b.** Consistent value delivered at each level of the Tripartite.	**2a.** By 2030, 75% of all dentists consider the ADA as indispensable to their success and are professionally satisfied. [Baseline: x%]. **2b.** By 2030, ADA members receive consistent and equitable	**2a.** Help dentists succeed today and thrive tomorrow in a rapidly-changing healthcare environment. **2b.** Support dentists and connect DSO / large group practice and clinical leaders.	**2a.** By 2030, at least x% of dentists engage with ADA-developed regulatory compliance tools, clinical information, guidelines, science, financial services, etc. Loan Forgiveness, CDT, financial resources, HIPAA / OSHA / Regulatory Compliance / new guidelines, advocacy, credentialing, contract analysis, global brand building, etc.

[*]Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

	value, regardless of their location and practice modality.	**2c.** Global oral health improvements and global brand building.	**2b.** By 2030, dentists engage with ADA to prepare and shape the future of dentistry. Includes: HPI Trends, AI-enabled tools to improve practice efficiency on both admin and clinical issues, ADA co-pilot, DenTech, products, etc. **2c.** Overall member value will be clearly defined ~~and equitable~~<u>, being both collaborative and customizable</u> across national, state and local societies to ensure consistency, as practice modalities evolve, and dentists become increasingly mobile in their careers. **2d.** Total member price will be <u>customizable</u> ~~equitable~~ and reflective of members' perceived value.
		Direct to Dentist Table 3	
Purpose	**5-Year Goals**	**Outcomes**	**Objectives**
3. Making the generational transition to engage with future members.	**3.** By 2030, ADA's market share will be 70% of Generation Z dentists and new dentists. [Baseline today's generational market share and forecasted future generational market share: x%].	**2.** Reimagined, unified end-to-end dental students-to-dentists strategy and activation.	**3a.** By 2030, ADA engages x% of early career dentists and dental students. Includes: Reimagined end-to-end student and early career engagement, experiences, career guidance content, loan forgiveness, financial services, student ambassadors, targeted content, social media. **3b.** By 2030, converting more early career dentists to membership or engagement. Includes: Reimagined early career engagement and value delivery, new membership model, loyalty program, early career engagement and CE, social media.
		Direct to Dentist Table 4	
Purpose	**5-Year Goals**	**Outcomes**	**Objectives**
4. Consumers / patients view ADA as a key	**4.** By 2030, x% of consumers / patients are aware of and see ADA as	**4.** Direct-to-consumer: promoting healthy behaviors.	**4a.** By 2030, x% increase in consumer / patient awareness of the ADA. Reimagined Mouth Healthy and Find a Dentist, direct-to-consumer

source for trusted oral health information.	a trusted source for oral health information.		campaigns, paid/earned/shared/owned marketing, Seal products promotion. **4b.** By 2030, x% of consumers / patients view ADA as a trusted source for oral health information. Global brand building, direct-to-consumer marketing, ADA Seal products promotion.

204H.	**Adopted**	**Reference Committee A (Business, Membership and Administrative Matters) Resolution 204RC—as amended—adopted in lieu of Strategic Forecasting Committee Resolution 204—Tripartite Component of Proposed 2024 Strategic Forecast** **Resolved,** that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of the Tripartite in a manner that results in sustainable positive growth toward the ADA's Mission and Vision statements, and be it further **Resolved**, to achieve a stable and successful Tripartite, that the high-level outcomes of promoting Tripartite stability, success, and future growth, along with aligning member value across the Tripartite, be, and hereby are, established as part of the ADA's Strategic Forecast, with the following five-year goals: • By 2030, the Tripartite will achieve financial stability and operational efficiency across all three levels. • By 2030, ADA members will receive consistent and equitable value, regardless of their location and practice modality. • By 2030, ADA and interested affiliated dental organizations will align on areas of mutual interest. And be it further **Resolved,** that Appendix 3 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Tripartite Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies' work product under any approved Strategic Forecast, and be it further **Resolved,** that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each's specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that	

		positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion. This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further **Resolved,** that the ADA communicate and collaborate with states and local dental societies before offering a new product or service in that state, and be it further **Resolved,** that outcomes and goals, as well as any of the Association's supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.[*]	

Appendix 3
Tripartite

The tables below outline the work product of all levels of the SFC with regard to Tripartite discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.
- Outcomes: Represent the highest-level desired state for the ADA to reach.
- Objectives & Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA entities charged with the area of responsibility under which they fall AND availability of funds.

Tripartite Table 1

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
1. A stable and successful Tripartite.	**1.** By 2030, achieve financial stability and operational efficiency across all three levels of the Tripartite.	**1a.** Promote Tripartite stability, success, and future growth.	**1a.** National, state, and local societies have clearly defined roles.	**1a.** Study structure/size/capacity and purpose of state/local societies for consideration of equitable value offerings and services for all members by 12/2026.

[*]Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

			1b. National, state, and local societies will be financially net positive.	**1b.** Offer ~~financial~~ operational stabilization components to pilot states as they transition onto the new membership model through collaborative and customizable service level Agreements (2025-2027). -Explore and implement shared revenue models to address inequities by 12/2027.
			1c. National, state, and local societies will achieve operational efficiency.	**1c.** Offer leadership, financial, HR, marketing / communications, and technology training, resources, and support (through collaborative and customizable service level agreements) for state~~/local~~ and subsequently, local societies: ongoing through 2029.
			1d. Each level of the Tripartite will achieve 70% market share for Gen Z and new dentists to ensure relevance, vibrancy, and future growth of the Tripartite.	**1d.** Adoption and utilization of technology platforms.-Salesforce/Fonteva, among national, state, and local societies by 2025 dues cycle.-Others TBD. **1e.** Offer leadership, marketing / communications, technology, programing and staff training, resources, and support (through collaborative and customizable service level agreements) for state~~/local~~ societies by 12/2026.

Tripartite Table 2				
Purpose	**5-Year Goals**	**Outcomes**	**Objectives**	**Key Results**
2. Consistent value delivered at each level of the Tripartite.	**2.** By 2030, ADA members receive consistent and equitable value, regardless of their location and practice modality.	**2.** Align member value across the Tripartite.	**2a.** Overall member value will be clearly defined, being both collaborative and customizable ~~and equitable~~ across national, state, and local societies to ensure consistency, as practice modalities evolve, and dentists become increasingly mobile in their careers.	**2a.** Alignment and clear communication on unique value among the Tripartite on national, state, local offerings by 12/2027 (allows for 1 year after the study is completed above). **2b.** Leverage technology to provide stronger member support through personalized value propositions and engagement at all three levels of the Tripartite: ongoing through 2029. **2c.** Implementation of Group Practice Initiative, including: -Launch of Clinical Mastery Certificate Program at the national level by 12/2025. -Development of Tripartite group practice value proposition by 12/2025. -Implementation of Tripartite Culture of Acceptance Program by 12/2025. **2d.** Exploration and implementation of best practice member leadership engagement (including new dentists) guidelines, resources, and support by 12/2026.

				2e. Implementation of Dental Student to Dentist Initiative, including: -Placement of faculty ambassadors at each school by 6/2025. -90% capture of new grad data through Signing Day and other tactics by 6/2025. -Implementation of consistent and measurable state and local engagement with the dental schools and students by 12/2025. -Implementation of seamless transition experience for students to dentist Tripartite members by 12/2026. **2f.** Identify and fill value gaps at the state and local level through collaborative and customizable service level agreements: ongoing through 2029.
			2b. Total member price will be customizable ~~equitable~~ and reflective of members' perceived value.	**2g.** Implementation of new Membership and Engagement Model by 2028 dues cycle.
				2h. Implementation of pilot for group practice model (including dental schools and large group practices) by 2026 dues cycle.

Tripartite Table 3				
Purpose	**5-Year Goals**	**Outcomes**	**Objectives**	**Key Results**
3. ~~Alignment and c~~Collaboration among interested affiliated dental organizations.*	**3.** By 2030, ADA and interested affiliated dental organizations ~~align~~ collaborate on areas of mutual interest.	**3.** Foster organizational collaboration.	**3.** ~~Aligned o~~Organizations will achieve operational efficiency to benefit the organizations and their dentists.	**3a.** Adoption and utilization of technology platforms, such as Salesforce/Fonteva, to share mutually beneficial data and insights: ongoing through 2029. **3b.** Exploration and implementation of cross promotion of organizational membership offerings and pricing incentives: ongoing through 2029. **3c.** Additional collaboration opportunities TBD.

205H.	**Adopted**	**Reference Committee A (Business, Membership and Administrative Matters) Resolution 205RC—as amended—adopted in lieu of Resolution 205—Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession Resolution** **Resolved,** that the Task Force to Eliminate Barriers for Underrepresented Minorities to Enter the Dental Profession be reauthorized to convene electronically to continue its work, which includes providing strategic input into the ADA's scholarship and grant program, and be it further **Resolved,** that the President be authorized to appoint members to this Task Force, and be it further **Resolved,** that the Task Force provide a report on its work no less than two weeks prior to the last regular scheduled Board of Trustees meeting before ~~to~~ the 2025 House of Delegates, and that such report shall include, but not be limited to, review of the Task Force name, costs associated with this Task Force, and yearly metrics based upon the charge of the Task Force.	

*Affiliated dental organizations may include, but are not limited to: dental specialty societies, dental school related organizations such as the American Student Dental Association (ASDA) and American Dental Education Association (ADEA), DSO-related organizations such as the Association of Dental Support Organizations (ADSO) and Women in DSO, diverse organizations such as the National Dental Association (NDA) and Hispanic Dental Association (HDA), and such entities as the American College of Dentists (ACD), International College of Dentists (ICD), and Pierre Fauchard Academy (PFA).

206H.	Adopted by a 60% affirmative vote	**Board of Trustees Resolution 206—Establishment of Dues Effective January 1, 2025** **Resolved**, that the dues of ADA active members shall be $570.00 effective January 1, 2025.	
207.	**Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates**	**Fourteenth Trustee District Resolution 207—Support for the FTC's Final Rule on Consumer Reviews and Testimonials** **Resolved,** that the ADA will promote awareness of the FTC's final rule "Trade Regulation Rule on the Use of Consumer Reviews and Testimonials" among its members and provide resources to assist them in adhering to these regulations, and be it further **Resolved,** that the ADA will advocate for fair and transparent practices in online reviews and endorsements within the healthcare sector.	
208.	**Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates**	**Fourteenth Trustee District Resolution 208—Developing A Social Media Strategy** **Resolved,** that the appropriate ADA agency evaluate the efficacy and implementation of the current marketing strategy including social media strategy and assess gaps between best practices, and be it further **Resolved,** that the ADA provide quarterly reporting to the House of Delegates regarding implementation updates and subsequent impact as related to identified key metrics of success.	
209.	—	**WITHDRAWN**	
210.	**Not Adopted**	**Fourteenth Trustee District Resolution 210—Pre-Dental Students** **Resolved,** that the appropriate ADA agency identify best practices in collaboration with interested parties, regarding the educational track including pre-dental and leadership development paths to dental school, and then create a toolkit/resources and make them available to undergraduate pre-dental groups and advisors.	
300H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 300—as amended—Consent Calendar** **Resolved**, that the recommendations of Reference Committee B on the following resolutions be accepted by the House of Delegates. 1. **Resolution 301—**Adopt—Amendment of Policy, Availability of Dentists for Underserved Populations (Worksheet:3000) $: None	

COMMITTEE RECOMMENDATION: Vote Yes

2. **Resolution 302—**Adopt—Rescission of the Policy on Comprehensive Lists of State Programs Providing Oral Health Services (Worksheet:3001) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

3. **Resolution 303—**Refer Resolutions 303 and 303B —Amendment of Policy, The Aged, Blind and Disabled (Worksheet:3003) $: None

   COMMITTEE RECOMMENDATION: Vote Yes on Referral

4. **Resolution 304RC—**Adopt Resolution 304RC in lieu of Resolution 304—Amendment of Policy, Dental Office Wastewater Policy (Worksheet:3005) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

5. **Resolution 305—**Adopt— Amendment of Policy, Infection Control in the Practice of Dentistry (Worksheet:3007) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

6. **Resolution 306—**Adopt—Amendment of Policy, Medical (Dental) Loss Ratio (Worksheet:3012) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

7. ~~**Resolution 307RC—**Adopt Resolution 307RC in lieu of Resolution 307—Dental Care for Veterans (Worksheet:3016) $: None~~

   ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

8. **Resolution 308B—**Adopt Resolution 308B in lieu of Resolutions 308 and 308BS-1—Summary of Benefits for Dental Plan Comparisons for Plan Purchasers (Worksheet:3019) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

9. ~~**Resolution 309—**Adopt—Role of Dental Health in the Management of Systemic Conditions and Outcomes of Medical and Surgical Procedures (Worksheet:3021) $: None~~

   ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

10. ~~**Resolution 310RC—**Adopt Resolution 310RC in lieu of Resolution 310—Amendment of Policy, Direct Reimbursement (Worksheet:3024) $: None~~

~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

11. **Resolution 311RC—**Adopt Resolution 311RC in lieu of Resolution 311—Amendment of Policy, Medically Necessary Care (Worksheet:3027) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

12. **Resolution 312RC—**Adopt Resolution 312RC in lieu of Resolution 312—Statement on Electronic Health Records and Data Exchange in Dentistry (Worksheet:3030) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

13. **Resolution 313—**Adopt—Response to Resolution 405-2023: Rescission of Policy, Tooth Whitening Administered by Non Dentists (Worksheet:3034) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

14. **Resolution 314RC—**Adopt Resolution 314RC in lieu of Resolution 314—Amendment of Policy, Definitions of “Usual Fee” and “Maximum Plan Benefit” (Worksheet:3036) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

15. ~~**Resolution 315RC—**Adopt Resolution 315RC in lieu of Resolution 315—Amendment of Policy, Dentists’ Choice of Practice Models (Worksheet:3042) $: None~~

    ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

16. **Resolution 316—**Adopt—Annual Maximums in Dental Benefit Programs and Out of Pocket Costs (Worksheet:3045) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

17. ~~**Resolution 317RC—**Adopt Resolution 317RC in lieu of Resolution 317—Comprehensive Statement on Oral Health Services During Pregnancy (Worksheet:3046) $: None~~

    ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~

18. **Resolution 318RC—**Adopt Resolution 318RC in lieu of Resolution 318—Rural Dentistry Study (Worksheet:3049) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

		19. Resolution 319—Adopt—Innovative and/or Alternative Dental Benefit Modalities (Worksheet:3051) $: 40,500 **COMMITTEE RECOMMENDATION: Vote Yes** ~~**20. Resolution 320RC—**Adopt Resolution 320RC in lieu of Resolution 320—Public Profession Component of Proposed 2024 Strategic Forecast (Worksheet:3053) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **21. Resolution 321RC—**Adopt Resolution 321RC in lieu of Resolution 321—Amendment to ADA Policy Titled Policies and Recommendations on Diet and Nutrition (Worksheet:3061) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **22. Resolution 322S-1—**Adopt Resolution 322S-1 in lieu of Resolution 322—Amendment to the Policy on Tobacco Use, Vaping and Nicotine Delivery Products (Worksheet:3063) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**23. Resolution 323—**Refer Resolution 323—Workforce (Worksheet:3066) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes on Referral**~~	
301H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 301—Amendment of Policy, Availability of Dentists for Underserved Populations** **Resolved,** that the policy on Availability of Dentists for Underserved Populations *(Trans.*2016:318*)*, be amended as follows (additions underscored; deletions are ~~stricken~~). **Availability of Dentists for Underserved Populations** **Resolved,** that ~~constituent societies~~ state and local dental societies be ~~urged~~ encouraged to participate in programs that ~~encourage~~ support and promote dentists to serve underserved populations and that offer case management resources to enable dentists to provide oral health care for institutionalized and homebound individuals, including those who are physically, emotionally and mentally disabled, and be it further **Resolved,** that ~~constituent societies~~ state and local dental societies be ~~urged~~ encouraged to seek fiscal resources to provide case management in support of dentists providing oral health care for these individuals, and be it further	

		Resolved, that the ADA, working with other affected organizations, review or conduct studies on the availability and scope of dental programs for the treatment of special needs populations, including physically, emotionally and mentally disabled patients.	
302H.	**Adopted—Consent Calendar Action**	**Council on Advocacy for Access and Prevention Resolution 302—Rescission of the Policy on Comprehensive Lists of State Programs Providing Oral Health Services** **Resolved,** that the policy titled Comprehensive Lists of State Programs Providing Oral Health Services (*Trans.*1995:609; 2016:318) be rescinded.	
303.	**Referred to the Appropriate ADA Agency—Consent Calendar Action**	**Council on Dental Practice Resolution 303—Amendment of Policy, The Aged, Blind and Disabled** **Resolved,** that the following policy entitled; The Aged, Blind and Disabled (*Trans.*2002:390; 2012:455) be amended as follows (additions are underscored, deletions are ~~stricken~~). **The Aged, Blind and Disabled** **Resolved,** that the Association supports appropriate initiatives and legislation to improve and foster the oral health of aged, blind and disabled persons, and be it further ~~**Resolved,** that "people with intellectual disabilities" be utilized when referring to persons previously acknowledged as "mentally retarded," and be it further~~ **Resolved,** that ~~constituent~~ state and ~~component~~ local dental societies be encouraged to support state and local initiatives and legislation to improve the oral health of aged, blind, and disabled persons, and be it further **Resolved,** that dental and allied dental programs be encouraged to educate students about the oral health needs and issues of aged, blind, and disabled persons.	
303B.	**Referred to the Appropriate ADA Agency—Consent Calendar Action**	**Board of Trustees Resolution 303B—Substitute Resolution** **Resolved,** that the following policy entitled; The Aged, Blind and Disabled (*Trans.*2002:390; 2012:455) be amended as follows (additions are underscored, deletions are ~~stricken~~). **Medicaid: The Aged, Blind and Disabled**	

		Resolved, that the Association supports appropriate initiatives and legislation to improve and foster the oral health of aged, blind and disabled persons, and be it further **Resolved,** that the Association recognizes that state Medicaid programs provide benefits to low-income individuals who are 65 and older or disabled (also called “dual eligibles”), and be it further ~~**Resolved,** that “people with intellectual disabilities” be utilized when referring to persons previously acknowledged as “mentally retarded,” and be it further~~ **Resolved,** that ~~constituent~~ state and ~~component~~ local dental societies be encouraged to support state and local initiatives and legislation to improve the oral health of aged, blind, and disabled persons, and be it further **Resolved,** that dental and allied dental programs be encouraged to educate students about the oral health needs and issues of aged, blind, and disabled persons.	
304H.	**Adopted—Consent Calendar Action**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 304RC adopted in lieu of Council on Dental Practice Resolution 304—Amendment of Policy, Dental Office Wastewater Policy** **Resolved**, that the following policy entitled “Dental Office Wastewater” (*Trans.*2003:387) be amended as follows and that the ADA Action Plan on Amalgam in Dental Office Wastewater (*Trans.*2002:422; 2007:441) be rescinded (additions are underscored, deletions are ~~stricken~~). **Dental ~~Office~~ Facility Amalgam Wastewater Policy** **Resolved**, that the Association strongly encourages ~~dentists~~ dental facilities to adhere to dental best management practices for amalgam waste handling and disposal that include but are not limited to operation, maintenance, and record-keeping requirements, chairside traps, amalgam separators compliant with ISO 11143, ANSI/ADA Standard 108 or successors, and using a suitably licensed or permitted commercial waste disposal service to dispose of collected amalgam, in compliance with the EPA Clean Water Act, and supports other voluntary efforts by dentists to reduce amalgam discharges in dental ~~office~~ facility wastewater, and be it further **Resolved**, that the Association encourages ~~constituent~~ state and ~~component~~ local societies to enter into collaborative arrangements with regional, state or local wastewater authorities to address their concerns about amalgam in dental ~~office~~ facility wastewater, and be it further	

		Resolved, that the appropriate agencies of the Association continue to disseminate information to the ~~constituent~~ state and ~~component~~ local societies to help them address concerns of regional, state or local wastewater authorities about amalgam in dental office wastewater, and be it further **Resolved**, that the appropriate agencies of the Association continue to investigate products and services that will help ~~dentists~~ dental facilities effectively reduce amalgam in dental ~~office~~ facility wastewater and keep the profession advised, and be it further **Resolved**, that the Association include in its advocacy messages the importance of basing environmental regulations or guidance affecting dental ~~offices~~ facilities on sound science, and be it further **Resolved**, that the Association continue to identify and urge the Environmental Protection Agency to fund studies that accurately and appropriately identify whether amalgam wastewater discharge affects the environment, and be it further **Resolved,** that the policy, ADA Action Plan on Amalgam in Dental Office Wastewater (*Trans.* 2002:422; 2007:441) be rescinded.	
305H.	**Adopted—Consent Calendar Action**	**Council on Dental Practice Resolution 305—Amendment of Policy, Infection Control in the Practice of Dentistry** **Resolved,** that the following policy titled; Infection Control in the Practice of Dentistry (*Trans.*2012:470; 2019:266), be amended as follows (additions are underscored, deletions are ~~stricken~~). **Infection Control in the Practice of Dentistry** **Resolved,** that it be ADA policy to support the implementation of standard precautions and infection control recommendations appropriate to the clinical setting, per Centers for Disease Control and Prevention guidance. This includes the 2003 Guidelines for Infection Control in Dental Health Care Settings, ~~and the~~ 2016 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and any Interim Guidance or published guideline updates from the Centers for Disease Control and Prevention (CDC), and be it further **Resolved,** that the ADA urges practicing dentists, ~~dental auxiliaries~~ allied team members and dental laboratories to keep up to date as scientific information leads to improvements in infection control, and be it further	

