

2004 American Dental Association House of Delegates Actions Affecting the Dental Hygiene Profession

The 145th annual session of the American Dental Association (ADA) was held in early October in Orlando, Florida. The actions take by the ADA House of Delegates (ADA HOD), which are of interest or concern to dental hygienists, are presented below.

Please note that this is a summary report reflecting background statements, reference committee testimony, and in some cases, floor debate. It was prepared by American Dental Hygienists' Association staff who attended the ADA house sessions and is not intended as a substitute for official ADA minutes.

Legal and Legislative Matters

43S-1, 43S-2, 43S-3, ADA's Opposition to ADHA's "Advanced Dental Hygiene Practitioner"

43S-1. Resolved, the ADA and its constituent and component societies oppose the creation of an "advanced dental hygiene practitioners" proposed to diagnose, provide restorative and definitive dental care without the direct or indirect supervision of a licensed dentist as they pursue legislation to address workforce models.

Final Action: Referred to the Work Force Model Task Force for study and report to the 2005 HOD.

43S-2. Resolved, the ADA opposes the creation of an "advanced dental hygiene practitioner" as they pursue legislation to address workforce models.

Final Action: Referred to the Work Force Model Task Force for study and report to the 2005 HOD.

43S-3. Resolved, that the ADA believes the current model of dental team practice where the dentist serves as the head of the team and provides direction to the entire team, as well as delegating certain specific duties to dental auxiliaries consistent with their respective training and abilities, is the most ideal and efficacious method of dental treatment delivery and be it further

Resolved, that the ADA supports appropriate education and training for dentists, dental hygienists and dental assistants to ensure the highest standard regarding the performance of those duties permitted by state law, and be it further

Resolved, that the dental needs of the underserved population are best met by the traditional dental team concept and should not be relegated to a multi-tiered system of care involving lesser trained personnel, and be it further

Resolved, that the dental procedures of diagnosis, treatment planning, restorative care, therapeutic services and other essential care, as taught in CDA Accredited dental school settings, constitute the most appropriate and effective means of providing safe and proper dental treatment to all segments of the population.

Final Action: Referred to the Work Force Model Task Force for study and report to the 2005 HOD.

Resolution 66B- Board of Trustees Continuation of the Alaska Native Oral Health Care Access Task Force – (Budget amount \$ 25,000)

Resolved, that an Alaska Native Oral Health Care Access Task Force, constituted by the President, be funded for one more year.

Final Action: Adopted

Resolution 67RC Diagnosis or Performance of Irreversible Dental Procedures by Nondentists:

Resolved, that the American Dental Association by all appropriate federal legislative and judicial means resist any effort compromising the quality of dental health care services by allowing any nondentist to diagnose or perform irreversible dental procedures, except as otherwise authorized by state law with reference to physicians.

Final Action: Adopted

24RC Alaska Native Oral Health Access Task Force – Strategies to Assure Access to Quality Health Care for Native Alaskans:

Resolved, that in response to the Alaska Native Oral Health Care Access Task Force's finding and recommendations, and to the unique and separate challenges that Alaska presents, the following strategies to assure access to quality health care for Native Alaskans be approved:

1. The ADA encourage the establishment of a work group that includes tribal leaders and the Alaska Dental Society (ADA) to facilitate improved access to oral health care for the Alaskan village populations.