		Resolved, that this policy includes implementation of CDC recommendations for vaccination and the prevention and management of exposures involving nonintact skin, mucous membranes and percutaneous injuries, and be it further **Resolved** that the appropriate agencies prioritize more environmentally sustainable infection control standards, balancing the need for asepsis with the impact on our environment.	
306H.	**Adopted—Consent Calendar Action**	**Council on Dental Benefit Programs Resolution 306—Amendment of Policy, Medical (Dental) Loss Ratio** **Resolved,** that the policy titled Medical (Dental) Loss Ratio (*Trans.*2015:244; 2019:262) be amended as follows (additions underscored; deletions ~~stricken~~). **Medical (Dental) Loss Ratio** **Resolved,** that the ADA supports the concept of a "Medical Loss Ratio" for dental plans defined as the proportion of premium revenues that is spent on clinical services, specifically: (A) The numerator is the sum of (1) the amount paid for clinical dental services provided to enrollees and (2) the amount paid to providers on activities that improve oral health through clinical services for plan enrollees. (B) The denominator is the total amount of premium revenue, excluding only (1) federal and state taxes, (2) licensing and regulatory fees paid, and (3) any other payments required by federal law. and be it further **Resolved,** that states pursuing MLR, refer to the definitions of each of the amounts referenced in the numerator and denominator within the ADA's Glossary of Dental Administrative Terms maintained by the ADA Council on Dental Benefit Programs (CDBP), and be it further **Resolved,** that dental plans, both for profit and nonprofit should be required to make information available to the general public and to publicize in their marketing materials to plan purchasers and in written communications to their beneficiaries the percentage of premiums that fund treatment and the percentage of premiums that go to administrative costs, promotion, marketing and profit, or in the case of nonprofit entities, reserves, and be it further **Resolved,** that the ADA support legislative efforts to require dental benefit plans to file a comprehensive MLR report annually, which contains the same information required in the 2013 federal MLR Annual Reporting Form (CMS-10418) along with	

		number of enrollees, the plan cost-sharing and deductible amounts, the annual maximum coverage limit, and the number of enrollees who meet or exceed the annual coverage limit and to establish a specific loss ratio for dental plans in each state, ~~and ERISA benefit plans.~~ and be it further **Resolved,** that a "specific loss ratio" be calculated by each state as the average dental loss ratio for each market segment (large group and small/individual groups as defined within the state). If the average loss ratio is less than 85% for large group plans and 83% for small/individual groups, then states should aspire to establish a mechanism to have MLR improved to at least this benchmark over time. For those carriers reporting MLR above 85%, such carriers should be required to maintain operations at that level, and be it further **Resolved**, that when a carrier fails to meet the MLR, the carrier be required to issue rebates to plan purchasers, and be it further **Resolved**, that instituting an MLR should not result in premium rate increases in excess of the percentage increase of the latest dental services Consumer Price Index as reported through the US Bureau of Labor Statistics.	
307H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 307RC—as amended—adopted in lieu of Council on Dental Benefit Programs Resolution 307—Dental Care for Veterans** **Resolved,** that the proposed policy titled, "Dental Care for Veterans" be adopted: **Dental Care for Veterans** ~~**Resolved**, that the American Dental Association supports legislative efforts, and policies to promote improved health and well-being of all veterans, and be it further~~ ~~**Resolved,** that the ADA supports the United States Veterans Health Administration Office of Dentistry's endeavors to achieve optimal oral health for all veterans, and be it further~~ **Resolved**, that the American Dental Association supports legislative efforts to achieve optimal oral health and well being for all veterans, and be it further **Resolved**, that for veterans eligible for VA dental care, the ADA supports an increase in funding, specifically dedicated to Veterans Health Administration Office of Dentistry, such that it is sufficient to ensure access to care, and be it further **Resolved,** that the ADA encourage the United States Veterans Health Administration to raise awareness about availability of dental benefits following	

		enrollment either through VA dental care or through VA Dental Insurance Program (VADIP) based on established eligibility criteria, and be it further **Resolved**, that for programs such as VA Dental Insurance Program (VADIP) where third-party carriers are used to administer the benefit, carriers should be subjected to annual transparent reporting of network adequacy and allowed amounts with reimbursement rates sufficient to ensure access to care. These programs should be efficiently administered with transparent reporting of loss ratios, and be it further **Resolved,** that the ADA supports the federal authorization of administrative support resources within the Veterans Administration Medical Centers to assist veterans to identify and utilize dental services offered outside VA dental care, and be it further **Resolved**, that the ADA support the work of state and local dental societies with outreach strategies to assist veterans with unmet dental treatment needs by serving as a resource in finding dental homes for veterans, and be it further **Resolved**, that the ADA support state and local dental society efforts to connect dentists wishing to serve Veterans with outreach organizations like Veterans Service Organizations to help improve access to care. And be it further **Resolved**, that the following policies be rescinded: • Supporting Increased Resources for Department of Veterans Affairs Dental Care (*Trans.*2022:XXX) • Resources for Veterans Ineligible for VA Dental Care (*Trans.*2020:339).	
308H.	**Adopted—Consent Calendar Action**	**Council on Dental Benefit Programs Resolution 308B adopted in lieu of Council on Dental Benefit Programs Resolution 308 and Ninth Trustee District Resolution 308S-1—Summary of Benefits for Dental Plan Comparisons for Plan Purchases** **Resolved,** that the proposed policy titled, Summary of Benefits for Dental Plan Comparisons for Plan Purchasers be adopted. **Summary of Benefits for Dental Plan Comparisons for Plan Purchasers** **Resolved,** that dental plans provide a summary of benefits and post this information on the payer's web portal so that plan purchasers can make informed decisions when comparing various plans on the market, and be it further **Resolved,** that the summary of benefits information should be easy for plan purchasers to access and understand, and be it further	

<table>
<tr><td></td><td></td><td>Resolved, that, at a minimum, all dental plan summaries of benefits information should include a brief description of the following items:

1. Annual Maximums
2. Co-payments
3. Co-Insurance
4. Limitations
5. Deductibles
6. Frequency of Covered Procedures
7. Out of Network Benefits
8. Waiting Periods
9. Predetermination Requirements
10. Exclusions
11. Enrollment Periods
12. Patient Incentives for maintaining Oral Health
13. Network Adequacy
14. Alternate Benefit Provisions
<u>15. Lifetime Maximums</u></td><td></td></tr>
<tr><td>309H.</td><td>Adopted</td><td>Council on Dental Benefit Programs Resolution 309—Role of Dental Health in the Management of Systemic Conditions and Outcomes of Medical and Surgical Procedures

Resolved, that the proposed policy titled, “Role of Dental Health in the Management of Systemic Conditions and Outcomes of Medical and Surgical Procedures” be adopted as follows:

Role of Dental Health in the Management of Systemic Conditions and Outcomes of Medical and Surgical Procedures

Resolved, that the American Dental Association acknowledges that there is scientific evidence that dental health is intrinsically linked and integral to the health outcomes of medical and surgical procedures and systemic conditions, and be it further

Resolved, that the ADA believes that optimizing oral health is an important component of clinical care prior to the performance of medical and surgical procedures that are intrinsically linked and integral to health outcomes, and be it further

Resolved, that the ADA encourages patients and medical teams to collaborate with dentists to obtain a dental examination, consultation and treatment, when appropriate, and be it further</td><td></td></tr>
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		Resolved, that dentists should be recognized as an integral part of any multidisciplinary health care team to support medically necessary care essential to the successful management of a medical or dental condition, and be it further **Resolved,** that the ADA encourages research through the National Institute of Dental and Craniofacial Research (NIDCR) and other appropriate agencies who traditionally oversee such research along with collaboration between dentists and other health care providers to help identify systemic conditions which are suspected to have a relationship to a patient’s oral health and be it further **Resolved**, that the following policies be rescinded: • Oral-Systemic Health Integration (*Trans.*2022:XXX) • Feasibility of Assessing the Role of Dental Health in the Management of Diseases and Medical Conditions (*Trans.*2021:300) • ADA Policy Statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatment (*Trans.*2020:290)	
310H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 310RC—as amended—adopted in lieu of Council on Dental Benefit Programs Resolution 310—Amendment of Policy, Direct Reimbursement** **Resolved,** that the policy titled, Direct Reimbursement (*Trans.*1989:548) be amended as follows (additions underscored; deletions ~~stricken~~). **Direct Reimbursement** **Resolved,** that “direct reimbursement” be defined as follows: Direct reimbursement is a self-funded program in which the individual is reimbursed based on ~~a percentage of~~ dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice. and be it further **Resolved,** that the ADA recognizes that the direct reimbursement concept can be an efficient, economical and cost-effective method of reimbursing the patient for dental expenses. and be it further **Resolved,** that the Council on Dental Benefit Programs continue to present the direct reimbursement concept to ~~both~~ the public ~~and the~~ business community, and dentists.	

		and be it further **Resolved,** that the policies titled, Direct Reimbursement Concept (*Trans.*1982:518) and Direct Reimbursement Mechanism (*Trans.*1978:510) be rescinded.	
311H.	**Adopted—Consent Calendar Action**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 311RC adopted in lieu of Council on Dental Benefit Programs Resolution 311—Amendment of Policy, Medically Necessary Care** **Resolved,** that the policy titled, Medically Necessary Care (*Trans.*1990:537) be amended as follows (additions are underscored, deletions are ~~stricken~~). **Medically Necessary Care** **Resolved,** that the ~~following definition of “medically necessary care” be adopted: Medically~~ term “medically necessary care” means the reasonable and appropriate diagnosis, treatment, and follow-up care (including supplies, appliances and devices) as determined and prescribed by qualified, appropriate health care providers in treating any condition, illness, disease, injury or birth developmental malformations. Care is medically necessary for the purpose of: controlling or eliminating infection, pain and disease; and restoring facial configuration or function necessary for speech, breathing, swallowing or chewing, and be it further ~~**Resolved,** that the appropriate agencies of the Association distribute this definition of “medically necessary care” to third-party payers, plan purchasers, professional health organizations and state and federal regulatory agencies.~~ **Resolved,** that the American Dental Association advocate on behalf of patients to ensure the language specifying treatment coverage in health insurance plans is clarified so that medically necessary care, essential to the successful treatment of a medical or dental condition being treated by a multidisciplinary health care team, is available to the patient, and be it further **Resolved,** that third-party payers and their consultants should only make benefit determinations based on medical necessity if they have the complete information required for a definitive diagnosis, and be it further **Resolved,** that the following policies be rescinded: • Medically Necessary Care (*Trans.*1988:474; 1996:686; 2014:451)	

		• Legislative Clarification for Medically Necessary Care (*Trans.*1988:474; 1996:686) • Automatic Review of Denied Claims by Independent Dental and/or Medical Experts (*Trans.*1994:645)	
312H.	**Adopted—Consent Calendar Action**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 312RC adopted in lieu of Council on Dental Practice Resolution 312—Statement on Electronic Health Records and Data Exchange in Dentistry** **Resolved,** that the following policy, Statement on Electronic Health Record and Data Exchange in Dentistry, be adopted. **Statement on Electronic Health Record and Data Exchange in Dentistry** The adoption of Health Information Technology (HIT) in dental offices has increased, marked by the widespread implementation of electronic health records (EHR), practice management systems, and related software. In navigating this evolving landscape, the American Dental Association (ADA) assumes a pivotal role in shaping the HIT environment and advocating the establishment of regulatory frameworks, standards, and industry-wide adoption imperatives that align with the needs of dental practices and patients. The ADA represents the interests of the dental profession and patients in all aspects of the development and implementation of electronic technologies with research, scientific, educational, administrative, and clinical applications in dentistry through the following activities: • Collaborating with national organizations responsible for developing standards electronic data exchange; • promoting and securing industry commitment to the adoption of standards; • leveraging legislative and regulatory opportunities to support the use of electro technologies; and • leading appropriate efforts to resolve legislative, regulatory, and industry barrie the adoption and use of electronic technologies. The ADA supports the following principles to be upheld by the industry providing elect health records, practice management systems, diagnostic tools, and treatment applica that align with the advancements in digital technologies. Patient-Centric Care and Privacy: • Ensure that all EHR systems prioritize patient care and maintain confidentiality and integrity of the data.	

- Allow patient access to electronic Protected Health Information (ePHI) in their preferred method.
- Implement strict access controls and audit trails to protect patient information from unauthorized access.

Interoperability and Data Exchange:

- Adoption of ADA standards as an American National Standards Institute (ANSI)-accredited Standards Developing Organization (SDO), as well as collaboration with International Organization for Standardization (ISO) international standards for health data to ensure interoperability and compatibility.
- Adopt standardized data formats and communication protocols to facilitate seamless and secure data exchange between systems and care providers.
- Ensure uninterrupted, usable, perpetual access to the entire electronic health record in a standards-based, interoperable, and structured format.

Data Quality and Integrity:

- Maintain high standards of data accuracy, completeness, and timeliness to support clinical decision-making and treatment planning.
- Implement data validation and correction mechanisms to minimize errors and discrepancies in patient records.

Innovation and Technology Adoption:

- Encourage innovation and the development of EHR systems and digital tools that enhance diagnostic and treatment capabilities in dentistry.
- Ensure new technologies are evaluated for clinical effectiveness and safety before implementation and post-market evaluation after appointment.

Security and Compliance:

- Assurance of appropriate and robust security systems to maintain confidentiality.
- Adhere to national regulations concerning data protection and privacy (i.e., Health Insurance Portability and Accountability Act (HIPAA)).
- Assure data security in transit and at rest (i.e., Transport Layer Security (TLS 1.3), Advanced Encryption Standard (AES 256)).

Training and Education:

- Provision of timely, comprehensive, ongoing team-based training, education, and technical support to avoid disruption in patient and provider health care delivery.
- Promote awareness of best practices, data management, and security among dental professionals.

		Ethical Use of Data: • Promote the ethical use of artificial intelligence and machine learning technologies in dentistry by establishing clear guidelines and standards. • Ensure the ethical use of HER data for research and development, with appropriate patient consent and safeguards. And be it further **Resolved,** that the following policies be rescinded: • Dental Practice Management Software (*Trans.*2001:428) • Seamless Electronic Patient Record (*Trans.*1996:694) • Electronic Technology in Dentistry (*Trans.*1992:608) • Development of Electronic Dental Patient Records (*Trans.*1992:598) • Electronic Technology Activities (*Trans.*1993:695; 2013:313) • ADA Involvement in Electronic Data Interchange Activities (*Trans.*1992:598)	
313H.	**Adopted**	**Council on Scientific Affairs Resolution 313—Response to Resolution 405-2023: Rescission of Policy, Tooth Whitening Administered by Non-Dentists** **Resolved,** that the policy titled, ADA Policy on Tooth Whitening Administered by Non-Dentists (*Trans.*2008.477) be amended as follows (additions are underscored; deletions are stricken). **ADA Policy on Professional Tooth Whitening ~~Administered by Non-Dentists~~** **Resolved**, that, because every patient's oral health needs and circumstances are unique, the American Dental Association ~~supports educating the public on the need to~~ encourages patients to consult with a licensed dentist to determine if professionally applied whitening/ bleaching is an appropriate course of treatment. ~~, and be it further~~ ~~**Resolved**, that the Council on Scientific Affairs compile scientific research to describe treatment considerations for dentists prior to the tooth whitening/bleaching procedure in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations, and be it further~~ ~~**Resolved**, that the American Dental Association petition the Food and Drug Administration to properly classify tooth whitening/bleaching agents in light of the report from the Council on Scientific Affairs, and be it further~~ ~~**Resolved**, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully~~	

		~~permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.~~	
314H.	**Adopted—Consent Calendar Action**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 314RC adopted in lieu of Council on Dental Benefit Programs Resolution 314—Amendment of Policy, Definitions of "Usual Fee" and "Maximum Plan Benefit"** **Resolved,** that the policy titled, Definitions of "Usual Fee" and "Maximum Plan Benefit" (*Trans.*2010:546; 2011:452) be amended as follows (additions are underscored; deletions are ~~stricken~~). **~~Definitions of~~ Use of "Usual Fee" and "Maximum Plan Benefit" in Dental Benefit Programs** **Resolved**, that the following definitions of "usual fee" and "maximum plan benefit" be adopted: *Usual fee* is the full fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment. A contractual relationship does not change a dentist's full (usual) fee. ~~Which an individual dentist most frequently charges for a specific dental procedure independent of any contractual agreement~~. It is always appropriate to modify this fee based on the nature and severity of the condition being treated and by any medical or dental complications or unusual circumstances. *Maximum plan benefit* (also known as "maximum plan allowance" or "allowable amount" by certain dental plans) is the reimbursement level determined by the administrator of a dental benefit plan for a specific dental procedure. This may vary widely by geographic region or by benefit plans within a region, and be it further **Resolved,** that the use of the terms "customary" or "UCR" to justify denial of a claim or communicate with patients or dental benefit plan purchasers is inappropriate due to the arbitrary and prejudicial manner in which it can be designated, and be it further **Resolved,** that the ADA should communicate these definitions to insurance regulators, consumer advocacy groups, and dental benefits administrators to encourage the proper use of these terms, and be it further	

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<td>Resolved, that standardized methodologies should be used when establishing “allowable amounts” and the methodology should be shared with individual dentists when they are asked to sign a network agreement and anytime thereafter when “allowable amounts” are adjusted. Such “allowable amounts” should be adjusted annually at least based on CPI for dental services, and be it further

Resolved, that the ADA also believes that third party payers have an obligation to plan beneficiaries to provide information on eligibility and benefits prior to dental visits regardless of whether the plan beneficiary chooses to receive care from a network or an out-of-network dentist, and be it further

Resolved, that the ADA also believes in the right of every dentist who is out-of-network to be able to balance bill the patient up to the dentist’s full (usual) fee,

and be it further

Resolved, that the policy titled Statement on Determination of Maximum Plan Benefit (formerly “Customary Fees”) by Third Parties (Trans.1991:633; 2010:545; 2011:453) be rescinded.</td>
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<td>315H.</td>
<td>Adopted</td>
<td>Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 315RC—as amended—in lieu of Council on Dental Practice Resolution 315—Amendment of Policy, Dentists’ Choice of Practice Models

Resolved, that the following policy titled Dentists’ Choice of Practice Models (Trans.1994:637; 2019:252) be amended as follows (additions are underscored, deletions are ~~stricken~~).

~~Dentists’ Choice of Practice Models~~

Supporting Dentists in All Practice Modalities

Resolved, that the American Dental Association advocates for the profession of dentistry, striving for a culture of inclusion and belonging for every dentist in each stage of their career and in all practice modalities and settings, and be it further

Resolved, that the ADA supports the ability of dentists to freely choose a practice ~~model~~ modality ~~best suited to~~ that best suits their professional and personal preferences, and that the ADA advocates that all dental settings should ~~and training so they can assist patients in achieving the highest quality dental health without interference of their clinical independence.~~ provides ~~ ~~the ability for independent clinical judgment, preserves the doctor patient relationship, and upholds the ADA’s established ethical standards, and be it further

Resolved, that the ADA encourages state and local dental societies to be inclusive of and build strategic engagement with dentists in all practice modalities, ~~to foster~~</td>
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		~~collaboration across the profession of dentistry, so organized dentistry speaks with one voice to help every dentist succeed and promote the oral health of the public.~~	
316H.	**Adopted**	**Council on Dental Benefit Programs Resolution 316—Annual Maximums in Dental Benefit Programs and Out of Pocket Costs** **Resolved,** that the proposed policy titled, "Annual Maximums In Dental Benefit Programs and Out of Pocket Costs" be adopted: **Annual Maximums in Dental Benefit Programs and Out of Pocket Costs** **Resolved**, that the ADA does not support annual or lifetime maximums in any dental benefit programs and believes that total out-of-pocket costs are an important barrier to care, and be it further **Resolved,** that the ADA recognizes that dental benefit plans often use annual maximums as a cost-control mechanism, and be it further **Resolved**, that when benefit plan issuers apply an arbitrary annual maximum, they should be required to evaluate utilization and out-of-pocket costs including deductibles, co-insurance, non-covered services, and expenses above the plan annual limits each year in order to set annual maximums which should increase annually at least based on the dental CPI, and be it further **Resolved,** that aside from annual maximums, co-insurance is an important contributor to out-of-pocket costs, and plans should not impose significant co-insurance, resulting in cost barriers to care. Diagnostic and preventive services should be covered at 100% and should not be included in the annual maximum, and be it further **Resolved**, that dental benefit plan issuers must account for inflation when setting premiums and should not engage in multi-year contracts with employers that do not account for rising costs to provide dental care.	
317H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 317RC adopted in lieu of Council on Advocacy for Access and Prevention Resolution 317—Comprehensive Statement on Oral Health Services During Pregnancy** **Resolved**, that the following Comprehensive Statement on Oral Health Services During Pregnancy be adopted. **Comprehensive Statement on Oral Health Services During Pregnancy**	

		Resolved, that the ADA encourage all pregnant persons and persons of child-bearing age to have a regular dental examination and dental treatment as needed throughout all stages of pregnancy, and be it further **Resolved,** that the ADA acknowledges that preventive, diagnostic, restorative and surgical dental treatment rendered to promote health and eliminate disease is safe throughout pregnancy, is supported by the American College of Obstetrics and Gynecology, and is effective at maintaining the oral and overall health of the pregnant person, and be it further **Resolved,** that dental coverage of pregnant persons be extended for one-year post-partum to be included in all dental benefit programs to improve the dental health of the pregnant person as well as to promote Age One dental visits for very young children, and be it further **Resolved**, that the ADA support federal advocacy efforts to increase funding for women's oral health research, ensure that women are adequately represented as research subjects in dental clinical trials, and help disseminate research information, on women's oral health issues as needed and appropriate, and be it further **Resolved,** that the following policies be rescinded: • Dental Examinations for Pregnant Patients and Persons of Child-Bearing Age (*Trans.*2014:508) • Dental Treatment During Pregnancy (*Trans.*2014:508) • Women's Oral Health Research (*Trans.*2001:460)	
318H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 318RC adopted in lieu of Fifteenth Trustee District Resolution 318—Rural Dentistry Study** **Resolved**, that the appropriate agency of the American Dental Association (ADA) compile existing resources related to the maldistribution of dentists within individual states, and be it further **Resolved,** that the appropriate agency of the American Dental Association (ADA) utilize consultants who have practiced in rural areas for their knowledge, and work alongside dental school deans, as well as the American Student Dental Association, to develop strategies and solutions to encourage dentists to practice in rural areas, and be it further **Resolved,** that the appropriate agency provide a report to the 2025 ADA House of Delegates.	

319H.	Adopted	**Seventeenth Trustee District Resolution 319—Innovative and/or Alternative Dental Benefit Modalities** **Resolved,** that the ADA explore alternative and/or innovative dental benefit modalities that would be beneficial to both patients and dental providers, and be it further **Resolved,** that the appropriate ADA agency or agencies report back to the 2025 House of Delegates with a comprehensive report of proposed programs including tactics for possible implementation.	
320H.	Adopted	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 320RC—as amended—adopted in lieu of Strategic Forecasting Committee Resolution 320—Public Profession Component of Proposed 2024 Strategic Forecast** **Resolved,** that the American Dental Association adopt an inaugural Strategic Forecast in order to focus efforts and financial support in the subject matter area of Public Profession in a manner that results in sustainable positive growth toward the ADA's Mission and Vision statements, and be it further **Resolved,** that for the purposes of improving oral health and ensuring that dentistry thrives in tomorrow's healthcare environment the following outcomes be, and hereby are, established as a part of the ADA's Strategic Forecast over the next five years: • Promote Healthy Behaviors • Increase and Improve Dental Coverage & Access • Support a Healthy, Well-Distributed, Skilled & Scoped Workforce • Drive Evidence-Based, Ethical Quality Care and be it further **Resolved**, in order to support foundational work toward the above outcomes, that the following five-year goals be, and hereby are, established: • By 2030, at least 50% of the U.S. population should utilize oral health care. (Supporting an increase in and improvement of dental coverage and access, while also highlighting the need for a healthy, well-distributed, skilled, and scoped workforce.) • By 2030, the majority of clinicians are aware of new guidelines within 18 months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health. (Supporting driving evidence-based ethical quality care.) • By 2030, only 11.5% of daily calories are from added sugars consumed by people aged 2 years and over. (Supporting promotion of healthy behaviors.)	

- By 2030, only 11.3% of children grades 6-12 report using any ~~tobacco~~ product containing nicotine in the past 30 days. (Supporting promotion of healthy behaviors.)
- By 2030, 77.1% of people served by community water systems will have optimally fluoridated water. (Supporting promotion of healthy behaviors.)
- By 2030, at least 80% of adolescents aged 13 through 15 years received recommended doses of the HPV vaccine. (Supporting promotion of healthy behaviors.)

and be it further

Resolved, that Appendix 2 of the Report of the Strategic Forecasting Committee to the 2024 House of Delegates, and also appended here, which reflects the work product of the Public Profession Action Groups, shall be communicated to the appropriate ADA agencies so that additional supporting elements to the identified high-level goals may be given consideration for those agencies' work product under any approved Strategic Forecast, and be it further

Resolved, that all appropriate ADA agencies charged with carrying forward the work of the Association support the overarching high-level elements of this Strategic Forecast in all their efforts, including, but not limited to, creation of, evaluation of and prioritization of any strategic decisions or work product from each one's specific area of expertise or responsibility, either currently in existence or to be implemented, in such a manner that positive progress toward achieving the desired outcomes is demonstrated in a year-over-year fashion. This also includes thoughtful consideration, revamping, or discontinuation of activities determined to be of lesser or no impact in supporting the Strategic Forecast, and be it further

Resolved, that outcomes and goals, as well as any of the Association's supporting objectives, be tracked against the Strategic Forecast through the use of the Quarterly Business Review or similar vehicle, and that such reporting be made available to the House of Delegates on a quarterly basis.

Appendix 2
Public Profession

The tables below outline the work product of all levels of the SFC with regard to Public Profession discussions. The Outcomes category notes the highest level, overarching target of the Strategic Forecast. The tables also contain input from Councils and Committees, in addition to that of the Action Groups, especially in the areas of Objectives.

- Purpose: Indicate the reason this outcome is sought.
- Five-Year Goals: Indicates the current five-year highest priority targets.
- Outcomes: Represent the highest-level desired state for the ADA to reach.

- Objectives & Key Results: Supporting goals and tactical initiatives that might support reaching the desired outcomes, subject to evaluation and potential implementation by the ADA agencies charged with the area of responsibility under which they fall AND availability of funds.
- In certain instances, within the key results, “x” means the baseline has yet to be determined and the measure will be inserted once that baseline work is completed.

Public Profession Table 1

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
1. Improve oral health. Ensure dentistry thrives in tomorrow’s healthcare environment.	**1a.** By 2030, only 11.5% of daily calories are from added sugars consumed by people aged 2 years and over. Baseline / Source: 13.5% of daily calories are from added sugars consumed by people aged 2+ years [Healthy People 2020: 2017 – 2020].	**1.** Promote healthy behaviors.	**1a.** Children and parents / guardians will reduce consumption of foods and beverages high in added sugars / ultra-processed foods.	**1a.** By 2030, x% of children and parents / guardians report reduction in consumption of foods and beverages high in added sugars. Baseline / Source: Not available/ New Data Collection Needed by HPI
	1b. By 2030, only 11.3% of children grades 6 - 12 report using any ~~tobacco~~ product containing nicotine in the past 30 days. Baseline:18.3% for children grades 6 - 12 report using any tobacco product in the past 30 days [Healthy People 2030].		**1b.** Children will reduce use of any product containing ~~tobacco /~~ nicotine (cigarettes & vaping).	**1b.** By 2030, x% of children refrain from using ~~tobacco and~~ nicotine containing products. Baseline / Source: Not available/ New Data Collection Needed by HPI
	1c. Brushing behavior change goal for 2030 still to be defined. Baseline data needs to be established.		**1c.** People will brush 2x per day with fluoride toothpaste.	**1c.** By 2030, x% of parents of vulnerable at-risk children report improvement in brushing behavior. Baseline / Source: Not available/ New Data Collection Needed by HPI.
	1d. By 2030, 77.1% of people served by community water systems will have optimally fluoridated water. Baseline: 72.8% of community water systems are fluoridated [Healthy People 2030, OH-11]		**1d.** Children, adults, people with physical and/or mental disabilities, and the elderly population will benefit from systemic and topical fluoride modes of action delivered by water fluoridation.	**1d.** By 2030, 77.1% of people served by community water systems will have optimally fluoridated water as recommended by the U.S. Department of Health and Human Services.

Public Profession Table 2				
Purpose	**5-Year Goals**	**Outcomes**	**Objectives**	**Key Results**
2. Improve oral health. Ensure dentistry thrives in tomorrow's healthcare environment.	**2.** By 2030, at least 50% of the U.S. population should utilize care. Baseline/Source: 43.3% for U.S. population overall and 24.9% for low-income adults [MEPS/ HPI Analysis]	**2.** Increase and improve dental coverage & access.	**2a.** Employer-sponsored dental plans will be comprehensive, efficiently administered, meet standards with minimum cost-sharing and will have adequate reimbursement rates to support a sufficient provider network.	**2a.** -By 2025, establish criteria to define "comprehensive" benefits. -By 2030, the majority of covered individuals in the employer sponsored large group markets are in plans that appropriately address annual maximums and co-insurance with coverage, plan policies and use of premium dollars are transparently reported to participants and providers. -By 2030, ensure that self-funded plans are subject to state laws (e.g., non-covered services, assignment of benefits etc.) and payers cannot claim ERISA pre-emption. -By 2025, ADA and state dental associations will have an aligned commercial insurance reform agenda across the Tripartite and by 2026, any state public affairs funding allocated for the commercial market will be directed to move this agenda forward. Baseline / Source: Industry Data Reports
			2b. State Medicaid programs will provide comprehensive dental benefits to adults, will be	**2b.** -By 2025, ADA and state dental associations have an aligned Medicaid reform agenda across the

			efficiently administered, and will have adequate reimbursement rates to support a sufficient provider network to increase access for children and adults.	Tripartite and by 2026, any state public affairs funding allocated for the Medicaid market is directed to move this agenda forward. -By 2030, all state Medicaid programs include an appropriately defined comprehensive adult dental benefits. -By 2030, fewer low-income adults report cost barriers to dental care. -By 2030, all state Medicaid programs will have sufficient provider networks. Baseline / Source: TMSIS, MEPS Data available
			2c. Dental insurance plans offered on ACA marketplaces will meet standards including comprehensive benefit, and minimum cost-sharing requirements (like separate dental deductibles), will be efficiently administered, and will have adequate reimbursement rates to support a sufficient provider network.	**2c.** -By 2030, all states establish oral health for adults as a required EHB in ACA health insurance marketplaces and adult oral health benefits with separate dental deductibles are required to be purchased. Baseline / Source: Staff assessment
			2d. If ~~Centers for Medicare & Medicaid Services (CMS) provides payment for dental services as medically necessary in~~ Medicare includes dental benefits,	**2d.** -By 2030, CMS adopts a payment system for dental services recommended by the ADA for those dental services intrinsically related to medical procedures

			then the program should be sufficiently funded and efficiently administered, and the benefit should meet standards including range of services necessary to achieve and maintain oral health and minimum cost-sharing requirements ~~including comprehensive benefit and minimum cost-sharing requirements~~ in line with ADA policy.	covered by Medicare. If CMS further expands payment for dental services under Medicare, then ADA will ~~work to ensure that appropriately defined coverage~~ ~~work to assure that an appropriately defined comprehensive coverage assure that an appropriately defined comprehensive coverage~~ work to assure that an appropriately defined range of services necessary to achieve and maintain oral health is included to assure necessary services can be accessed by beneficiaries ~~and that coverage is in alignment with current ADA policy~~. Baseline / Source: Staff Assessment
			2e. Vulnerable patients will be able to navigate care to establish a dental home.	**2e.** -By 2030, 30% of low-income adult Medicaid beneficiaries visit the dentist. -By 2030, at least 3 state Medicaid programs have a tool to help beneficiaries find open appointment times with participating dental providers. Baseline / Source: TMSIS, MEPS Data available
		3. Support a diverse, healthy, well-distributed, skilled and scoped workforce.	**3a.** Dentists and team members will be comfortable seeking mental health care and	**3a.** -By 2030, based on the Well-Being Index (WBI) risk assessment data of most recent reassessments, decrease

			fewer will report burnout and levels of distress.	the number of participants distressed and struggling by 12%, therefore decreasing the risk of suicide. Baseline / Source: 2023 ADA sponsored Mayo WBI Index
			3b. Dentists will ~~be able to~~ practice to the level of their competency, utilizing technology to support their practice.~~at the top of their license using technologies and~~ There will be a sufficient pipeline of allied team members such as hygienists, assistants and EFDA as needed within each state to optimize access to care under the supervision of the dentist in line with ADA policy.	**3b.** -By 2025, conduct necessary studies to establish policy along with a futuristic model dental practice act for what the dental team of the future looks like, including for public health/safety net workforce agreed upon by key stakeholders. -By 2025, ADA and state dental associations will have an aligned workforce legislative agenda across the Tripartite and by 2026, any state public affairs funding allocated for workforce issues will be directed to move this agenda forward. -By 2030, the pipeline of allied team members should be such that dental offices report that they are able to fill positions within x months. Baseline / Source: HPI Survey
			3c. Dental workforce will thrive as new practice models emerge including models within integrated healthcare systems in alignment with current ADA policy.	**3c.** ~~-By 2025, identify what the practice model of the future looks like including dentistry as part of primary care, agreed upon by key stakeholders.~~

				- By 2025, initiate the process of identification of what the practice model of the future looks like including dentistry as part of primary care, agreed upon by identified key stakeholders and in alignment with ADA policy. -By 2030, deliver clinical support tools to enhance dentists' clinical care and solutions to manage administrative functions for the office to increase practice efficiency for all practice models. Baseline / Source: Staff Assessment.
			3d. Dental workforce will be sufficient and appropriately distributed geographically, and education costs will not limit dentists from serving in underserved areas.	**3d.** -By 2030, a higher share of the U.S. population will have adequate geographic access to dentists, particularly populations in rural areas, and Medicaid populations. Baseline / Source: HPI Data Available
			3e. An adequate number of dental residency programs will exist to accommodate graduating dental students and such programs are sufficiently funded using federal / state dollars.	**3e.** -By 2030, there is sufficient and stable funding through HHS like the GME funding streams, for all primary care (GPR, AEGD) and dental specialty residency programs. Baseline / Source: Staff Assessment

Public Profession Table 3

Purpose	5-Year Goals	Outcomes	Objectives	Key Results
4. Improve oral health.	**4.** By 2030, the majority of clinicians are aware of new guidelines within 18	**4.** Drive evidence-based, ethical quality care.	**4a.** ADA will publish evidence-based clinical practice guidelines and	**4a.** -By 2025, publish at least 1 evidence-based guideline every 18 months

Ensure dentistry thrives in tomorrow's healthcare environment.	months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health. Baseline/ Source: 42.1% adherence to guidelines [Unpublished calculated from 2023 Registry Sample].		dental teams will continuously learn from care experience and research including their own performance to provide high-quality care.	with at least x% of all practicing dentists aware of new guidelines within the next 6 months. -By 2029, at least top 5 practice management systems will provide clinical decision support tools and performance dashboards based on ADA guidelines at the point of care. Baseline / Source: Staff Assessment & Industry Survey
			4b. Medical colleagues will learn that oral health is a modifiable risk factor for overall health and EHR/EDR systems will allow multidisciplinary teams to coordinate care in support of whole person health.	**4b.** -By 2026, all key medical societies accept oral health as a modifiable risk factor for overall health. -By 2027, the Office of the National Coordinator for Health IT adopts a robust roadmap for clinical and administrative data exchange in dentistry including strategies to incentivize adoption of EHR's, safe and responsible incorporation of AI in clinical care and secure exchange of patient information. -By 2030, at least 50% of the dental EDR market is able to exchange data seamlessly between dental-dental and dental-medical systems to coordinate care. Baseline / Source: Staff Assessment & Industry Survey

			4c. The United States government and manufacturers will rely on ADA for standards and ethical guidance on technology including Artificial / Augmented Intelligence.	**4c.** -By 2030, the (1) Food and Drug Administration (FDA) recognizes at least 60% of applicable ADA and ADA-informed ISO standards to establish safety and efficacy of dental products, (2) ONC recognizes ADA interoperability standards for clinical and administrative data exchange, (3) CMS only uses Dental Quality Alliance measures for dental programs, and (4) Any federal agency and all national organizations developing standards that may impact practice of dentistry and patient safety rely on ADA for dental expertise. -By 2030, establish mechanisms to ensure that the use of AI-driven technologies in dentistry are ethically sound and meaningfully contribute to improvements in patient care and oral health. Baseline / Source: Staff Assessment and FDA Reports

321H.	**Adopted**	**Reference Committee B (Dental Benefits, Practice Science, Health and Related Matters) Resolution 321RC adopted in lieu of Second Trustee District Resolution 321—Amendment to ADA Policy Titled Policies and Recommendations on Diet and Nutrition** **Resolved**, that the ADA policy titled Policies and Recommendations on Diet and Nutrition (*Trans*. 2016:320; 2023:XXX) be amended as follows (additions are underscored): **Policies and Recommendations on Diet and Nutrition**	

Resolved, that the American Dental Association acknowledges that oral health depends on proper diet and nutrition, and it is beneficial for consumers to avoid a steady diet of ultra-processed foods—defined as industrial creations reformulated with little if any whole foods, often additives and containing large amounts of added sugar and salt—especially those containing added sugars and low pH-level acids to help maintain optimal oral health, and be it further

Dentist's Role in Nutrition and Oral Health

Resolved, that the ADA encourages the dental professional community to pursue continuing education credit opportunities that highlight nutritional science and motivational counseling, so that they may empower their patients to adopt a healthy dietary pattern of consuming a balanced diet with little to no ultra-processed foods containing added sugar, and be it further

Resolved, that the ADA encourages the dental professional community to support their community to:

- Promote widespread access to safe optimally fluoridated drinking water.
- Reduce the consumption of added sugar and sugar-sweetened beverages.
- Promote lifelong healthy behaviors, including appropriate oral hygiene measures, limiting consumption of ultra-processed foods containing added sugar, and seeing the dentist regularly.
- Reflect the link between oral health and overall health and well-being.
- Create environments where healthy foods are an attractive and affordable choice for all students.
- Oppose programs that promote or otherwise incentivize consumption of ultra-processed foods (e.g., pouring rights contracts, etc.)

and it be further

Access and Prevention

Resolved, that the ADA supports its members by providing access to current information and educational materials, and cultivating learning opportunities (e.g., continuing education modules, etc.), for the dental professional community to learn more about the relationship between diet, nutrition, and oral health—including latest science-based nutrition recommendations and nutrition-related screening and counseling techniques, and be it further

Resolved, that the ADA encourages collaborations with health care professionals, dieticians, social workers, community health workers, and other nutrition

stakeholders to raise interprofessional awareness about the relationship between diet, nutrition, and oral health, and be it further

Resolved, that the ADA supports projects to educate the public to maintain a healthy diet and to reduce consumption of added sugar, and be it further

Resolved, that the ADA encourages constituent and component dental societies to work with state and local officials to ensure nutrition and food assistance programs have an oral health component (e.g., WIC, SNAP, NSLP, etc.), and be it further

Resolved, that the ADA encourages collaboration with state and local officials to reduce consumption of ultra-processed foods, especially those containing added sugars, and promote nutritious and health diets in schools, and be it further

Resolved, that the ADA supports the World Health Organization's 2015 Guideline on Sugar Intake for Adults and Children, and be it further

Resolved, that the ADA encourages collaboration between dental societies, local health departments, and community health centers to develop programs and initiatives that bring locally sourced nutritious foods to underserved communities, to food insecure individuals, and to local corner stores, and be it further

Resolved, that the ADA encourages collaboration with community stakeholders and state and local officials to develop alternative access points to healthy foods in underserved communities and FDA-designated food deserts, including the development of small footprint grocery stores, grocery coops, and community gardens, and be it further

Government Affairs

Resolved, that the ADA should give priority to the following to advance public policies on diet, nutrition, and oral health:

1. Ensuring government-supported nutrition education and food assistance programs (e.g., WIC, SNAP, NSLP, etc.) have an oral health component, such as and general guidelines that promote good oral health.
2. Encouraging federal research agencies to develop the body of high-quality scientific literature examining, among other things, oral health associations with ultra-processed foods and the extent to which dental caries rates fluctuate with changes in total added sugar consumption, and over what period(s).
3. Maintaining the separate line-item declaration of added sugars content on Nutrition Facts labels, and listing the declared added sugars content in relatable terms (e.g., teaspoons, grams, etc.).
4. Supporting legislative and regulatory actions to increase consumer

		awareness about the role ultra-processed foods play in maintaining optimal oral health, including the potential benefits of limiting added sugar consumption in relation to general and oral health. 5. Requiring third-party payers to cover nutrition counseling in dental offices as an essential plan benefit. 6. Supporting legislative actions, and state or federal programs that aim to address food insecurity, reduce or eliminate food deserts, and improve transportation infrastructure in underserved communities.	
322H.	**Adopted**	**Sixth Trustee District Resolution 322S-1—adopted in lieu of Fourteenth Trustee District Resolution 322—Amendment to Policy on Tobacco Use, Vaping and Nicotine Delivery Products** **Resolved,** that the ADA policy Tobacco Use, Vaping and Nicotine Delivery Products (*Trans.*2020:336), under the section titled "Cessation Counseling and Nicotine Replacement Therapies", be amended as follows (deletions ~~double stricken~~): *Cessation Counseling and Nicotine Replacement Therapies* **Resolved,** that aside from the intended use of approved tobacco cessation products and nicotine replacement therapies, the American Dental Association discourages the use of all nicotine products~~ made with or derived from tobacco~~, and be it further **Resolved,** that dentists should be fully informed about nicotine cessation interventions and routinely apply those techniques to help patients stop using tobacco, and be if further **Resolved,** that dentists should obtain an adequate health history and when necessary, inform the patient about the Quitline to receive additional resources for tobacco cessation, and be it further **Resolved,** that third-party payers should cover professionally administered cessation products and services (e.g., cessation counseling, prescription medications, etc.) as an essential plan benefit, and be it further	
323H.	**Adopted**	**Second Trustee District Resolution 323—Workforce** **Resolved,** the appropriate agency of the American Dental Association prepare and catalogue current ADA and state association resources regarding the workforce and update them as needed to be used in various outreach efforts, and be it further **Resolved,** that these resources be used in the development of digital multi-media video formats and information segments regarding the various careers in dentistry including, but not limited to, Dental Assistants, Dental Hygienists, Dental Laboratory Technicians,	

		and Office Managers, with the abilities to help attract, train and retain staff, and be it further **Resolved,** that this material be made available to the membership and state and local components through easy-to-use formats such as direct link and QR Codes, and that the information be in a format that allows the state associations and local components to add pertinent information when necessary, and be it further **Resolved,** that a report shall be made on the progress to the American Dental Association House of Delegates in 2025.	
400H.	**Adopted**	**Reference Committee C (Dental Education and Related Matters) Resolution 400—as amended—Consent Calendar** **Resolved,** that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates. ~~**1. Resolution 401**—Adopt—Increasing Allied Personnel in the Workforce (Worksheet:4000) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ ~~**2. Resolution 402—**Adopt—Amendment of Policy, Development of Alternate Pathways for Dental Hygiene Training (Worksheet:4002) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote No**~~ **3. Resolution 403—**Adopt—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Assistants (Worksheet:4003) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~**4. Resolution 404RC**—Adopt Resolution 404RC in lieu of Resolution 404 and Resolution 404B—Response to Resolutions 401-2023 and 401S-2023: Amendment of the Comprehensive Policy on Dental Licensure (Worksheet:4006) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ **5. Resolution 405**—Adopt—Response to Resolution 408H-2023: Increasing Allied Personnel in the Workforce (Worksheet:4015) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	

		~~6. **Resolution 406**—Adopt—Amendment to the *Governance Manual* Regarding Areas of Responsibilities of the Council on Dental Education and Licensure (Worksheet:4025) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ 7. **Resolution 408**—Adopt—Rescission of Policy, Dentist Administered Dental Assisting and Dental Hygiene Education Programs (Worksheet:4051) $: None **COMMITTEE RECOMMENDATION: Vote Yes** 8. **Resolution 409**—Adopt—Amendment to Policy Statement on Continuing Dental Education (Worksheet:4053) $: None **COMMITTEE RECOMMENDATION: Vote Yes**	
401H.	**Adopted**	**Sixteenth Trustee District Resolution 401—Increasing Allied Personnel in the Workforce** **Resolved,** that the ADA urges CODA to revise the Accreditation Standards for each of the allied dental education programs in regard to faculty-student ratios to align with the Accreditation Standards for Predoctoral Dental Education Programs, and be it further **Resolved,** that the ADA urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.	
402	**Not Adopted**	**Council on Dental Education and Licensure Resolution 402—Amendment of Policy, Development of Alternate Pathways for Dental Hygiene Training** **Resolved,** that the policy Development of Alternate Pathways for Dental Hygiene Training (*Trans.*1998:714; 2014:459) be amended as follows (addition is <u>underlined</u>; deletion is ~~stricken~~). **Development of Alternate Pathways for Dental Hygiene Training** **Resolved,** the American Dental Association ~~supports~~ <u>acknowledges</u> the alternate pathway model of Dental Hygiene Education as used in Alabama.	
403H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 403—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Assistants**	

Resolved, that the policy on Criteria for Recognition of a Certification Board for Dental Assistants (*Trans.*1989:520; 2014:460; 2019:278) be amended as follows (additions are underlined; deletions are ~~stricken~~).

Criteria for Recognition of a Certification Board for Dental Assistants

An area of subject matter responsibility of the Council on Dental Education and Licensure as indicated in the *Governance and Operational Manual* of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council studies and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to hereinafter as “the Board”).

A mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation.

The dental profession is committed to assuring appropriate education and training of all personnel who participate in the provision of oral health care to the public. The following basic requirements are applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition of the American Dental Association for a program to certify dental assistants that reflects educational standards approved by the dental profession.

IV. Organization

1. The Board shall have no ~~less than five nor~~ more than ~~nine~~ fifteen voting members designated on a rotating basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:

    a. American Dental Assistants Association
    b. American Dental Association
    c. American Dental Education Association
    d. American Association of Dental Boards
    e. Public
    f. The at-large population of Board Certificants

All dental assistant members shall be currently certified by the Board.

2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.

3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should ~~be certified by the Board~~ have passed at least one examination of the Board.

4. The Board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board for dental assistants. This statement should include evidence that the Board has the support of the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interest represented by the Board.

II. Operation of Board

1. The Board shall grant certification to individuals who have provided evidence of knowledge-based competence in dental assisting.

2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.

3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and pass/fail results of its certifying examination. The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.

4. The Board shall administer the certification examinations at least twice each calendar year with administrations publicized at least six months prior to the examination.

5. The Board shall maintain and make available a current list of all persons certified.

6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.

7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.

III. Granting Certificates

1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.

2. The Board shall grant certification or recertification ~~annually~~ to those who qualify for certification.

The Board may require ~~an annual~~ certificate renewal fee to enable it to carry on its program.

IV. Waivers

It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only

		waivers approved by the Council on Dental Education and Licensure may be used.	
404.	**Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates**	**Reference Committee C (Dental Education and Related Matters) 404RC in lieu of Council on Dental Education and Licensure Resolution 404 and Board of Trustees Resolution 404B—Response to Resolutions 401-2023 and 401S-2023: Amendment of the Comprehensive Policy on Dental Licensure** **Resolved,** that the ADA Policy on Comprehensive Policy on Dental Licensure (*Trans.*2018:341) be amended as follows (additions are underlined; deletions are ~~stricken~~): **Comprehensive Policy on Dental Licensure** **General Principles** • One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public. • Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public. • Federal licensure and federal intervention in the state dental licensure system are strongly opposed. • Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed. • Elimination of patients in the clinical licensure examination process is strongly supported to address ethical and psychometric concerns.~~, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103).~~ State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients. • The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel. • State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses. • Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and	

regulations.

Initial Licensure

States are urged to accept the following common core of requirements for initial licensure:

1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. Successful passage of the Integrated National Board Dental Examination~~, a valid and reliable written cognitive test~~.
3. A determination of clinical competency for the beginning practitioner, which may include any of the following assessment pathways:

    - Acceptance of clinical examination results from any ~~clinical~~ testing agency that do not involve the use of single encounter procedure-based examinations involving patients; or
    - Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or
    - An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient-based examination that requires candidates to use critical thinking and their clinical knowledge and skills to successfully complete dental procedures; or
    - Completion of a portfolio-type examination ~~(such as employed by the California Dental Board)~~ or similar assessment, that uses the evaluation mechanisms currently applied by the dental schools to assess and document student competence.~~; or~~
    - ~~An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination consisting of multiple, standardized stations that require candidates to use their clinical and skills to successfully complete one or more dental problem-solving tasks~~.

For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a two-year advanced dental education program in general dentistry (Advanced Education General Dentistry (AEGD) or General Practice Residency (GPR)) accredited by the Commission on Dental Accreditation. The use of the Advanced Dental Admission Test (ADAT) is encouraged to inform admission decisions to these programs.

~~**Curriculum Integrated Format Clinical Examination**~~

~~A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with single encounter patient-based examinations currently administered by dental clinical testing agencies. A CIF provides candidates opportunities to successfully complete independent "third-party" clinical assessments on patients of record prior to graduation from a dental education program accredited by the Commission on Dental Accreditation.~~

~~The curriculum integrated format, as defined below, should only be employed as a licensure examination until a non-patient based licensure examination is developed that protects the public and meets psychometric standards. The Association believes that the following CIF provisions must be required by state boards of dentistry and incorporated by testing agencies for protection of the patient:~~

- ~~A CIF examination must be performed by candidates on patients of record within an appropriately sequenced treatment plan.~~
- ~~The competencies assessed by the clinical examining agency must be selected components of current dental education program curricula and reflective of current dental practice.~~
- ~~All portions of the CIF examination must be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake prior to graduation any portions of the examination which they have not successfully completed.~~

~~Graduates of Non-CODA Accredited Dental Education Programs~~

~~For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a postgraduate program in general dentistry accredited by the Commission on Dental Accreditation.~~

Licensure Compacts

State dental societies and dental boards should support licensure compacts to allow freedom of movement for practitioners across state lines. Licensure compacts increase licensees' mobility, facilitate quality oral health care for the public, and support relocating challenges for federal dental services dentists, spouses of uniformed service members and/or veterans of the federal dental services and their families. Licensure compacts benefit licensing boards by providing agreement on

uniform licensure requirements, a shared data system for access to primary source documentation of applicant credentials and tracking of adverse actions. They enhance cooperation and immediate availability of information between state boards critical to protecting the public.

Licensure by Credentials

In addition to participating in licensure compacts, ~~S~~states also should have provisions for licensure of dentists ~~who~~ by credentials outside of the licensure compacts. These individuals should demonstrate they are currently licensed in good standing and ~~also~~ have not been the subject of final or pending disciplinary action in any state or jurisdiction in which they have been licensed. ~~This should also apply to experienced, internationally trained dentists, who have been licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-accredited dental school.~~

Appropriate credentials may include:

- DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation.
- Specialty certificate/master's degree from an accredited advanced dental education program.
- Specialty Board certification.
- GPR/AEGD certificate from an accredited advanced dental education program.
- Current, unencumbered license in good standing.
- ~~Passing grade on~~ Documentation of successful completion of an initial clinical competency assessment. ~~licensure exam, unless initial license was granted via completion of PGY-1, Portfolio examination, or other state-approved pathway for assessment of clinical competency.~~
- Documentation of completion of continuing education.

For dentists who hold a current, unencumbered dental license in good standing in any jurisdiction, state dental boards should:

- Not require completion of ~~Accept pathways that allow for licensure without completing~~ an additional clinical examination. ~~, e.g., by credentials, reciprocity, and/or endorsement.~~
- ~~Consider participation in licensure compacts~~
- Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure portability of dental specialists.
- Make provisions available for a limited or volunteer license for dentists who wish to provide services without compensation to critical needs populations within a state in which they are not already licensed.
- Make provisions available for limited teaching permits for faculty members,

		including internationally educated faculty members, at teaching facilities and dental programs accredited by the Commission on Dental Accreditation. • Make provisions available for federal dental services dentists, spouses of uniformed service members and/or veterans of the federal dental services. State dental boards are encouraged to grant the same benefits of licensure mobility to internationally educated dentists who are licensed by their respective states, territories, and jurisdictions of the United States. ~~**Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs**~~ ~~State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.~~	
405H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 405—Response to Resolution 408H-2023: Increasing Allied Personnel in the Workforce** **Resolved,** that the ADA prioritize lobbying efforts focused on allied dental education debt relief for graduates of CODA-accredited dental education programs, and be it further **Resolved,** that state dental associations advocate for increased resources from state and local governments for community and technical college dental hygiene and dental assisting education programs to enhance, modernize, and expand training facilities and increase program enrollment capacity; offer competitive salaries to full-time faculty members; and provide scholarships and/or student debt relief, especially for those students who commit to work in underserved areas, and be it further **Resolved,** that state dental associations investigate the creation and implementation of awareness and pipeline programs for the dental hygiene and dental assisting professions, depending on the needs of the individual state.	
406.	**Declared Moot**	**Council on Dental Education and Licensure Resolution 406**	
407a.	**Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates**	**Board Report 6 Resolution 407—as divided—Amendment to the Governance Manual Regarding Composition and Subject Matter Areas of Responsibility of the Council on Dental Education and Licensure** **Resolved,** that Chapter VIII. COUNCILS, Section A.1. of the ADA *Governance and Organizational Manual* be amended as shown below (additions are underlined; deletions are ~~stricken~~): A. Composition, Nominations and Election, and Removal for Cause.	

1. Composition. The composition of the councils of this Association shall be as follows:

   a. Council on Dental Education and Licensure. The Council on Dental Education and Licensure shall be composed of eighteen ~~seventeen~~ (~~17~~18) members selected as follows:

      i. Nominations.

         (a) ~~Eight~~ Nine (~~8~~9) members shall be nominated by the Board of Trustees on a rotational system by trustee district from the active, life or retired members of this Association, no one of whom shall be a full-time member of a faculty of a predoctoral or postdoctoral dental education program ~~school of dentistry~~, a current dental examiner or member of a state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency.[*] These members shall be elected by the House of Delegates.

         (b) Four (4) members who are active, life or retired members of this Association shall be selected by the Board of Trustees on a rotational system by trustee district, ~~the American Association of Dental Boards from the active membership of that body, none of whom shall be a member of a faculty of a school of dentistry.~~ who shall be a current member of a state board of dental examiners or jurisdictional licensing agency and no one of whom shall be a member of a faculty of a predoctoral or postdoctoral dental education program or a current dental examiner or member of a state or regional testing agency. ~~These members shall not require the approval of the House of Delegates for appointment.~~ These members shall be elected by the House of Delegates. ***

         (c) Four (4) members who are active, life or retired members of this Association shall be selected by the Board of Trustees on a rotational system by trustee district ~~the American Dental Education Association from its active membership.~~ who ~~These members~~ shall hold positions of professorial rank in predoctoral dental education programs ~~dental schools~~ accredited by the Commission on Dental Accreditation and shall not be current dental examiners or members of any state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency. ~~These members shall not require the approval of the~~

[*] A person shall be considered to be a full-time member of a faculty if they work for the school of dentistry more than two (2) days or sixteen (16) hours per week.

		~~House of Delegates for appointment.~~ These members shall be elected by the House of Delegates. **** (d) One (1) new dentist member recommended by the New Dentist Committee and nominated by the Board of Trustees.[**] ii. Committees. The Council on Dental Education and Licensure shall establish a standing Committee on Dental Education and a standing Committee on Licensure, each consisting of ~~eight (8)~~ nine (9) members selected by the Council. The Council may establish such additional committees believed to be essential to carrying out its duties.	
407bH.	**Adopted**	**Board Report 6 Resolution 407—as divided—Amendment to the Governance Manual Regarding Composition and Subject Matter Areas of Responsibility of the Council on Dental Education and Licensure** **Resolved**, that Chapter VIII. COUNCILS, Section K.4. of the ADA *Governance and Organizational Manual* be amended as shown below (additions are underlined; deletions are ~~stricken~~): K. Areas of Responsibility 4. Council on Dental Education and Licensure. The areas of subject matter responsibility of the Council shall be: a. Policy on d~~D~~ental, advanced dental and allied dental education and accreditation and comments on proposed new and revised accreditation standards; b. Policy on ~~R~~recognition of dental specialties and certifying boards and the *Requirements for Recognition of Dental Specialties* and the *Requirements for Recognition of Specialty Certifying Boards* ~~interest areas in general dentistry~~; c. Dental anesthesiology and sedation; d. Dental, advanced dental and allied dental admission testing; e. Policy on licensure;	

[**] As used in this Chapter, the term "new dentist" means either a member of the New Dentist Committee or a dentist who graduated from dental school with a D.D.S. or a D.M.D. degree less than ten (10) years prior to the selection.
*** The ADA will appoint individuals with licensure expertise as each of the AADB appointees completes their 4-year term.
**** The ADA will appoint individuals with dental education expertise as each of the ADEA appointees completes their 4-year term.

		f. Certifying boards and credentialing for ~~specialists and~~ allied dental personnel ~~and~~; g. Policy on ~~C~~continuing dental education; and h. Recognition of interest areas in general dentistry.	
408H.	**Adopted—Consent Calendar Action**	**Council on Dental Education and Licensure Resolution 408—Rescission of Policy, Dentist Administered Dental Assisting and Dental Hygiene Education Programs** **Resolved,** that the policy on Dentist Administered Dental Assisting and Dental Hygiene Education Programs (*Trans*.1992:616; 2010:542) be rescinded.	
409H.	**Adopted—Consent Calendar Action**	**Seventeenth Trustee District Resolution 409—Amendment to Policy Statement on Continuing Dental Education** **Resolved,** that the policy titled Policy Statement on Continuing Dental Education (*Trans*.2006:331; 2011:465; 2017:264; 2022:XXX) section on "Definition of Continuing Dental Education" be amended in the first sentence of the first paragraph as follows (additions are underscored; deletions are ~~stricken~~): **Definition of Continuing Dental Education:** Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical related subject matter, including evidence-based dentistry; practice management; physical and mental wellness; and ethics. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry, balanced judgment and ethics that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available. Continuing education programs are typically designed for part-time enrollment and are of variable duration. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards. Continuing dental education should be a part of a lifelong continuum of learning.	
410H.	**Adopted**	**Reference Committee C (Dental Education and Related Matters) Resolution 410RC adopted in lieu of Fourteenth Trustee District Resolution 410—Improving Continuing Education Recognition**	

		Resolved, the ADA Center of Excellence for Continuing Education develop continuing education consultation services for state associations to assist in applying for and renewing CERP applications for recognition and/or CERP re-recognition, and be it further **Resolved,** that the Commission on Continuing Education Provider Recognition is urged to review the Extended Approval Process and consider options to enable the ADA to extend recognition to the state dental associations or local component societies, in the same way state dental associations currently extend their recognition to the component dental associations.	
411.	**Not Adopted**	**Eleventh Trustee District Resolution 411—Exploring Alternative Accreditation Standards for Dental Hygiene and Dental Assisting to Address Significant Workforce Shortages** **Resolved,** that the appropriate ADA agency partner with interested state dental associations to determine the feasibility of developing alternative accreditation standards for dental hygiene and dental assisting education programs by a USDE-recognized programmatic accrediting agency other than CODA, and be it further **Resolved,** that the feasibility study include identification of accreditation agencies that would be interested in developing alternative dental hygiene and dental assisting standards, any costs associated with developing standards and/or ongoing financial support of the agency, the potential negative consequences to the Association and CODA if two competing standards documents are available, potential ramifications for CODA and its USDE recognition, implications for state licensure/certification, and potential contradictions with current ADA policy on CODA accreditation, and be it further **Resolved,** that the appropriate agency report back to the 2025 House of Delegates.	
500H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 500—as amended—Consent Calendar** **Resolved**, that the recommendations of Reference Committee D on the following resolutions be accepted by the House of Delegates. **1. Resolution 501RC—**Adopt Resolution 501RC in lieu of Resolution 501—Amendment to the Policy, Federal Student Loan Repayment Incentives (Worksheet:5000) $: None **COMMITTEE RECOMMENDATION: Vote Yes** **2. Resolution 502—**Adopt—Amendment of the Policy Entitled ADA Dental Patient Rights and Responsibilities (Worksheet:5002) $: None	

COMMITTEE RECOMMENDATION: Vote Yes

3. **Resolution 503—**Adopt—Rescission of the Policy, Federally Funded Dental Health Education and Prevention (Worksheet:5007) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

4. **Resolution 504RC—**Adopt Resolution 504RC in lieu of Resolution 504—Amendment of Section 5.H. of the ADA *Principles of Ethics and Code of Professional Conduct* (Worksheet:5009) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

5. **Resolution 505**—Adopt—Rescission of the Policy, E-Cigarettes and Vaping (Worksheet:5011) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

6. **Resolution 506RC—**Adopt Resolution 506RC in lieu of Resolution 506—Amendment to the Policy, Liability Protection for Bioterrorism Responders (Worksheet:5014) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

7. **Resolution 507RC—**Adopt Resolution 507RC in lieu of Resolution 507—Response to the Referral of Resolution 217-2023 (Worksheet:5016) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

8. **Resolution 508B—**Adopt Resolution 508B in lieu of Resolution 508—Amendment to the Policy, Dental Benefits in a Child Support Order (Worksheet:5019) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

9. **Resolution 509—**Adopt—Report of the Special Committee on ERISA (Worksheet:5021) $: None

   COMMITTEE RECOMMENDATION: Vote Yes

10. **Resolution 511—**Adopt—Amendment of Section 5.F. of the ADA *Principles of Ethics and Code of Professional Conduct* (Worksheet:5069) $: None

    COMMITTEE RECOMMENDATION: Vote Yes

		11. **Resolution 512—**Adopt—Amendment of Chapter XI. Of the *Governance and Organizational Manual of the American Dental Association* (Worksheet:5073) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~12. **Resolution 516RC—**Adopt Resolution 516RC in lieu of Resolution 516—Amendments to the Charter Language of the Strategic Forecasting Committee (Worksheet:5106) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ 13. **Resolution 517RC—**Adopt Resolution 517RC in lieu of Resolution 517—Engaging Specialty Organizations (Worksheet:5122) $: None **COMMITTEE RECOMMENDATION: Vote Yes** 14. **Resolution 518RC—**Adopt Resolution 518RC in lieu of Resolution 518—Comprehensive Review of Election Commission and Campaign Rules (Worksheet:5124) $: None **COMMITTEE RECOMMENDATION: Vote Yes** 15. **Resolution 519—**Adopt—Virtual Meetings With Second Vice President, Treasurer and Speaker Candidates (Worksheet:5133) $: None **COMMITTEE RECOMMENDATION: Vote Yes** ~~16. **Resolution 520RC—**Adopt Resolution 520RC in lieu of Resolution 520—Medicaid Compliance (Worksheet:5136) $50,000~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~ ~~17. **Resolution 521RC—**Adopt Resolution 521RC in lieu of Resolution 521—Professionalism and Ethics Continuing Education (Worksheet:5137) $: None~~ ~~**COMMITTEE RECOMMENDATION: Vote Yes**~~	
501H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 501RC adopted in lieu of Council on Government Affairs Resolution 501—Amendment to the Policy, Federal Student Loan Repayment Incentives**	

		Resolved, that the policy titled Federal Student Loan Repayment Incentives (*Trans.*2019:297) be amended as follows (additions underscored): **Resolved,** that the American Dental Association supports using state and federal funds to provide payments toward a dental professional's outstanding federal student loans in exchange for practicing in underserved areas, entering and remaining in public service and academic teaching and research positions, and filling other gaps in areas of national need, and be it further **Resolved,** that the ADA supports removing barriers that prohibit those with private graduate student loans from taking advantage of state and federal student loan repayment programs, and be it further **Resolved,** that the ADA lead efforts to protect the eligibility status of program participants when unforeseen circumstances, such as the removal of a health professional shortage area designation, undermine the participating dentist's good faith efforts to meet their service obligations.	
502H.	**Adopted—Consent Calendar Action**	**Council on Ethics, Bylaws and Judicial Affairs Resolution 502—Amendment of the Policy Entitled ADA Dental Patient Rights and Responsibilities** **Resolved,** that the policy titled ADA Patient Rights and Responsibilities (*Trans.*2009:477) be amended as follows (additions underscored; deletions ~~stricken~~): **Resolved,** that constituent and component societies be encouraged to use the ADA Dental Patient Rights and Responsibilities Statement as a guide in developing a, or revising an existing, patient rights and responsibilities statement, and be it further **Resolved,** that constituent and component societies encourage their members to make available the patient rights and responsibilities statement to each patient and to post it conspicuously in their offices and clinics. **ADA Statement on Dental Patient Rights and Responsibilities** **Background:** The ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) has developed the following template Dental Patient Rights and Responsibilities Statement (DPRR Statement) as a guide and as an aid to be used by constituent and component societies and practitioners in creating their own dental patients rights and responsibilities statements. In the DPRR Statement that follows, the term "rights" is used not in a legal sense, but merely to convey an indication that a patient should have an expectation of experiencing treatment in accordance with the enumerated "rights." Several other dental and medical related organizations publish patient rights statements; indeed, CEBJA reviewed those statements during the development of the DPRR Statement, as well as Standard ~~5-3~~ 5-1 of the ADA Commission on Dental Accreditation (CODA) Standards for	

Predoctoral Dental Education Programs, which also refers to a statement of ~~patients' rights~~ patient-centered care.

The DPRR Statement grew out of a collaborative ethics summit conducted in March 2006 by the American College of Dentists (ACD) and the American Dental Association (ADA) on the topic of commercialism in dentistry. Members of CEBJA were invited to attend along with representatives from ADA and ACD leadership, the ADA Council on Dental Education and Licensure, the recognized specialty groups, the National Dental Association, the U.S. Department of Veterans Affairs, the American Dental Education Association, dental school deans and faculty, ethicists, dental editors and leading representatives from the insurance, practice management and dental product manufacturers industry.

The Summit attendees noted that patients have become more assertive in seeking elective procedures and that the dental profession seeks to be mindful of protecting patient autonomy while balancing the importance of overall dental health and lifelong consequences. One of the outcomes of the Summit was the recommendation that CEBJA, the ADA agency dedicated to promoting the highest ethical and professional standards in the provision of dental care to the public, develop a patient rights document that would have the benefit and protection of the patient as its primary objective. It was envisioned that the patient rights document would also serve to remind patients and dentists of the importance of informed consent by involving patients in treatment decisions in a meaningful way. (See also *ADA Principles of Ethics and Code of Professional Conduct*, Section 1, Principle: Patient Autonomy.)

The CODA Standard ~~5-3~~ 5-1 states: "The dental school must have a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient."~~The dental school must have developed and distributed to all appropriate students, faculty, staff and to each patient a written statement of patients' rights. The primacy of care for the patient should be well established in…assuring that the rights of the patient are protected.~~" An online investigation revealed the existence of patient rights statements for dental schools as well as three dental societies–California Dental Association, Minnesota Dental Association and Pennsylvania Dental Association. In addition, the AMA incorporates statements of patient rights and responsibilities within its Code of Medical Ethics. The ADA document is based on common elements from the patient rights statements used by the dental schools and the three dental associations. The experience from these communities suggests the impact of the DPRR Statement as an educational tool to promote thorough patient-dentist discussions of treatment options.

The rights and responsibilities enumerated in the DPRR Statement were developed as a suggested guide for the development of an appropriate patient

relationship where consideration is given to a patient's autonomy and the dentist's clinical skills and judgment.

ADA Dental Patient Rights and Responsibilities Statement

Your dentist is the best source of information about your dental health and wants you to feel comfortable about your dental care. Maintaining healthy teeth and gums means more than just brushing and flossing every day and visiting your dentist regularly. As an informed dental patient, it also means knowing what you can expect from your dentist and dental care team and understanding your role and responsibilities in support of their efforts to provide you with quality oral health care.

The rights and responsibilities listed below do not establish legal entitlements or new standards of care, but are simply intended to guide you through the development of a successful and collaborative dentist-patient relationship.

Patient Rights

1. *You have a right to* choose your own dentist and schedule an appointment in a timely manner.
2. *You have a right to* know the education and training of your dentist and the dental care team.
3. *You have a right to* arrange to see the dentist every time you receive dental treatment, subject to any state law exceptions.
4. *You have a right to* adequate time to ask questions and receive answers regarding your dental condition and treatment plan for your care.
5. *You have the right to* know what the dental team feels is the optimal treatment plan as well as the right to ask for alternative treatment options.
6. *You have a right to* an explanation of the purpose, probable (short and long term) results, alternatives and risks involved before consenting to a proposed treatment plan.
7. *You have the right to* be informed of continuing health care needs.
8. *You have a right to* know in advance the expected cost of treatment.
9. *You have a right to* accept, defer or decline any part of your treatment recommendations.
10. *You have a right to* reasonable arrangements for dental care and emergency treatment.

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<td>11. You have a right to receive considerate, respectful and confidential treatment by your dentist and dental team.

12. You have a right to expect the dental team members to use appropriate infection and sterilization controls.

13. You have a right to inquire about the availability of processes to mediate disputes about your treatment.

Patient Responsibilities

1. You have the responsibility to provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.

2. You have the responsibility to report changes in your medical status and provide feedback about your needs and expectations.

3. You have the responsibility to participate in your health care decisions and ask questions if you are uncertain about your dental treatment or plan.

4. You have the responsibility to inquire about your treatment options, and acknowledge the benefits and limitations of any treatment that you choose.

5. You have the responsibility for consequences resulting from declining treatment or from not following the agreed upon treatment plan.

6. You have the responsibility to keep your scheduled appointments.

7. You have the responsibility to be available for treatment upon reasonable notice.

8. You have the responsibility to adhere to regular home oral health care recommendations.

9. You have the responsibility to assure that your financial obligations for health care received are fulfilled.

August 2009, revised October 2024</td>
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<td>503H.</td>
<td>Adopted—Consent Calendar Action</td>
<td>Council on Government Affairs Resolution 503—Rescission of the Policy, Federally Funded Dental Health Education and Prevention

Resolved, that the policy titled Federally Funded Dental Health Education and Prevention (Trans.1971:528) be rescinded.</td>
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504H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 504RC adopted in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 504—Amendment of Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct** **Resolved,** that Section 5.H. of the ADA *Principles of Ethics and Code of Professional Conduct* be amended as shown (additions underscored): 5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE. A dentist may ethically announce as a specialist to the public in any of the dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards including dental anesthesiology, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics, and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner's jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist adopted by the American Dental Association or accepted in the jurisdiction in which they practice.[1] Dentists who choose to announce specialization should use "specialist in" and shall devote a sufficient portion of their practice to the announced specialty or specialties to maintain expertise in that specialty or those specialties. Dentists whose practice is devoted exclusively to an announced specialty or specialties may announce that their practice "is limited to" that specialty or those specialties. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.	
505H.	**Adopted—Consent Calendar Action**	**Council on Government Affairs Resolution 505—Rescission of the Policy, E-Cigarettes and Vaping** **Resolved,** that the policy titled E-Cigarettes and Vaping (*Trans.*2020:334) be rescinded.	

[1] In the case of the ADA, the educational requirements include successful completion of an advanced educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or being a diplomate of an American Dental Association recognized certifying board for each specialty announced.

506H.	**Adopted— Consent Calendar Action**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 506RC adopted in lieu of Council on Government Affairs Resolution 506—Amendment to the Policy, Liability Protection for Bioterrorism Responders** **Resolved,** that the policy titled Liability Protection for Bioterrorism Responders (*Trans.*2002:398) be amended as follows (additions are underscored; deletions are ~~stricken~~): **Liability Protection for ~~Bioterrorism~~ Responders During Public Health Emergencies** **Resolved,** that the American Dental Association supports the position that dentists should be granted immunity from personal liability for the services they provide when taking part in the medical response to a declared public health emergency, national disaster, or other mass casualty event, and be it further **Resolved,** ~~the federal declaration~~ that a federal declaration of temporary liability protection should preempt state liability laws and dental practice acts.	
507H.	**Adopted— Consent Calendar Action**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 507RC adopted in lieu of Council on Ethics, Bylaws and Judicial Affairs Resolution 507—Response to the Referral of Resolution 217-2023** **Resolved,** that the ADA *Member Conduct Policy* be revised by amending Paragraph 1 and inserting new Paragraphs 2 and 3, as follows (additions underscored; deletions ~~stricken~~): 1. Members' discussions, ~~social media~~ activities, ~~communications and~~ or interactions ~~with other dentists, dentist members, Association officers, trustees and staff~~ that refer or relate to, reflect on or represent dentist(s) or the profession of dentistry, should be respectful and free of demeaning, derogatory, profane, offensive or defamatory language. 2. Members, at meetings of the American Dental Association and constituent and component society meetings, and at all other times when serving in the capacity of an ADA, constituent or component society representative, will act in good faith, with honesty and integrity, and conduct themselves in a professional and respectful manner. 3. Members are encouraged to foster an inclusive environment that enhances professional relationships. and be it further	

		Resolved, that current Paragraphs 2 through 10 of the ADA *Member Conduct Policy* be renumbered as Paragraphs 4 through 12, respectively.	
508H.	**Adopted—Consent Calendar Action**	**Board of Trustees Resolution 508B adopted in lieu Council on Government Affairs Resolution 508—Amendment to the Policy, Dental Benefits in a Child Support Order** **Resolved,** that the policy titled Dental Benefits in a Child Support Order (*Trans.*2018:362) be amended as follows (additions underscored; deletions ~~stricken~~): **Resolved,** that it is the position of the American Dental Association ~~pursue federal legislative or regulatory efforts to require~~ that dental care support should be required in child custody orders as a child support obligation, ~~like medical support,~~ and be it further **Resolved,** that ~~constituent societies of the American Dental Association be urged to pursue individual state legislative or regulatory~~ the ADA encourages state and federal efforts to require dental care support in child custody orders as a child support obligation.	
509H.	**Adopted—Consent Calendar Action**	**Special Committee on ERISA Resolution 509—Report of the Special Committee on ERISA** **Resolved,** that the 2024 ADA House of Delegates reauthorize the Special Committee on ERISA for an additional year to oversee the implementation of the proposed strategy and continue its legal and legislative program for members, and be it further **Resolved,** that the 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 2025 House of Delegates on the progress made on ERISA reform and member education.	

510H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 510RC adopted in lieu of Board of Trustees Resolution 510—Response to Resolution 508-2023** **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, 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 150 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	

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<tr><td></td><td></td><td>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 150 days following the adjournment *sine die* of the House of Delegates. 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.</td><td></td></tr>
<tr><td>**511H.**</td><td>**Adopted—
Consent Calendar Action**</td><td>**Council on Ethics, Bylaws and Judicial Affairs Resolution 511—Amendment of Section 5.F of the ADA Principles of Ethics and Code of Professional Conduct**

Resolved, that Section 5.F. of the ADA *Principles of Ethics and Code of Professional Conduct* be amended as follows (addition underscored):

5.F. ADVERTISING.

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication, including via social media, in a manner that is false or misleading in any material respect.[3]

———

[3] Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.</td><td></td></tr>
<tr><td>**512H.**

Note: Appendices 1 through 4 appear on pages 96-119.</td><td>**Adopted—
Consent Calendar Action**</td><td>**Council on Ethics, Bylaws and Judicial Affairs Resolution 512—Amendment of Chapter XI. of the Governance and Organizational Manual of the American Dental Association**

Resolved, that Chapter XI. of the *Governance and Organizational Manual of the American Dental Association* shown in **Appendix I** be, and hereby are, adopted, and be it further

Resolved, that Chapters II. and XI. of the ADA *Bylaws* shown in **Appendix 2** be, and hereby are, adopted, and be it further</td><td></td></tr>
</table>

		Resolved, that Chapter II. of the *Governance and Organizational Manual of the American Dental Association* shown in **Appendix 3** be, and hereby are, adopted, and be it further **Resolved,** that amendments in the ADA *Member Conduct Policy* shown in **Appendix 4** be, and hereby are, adopted.	
513H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 513RC adopted in lieu of Council on Government Affairs Resolution 513—Dental Students and Residents as Dental Hygienists** **Resolved,** that the following policy titled Dental Students and Residents as Dental Hygienists be adopted: **Dental Students and Residents as Dental Hygienists** **Resolved,** that states should be encouraged to adopt policies allow active dental students and residents who have completed all of their required hygiene competencies to practice dental hygiene or to practice as other dentist-supervised allied dental team members, subject to state licensure requirements.	
514H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 514RC—as amended—adopted in lieu of Council on Government Affairs Resolution 514 and Board of Trustees Resolution 514B—Internationally Trained Dentists as Dental Hygienists** **Resolved,** that the following policy titled Internationally Trained Dentists as Dental Hygienists be adopted: **Internationally Trained Dentists as Dental Hygienists** **Resolved,** that states should be encouraged to adopt policies allowing dentists ~~ineligible to practice dentistry in the United States~~ who have completed a dental education program, outside the United States, subject to state licensing board requirements, to obtain a license to practice dental hygiene.	
515H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 515RC—as amended—adopted in lieu of Council on Government Affairs Resolution 515 and Board of Trustees Resolution 515B—Expedited Residency for Foreign Born, United States-Trained Dental Professionals** **Resolved,** that the following policy titled Expedited Residency for Foreign Born, United States-Trained Dental Professionals be adopted:	

		Expedited Residency for Non-Resident, United States-Trained Dental Professionals **Resolved,** that the American Dental Association supports expedited United States residency status for non-resident, United States-trained dentists, dental hygienists, and dental assistants, who commit to practicing in underserved areas for a period of at least three ~~two~~ years.	
516H.	**Adopted by a two-thirds (2/3) majority vote**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 516RC—as amended—adopted in lieu of Strategic Forecasting Committee Resolution 516—Amendments to the Charter Language of the Strategic Forecasting Committee** **Resolved,** that Chapters III, V and XII of the ADA *Bylaws* be amended as shown below (additions underscored; deletions ~~stricken through~~): **Chapter III. HOUSE OF DELEGATES** *Section 50*. DUTIES: It shall be the duty of the House of Delegates to: * * * F. Establish a mechanism by which the Strategic Forecast~~ing Plan~~, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision, is reported on, amended if necessary, and adopted by majority vote, at least annually. * * * *Section 60*. OPERATION DURING AN EXTRAORDINARY EMERGENCY. A. TRANSFER OF POWERS AND DUTIES OF THE HOUSE OF DELEGATES. The powers and duties of the House of Delegates, except the power to amend, enact and repeal the *Constitution and Bylaws* or the *Governance Manual*, and the duty of electing the elective officers may be transferred to the Board of Trustees of this Association in time of extraordinary emergency, at which time the Board of Trustees is urged to collaborate with the Strategic Forecasting Committee on any issues related to the execution of any current Strategic Forecast. To the extent not inconsistent with any provision of *Bylaws* CHAPTER III., *Section 60.C.*, Emergency Bylaws, provisions of the *Bylaws* and *Governance Manual* shall remain in effect during the duration of the extraordinary emergency. Upon the conclusion of the declaration of the time of extraordinary emergency adopted by the House of Delegates or Board of	

Trustees, the emergency bylaws set forth in CHAPTER III, *Section 60.C.* of these *Bylaws* shall cease to be effective.

* * *

Chapter V. BOARD OF TRUSTEES

Section 80. DUTIES: It shall be the duty of the Board of Trustees to:

* * *

F. Collaborate with the House of Delegates in setting the strategic direction of the Association in alignment with the mission and vision of the Association.

G. Adopt a budget for each ensuing fiscal year, consistent with the Strategic Forecast~~ing Plan~~.

* * *

Chapter XII. FINANCES, *Section 40.* APPROVAL OF ANNUAL BUDGET

Section 40. APPROVAL OF ANNUAL BUDGET. Following the adoption of a resolution on the Strategic Forecast~~ing Plan~~, and by the end of the calendar year, the Board of Trustees shall adopt a budget for the following year incorporating the Strategic Forecast~~ing Plan~~ as approved by the House of Delegates.

and be it further

Resolved, that the Strategic Forecasting Committee charter, as it appears in the section on Standing Committees of the House of Delegates in the *Manual of the House of Delegates and Supplemental Information*, be amended as shown below (additions underscored; deletions ~~stricken through~~):

Strategic Forecasting Committee. The Strategic Forecasting Committee (SFC) and its associated entities are generally related to the ongoing provision of strategic plan review and guidance for the Association. The complete composition, including a subcommittee structure and attached action groups, are outlined below, as well as the specific duties and other governance considerations.

~~During the inaugural year of the Strategic Forecasting Committee, the following geographically selected members from the 2022 Strategic Forecasting Task Force shall~~ The inaugural class of the SFC served a one-year appointment as the House of Delegates representatives to the Committee. These appointments ~~shall begin~~ began at adjournment *sine die* of the 2022 House of Delegates and ~~shall the~~ ended at adjournment *sine die* of the 2023 House of Delegates. ~~and~~ Those terms

shall not be taken into account toward any calculation with regard to future service on the Strategic Forecasting Committee.

- ~~North Geographic Trustee District Region (Districts 6, 7, 8, 9) Dr. Cissy Furusho and Dr. Rachel Hymes~~
- ~~East Geographic Trustee District Region (Districts 1, 2, 3, 4, 16): Dr. Chris Liang and Dr. Justin Norbo~~
- ~~West Geographic Trustee District Region (Districts 10, 11, 13, 14): Dr. Steve Kend and Dr. Michael Varley; and~~
- ~~South Geographic Trustee District Region: (Districts 5, 12, 15, 17): Dr. Cody Graves and Dr. Tom Brown.~~

~~The 2022 Reference Committee on Budget, Business, Membership and Administrative Matters strongly encourages the President to appoint four (4) Trustee members from non-represented districts.~~

I. Strategic Forecasting Committee.

A. Composition and Eligibility. The Strategic Forecasting Committee shall be composed of eight (8) individuals who are members of the House of Delegates at the time of nomination, four (4) individuals who are members of the Board of Trustees at the time of appointment and one (1) individual who is a new dentist member of the ADA at the time of appointment, each selected, nominated and/or appointed as set forth below.* The President, President-elect, Treasurer and ADA Executive Director shall also each serve as a member of the Strategic Forecasting Committee without the right to vote. No member of the Committee shall concurrently serve as a member of an Association council or commission nor shall concurrently serve as a member of another committee of the House of Delegates. The Committee will also include a chair, who shall be a non-voting member of the Committee.

B. Experience Criteria, Selection, Nomination and Appointment.

1. House of Delegates Members.

a. Experience Criteria. House of Delegates members of the Strategic Forecasting Committee shall possess knowledge or experience in one or more of the subject matter areas of membership, fiscal

*In the context of the Strategic Forecasting Committee and action groups, the term “new dentist member” shall mean a dentist who received their DDS or DMD degree less than ten (10) years before their selection for appointment to the Strategic Forecasting Committee or one of its action groups.

management, advocacy, dental education, licensure, science and research, strategic planning, generational trends and social engagement, dental industry, practice modality trends, governance, and practice trends.

b. Selection and Nomination. To achieve geographic diversity among members of the Strategic Forecasting Committee, four (4) geographic groups of Trustee Districts shall each select two eligible members of the House of Delegates from different constituents within their Districts for nomination to the Strategic Forecasting Committee and shall forward those nominations to the Board of Trustees, together with information that summarizes the experience of each nominee for service on the Committee. The four geographic Trustee District regions are as follows:

   i. North Geographic Trustee District Region: Districts Six, Seven, Eight and Nine (“North Region”)

   ii. East Geographic Trustee District Region: Districts One, Two, Three, Four and Sixteen (“East Region”)

   iii. West Geographic Trustee District Region: Districts Ten, Eleven, Thirteen and Fourteen (“West Region”); and

   iv. South Geographic Trustee District Region: Districts Five, Twelve, Fifteen and Seventeen (“South Region”).

   The District caucus chairs for the Districts within each geographic Trustee District ~~r~~egion shall develop and the Districts shall adopt the process by which Strategic Forecasting Committee nominees are selected.

c. Appointment. The Board of Trustees shall review the nominations and shall vote on the appointment of each House of Delegates Strategic Forecasting Committee nominee. Should any nominee not be appointed to serve on the Committee by the Board of Trustees, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

d. The slate of Strategic Forecasting Committee House of Delegates members shall be forwarded to the House of Delegates for ratification. Should any member not be ratified by the House of Delegates, the geographic Trustee District region that nominated the candidate shall forward the identity of a substitute nominee to the Board of Trustees for its approval.

2. Board of Trustees Members. Four (4) Board of Trustees members, one from each of the geographic Trustee District regions shall be appointed to the Strategic Forecasting Committee by the President with the approval of the Board of Trustees.

3. New Dentist Member. The New Dentist Committee shall develop and adopt the process by which it selects a new dentist to serve on the Strategic Forecasting Committee and shall forward that nomination to the Board of Trustees.[2] The nominee shall be appointed by vote of the Board of Trustees. Should the new dentist nominee not be appointed to serve on the Committee by the Board of Trustees, the New Dentist Committee shall forward the identity of a substitute nominee to the Board of Trustees for its consideration.

C. Term and Tenure.

1. House of Delegates and New Dentist Members. House of Delegates members and the new dentist member of the Strategic Forecasting Committee shall serve one term of two (2) years and, if continuing as a member of the House of Delegates or continuing to be qualified as a new dentist, respectively, at the conclusion of the member's initial term, may be renominated and reappointed once for a total tenure on the Committee of four (4) years.*

2. Board of Trustees Members. Board of Trustees members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.**

D. Removal. A member of the Strategic Forecasting Committee may be removed for cause by the Board of Trustees.

1. Causes for Removal. The following are causes for the removal of a member from the Strategic Forecasting Committee:

a. Continued, gross or willful neglect of the duties of a member;

b. Failure to comply with the Association's policies on conflict of interest;

2To stagger the terms of the House of Delegates members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial term of one Committee member from each geographic Trustee District region shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

**To stagger the terms of the Board of Trustee members of the Strategic Forecasting Committee so that fifty percent (50%) of the members turn over each year, the initial terms of two (2) of the Board of Trustees members appointed by the President shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

c. Failure or refusal to disclose necessary information on matters of Association business;

d. Failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the Committee's behalf;

e. Failure to comply with the Association's professional conduct policy and prohibition against harassment;

f. Unauthorized expenditures or misuse of Association funds;

g. Unwarranted attacks on the Association, any of its agencies or any person serving the Association in an elected, appointed or employed capacity;

h. Unwarranted refusal to cooperate with any officer, trustee, Committee member or Committee staff;

i. Misrepresentation of the Association and any person serving the Association in an elected, appointed or employed capacity to outside persons;

j. Being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the ADA *Bylaws*;

k. Violation of the Association's Member Conduct Policy;

l. Conviction of a felony; and

m. For Strategic Forecasting Committee members only, lapse of membership.

2. Procedure for Removal. Before a Committee member is removed for cause, the following procedures shall be followed:

   a. The President shall notify the accused member in writing of the allegations concerning the member's performance or conduct. The written notice shall include a description of the conduct purported to constitute each charge. The accused shall be invited to respond in writing. If the accused member wishes, they ~~he or she~~ may resign their Committee position voluntarily or may request the opportunity to appear before the Board of Trustees to respond to the allegations received. If an appearance is requested, the Board shall schedule it during the next meeting of the Board.

b. Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested, the Board of Trustees shall permit the accused member to be assisted by legal counsel. Following the appearance, the Board shall decide by a two thirds (2/3) vote whether the accused member should be removed from the Strategic Forecasting Committee. Every decision that results in removal of a Committee member for cause shall be reduced to writing and shall specify the findings of fact which support the decision to remove the accused member. If a decision to remove a Committee member is made, that action shall create a vacancy that shall be filled in accordance the Vacancy provisions of these procedures.

E. Vacancy. Should a vacancy arise on the Strategic Forecasting Committee, the entity that selected the member whose position has been vacated shall select a replacement member for the remainder of the unexpired term and shall forward that selection to the Board of Trustees together with, if applicable, the information that summarizes the basis for each nominee's experience that qualifies the nominee to serve on the Committee. The Board of Trustees shall then vote on the vacancy appointment. If the vacancy is for a House of Delegates or the new dentist position on the Committee, at the conclusion of the partial term, the replacement member shall be eligible for reappointment to one additional, consecutive two (2) year term. If the vacancy is for a Board of Trustees position, if the vacated position has less than fifty percent (50%) of a full two (2) year term remaining at the time the successor Committee member is appointed, the successor Board of Trustees member may, if otherwise eligible, be nominated and appointed to a new, consecutive two (2) year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor Board of Trustees member shall not be eligible for another term.

F. Powers. The Strategic Forecasting Committee shall have the power to:

1. Establish rules and regulations not inconsistent with the ADA *Bylaws* or these provisions for its own governance.

2. By a majority vote, request the chair to call and convene a special session of the Strategic Forecasting Committee.

3. Remove a member of any subcommittee of the Strategic Forecasting Committee for cause.

4. Elect or appoint members of the subcommittees of the Strategic Forecasting Committee.

5. Monitor and guide the activities of the subcommittees of the Strategic Forecasting Committee.

G. Duties. The duties of the Strategic Forecasting Committee shall be:

1. Periodically review and propose revisions to the mission and vision statements of the American Dental Association.

2. Collaborate with the Board of Trustees in setting the strategic direction of the Association in alignment with the Association's vision and mission statements.

3. Elect a chair of the Strategic Forecasting Committee.

4. Annually provide to the House of Delegates a report on the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision.

H. Meetings.

1. Regular Meetings. The Strategic Forecasting Committee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the Committee.

2. Special Meetings. Special meetings of the Strategic Forecasting Committee may be called at any time either by the chair or at the request of a majority of the voting members of the Committee, provided notice is given to each member in advance of the meeting.

3. Place of Meetings: Regular or special meetings may be held in a single geographic location or virtually using suitable communications platforms.

I. Quorum. A majority of the voting members of the Strategic Forecasting Committee shall constitute a quorum.

J. Chair. The chair of the Strategic Forecasting Committee shall be an ADA member selected biennially by the Strategic Forecasting Committee immediately preceding the expiration of the term of the current chair from nominations received by the Committee. The chair shall be a non-voting member of the Committee and shall be eligible to be serve two (2) two-year terms as chair. If the selected chair is a voting member of the Committee at the time of election, the member shall relinquish voting

privileges and a vacancy on the Committee shall be created, to be filled in accordance with the provisions of the vacancy provisions of these procedures (Section I.E., above).

K. Vice Chair. ~~The President-elect shall serve as the non-voting~~ Annually, at its first meeting of the Strategic Forecasting Committee following the House of Delegates, the Committee shall elect a vice chair of the Strategic Forecasting Committee. ~~and~~ The vice chair shall assume the office of chair until the office of chair is filled by the Strategic Forecasting Committee in the event of a vacancy in that office, or if the chair is otherwise unavailable. This member shall retain their right to vote.

L. Consultants and Staff.

1. Consultants. The Strategic Forecasting Committee shall have the authority to appoint consultants as needed to assist it in its duties, in conformity with the ADA *Bylaws* and the *Governance and Organizational Manual of the American Dental Association* ("*Governance Manual*"). As a condition of appointment, consultants shall file conflict of interest statements with the Executive Director of this Association. The Committee shall also provide notice of the appointment of each consultant to the Board of Trustees.

2. Staff. The Executive Director of the Association shall assign such staff as needed to assist the Committee ~~and shall select the titles for such staff positions~~.

II. Strategic Forecasting Subcommittees. The Strategic Forecasting Committee shall have the authority to establish subcommittees, each of which shall focus on a single category ~~of ADA customers~~ that impacts members and entities that engage with the ADA ~~customers~~. Initially, there shall be four (4) subcommittees, each focusing on one of the following ~~customer~~ groups: Direct to Dentist, Tripartite, Enterprise and ~~Professional/Public~~ Public Profession. As the needs or focus of the Association shift, naming additional subcommittees, relabeling of existing subcommittees or sunsetting of existing subcommittees may be accomplished by a recommendation of the SFC that is placed before the ADA Board of Trustees and adopted. Any such new subcommittee recommendation will be accompanied by resolution language that is substantially similar to those subcommittees already in existence as it names the purpose, composition, term and tenure.

A. Composition. Each Strategic Forecasting subcommittee shall be composed of four (4) members selected by the Strategic Forecasting Committee from among ~~nominees submitted by each of the geographic Trustee District regions~~ the House of Delegates members of the SFC and two (2) Board of Trustees members from within the pool of those Trustees already appointed

		to the SFC by the President ~~and~~ with the approval of the Board of Trustees. The New Dentist member shall be appointed to up to two subcommittees related to their interests and expertise. Each of the foregoing subcommittee members shall have the right to vote. The President, President-elect, Treasurer and ADA Executive Director shall also serve as members of each Strategic Forecasting subcommittee without the right to vote. B. Term and Tenure. 1. Non-Board of Trustee Voting Members. Voting members of the Strategic Forecasting subcommittees who are not Board of Trustee members shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of four (4) years.[*] 2. Board of Trustee Members. Board of Trustee members of the Strategic Forecasting subcommittees shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the Committee.[**] Should one's term on the Board of Trustees end prior to the SFC term, the position will be considered vacated and the President shall name a successor to complete the term. C. Removal. A member of a Strategic Forecasting subcommittee may be removed by the Strategic Forecasting Committee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting subcommittee member, the Strategic Forecasting Committee shall follow the procedures outlined in Section I.D.2., above. D. Vacancies. Should a vacancy on a Strategic Forecasting subcommittee occur, a successor member shall be appointed for the unexpired term. If the previous member was a member of the subcommittee nominated by a geographic Trustee District region, the chair of the Strategic Forecasting Committee shall appoint a successor member nominated by that same region. If the previous member was a Board of Trustees member of the subcommittee, the Board of Trustees shall appoint the successor member. If the successor member remains eligible, the successor member may be reappointed for a single full subcommittee term of two (2) years. E. Powers. Each Strategic Forecasting subcommittee shall have the power to:	

*To stagger the terms of the non-Board of Trustee voting members of each Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

**To stagger the terms of the Board of Trustee members of each Strategic Forecasting subcommittee so that fifty percent (50%) of the Board of Trustee members turn over each year, the initial terms of one (1) of the Board of Trustees members appointed by the Board of Trustees shall be three (3) years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

1. Direct specific objectives within its scope of assigned responsibility to its action groups, if any.

2. Name consultants as necessary to assist the subcommittee in addressing its assigned objectives.

3. Request additional staff as necessary to complete its assigned objectives.

4. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

F. Duties. Each Strategic Forecasting subcommittee shall have the following duties:

1. Provide information within the scope of its assigned responsibility to the Strategic Forecasting Committee as requested by the Strategic Forecasting Committee.

2. Engage in thoughtful deliberation regarding guidance of work of related Action Groups, placing before them challenges and questions designed to encourage substantive exchanges to assist in driving the Strategic Forecast.

~~2~~3. Assimilate information within the scope of its assigned responsibility provided to it by its action groups or other entities and provide a summary of such information to the strategic Forecasting Committee.

~~3~~4. As requested, but at least annually, provide the Strategic Forecasting Committee with a report that uses accepted metrics to provide an accounting of the subcommittee's achievements in meeting its assigned objectives within the scope of its area of responsibility.

~~4~~5. Assist the Strategic Forecasting Committee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting Committee.

G. Meetings.

1. Regular Meetings. Each Strategic Forecasting subcommittee shall hold a minimum of four (4) meetings per year. The number and dates of regular meetings to be held for the following year shall be determined in advance by the subcommittee.

		2. Special Meetings. Special meetings of the Strategic Forecasting subcommittee may be called at any time either by the chair or at the request of a majority of the voting members of the subcommittee, provided notice is given to each member in advance of the meeting. 3. Place of Meetings: Regular and special meetings shall be held virtually via one or more suitable communications platforms. H. Quorum. A majority of the voting members of the Strategic Forecasting subcommittee shall constitute a quorum. I. Chair. The chair of each subcommittee shall be selected annually by the Strategic Forecasting Committee from among the House of Delegates members of the Strategic Forecasting Committee, shall be a member of the subcommittee, and shall have the right to vote. The chair of the subcommittee shall be eligible to serve two (2) terms as chair if continuing as a voting member of the Strategic Forecasting Committee at the conclusion of the initial term as chair. The chair of each subcommittee may act as, or appoint ~~a House member~~ a voting member of the House of Delegates or an alternate delegate as the chair~~,~~ of its related action groups. J. Consultants and Staff. 1. Consultants. Each Strategic Forecasting subcommittee shall have the authority to appoint consultants as needed to assist it in fulfilling its duties, in conformity with the ADA *Bylaws* and the *Governance Manual*. As a condition of appointment, consultants shall file conflict of interest statements with the Executive Director of this Association. The subcommittee shall also provide notice of the appointment of each consultant to the Strategic Forecasting Committee and the Board of Trustees. 2. Staff. The Executive Director of the Association shall assign such staff as needed to assist the subcommittees ~~and shall select the titles for such staff positions~~. III. Action Groups. With the exception of the Enterprise subcommittee, each of the Strategic Forecasting subcommittees shall have four (4) action groups. The Enterprise subcommittee shall function as its own action group. A. Composition. The action groups for the Strategic Forecasting subcommittees shall have the following composition: 1. Direct to Dentist ~~Customer~~ Strategic Forecasting Subcommittee Action Groups. The Direct to Dentist ~~Customer~~ Strategic Forecasting	

			subcommittee shall have four (4) geographically based action groups as follows: a. North: i. One (1) dentist from each of the Trustee Districts within the North Region; ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive Director, from each Trustee District within the North Region; iii. Two (2) full time faculty members* from academic institutions within the North Region, except that the faculty members should be from institutions in different Trustee Districts; iv. Two (2) new dentists, each from a different Trustee District within the North Region; and v. Two (2) members of the American Student Dental Association who attend dental school within the North Region, except that the ASDA members should attend dental schools in different Trustee Districts. b. East: i. One (1) dentist from each of the Trustee Districts within the East Region; ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive Director, from each Trustee District within the East Region; iii. Two (2) full time faculty members from academic institutions within the East Region, except that the faculty members should be from institutions in different Trustee Districts; iv. Two (2) new dentists, each from a different Trustee District within the East Region; and v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.	

*In the context of the Strategic Forecasting action groups, the term “full time faculty member” shall mean one who works more than two (2) days or sixteen (16) hours per week.

		c. West: i. One (1) dentist from each of the Trustee Districts within the West Region; ii. One (1) constituent or component Executive Director<u>, or a staff person recommended by a constituent or component Executive Director,</u> from each Trustee District within the West Region; iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts; iv. Two (2) new dentists, each from a different Trustee District within the West Region, and v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts. d. South: i. One (1) dentist from each of the Trustee District within the South Region; ii. One (1) constituent or component Executive Director<u>, or a staff person recommended by a constituent or component Executive Director,</u> from each Trustee District within the South Region; iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts; iv. Two (2) new dentists, each from a different Trustee District within the South Region; and v. Two (2) members of the American Student Dental Association who attend dental school within the South Region, except that the ASDA members should attend dental schools in different Trustee Districts.	

2. Tripartite ~~Customer~~ Strategic Forecasting Subcommittee Action Groups. The Tripartite ~~Customer~~ Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

   a. North:

      i. One (1) dentist from the North Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the North Region;

      ii. Two (2) constituent or component Executive Directors, or staff persons recommended by a constituent or component Executive Director, from each of the Trustee Districts within the North Region;

      iii. One (1) new dentist from the North Region;

      iv. One (1) member of the American Student Dental Association who attends dental school within the North Region;

      v. One (1) representative of dental industry who works within the North Region; and

      vi. Two (2) management or administrative representatives of dental service organizations who work within the North Region, except that such representatives should be from different Trustee Districts

   b. East:

      i. One (1) dentist from the East Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the East Region;

      ii. Two (2) constituent or component Executive Directors, or staff persons recommended by constituent or component Executive Directors, from each of the Trustee Districts within the East Region;

      iii. One (1) new dentist from the East Region;

      iv. One (1) member of the American Student Dental Association who attends dental school within the East Region;

		v. One (1) representative of the dental industry who works within the East Region; and vi. Two (2) management or administrative representatives of dental service organizations who work within the East Region, except that such representatives should be from different Trustee Districts. c. West: i. One (1) dentist from the West Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the West Region; ii. Two (2) constituent or component Executive Directors<u>, or staff persons recommended by constituent or component Executive Directors,</u> from each of the Trustee Districts within the West Region; iii. One (1) new dentist from the West Region; iv. One (1) member of the American Student Dental Association who attends dental school within the West Region; v. One (1) representative of the dental industry who works within the West Region; and vi. Two (2) management or administrative representatives of dental service organizations who work within the West Region, except that such representatives should be from different Trustee Districts. d. South: i. One (1) dentist from the South Region, selected according to a process developed by the caucus chairs and approved by the Trustee Districts of the South Region; ii. Two (2) constituent or component Executive Directors<u>, or staff persons recommended by constituent or component Executive Directors,</u> from each of the Trustee Districts within the South Region; iii. One (1) new dentist from the South Region;	

iv. One (1) member of the American Student Dental Association who attends dental school within the South Region;

v. One (1) representative of the dental industry who works within South Region; and

vi. Two (2) management or administrative representatives of dental service organizations who work within the South, except that such representatives should be from different Trustee Districts.

3. ~~Professional/Public~~ Public Profession ~~Customer~~ Strategic Forecasting Subcommittee Action Groups. The ~~Professional/Public~~ Public Profession ~~Customer~~ Strategic Forecasting subcommittee shall have four (4) geographically based action groups as follows:

a. North:

i. One (1) dentist from each of the Trustee Districts within the North Region;

ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive Director, from each of the Trustee Districts within the North Region;

iii. Two (2) full time faculty members from academic institutions within the North Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, each from different Trustee Districts within the North Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the North Region, except that the ASDA members should attend dental schools in different Trustee Districts.

b. East:

i. One (1) dentist from each of the Trustee Districts within the East Region;

ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive

Director, from each of the Trustee Districts within the East Region;

iii. Two (2) full time faculty members from academic institutions within the East Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, different Trustee Districts within the East Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the East Region, except that the ASDA members should attend dental schools in different Trustee Districts.

c. West:

i. One (1) dentist from each of the Trustee Districts within the West Region;

ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive Director, from each of the Trustee Districts within the West Region;

iii. Two (2) full time faculty members from academic institutions within the West Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, different Trustee Districts within the West Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the West Region, except that the ASDA members should attend dental schools in different Trustee Districts.

d. South:

i. One (1) dentist from each of the Trustee Districts within the South Region;

ii. One (1) constituent or component Executive Director, or a staff person recommended by a constituent or component Executive

Director, from each of the Trustee Districts within the South Region;

iii. Two (2) full time faculty members from academic institutions within the South Region, except that the faculty members should be from institutions in different Trustee Districts;

iv. Two (2) new dentists, different Trustee Districts within the South Region, and

v. Two (2) members of the American Student Dental Association who attend dental school within the South Region, except that the ASDA members should attend dental schools in different Trustee Districts.

B. Selection and Appointment. Except for the Enterprise Strategic Forecasting ~~s~~Subcommittee ~~a~~Action ~~g~~Group, members of action groups shall be appointed by their respective Strategic Forecasting subcommittees, subject to notification to and approval by the Strategic Forecasting Committee.

C. Term and Tenure.

1. Action Groups of the Direct to Dentist, Tripartite and ~~Professional/Public~~ Public Profession Subcommittees. Members of action groups of the Direct to Dentist, Tripartite and ~~Professional/Public~~ Public Profession subcommittees shall serve a term of two (2) years and may be eligible for one additional term for a total tenure of four (4) years if they

remain within their member category (*i.e.*, faculty, executive director, new dentist, student or dental industry or dental service organization representative) at the time of their appointment to a second term.[*]

2. Enterprise Strategic Forecasting Subcommittee.

a. The House of Delegates members of the Enterprise Strategic Forecasting subcommittee shall serve a term of two (2) years and may be reappointed once for a total tenure on the subcommittee of

[*] To stagger the terms of the members of the action groups so that fifty percent (50%) of the action group members turn over each year, the initial terms of certain of the action group members shall vary from the regular two (2) year terms. In each of the Direct to Dentist and ~~Professional/Public~~ Public Profession Strategic Forecasting subcommittee action groups, two (2) ADA members, two (2) executive directors, one (1) faculty member, one (1) new dentist and one (1) student shall have an initial term of three (3) years; the term of those positions shall thereafter revert to the two (2) year term specified in this provision. In each of the action groups of the Tripartite Strategic Forecasting subcommittee, one (1) executive director from each trustee district and one (1) dental service organization representative shall have an initial term of three (3) years; the term of those seats shall then revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

four (4) years.**

b. Board of Trustee members of the Strategic Forecasting Committee shall serve one (1) term of two (2) years and shall not be eligible for reappointment to the subcommittee.

c. For actions limited to the Enterprise Subcommittee and its associated Action Group, the Treasurer shall have voting privileges.

D. Removal. A member of a Strategic Forecasting action group may be removed by the applicable Strategic Forecasting subcommittee for any of the causes enumerated in Section I.D.1., above. When considering the removal of any Strategic Forecasting action group member, the Strategic Forecasting subcommittee shall follow the procedures outlined in Section I.D.2., above.

E. Vacancies. Should a vacancy on an action group occur, the respective Strategic Forecasting subcommittee shall appoint a successor action group member who ~~processes~~ possesses the same qualifications as the previous member, subject to notification to and approval of the Strategic Forecasting Committee. If the successor member remains eligible, the successor member may be reappointed for a single full action group term of two (2) years.

F. Powers. Each action group shall have the power to:

1. Direct activities to achieve specific and defined objectives.

2. Name consultants as necessary to assist the action group in addressing its assigned objectives; and

3. Request additional staff as necessary to complete its assigned objectives.

G. Duties. Each action group shall have the following duties:

1. Recommend members to serve on the Strategic Forecasting subcommittees.

2. Provide insights on future trends, outlook and goals to its Strategic Forecasting subcommittee.

**To stagger the terms of the House of Delegates members of the Enterprise Strategic Forecasting subcommittee so that fifty percent (50%) of such members turn over each year, the initial terms of two members shall be three years and shall thereafter revert to the two (2) year term specified in this provision. This footnote shall automatically expire at the adjournment sine die of the 2025 House of Delegates annual session.

3. Provide information, as applicable, to its Strategic Forecasting subcommittee relating to the following areas:

    a. Generational trends and social engagement;

    b. Science and research;

    c. Fiscal management and financial projections;

    d. Dental industry and trends;

    e. Practice trends;

    f. Advocacy;

    g. Current and future social cultural trends and technological interactions; and

    h. Other areas as may be assigned by the Strategic Forecasting subcommittees.

4. Provide metrics to measure and define future strategic goals for the Association.

5. Assist its Strategic Forecasting subcommittee in completing tasks within its assigned area of responsibility as requested by the Strategic Forecasting subcommittee.

H. Meetings.

1. Regular Meetings. Each action group shall hold meetings as need is determined by the respective Subcommittee. Work of the Action Groups is generally to be accomplished through the use of asynchronous exchanges using suitable virtual platforms, but may be conducted through virtual synchronous meetings. ~~a minimum of four (4) meetings per year.~~ ~~The number and dates of regular meetings to be held for the following year shall be determined in advance by the chair of the action group.~~

2. Special Meetings. Special meetings of the action group may be called at any time either by the chair or at the request of a majority of the members of the action group, provided notice is given to each member in advance of the meeting.

		3. Place of Meetings. Regular and special meetings shall be held virtually via one or more suitable ~~communications~~ virtual platforms. I. Quorum. A majority of the voting members of an action group shall constitute a quorum for that group. J. Chair. The chairs of the Direct to Dentist, Tripartite and ~~Professional/Public~~ Public Profession Subcommittees, or any other subcommittees subsequently named, may serve as the chair, or appoint ~~a member of the House of Delegates~~ a voting member of the House of Delegates or an alternate delegate as chair of the respective action group. The term shall be coterminous with the term of chair of the subcommittee. ~~s shall be selected annually by the chair of the action group's respective Strategic Forecasting subcommittee from among the action group's voting members. The chair of the action group shall be eligible to serve two terms as chair if continuing as a voting member of the action group at the conclusion of the initial term as chair.~~ The Strategic Forecasting Committee chair shall serve as the chair of the Enterprise Subcommittee A~~a~~ction G~~g~~roup. and be it further **Resolved,** that these amendments take effect at the close *sine die* of the 2024 House of Delegates.	
517H.	**Adopted—Consent Calendar Action**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 517RC adopted in lieu of Seventeenth Trustee District Resolution 517—Engaging Specialty Organizations** **517RC. Resolved,** that the appropriate ADA agency develop a process to encourage consultation between ADA Councils and Committees, ~~and~~ relevant ADA specialties, and, where appropriate, other organizations, on ADA policy proposals related to public health policy and public health practice settings before proposals are submitted for review by the ADA House of Delegates, and be it further **Resolved,** that the results of this resolution be brought back to the 2025 House of Delegates.	
518H.	**Adopted—Consent Calendar Action**	**Reference Committee D Resolution 518RC adopted in lieu of ADA Election Commission Resolution 518—Comprehensive Review of Election Commission and Campaign Rules** **Resolved,** that a task force be established to undertake a comprehensive review of the Election Commission and the Campaign Rules for Elective Office, and be it further	

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<td>Resolved, that the task force be composed of one representative from each of the following groups, with such members appointed by the ADA President:

• New Dentists
• Past President who ran in a contested election
• Recent (within the past-four years) candidates for elective office
• Recent (within the past four years) campaign managers for candidates for elective office
• Trustee district caucuses
• A member of the House of Delegates
• A current member of the Election Commission to serve as the Campaign Rules Task Force chair with the right to vote only in the event of a tie,

and be it further

Resolved, that the Campaign Rules Task Force meet virtually and report back to the 2025 House of Delegates on its work and any recommended amendments to the composition of Election Commission and the Campaign Rules.</td>
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<td>519H.</td>
<td>Adopted—Consent Calendar Action</td>
<td>ADA Election Commission Resolution 519—Virtual Meetings with Second Vice President, Treasurer and Speaker Candidates

Resolved, that paragraph 8 of the Election Commission and Campaign Rules be amended by striking sub-paragraph b. and redesignating the remaining sub-paragraphs accordingly as follows:

8. Candidates for the office of President-elect shall limit their campaign travel to attending state and/or district annual meetings and/or leadership conferences and annual session district caucus meetings to which all candidates have been invited. The procedures for attendance at such events shall be as follows:

a. Candidates for the office of President-elect may accept and attend any such event in a manner mutually agreed upon but only if all candidates have been invited.

b. ~~Candidates for the office of Second Vice President, Speaker of the House of Delegates and Treasurer shall limit campaign travel to attending the district caucus meetings held during the ADA annual session.~~

~~c.~~ District caucuses and state constituent societies shall issue timely invitations to the President-elect candidates through the Office of the Executive Director.</td>
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~~d~~c. President-elect candidates shall negotiate a mutually agreeable travel schedule. It is the responsibility of the candidate and/or the campaign managers, through coordination among the campaigns, to determine the candidates' availability and respond directly to the inviting organizations. Except for conflicts due to a religious holiday observed by one or more of the candidates, candidates shall vote on whether to accept an invitation, with a majority needed to accept; a tie vote will result in accepting the invitation. A religious holiday conflict with a single candidate shall result in all the candidates declining the invitation.

~~e~~d. Candidates who have scheduling conflicts prohibiting personal attendance at a district or caucus event may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor.

~~f~~e. After a meeting has been accepted, if an emergency arises and a candidate must cancel their attendance, the remaining candidates may attend as planned. Candidates who cancel their attendance at an event due to an emergency may, at their option, participate in the event via electronic audio or audiovisual means available to both the candidate and the event's sponsor.

and be it further

Resolved, that a new paragraph 9 be inserted into the Election Commission and Campaign Rules as follows, with the remaining current paragraphs 9. Through and including 35. Being renumbered accordingly:

9. Candidates for the offices of Second Vice President, Treasurer and Speaker of the House of Delegates shall limit campaign travel to attending the district caucus meetings held during the ADA Annual Session.

   a. District and state caucuses are permitted to hold virtual candidate meetings with candidates for Second Vice President, Treasurer and Speaker of the House of Delegates ("virtual candidate forums") during the two-month period immediately preceding the commencement of the Annual Session of the House of Delegates. The virtual candidate meetings are to be held via a videoconference platform such as Zoom, Webex, Teams, or a similar platform.

   b. District caucuses and state constituent societies choosing to hold virtual candidate meetings shall issue timely invitations to the candidates for Second Vice President, Treasurer and Speaker of the House of Delegates through the Office of the Executive Director. Invitations for virtual candidate meetings must be issued to all candidates running for

		the particular elective office(s) for which virtual candidate visits are desired; the invitations should specify the type of meeting that will be held (one-on-one, candidate forum, etc.). District caucuses are urged to collaborate in the dates and times for the virtual candidate forums so that scheduling conflicts are avoided if possible. c. Candidates for the offices of Second Vice President, Treasurer and Speaker of the House of Delegates may accept and attend any such event in a manner mutually agreed upon, but only if all candidates have been invited. It is the responsibility of the candidates and/or the campaign managers, through coordination among the campaigns, to determine the candidates' availability and respond directly to the inviting organizations. d. After a virtual candidate forum has been accepted by a candidate, if a situation arises that requires the candidate to cancel their attendance, the remaining candidates may participate as planned.	
520H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 520RC adopted in lieu of Fourteenth Trustee District Resolution 520—Medicaid Compliance** **Resolved,** that the ADA will determine whether the Center for Medicare and Medicaid Services (CMS) has failed to enforce compliance with 42 USC 1396a (30)A of the Medicaid Act, and thereafter the Board of Trustees shall be sent the findings for appropriate action.	
521H.	**Adopted**	**Reference Committee D (Legislative, Governance and Related Matters) Resolution 521RC adopted in lieu of Thirteenth Trustee District Resolution 521—Professionalism and Ethics Continuing Education** **Resolved,** that members of the ADA be encouraged to invest in Professionalism and Ethics continuing education courses to foster improved communication by and among members.	

APPENDIX 1

ADA *GOVERNANCE AND ORGANIZATIONAL MANUAL*
CHAPTER XI. PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT, MEMBER CONDUCT POLICY AND JUDICIAL PROCEDURES

PROPOSED AMENDMENTS (ADDITIONS UNDERSCORED, DELETIONS ~~STRICKEN THROUGH~~)[*]

A. **Disciplinary Matters.**

1. **Member Conduct Subject to Discipline.** A member may be disciplined for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state or other jurisdiction of the United States, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, (4) violating the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct*, or the bylaws or code of ethics of the constituent or component of which the accused is a member, or (5) violating the ~~Association's~~ *Member Conduct Policy* of this Association, a constituent or a component.
2. **Disciplinary Penalties.** A member may be disciplined for any of the offenses enumerated in this *Governance Manual* as follows:
   a. **Censure.** Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.
   b. **Suspension.** Suspension means all membership privileges except continued entitlement to coverages under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed.
   c. **Expulsion.** Expulsion, or removal from the membership rolls of this Association and any constituent or component, is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.
   d. **Probation.** Probation, to be imposed for a specified period and without loss of privileges with the exception of holding or seeking an elective or appointive office, may be administratively and conditionally imposed when circumstances warrant in lieu of a suspended disciplinary penalty. Probation shall be conditioned on good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found to have been violated by the constituent that brought the original misconduct complaint, after a hearing on the probation violation charges in accordance with procedures set forth in the ADA *Procedures for Member Disciplinary Hearings and Appeals*, the original disciplinary penalty shall be automatically reinstated; except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.
   e. **Removal from Office.** If the member holds any ADA office, a disciplinary action including removal from office as a trustee, delegate, alternate delegate or elective officer for the

[*] In light of the substantial revisions being proposed to Chapter XI. of the *Governance Manual*, to facilitate review of the proposed amendments, beginning with Section C. on page 8, the entirety of the existing text is stricken and replaced.

remaining term may be imposed in addition to, or in lieu of, any of the penalties enumerated above.

3. **Reminder of Obligation.** In appropriate circumstances, a constituent or component or, in the case of direct members, this Association, may issue a Reminder of Obligation to a member where the member may have committed a relatively minor infraction of the ADA *Member Conduct Policy* or engaged in conduct to which the ADA *Member Conduct Policy* might apply. The same is true of the *Bylaws*, the *Principles of Ethics and Code of Professional Conduct* or the bylaws or code of ethics of a constituent or component of which the accused is a member. Such a Reminder of Obligation is not a disciplinary penalty but is a private administrative action. No record of the issuance of a Reminder of Obligation shall be placed in the member's membership records.

B. **Hearings on Charges Related to the ADA *Bylaws* and the *Principles of Ethics and Code of Professional Conduct*.** Any member charged with violating the ADA *Bylaws*~~,~~ or the *Principles of Ethics and Code of Professional Conduct* ~~or the Association's *Member Conduct Policy*~~ shall be afforded the right to a fair and impartial hearing conducted in accordance with the procedures set forth in this *Governance Manual*. For a member of a constituent, disciplinary proceedings may be instituted by either the member's component or constituent. For a direct member, disciplinary proceedings may be instituted by the Association's Council on Ethics, Bylaws and Judicial Affairs.

1. **Initial Disciplinary Hearings on Charges Relating to the ADA *Bylaws* or the *Principles of Ethics and Code of Professional Conduct*.** The following procedures are to be followed by a component or constituent or this Association bringing charges of *Bylaws* or ethics violations:
    a. **Notice.** An organization bringing charges against a member alleging a violation of either the ADA *Bylaws* or the *Principles of Ethics and Code of Professional Conduct* shall issue a notice of charges that will meet the following specifications:
        i. **Charges Brought.** The notice of charges will contain a detailed statement of all disciplinary charges brought against the accused member, including (a) an official certified copy of any alleged conviction or determination of guilt that is the basis for the disciplinary action, (b) description of the section(s) of the *Bylaws* or the ethical provisions alleged to have been violated, and/or (c) a description of the conduct alleged to constitute each violation.
        ii. **Time of Hearing.** The notice of charges shall contain notification of the date, time and place that a hearing on the charges will be held.
        iii. **Delivery of Notice.** The notice of charges shall be sent to the accused member by certified mail, return receipt requested. The notice of charges shall be addressed to the accused member's last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing.
    b. **Hearing.** Any member accused of violating either the ADA *Bylaws* or the *Principles of Ethics and Code of Professional Conduct* is entitled to a hearing before a hearing body of the entity bringing the charges.
        i. **Purpose.** The purpose of a disciplinary hearing is to provide the accused member with the opportunity to present a defense to the charges brought against the member.
        ii. **Representation by Counsel.** The organization bringing the charges must allow the accused member to be represented by legal counsel at any hearing convened under these procedures.
        iii. **Continuances.** An accused member is entitled to one (1) hearing postponement. The postponement cannot exceed thirty (30) days. Additional requests for postponement may be granted or denied by the hearing body in its reasonable discretion.
    c. **Decision.** Every decision of a hearing body that imposes a penalty will be in writing. The written decision will contain the following:

i. **Statement of Charges.** The decision shall set forth a statement of the charge(s) made against the member;
ii. **Facts and Verdict.** The decision shall state the facts that support the charge(s) and the verdict arrived at by the hearing body;
iii. **Penalty.** The decision shall state the penalty imposed and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation; and
iv. **Delivery of Decision.** The decision is to be sent to the following:
(a) The accused member by certified mail, return receipt requested, and addressed to the accused member's last known address.
(b) The secretary of the accused member's component, if any;
(c) The secretary of the accused member's constituent, if applicable;
(d) The chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs; and
(e) The Executive Director of this Association.

d. **Notice of Right to Appeal.** Every written decision issued by a hearing body that imposes a penalty will be accompanied by a separate notice stating that the accused member has a right to appeal the decision. The notice of right to appeal will direct the member to the section of this *Governance Manual* dealing with appeals from disciplinary decisions relating to violations of the ADA *Bylaws* or the *Principles of Ethics and Code of Professional Conduct*.

e. **Finality of Decision.** A decision will not become final while an appeal of the decision is pending or until the thirty (30) day period for filing a notice of appeal has expired.

f. **Non-Appeal of Decision Containing Sentence of Expulsion.** If a decision includes a sentence of expulsion and a notice of appeal is not received within the thirty (30) day period within which to appeal, the accused member's constituent will notify all parties of the failure of the accused member to file an appeal. The sentence of expulsion will take effect on the date the parties receive such notice. The component and constituent shall each determine what portion of their current dues and special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association will not be refunded to an expelled member.

2. **Appeals from Disciplinary Decisions Relating to the ADA *Bylaws* and the *Principles of Ethics and Code of Professional Conduct*.** The following procedures shall be followed in any appeal from a decision issued as a result of a disciplinary hearing on charges relating to the ADA *Bylaws* or the *Principles of Ethics and Code of Professional Conduct*:

a. **Right to Appeal.**
i. **Disciplinary Decision of a Component.** Any member shall have the right to appeal a disciplinary decision issued by the member's component that imposes a penalty. That appeal shall be made to member's constituent by filing a notice of appeal in affidavit form with the secretary of the constituent.
ii. **Disciplinary Decision of a Constituent.** Any member or component shall have a right to appeal a disciplinary decision that is adverse to it that is issued by a constituent. That appeal shall be made to the Council on Ethics, Bylaws and Judicial Affairs of this Association by filing a notice of appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs.
iii. **Disciplinary Decision Adverse to a Direct Member.** A direct member of this Association shall have the right to appeal a disciplinary decision of a hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that imposes a penalty of censure, suspension, expulsion, or probation. That appeal shall be made to the full Council on

Ethics, Bylaws and Judicial Affairs of this Association by filing a notice of appeal in affidavit form with the Chair of the Council on Ethics, Bylaws and Judicial Affairs. Members of the hearing panel that issued the decision being appealed shall have no right to vote on the Council's decision in such an appeal.

b. **Time to Appeal.** An appeal from any decision shall not be valid unless the appeal is filed within thirty (30) days of the date the decision appealed from was issued.

c. **Time for the Filing of Briefs on Appeal.** Briefs in appeals brought under this Section must be filed in accordance with the following schedule:
   - i. **Appellant's Initial Brief.** If being filed, an initial brief supporting an appeal must be filed within sixty (60) days of the issue date of the decision being appealed.
   - ii. **Reply Brief.** If being filed, a reply brief must be filed within ninety (90) days of the issue date of the decision being appealed.
   - iii. **Rejoinder Brief.** If being filed, a rejoinder brief must be filed within one hundred five (105) days of the issue date of the decision being appealed.

d. **Time for Appellate Hearing.** No hearing shall be held within one hundred fifty (150) days of the issue date of the decision being appealed or forty-five (45) days after the last brief in the appeal was filed, whichever is later. Omission of briefs will not alter the date for the hearing of an appeal unless otherwise agreed to by the parties and the chair of the body hearing the appeal.

e. **Conduct of Appellate Hearing.** The following procedure shall be used in processing appeals:
   - i. **Appellate Hearings.** If the requirements of subsections a. and b. of this section relating to appeals from disciplinary decisions relating to the ADA *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* are met, the party bringing the appeal shall be entitled to a hearing.
   - ii. **Parties to an Appeal.** The parties to an appeal are the accused member and the entity that brought the charges against the accused member. In appeals to the Council on Ethics, Bylaws and Judicial Affairs of this Association, the constituent which heard the first appeal, if any, may, at its option, participate in the appeal.
   - iii. **Right to be Represented by Counsel.** The parties to an appeal shall be entitled to be represented by counsel in the appeal.
   - iv. **Appearance at Hearing not Required.** A party to an appeal is not required to attend a hearing in an appeal brought pursuant to this section.
   - v. **Option to Conduct Telephonic Hearings.** Upon the request by a party and the concurrence of all other parties, the body hearing the appeal may permit one or more of the parties to an appeal to participate in the hearing remotely via telephone or other suitable means. The decision whether to allow remote participation in an appeal hearing is discretionary with the body hearing the appeal and granting such a request can be subject to meeting reasonable terms and conditions set by the hearing body.
   - vi. **Hearing Notice.** A body that receives a notice of appeal shall notify the constituent or component (or components) concerned or, where applicable, the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs, and the accused member of the time and place of the appeal hearing. Such notice shall be sent by certified mail, return receipt requested, to the last known address of each party to the appeal. The hearing notice should be mailed not less than thirty (30) days prior to the hearing date.
   - vii. **Hearing Continuances.** Granting of hearing continuances shall be at the discretion of the hearing body.
   - viii. **Prehearing Matters.** All communications with a hearing body shall be in writing. All parties to the appeal shall receive copies of such communications via the same method

of delivery as used with the hearing body. Prehearing requests shall be granted at the discretion of the hearing body. In appeals to this Association's Council on Ethics, Bylaws and Judicial Affairs, the Council chair has the authority to rule on requests from the parties for continuances and other prehearing procedural matters with advice from legal counsel of this Association. The Council chair may consult with the Council before rendering prehearing decisions.

ix. **Briefs.** Each party to an appeal shall be entitled to submit a brief in support of the party's position. The briefs of the parties shall be submitted to the secretary of the constituent or the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association, as appropriate, in accordance with the prescribed briefing schedule. A copy of any brief filed in the appeal must be delivered to every other party in the appeal at the same time as the filing of the brief. The party initiating the appeal may choose to rely on the record and/or on an oral presentation and not file a brief.

x. **Record of Disciplinary Proceedings.** Upon notice of an appeal, the entity that issued the decision being appealed shall provide to the body hearing the appeal and to the accused member a transcript, or an officially certified copy of the minutes, of the hearing accorded the accused member. Certified copies of any affidavits or other documents submitted as evidence to support or refute the charges against the accused member in the disciplinary hearing and any other material considered by the body issuing the decision being appealed will accompany the transcript or minutes. Where the body conducting the hearing resulting in the decision being appealed does not transcribe the hearing, the accused member, at the accused's own expense, is entitled to arrange for transcription of the hearing by a court reporter.

xi. **Appellate Jurisdiction.** The body to which a decision has been appealed shall be required to review the decision appealed from to determine whether the evidence before the component, constituent or body which brought the charges against the accused member supports that decision or warrants the penalty imposed. The body hearing the appeal shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

xii. **Decisions on Appeals.** Every decision on appeal shall be in writing and must clearly state the conclusion of the hearing body and the reasons for that conclusion. The body hearing the appeal shall have the discretion to:
   (a) Uphold the decision of the entity that brought charges against the accused member;
   (b) Reverse the decision of the entity that brought the charges and thereby exonerate the accused member;
   (c) Deny an appeal where it fails to satisfy the requirements for appealing disciplinary decisions in this *Governance Manual*;
   (d) Refer the case back to the body that brought the charges for new proceedings, if the rights of the accused member under all applicable bylaws were violated or if adopted disciplinary procedures were not followed to the detriment of the accused;
   (e) Remand the case back to the agency that issued the charges for further proceedings when the record in the appeal is insufficient to enable the body hearing the appeal to form a conclusion concerning the correctness of the decision being appealed; or
   (f) Modify the decision of the agency that issued the charges against the accused member by reducing the penalty imposed.

xiii. **Delivery of the Appeal Decision to the Parties.** Within thirty (30) days of the date on which a written decision on appeal is approved by the entity conducting the appeal, a

copy of the written decision shall be sent by certified mail, return receipt requested, to the last known address of each of the following: the accused member; the secretary of the component of which the accused is a member, if applicable; the secretary of the constituent of which the accused is a member, if applicable; the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association; and the Executive Director of this Association.

C. ~~**Member Conduct Hearings.** The following procedures will be followed by the Council on Ethics, Bylaws and Judicial Affairs in cases involving allegations of violations of the Member Conduct Policy of the Association.~~

~~1. **Charges.** Any member of the Association or the Association's staff has the right to bring charges alleging a violation or violations of the Association's Member Conduct Policy. Charges must meet the following specifications:~~

~~a. **In Writing.** The charges must be in writing;~~

~~b. **Identify Violation.** The charges must include an identification of the provision(s) of the Association's *Member Conduct Policy* alleged to have been violated;~~

~~c. **Include Description.** Include The charges must include a detailed description of the conduct alleged to constitute the violation; and~~

~~d. **Delivery of Charges.** The charges must be sent to the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association.~~

~~2. **Preliminary Investigation.**~~

~~a. **Selection.** Upon receipt of a charge alleging violation of the Member Conduct Policy, the Chair of the Council on Ethics, Bylaws and Judicial Affairs will select an investigatory panel of three (3) members of the Council.~~

~~b. **Ineligible Council Member.** The Council member from the Trustee District of the member accused of violating the Member Conduct Policy is ineligible to serve on the investigatory panel. The investigatory panel will conduct a preliminary investigation of the charges alleged and determine whether the allegations made in the charges sufficiently state a violation of the Member Conduct Policy.~~

~~3. **Notice of Determination of Investigatory Panel.**~~

~~a. **No Violation.** If, upon preliminary investigation, the investigatory panel determines that the charges do not sufficiently state a violation of the *Member Conduct Policy*, the Association member or Association staff member bringing the charges will be advised in writing of the investigatory panel's determination. The investigatory panel's decision will be final and without right of appeal.~~

~~b. **Possible Violation.** If the investigatory panel determines that the charge does sufficiently state a violation of the *Member Conduct Policy*, the charging individual and accused member shall be notified in writing. The notice of possible violation shall conform to the following specifications:~~

~~i. **Specification of Charges.** The notice of possible violation shall provide a specification of the charges brought against the accused member;~~

ii. **Hearing Notice.** The notice of possible violation shall specify the time and place of hearing on the charges brought against the accused member;

iii. **Manner of Delivery.** The notice of possible violation shall be sent via certified mail, return receipt requested, to the last known addresses of the charging individual and the accused member; and

iv. **Time of Notice Mailing.** The notice of possible violation shall be mailed not less than twenty-one (21) days prior to the date set for the hearing.

4. **Hearing.** In the event of finding of a possible violation of the *Member Conduct Policy*, the accused member shall be entitled to a hearing before a panel of three (3) members of the Council on Ethics, Bylaws and Judicial Affairs.

a. **Hearing Panel Make Up.** Members of the investigatory panel that investigated the allegations against the accused member and the Council member from the accused's trustee district are ineligible to sit on the hearing panel.

b. **Purpose.** The purpose of the hearing is to provide the accused member with an opportunity to present a defense to the charges brought against them.

c. **Representation by Counsel.** The accused member is entitled to be represented by legal counsel at the member conduct hearing.

d. **Continuances.** An accused member is entitled to one (1) hearing postponement. The postponement cannot exceed thirty (30) days. Additional requests for postponement may be granted or denied at the discretion of the chair of the Council on Ethics, Bylaws and Judicial Affairs, who may but need not consult with the Council or the hearing panel on the request.

5. **Decision.** Any member conduct hearing panel decision shall conform to the following specifications:

a. **Requirement of Written Decision.** Every decision of a member conduct hearing panel will be in writing. The written decision will state:

i. The charges lodged against the member;

ii. The relevant facts;

iii. The verdict arrived at by the hearing body; and

iv. The penalty imposed or recommended and,i and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation.

b. **Mailing of Decision.** Every hearing panel decision must be sent, by certified mail, return receipt requested, within ten (10) days of the written decision being approved by the hearing panel, to the last known address of each of the following:

i. The accused member;

ii. The charging individual;

iii. The secretary of the accused member's component, if any;

iv. The secretary of the accused member's constituent, if applicable;

v. The Chair of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs;

vi. The Executive Director of this Association; and, if applicable

vii. The Election Commission of the Association.

6. **Notice of Right to Appeal.** A written notice to the accused member informing the accused member of their right to appeal the decision of the hearing panel must accompany the copies of the decision sent pursuant to these procedures.

7. **Finality of Decision.** A decision will not become final while an appeal of the decision is pending or until the thirty (30) day period for filing notice of appeal has expired.

8. **Non-Appeal of Decision Containing Sentence of Expulsion.** If a decision includes a sentence of expulsion and no notice of appeal is received within the thirty (30) day period within which to appeal, the Council on Ethics, Bylaws and Judicial Affairs shall notify all parties and the accused member's constituent and, if appropriate, component, of the failure of the accused member to file an appeal. The sentence of expulsion will take effect on the date the notice is received. The disciplined member's component and constituent shall each determine what portion of their current dues and special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association will not be refunded to an expelled member.

D. **Member Conduct Appeals.** The following procedures shall be followed in any appeal from a decision issued as a result of a member conduct hearing pursuant to the procedures in this *Governance Manual*:

1. **Right to Appeal.** Any member shall have the right to appeal a disciplinary decision issued by a member conduct hearing panel that imposes a penalty to the full Council on Ethics, Bylaws and Judicial Affairs by filing an appeal in affidavit form with the chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association.

2. **Time to Appeal.** An appeal from any member conduct decision under the procedures of this *Governance Manual* will not be valid unless the appeal is filed within thirty (30) days of the date the decision appealed from was issued.

3. **Time for Filing Briefs on Appeal.** Briefs in member conduct appeals brought under the procedures of this *Governance Manual* will be filed according to the following schedule:

   a. **Appellant's Initial Brief.** If being filed, an initial brief supporting an appeal must be filed within sixty (60) days after the date the decision being appealed was issued.

   b. **Reply Brief.** If being filed, a reply brief supporting the decision appealed from must be filed by the Association member or staff member who lodged the member conduct complaint within ninety (90) days after the decision being appealed was issued.

c. ~~**Rejoinder Brief.** If being filed, a rejoinder brief supporting an appeal must be filed within one hundred five (105) days after the date the decision being appealed was issued.~~

4. ~~**Time for Appellate Hearing.** No hearing on an appeal will be held within one hundred fifty (150) days of the date the decision appealed from was issued or forty-five (45) days after the last brief in the appeal was filed, whichever is later. Omission of briefs will not alter the hearing date unless otherwise agreed to by the parties and the chair of the body hearing the appeal.~~

5. ~~**Conduct of Appellate Hearing.** The accused member shall be entitled to a hearing on an appeal, provided that such appeal meets the requirements of this section of the *Governance Manual*. The appeal hearing shall be conducted in accordance with the following parameters:~~

    a. ~~**Council Members Hearing the Appeal.** Members of the investigatory and hearing panels involved in the action being appealed and the Council representative from the accused member's Trustee District shall be recused from and will not take part in the appeal.~~

    b. ~~**Parties to the Appeal.** In any appeal of a decision under the *Member Conduct Policy*, the parties to such an appeal shall be the accused member and the Association member or the Association staff member who brought the charges.~~

    c. ~~**Representation by Counsel.** In any appeal, the accused member is entitled to be represented by legal counsel.~~

    d. ~~**Attendance at Hearing.** A party need not appear for the appeal to be heard by the Council on Ethics, Bylaws and Judicial Affairs.~~

    e. ~~**Option to Conduct Telephonic Hearing.** Upon the request by a party and the concurrence of all other parties, the Council on Ethics, Bylaws and Judicial Affairs may permit one or more of the parties to an appeal to participate in the hearing remotely via telephone or other suitable means. The decision whether to allow remote participation in an appeal hearing is discretionary with the Council and granting such a request can be subject to meeting reasonable terms and conditions set by the Council.~~

    f. ~~**Hearing Notice.** The Council on Ethics, Bylaws and Judicial Affairs shall notify the accused member; the Association member or Association staff member bringing the charges; the secretary of the accused member's component, if applicable; and the secretary of the accused member's constituent, if applicable of the time and place of the appeal hearing. The hearing notice will be sent by certified mail, return receipt requested, to the last known addresses of the parties to the appeal and the other entities receiving notice. The notice of hearing is to be mailed not less than thirty (30) days prior to the hearing date.~~

    g. ~~**Hearing Continuances.** The granting of continuances shall be at the discretion of the Chair of the Council on Ethics, Bylaws and Judicial Affairs.~~

    h. ~~**Prehearing Matters.** All prehearing communications will be in writing and a copy of each communication shall be sent to every other party in the same manner sent to the Council on Ethics, Bylaws and Judicial Affairs. Prehearing requests shall be granted at the discretion of the Chair of the Council on Ethics, Bylaws and Judicial Affairs. The Council Chair has the authority to rule on requests from the parties for continuances and other prehearing procedural matters with advice from legal counsel of this Association. The Council Chair may consult with the Council before rendering prehearing decisions.~~

i. **Briefs.** Each party to an appeal shall be entitled to submit a brief in support of the party's position. The briefs of the parties shall be submitted to the Chair of the Council on Ethics, Bylaws and Judicial Affairs of this Association in accordance with the prescribed briefing schedule. A copy of each brief filed in an appeal must be delivered to the opposing party in the appeal at the same time as the filing of the brief. The party initiating the appeal may choose to rely on the record and/or an oral presentation and not file a brief.

j. **Record of Hearing.** Upon receiving a notice of an appeal, the hearing panel of the Council on Ethics, Bylaws and Judicial Affairs that presided over the initial hearing shall furnish a transcript or an officially certified copy of the minutes of the hearing being appealed to the Council on Ethics, Bylaws and Judicial Affairs and the parties to the appeal. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused as part of the accused's defense. If the hearing panel did not provide for transcription of the hearing, any party shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

k. **Appellate Jurisdiction.** The Council on Ethics, Bylaws and Judicial Affairs is required to review the decision appealed from to determine whether the evidence before the hearing panel supports that decision or warrants the penalty(ies) imposed. The Council on Ethics, Bylaws and Judicial Affairs shall not be required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

6. **Decision on Appeals.**
   a. **Appeals not Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.**
      i. **Written Decision.** In any appeal that does not involve the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing. The decision must clearly state the conclusion of the Council and the reasons for reaching that conclusion.
      ii. **Permissible Penalties.** The Council shall have the discretion to:
         (a) Uphold the decision of the hearing panel;
         (b) Reverse the decision of the hearing panel and thereby exonerate the accused member;
         (c) Deny an appeal that fails to satisfy the requirements of the procedures for appeals of *member conduct* decisions in this *Governance Manual*;
         (d) Refer the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable policies and procedures were not accorded the accused;
         (e) Remand the case back to the member conduct hearing panel for further proceedings when the appellate record is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or
         (f) Modify the decision of the hearing panel by reducing the penalty imposed.
      iii. **Final Decision.** The decision of the Council on Ethics, Bylaws and Judicial Affairs in an appeal not involving a recommended probation, suspension, expulsion and/or removal of a trustee or elective officer shall be final and non-appealable.

~~iv. **Delivery of the Appeal Decision to the Parties.** Within thirty (30) days of the date on which a final decision on appeal is approved by the Council on Ethics, Bylaws and Judicial Affairs, a copy of the written decision shall be sent by certified mail, return receipt requested, to the last known address of each of the following: the accused member; the Association member or Association staff member bringing charges; the secretary of the component of which the accused is a member, if applicable; the secretary of the constituent of which the accused is a member, if applicable; the Election Commission of the Association; and the Executive Director of this Association.~~

~~b. **Appeals Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.**~~

~~i. **Written Decision.** In any appeal that involves the recommended probation, suspension, expulsion or removal of a trustee or elective officer, the decision of the Council on Ethics, Bylaws and Judicial Affairs shall be reduced to writing. The decision must clearly state the conclusion of the Council and the reasons for reaching that conclusion.~~

~~ii. **Permissible Penalties.** The Council shall have the discretion to:~~

~~(a) Recommend upholding the decision of the hearing panel;~~

~~(b) Reverse the recommended decision of the hearing panel and thereby exonerate the accused member;~~

~~(c) Recommend denial of an appeal that fails to satisfy the requirements of the member conduct hearing procedures of this *Governance Manual*;~~

~~(d) Refer the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable procedures were not accorded the accused;~~

~~(e) Remand the case back to the hearing panel for further proceedings when the appellate record is insufficient in the opinion of the Council on Ethics, Bylaws and Judicial Affairs to enable it to render a decision; or~~

~~(f) Modify the decision of the hearing panel by reducing the penalty imposed, except in cases in which the reduced penalty is probation, suspension and/or removal from office, where the Council's decision shall be a recommendation.~~

~~iii. **Final Decision.** The decision of the Council on Ethics, Bylaws and Judicial Affairs shall be final and non-appealable only in cases where the Council's decision does not result in the recommendation of a sentence of probation, suspension, expulsion and/or removal from office.~~

~~iv. **Delivery of the Appeal Decision in Cases not Involving Recommended Probation, Suspension, Expulsion and/or Removal from Office.** Within thirty (30) days of the date on which a final decision that does not recommend probation, suspension, expulsion and/or removal from office is approved by the Council on Ethics, Bylaws and Judicial Affairs, a copy of the decision shall be sent by certified mail, return receipt requested, to the last known address of each of the following: the accused trustee or elective officer; the Association member or Association staff member preferring charges; the secretary of the component of which the trustee is a member, if applicable; the secretary of the constituent of which the trustee or elective officer is a member, if applicable; the Election Commission and the Executive Director of this Association.~~

~~v. **Delivery of the Appeal Decision in Cases Involving Recommended Probation, Suspension, Expulsion and/or Removal from Office.** Within thirty (30) days of the date on which a decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer is approved by the Council~~

~~on Ethics, Bylaws and Judicial Affairs, a copy thereof shall be sent by certified mail, return receipt requested, to the last known address of each of the following: the accused trustee or elective officer; the Association member or Association staff member preferring charges; the Election Commission; the secretary of the component of which the trustee or elective officer is a member, if applicable; the secretary of the constituent of which the trustee or elective officer is a member, if applicable; and the Executive Director of this Association.~~

~~vi. **Right to Respond.** When a decision recommends that a trustee or elective official be sentenced to probation, expulsion, suspension and/or removal from office, that trustee or elected official has the right to respond in writing to the decision and recommendation. The response of the trustee or elective official must be delivered to the chair of the Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from the date the decision and recommendation was issued. The chair of the Council on Ethics, Bylaws and Judicial Affairs will forward the decision and recommendation, along with any response received from the trustee or elected official, to the Speaker of the House of Delegates, the Election Commission and the Association's Executive Director.~~

~~vii. **Consideration of Decision by House of Delegates.** Any decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer shall be considered by the House of Delegates.~~

~~viii. **Consideration of Recommended Probation, Suspension, Expulsion and/or Removal from Office of Trustees or Elective Officers by House of Delegates.** The House of Delegates shall decide whether to accept or reject any recommendation of a sentence of probation, suspension, expulsion and/or removal from office made pursuant to the provisions of this section of the *Governance Manual* against Trustees or Elected Officers of this Association. Delegates and alternate delegates who participated in any portion of the procedures that resulted in such recommendation shall be recused from deliberations under this section. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to impose a disciplinary sentence of expulsion from membership or removal from office, suspension or probation.~~

~~E. **Enforcement of Sentences.** After all appeals are exhausted or after the time for filing an appeal has expired, a sentence of censure, suspension, expulsion and/or removal from office meted out to any member by decisions rendered pursuant to the procedures in this *Governance Manual*, including those instances when the disciplined member has been placed on probation, shall be enforced by such individual's component and constituent, if such exist, and this Association.~~

~~F. **Non-Compliance.** In the event of a failure of technical compliance with the procedural requirements contained in this *Governance Manual*, the entity hearing the appeal shall determine the effect of such non-compliance.~~

~~G. **Reminders of Obligation.** Because Reminders of Obligation are private administrative actions and not disciplinary penalties, copies of such Reminders of Obligation shall only be kept by the Council on Ethics, Bylaws and Judicial Affairs for a period of six (6) months after issuance following which such copies shall be destroyed.~~

C. Hearings on Charges Related to the ADA *Member Conduct Policy*. Any member charged with violating the ADA *Member Conduct Policy* shall be afforded the right to a fair and impartial hearing conducted in accordance with the procedures set forth in this *Governance Manual*. In a matter brought against a member of a constituent by a member or employee of that same constituent or component, disciplinary proceedings may be instituted

by either the member's component or constituent. In a matter brought against a direct member, or a matter brought against a member of a constituent by a member of a different constituent or an employee of this Association or a different constituent or a component of a different constituent, disciplinary proceedings may be instituted by the Association's Council on Ethics, Bylaws and Judicial Affairs.

1. **Charges.** Any member or employee of the Association or a constituent or component dental society has the right to bring charges against a member alleging a violation or violations of the Association's *Member Conduct Policy*. Charges must meet the following specifications:

    a. **In Writing.** The charges must be in writing;

    b. **Identify Violation.** The charges must include an identification of the provision(s) of the Association's *Member Conduct Policy* alleged to have been violated;

    c. **Include Description.** The charges must include a detailed description of the conduct alleged to constitute the violation; and

    d. **Delivery of Charges.**

        i. If the charges are brought by a member or employee of a constituent or component dental society against a member of that same constituent or component dental society, the charges must be delivered to the Executive Director of the constituent, or the component society's executive director or senior-most officer. If the charges are brought by the Executive Director, they are to be delivered to the senior-most officer not named in the charges.

        ii. In all other instances, the charges must be delivered to the chair of the ADA Council on Ethics, Bylaws and Judicial Affairs. If the charges involve a current or recent member of the ADA Council on Ethics, Bylaws and Judicial Affairs, the charges must be delivered to the chair of an ADA agency selected by the President.*

    e. **Selection of Investigatory and Hearing Panels.**

        i. Upon the receipt of charges brought pursuant to Section C.1.d.i. of this Chapter, the constituent or component, as applicable, pursuant to its established governance policies and procedures, will establish an investigatory panel and a hearing panel for, respectively, conducting a preliminary investigation of the charges and, if warranted, an initial hearing on the charges. The entity establishing the panels shall also appoint a chair of each panel.

        ii. Upon the receipt of charges brought pursuant to Section C.1.d.ii. of this Chapter, the individual receiving the charges will appoint a three (3) member investigatory panel, one of whom will be named chair, from the members of the Council on Ethics, Bylaws and Judicial Affairs or the agency selected by the ADA President pursuant to Section C.1.d.ii. of this Chapter. The individual receiving the charges will also appoint a hearing panel composed of three (3) different members of the Council on Ethics, Bylaws and Judicial Affairs or the agency selected by the ADA President pursuant to Section C.1.d.ii. of this Chapter, one of whom will be named chair. The investigatory

* For purposes of this Chapter, "recent" means within the preceding four (4) years.

panel and the hearing panel will, respectively, conduct a preliminary investigation of the charges and, if warranted, an initial hearing on the charges. Any council or agency member from the trustee district of the member against whom the charges have been made will not serve on the investigatory panel or the hearing panel.

2. **Preliminary Investigation.** The investigatory panel will conduct a preliminary investigation of the charges alleged, determine whether the allegations made in the charges state a cognizable violation of the *Member Conduct Policy*, and issue a notice of determination that will meet the following specifications:

   a. **No Violation.** If, upon preliminary investigation, the investigatory panel determines that the charges do not state a cognizable violation of the *Member Conduct Policy*, the Association member or Association, constituent or component employee bringing the charges will be advised in writing of the investigatory panel's determination. The investigatory panel's decision will be final and without right of appeal, thereby terminating the disciplinary proceeding.

   b. **Possible Violation.** If the investigatory panel determines that the charges do sufficiently state a cognizable violation of the *Member Conduct Policy*, the charging individual and accused member shall be notified in writing. The notice of determination of a possible violation of the *Member Conduct Policy* shall conform to the following specification:

      i. **Specification of Charges.** The notice of determination of a possible violation will provide a specification of the charges alleged against the accused member;

      ii. **Hearing Notice.** The notice of determination of a possible violation shall specify the time and place of an initial hearing on the charges brought against the accused member, to be determined in consultation with the chair of the Hearing Panel;

      iii. **Manner of Delivery.** The notice of determination of a possible violation will be sent via a nationally recognized overnight delivery service to the last known addresses of the charging individual, the accused member and the chair and members of the Hearing Panel; and

      iv. **Time of Notice Delivery.** The notice of determination of a possible violation must be delivered not less than twenty-one (21) days prior to the date set for the hearing.

3. **Initial Hearing.** In the event of the issuance of a notice of determination of a possible violation, the accused member shall be entitled to a hearing before the hearing panel appointed pursuant to Section C.1.e.i. or ii. of this Chapter.

   a. **Purpose.** The purpose of the hearing is to provide the accused member with an opportunity to present a defense to the charges brought against them.

   b. **Representation by Counsel.** The accused member is entitled to be represented by legal counsel at the member conduct hearing.

   c. **Continuances.** An accused member is entitled to one (1) hearing postponement. The postponement cannot exceed thirty (30) days. Additional requests for postponement may be granted or denied at the discretion of the chair of the hearing panel, who may but need not consult with the remainder of the hearing panel on the request.

d. **Conduct of Hearing.** The hearing will proceed with a presentation of the charges by the charging individual, including any evidence supporting the allegations making up the charges. Upon the conclusion of the charging individual's presentation, the accused member may present their defense, including any evidence tending to refute the allegations of the charges. Upon the conclusion of the accused member's presentation, the charging individual may present a rejoinder presentation limited to matters brought up during the accused member's presentation.

   i. **Hearing via Video Conference.** The preferred mode for the conduct of an initial hearing is a video conference. At least fourteen (14) days prior to the date set for the hearing, any party may request, in a writing directed to the hearing panel chair, that the hearing be conducted in person. Any opposition to that request will be made in writing to the hearing panel chair within three (3) days of receipt of the request. A ruling on the request will thereafter be made by the hearing panel chair following consultation with the members of the hearing panel.

   ii. **Testimonial Evidence.** Any testimonial evidence proffered by the charging individual or the accused member is to be presented via written witness statements, copies of which will be provided to the other party and the hearing panel at least seven (7) days prior to the commencement of the hearing. Any person submitting testimony via witness statement will be made available for cross examination on any matters raised in the witness statement. Should a witness not be available for cross-examination, that witness's statement will be ruled out of order and will not be considered in deciding the matter.

4. **Decision.** Following the rejoinder presentation by the charging individual, the hearing panel shall go into a closed session consisting of the hearing panel and necessary staff supporting the panel. During the closed session, which may be adjourned and reconvened as needed, the hearing panel shall review the presentations of the parties and any evidence presented and reach a decision on the charges. Any member conduct hearing panel decision shall conform to the following specifications:

   a. **Requirement of Written Decision.** Every decision of a member conduct hearing panel will be in writing. The written decision will state:

      i. The charges lodged against the member;

      ii. The relevant facts;

      iii. The verdict arrived at by the hearing body; and

      iv. If applicable, the penalty imposed or recommended and, if the penalty is to be suspended during a period of probation, the length of the probationary period and any other conditions included in the probation.

   b. **Mailing of Decision.** Every hearing panel decision must be sent via nationally recognized overnight courier, within ten (10) days of the written decision being approved by the hearing panel, to the last known address of each of the following:

      i. The accused member;

      ii. The charging individual;

iii. The secretary of the accused member's component, if any;

iv. The secretary of the accused member's constituent;

v. The chair of the ADA Council on Ethics, Bylaws and Judicial Affairs;

vi. The Executive Director of this Association; and, if applicable

vii. The Election Commission of the Association.

5. **Notice of Right to Appeal Decision Adverse to the Accused Member.** Should the hearing panel decision sustain the charges against the accused member, a written notice to the accused member informing them of their right to appeal the decision of the hearing panel must accompany the copies of the decision sent pursuant to these procedures.

6. **Finality of Decision.** A decision dismissing charges brought under the ADA Member Conduct Policy is a final decision without the right of appeal. For a decision adverse to the accused member, a decision will not become final while an appeal of the decision is pending or until the thirty (30) day period for filing notice of appeal has expired.

7. **Non-Appeal of Decision Containing Sentence of Expulsion.** If a decision includes a sentence of expulsion and no notice of appeal is received within the thirty (30) day period within which to appeal, the chair of the hearing panel shall notify all parties, the Association and, if appropriate, the accused member's constituent and component, of the failure of the accused member to file an appeal. The sentence of expulsion will take effect on the date the notice of non-appeal is received. The disciplined member's component and constituent shall each determine what portion of their current dues and special assessments, if any, shall be returned to the expelled member. Dues and special assessments paid to this Association will not be refunded to an expelled member.

D. **Appeals of Decision Finding Violations of the ADA Member Conduct Policy.** The following procedures shall be followed in any appeal from a decision issued as a result of a member conduct hearing pursuant to the procedures in this *Governance Manual*:

1. **Right to Appeal.** Any member shall have the right to appeal a disciplinary decision issued by a member conduct hearing panel that imposes a penalty.

   a. **Appeals from a Component Hearing Panel Decision.** An appeal from a decision of a component hearing panel is to a constituent appeal panel formed pursuant to the constituent's established governance policies and procedures.

   b. **Appeals from a Constituent Hearing or Appeal Panel Decision.** An appeal from a decision of a constituent hearing or appeal panel is to the full Council on Ethics, Bylaws and Judicial Affairs, except that the member of the Council from the Trustee District in which the constituent that conducted the hearing is located is recused from participating in the appeal.

   c. **Appeals from Council Hearing Panel Decision.** An appeal from a decision of a hearing panel of the ADA Council on Ethics, Bylaws and Judicial Affairs is to the full Council, except that members that participated in the investigatory or hearing panels in the matter and the Council member from the Trustee District of the accused member are recused from participating in the appeal.

d. **Appeals in Matters Involving a Current or Recent Member of the ADA Council on Ethics, Bylaws and Judicial Affairs.** An appeal of a decision in a matter involving a current or recent member of the ADA Council on Ethics, Bylaws and Judicial Affairs is to a member conduct appeal panel of the agency selected by the ADA President to investigate the allegations of the *Member Conduct Policy* complaint pursuant to Section C.1.e.ii. of this Chapter.

e. **Time to Appeal and Form of Notice.** An appeal from any member conduct decision under the procedures of this *Governance Manual* will not be valid unless the appeal is filed within thirty (30) days of the date the decision appealed from was issued. The appeal is to be commenced by the filing of a notice of appeal in affidavit form with the chair of the member conduct appeal panel of the constituent if the appeal is from a decision issued by a constituent hearing panel or to the chair of the ADA Council on Ethics, Bylaws and Judicial Affairs if the appeal is from a decision issued by a hearing panel of that Council, or the chair of the appeal panel of the agency that held the initial hearing in the matter.

2. **Time for Filing Briefs on Appeal.** Briefs in member conduct appeals brought under the procedures of this *Governance Manual* are not mandatory, but are optional for each party. If briefs are to be filed, they will be filed according to the following schedule:

a. **Appellant's Initial Brief.** If being filed, an initial brief supporting an appeal must be filed within sixty (60) days after the date the decision being appealed was issued.

b. **Reply Brief.** If being filed, a reply brief supporting the decision appealed from must be filed by the Association member or employee who lodged the member conduct complaint within ninety (90) days after the decision being appealed was issued.

c. **Rejoinder Brief.** If being filed, a rejoinder brief supporting an appeal must be filed within one hundred five (105) days after the date the decision being appealed was issued. Any rejoinder brief shall be limited to matters raised in the reply brief.

3. **Time for Appellate Hearing.** No hearing on an appeal will be held within one hundred fifty (150) days of the date the decision appealed from was issued or forty-five (45) days after the last brief in the appeal was filed, whichever is later. Omission of briefs will not alter the hearing date unless otherwise agreed to by the parties and the chair of the body hearing the appeal.

4. **Conduct of Appellate Hearing.** The accused member shall be entitled to a hearing on an appeal, provided that such appeal meets the requirements of this section of the *Governance Manual*. The appeal hearing shall be conducted in accordance with the following parameters:

a. **Members Hearing the Appeal.** Members of the investigatory and hearing panels involved in the action being appealed are recused from participating on the appeal panel and will not take part in deciding the appeal. Moreover, no member from the accused member's Trustee District will participate on the appeal panel or take part in deciding the appeal. If the appeal is to the ADA Council on Ethics, Bylaws and Judicial Affairs, the Council representative from the accused member's Trustee District will not take part in the appeal hearing or in deciding the appeal.

b. **Parties to the Appeal.** In any appeal of a decision under the *Member Conduct Policy*, the parties to such an appeal shall be the accused member and the individual who filed the charges alleging a violation of the *Member Conduct Policy*.

c. **Representation by Counsel.** In any appeal, the accused member is entitled to be represented by legal counsel.

d. **Attendance at Hearing.** A party need not appear for the appeal to be heard.

e. **Video Conference Hearings.** Absent extraordinary circumstances, appeal hearings will be conducted via video conference. Upon request and with a showing of extraordinary circumstances, any party may request that the hearing be conducted in person. Such a request may be granted or denied by the appeal panel, in its sole and absolute discretion, and the granting of such a request can be subject to meeting reasonable terms and conditions that may be set by the appeal panel including, without limitation, that the expenses incurred as a result of an in-person meeting be paid by the party making the request.

f. **Hearing Notice.** The appeal panel will notify the accused member; the individual bringing the charges; the secretary of the accused member's component, if applicable; and the secretary of the accused member's constituent, if applicable, of the time and place of the appeal hearing. The hearing notice will be sent via a nationally recognized overnight delivery service, to the last known addresses of the parties to the appeal and the other entities receiving notice. The notice of hearing is to be sent not less than thirty (30) days prior to the hearing date of the appeal.

g. **Hearing Continuances.** The granting of continuances will be at the sole discretion of the chair of the appeal panel.

h. **Prehearing Matters.** All prehearing communications will be in writing and a copy of each communication shall be sent to every other party in the same manner sent to the chair of the appeal panel. Prehearing requests may be granted at the discretion of the chair of the appeal panel. The chair has the authority to rule on requests from the parties for continuances and other prehearing procedural matters with advice from legal counsel. The chair may, but need not, consult with the other members of the appeal panel before rendering prehearing decisions.

i. **Briefs.** If any party wishes to submit a brief in support of their position, the brief will be submitted to the appeal panel chair in accordance with the prescribed briefing schedule. A copy of each brief filed in an appeal must be delivered to the opposing party in the appeal at the same time as the filing of the brief. Any party to the appeal may choose to rely on the record and/or an oral presentation and not file a brief.

j. **Record of Hearing.** Upon receiving a notice of an appeal, the hearing panel that presided over the initial hearing shall furnish a transcript or a true and correct copy of the minutes of the hearing being appealed to the appeal panel and the parties to the appeal. The transcript or minutes shall be accompanied by true and correct copies of any affidavits or other documents submitted as evidence in the initial hearing.

k. **Appellate Jurisdiction.** The appeal panel is required to review the decision appealed from to determine whether the evidence before the hearing panel supports the decision or warrants the penalty or penalties imposed. The appeal panel is not required to consider additional evidence unless there is a clear showing that a party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

5. **Decisions on Appeals.**

a. **Appeal Decisions not Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.**

i. **Written Decision.** Any appeal decision that does not involve the recommended probation, suspension, expulsion and/or removal from office of a trustee or elective officer must be reduced to writing. The decision must clearly state the conclusion of the appeal panel and the reasons for reaching that conclusion.

ii. **Permissible Action on the Appeal.** The appeal panel will have the discretion to:

(a) Uphold the decision of the hearing panel;

(b) Reverse the decision of the hearing panel and thereby exonerate the accused member;

(c) Deny an appeal that fails to satisfy the requirements of the procedures for appeals of *Member Conduct Policy* decisions contained in this *Governance Manual*;

(d) Refer the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable policies and procedures were not accorded the accused;

(e) Remand the case back to the hearing panel for further proceedings when the appellate record is insufficient in the opinion of the appeal panel to enable the appeal panel to render a decision; or

(f) Modify the decision of the hearing panel by reducing the penalty imposed.

iii. **Appeal of a Constituent Appeal Panel Decision.** The decision of a constituent appeal panel in an appeal not involving a recommended probation, suspension, expulsion and/or removal of a trustee or elective officer may be appealed to the ADA Council on Ethics, Bylaws and Judicial Affairs. Any such appeal will be conducted in accordance with Section D. of this Chapter XI. of the *Governance Manual*. Any *Member Conduct Policy* appeal decision of the ADA Council on Ethics, Bylaws and Judicial Affairs in such cases will be final and non-appealable.

iv. **Finality of a Decision of an Appeal Panel of the ADA Council on Ethics, Bylaws and Judicial Affairs.** In appeals of decisions of a hearing panel of the ADA Council on Ethics, Bylaws and Judicial Affairs not involving a recommended probation, suspension, expulsion and/or removal of a trustee or elective officer, the decision of the appeal panel of the ADA Council on Ethics, Bylaws and Judicial Affairs will be final and non-appealable.

v. **Delivery of the Appeal Decision to the Parties.** Within thirty (30) days of the date on which a final decision on appeal is issued, the appeal panel that issued the final decision will send a copy of the decision via a nationally recognized overnight delivery service to the last known address of each of the following: the accused member; the Association member or Association, constituent or component employee bringing the *Member Conduct Policy* charges; the secretary of the component of which the accused is a member, if applicable; the secretary of the constituent of which the accused is a member, if applicable; the Election Commission of the Association; and the ADA Executive Director.

b. **Appeals Involving Recommended Probation, Suspension, Expulsion and/or Removal of a Trustee or Elective Officer.**

i. **Written Decision.** In any appeal that involves the recommended probation, suspension, expulsion or removal of a trustee or elective officer, the decision must be reduced to writing. The decision must clearly state the conclusion of the appeal panel and the reasons for reaching that conclusion.

ii. **Permissible Penalties.** The appeal panel will have the discretion to:
   (a) Recommend upholding the decision of the hearing panel;
   (b) Reverse the recommended decision of the hearing panel and thereby exonerate the accused member;
   (c) Recommend denial of an appeal that fails to satisfy the requirements of the member conduct hearing procedures of this *Governance Manual*;
   (d) Refer the case back to the hearing panel for new proceedings, if the rights enumerated under all applicable procedures were not accorded the accused;
   (e) Remand the case back to the hearing panel for further proceedings when the appellate record is insufficient to enable the appeal panel to render a decision; or
   (f) Modify the decision of the hearing panel by reducing the penalty imposed, except in cases in which the reduced penalty is probation, suspension and/or removal from office, where the appeal panel's decision shall be a recommendation.

iii. **Appeal of a Constituent Appeal Panel Decision.** The decision of a constituent appeal panel in an appeal involving a trustee or elective officer that recommends probation, suspension, expulsion or removal of a trustee or elective officer may be appealed to the ADA Council on Ethics, Bylaws and Judicial Affairs. Any such appeal will be conducted in accordance with Section D. of this Chapter XI. of the *Governance Manual*.

iv. **Delivery of the Appeal Decision in Cases Involving Recommended Probation, Suspension, Expulsion and/or Removal from Office.** Within thirty (30) days of the date on which a decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer is approved by the ADA Council on Ethics, Bylaws and Judicial Affairs, a copy thereof shall be sent by a nationally recognized overnight delivery service to the last known address of each of the following: the accused trustee or elective officer; the Association member or Association staff member preferring charges; the Election Commission; the secretary of the component of which the trustee or elective officer is a member, if applicable; the secretary of the constituent of which the trustee or elective officer is a member, if applicable; and the ADA Executive Director.

v. **Right to Respond.** When an appeal decision of the ADA Council on Ethics, Bylaws and Judicial Affairs recommends that a trustee or elective official be sentenced to probation, expulsion, suspension and/or removal from office, that trustee or elected official has the right to respond in writing to the decision and recommendation. The response of the trustee or elective official must be delivered to the chair of the ADA Council on Ethics, Bylaws and Judicial Affairs within thirty (30) days from the date the decision and recommendation was issued.

vi. **Delivery of Decision and Response to the Applicable House of Delegates.**
   (a) For decisions that include a recommended penalty to a trustee or elected official of a constituent, the chair of the Council on Ethics, Bylaws and Judicial Affairs will forward the decision and recommended penalty, together with any response received from the trustee or elected official, to the Speaker of the House of Delegates for that constituent and the constituent's Executive Director.
   (b) For decisions that include a recommended penalty to a trustee or elected official of the ADA, the chair of the Council on Ethics, Bylaws and Judicial Affairs will forward the decision and recommended penalty, together with any

response received from the trustee or elected official, to the Speaker of the ADA House of Delegates, the ADA Election Commission and the Association's Executive Director.

vii. **Consideration of Decision by House of Delegates.** Any decision that recommends probation, suspension, expulsion and/or removal from office of a trustee or elective officer shall be considered by the House of Delegates. The House of Delegates shall decide whether to accept or reject any recommended sentence of probation, suspension, expulsion and/or removal from office against Trustees or Elected Officers of this Association. Delegates and alternate delegates who participated in any portion of the procedures that resulted in the decision and recommended penalty shall be recused from deliberations of whether the recommended penalty should be approved by the House of Delegates. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to impose a disciplinary penalty of expulsion from membership or removal from office, suspension or probation.

E. **Enforcement of Sentences.** After all appeals are exhausted or after the time for filing an appeal has expired, a sentence of censure, suspension, expulsion and/or removal from office meted out to any member by decisions rendered pursuant to the procedures in this *Governance Manual*, including those instances when the disciplined member has been placed on probation, shall be enforced by such individual's component and constituent, if such exist, and this Association.

F. **Non-Compliance.** In the event of a failure of technical compliance with the procedural requirements contained in this *Governance Manual*, the entity hearing the appeal shall determine the effect of such non-compliance.

G. **Reminders of Obligation.** Because Reminders of Obligation are private administrative actions and not disciplinary penalties, copies of such Reminders of Obligation shall only be kept by the issuing panel for a period of six (6) months after issuance following which such copies shall be destroyed.

APPENDIX 2

ADA *BYLAWS*
CHAPTER II • CONSTITUENTS AND COMPONENTS

PROPOSED AMENDMENTS (ADDITIONS UNDERSCORED, DELETIONS ~~STRICKEN THROUGH~~)

* * *

Section 50. CODE OF ETHICS. A constituent or component may adopt a code of ethics governing the professional conduct of its members in addition to the *Principles of Ethics and Code of Professional Conduct* of this Association. Such a code of ethics shall not be in conflict with, or limit, the *Principles of Ethics and Code of Professional Conduct* of this Association.

Section 60. MEMBER CONDUCT. A constituent or component may adopt a code of conduct governing the organizational conduct of its members in addition to the Member Conduct Policy of this Association. Such a code of conduct shall not be in conflict with, or limit, the Member Conduct Policy of this Association.

Section 70. RIGHT OF HEARING AND APPEAL. Disputes arising between constituents or between a constituent and one or more of its components may be referred to the Council on Ethics, Bylaws and Judicial Affairs of this Association for hearing and decision pursuant to the procedures set forth in the Governance Manual even though a disciplinary penalty is not involved.

* * *

CHAPTER XI • PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT, MEMBER CONDUCT POLICY AND JUDICIAL PROCEDURES

Section 10. PROFESSIONAL AND ORGANIZATIONAL CONDUCT:

A. MEMBERS: The professional conduct of a member of this Association shall be governed by the *Principles of Ethics and Code of Professional Conduct* of this Association and by the codes of ethics of the constituents and components within whose jurisdiction the member practices or conducts or participates in other professional dental activities. The organizational conduct of a member of this Association shall be governed by the Member Conduct Policy of the Association and by the codes of conduct of the constituents and components within whose jurisdiction the member practices or conducts or participates in other professional dental activities.

B. TRANSFERS OF MEMBERSHIP: A member who is unsuccessful in transferring membership from one constituent to another shall be entitled to a hearing, the conduct of which will be subject to the judicial procedures contained in the Governance Manual.

Section 20. DISCIPLINE OF MEMBERS: A member may be disciplined in accordance with the procedures set forth in the Governance Manual for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state or other jurisdiction of the United States, (3) having been discharged or dismissed from practicing dentistry with one of the federal dental services under dishonorable circumstances, (4) violating the Bylaws, the Principles of Ethics and Code of Professional Conduct, or the bylaws or code of ethics of the constituent or component of which the accused is a member, ~~or~~ (5) violating the Member Conduct Policy of the Association, or (6) violating the code of conduct of a constituent or component.

APPENDIX 3

ADA *GOVERNANCE AND ORGANIZATIONAL MANUAL*
CHAPTER II. CONSTITUENTS AND COMPONENTS

PROPOSED AMENDMENTS (ADDITIONS UNDERSCORED, DELETIONS ~~STRICKEN THROUGH~~)

* * *

C. **Components.**

* * *

2. **Powers.** A component shall have the power to:

   a. Select its active, life and retired members in accordance with and subject to the provisions of Chapter II of the *Bylaws* and this *Governance Manual*.

   b. Discipline any of its members in accordance with and subject to the provisions of Chapter XI. of the *Bylaws* and this *Governance Manual*.

   c. Establish committees, councils and commissions of the component; to designate their powers and duties; and to adopt reasonable eligibility requirements for service thereon.

   d. Adopt a code of ethics not in conflict with the *Principles of Ethics* 336 *and Code of Professional Conduct* of this Association or code of ethics of its constituent.

   e. Adopt an organizational code of conduct not in conflict with the *Member Conduct Policy* of this Association or code of conduct of its constituent.

APPENDIX 4

PROPOSED REVISIONS TO ADA MEMBER CONDUCT POLICY (*Trans.*2011:530; 2020:335)

1. Members' discussions, ~~social media~~ activities, ~~communications and~~ or interactions ~~with other dentists, dentist members, Association officers, trustees and staff~~ that refer or relate to, reflect on or represent dentist(s) or the profession of dentistry, should be respectful and free of demeaning, derogatory, profane, offensive or defamatory language.

2. Members, at meetings of the American Dental Association and constituent and component society meetings, and at all other times when serving in the capacity of an ADA, constituent or component society representative, will act in good faith, with honesty and integrity, and conduct themselves in a professional and respectful manner.

3. ~~Discussions and communications relating to modes of practicing dentistry~~ Members should be courteous, ~~and~~ professional, and ~~members should be~~ respectful of the practice choices of their colleagues when discussing or communicating about dental practice modalities.

~~3.~~ 4. Members should abide by and respect the decisions and policies of the Association and the constituent and component dental societies. Any criticism or challenges to existing ~~Association~~ policies or decisions shall be undertaken in a professional manner.

~~4.~~ 5. Members have an obligation to be informed about and use Association and constituent and component dental society policies for communication and dispute resolution.

~~5.~~ 6. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.

~~6.~~ 7. Members must respect and protect the intellectual property rights of the Association and the constituent and component dental societies, including any trademarks, logos, and copyrights.

~~7.~~ 8. Members must not use Association or constituent or component dental society membership directories, on-line member listings, or attendee records from ~~Association-~~sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.

~~8.~~ 9. Members must treat all confidential information furnished by the Association and the constituent and component dental societies as such and must not reproduce materials without ~~the Association's~~ written approval.

~~9.~~ 10. Members must not violate the attorney-client privilege or the confidentiality of executive sessions conducted at any level within the Association.
~~10.~~ 11. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.