2. The ADA work with the ADS and tribal leaders to seek federal funding with the goal of placing a dental health aide (i.e., a Primary Dental Health Aide I or II) trained to provide oral health education, preventive services and palliative services (except irreversible procedures, including but not limited to tooth extractions, cavity and stainless steel crown preparation and pulpotomies) in every Alaska Native village that request an aide.
3. The ADA support the use of Expanded Functions Dental Health Aide I and II where appropriate to improve the efficiency of delivering oral health care services to Alaska Natives within the Community Health Aide Program.
4. The ADA continue to support current federal policy that facilitates the entry to American Indians/Alaska Natives into the health professions, especially the field of dentistry.
5. The ADA work to ensure that representatives of the ADS are included in oversight activities concerning the dental health aide program and other programs affecting the delivery of oral health care services to Alaska Natives.
6. The ADA offer, and the ADS be encouraged to offer, to work with the tribal leaders to increase the use of telecommunications to ensure the proper delivery of oral health care in the villages.
7. The ADA take actions that help to significantly increase the number of dentists and dental hygienists available to provide services to Alaska Natives in the rural villages through private contracts and volunteerism and to facilitate the placement of donated dental equipment, including encouraging the ADS to establish a volunteer position to coordinate these activities with the tribes.
8. The ADA offer, and the ADS be encouraged to offer, to explore ways of working with the Denali Commission and the tribes to expedite the building of dental clinics in rural Alaska villages.
9. The ADA offer to work with the ADS, Alaska Native Tribal Health Consortium, the Alaska Native Health Board and others to lobby for increased federal funding to help ensure that improvements in community water quality in the rural Alaska villages include fluoridation.
10. The ADA work with the ADS and tribes to help reduce the consumption of soft drinks and other cariogenic products.
11. Consistent with the needs and desires of tribal leaders, the ADA support the increased use and funding of military reservist dentists, including dental specialists, in delivering care to Alaska Natives in remote, rural villages.
12. The ADA through its agencies help to facilitate the placement of volunteer dentists and dental hygienists in tribal and Indian Health Service facilities nationwide.
13. The ADA is opposed to nondentists making diagnoses, developing treatment plans or performing irreversible procedures.
14. The ADA will work to help tribes and tribal leaders understand the dangers and patient health risks of nondentists making diagnoses or performing

irreversible dental procedures, including, but not limited to tooth extractions, pulpotomies and cavity and stainless steel crown preparation.

Final Action: Adopted

Dental Benefits, Practice, Science and Health:

Resolution 31RC Non-Dental Providers Completing Educational Program on Oral Health

Resolved, that only dentists, physicians, and their properly supervised and trained designees, be allowed to provide preventive dental services to infants and young children, and be it further

Resolved, that anyone that provides preventive dental services to infants and young children should have completed an appropriate educational program on oral health, common oral pathology, dental disease risk assessment, dental caries and dental preventive techniques for this age group, and be it further

Resolved, that the ADA urge constituent societies to support this policy.

Final Action: Adopted.

32RC Non-Dental Providers Notification of Preventive Dental Treatment for Infants and Young Children:

Resolved, that prior to any preventive dental treatment of an infant or young child a dental disease risk assessment should be preformed by a dentist or physician and be it further

Resolved, that risk assessment, screenings or oral evaluations of infants and young children by non-dentists are not to be considered comprehensive dental exams, and be it further

Resolved, that it is essential that non-dentists who provide preventive dental services to an infant or young child notify a dentist of the custodial parent's/legal guardian's choosing as to what services were rendered and refer the patient for a comprehensive examination.

Final Action: Adopted.

Resolution 37B Fluoride Varnishes

Resolved, that the ADA supports the use of Fluoride varnishes as safe and efficacious within a caries prevention program that includes caries diagnosis, risk assessment, and regular dental care, and be it further

Resolved, that the ADA encourage the FDA to consider approving professional applied fluoride varnish for reducing dental caries, based on the substantial amount of available data supporting the safety and effectiveness of this indication

Final Action: Adopted.

Resolution 38, 38B, 38BS-1 Dental Sealants

Resolved, that dental sealants are safe and effective in preventing dental caries in pits and fissures when applied properly as part of a preventive program that includes diagnosis of dental caries and regular follow-up of the sealants, and be it further

Resolved, that the evidence for using sealants to arrest or manage early carious lesions, though limited, indicates that sealants may prevent the progression of dental caries provided that the sealants are monitored and caries risk status is controlled.

Final Action: Referred to the appropriate Association agencies for further study and report to the 2005 House of Delegates.

Dental Education and Related Matters:

Resolution 23 Task Force on the Role of Patient-Based Examinations (budgetary amount \$4,776,000)

National Examination for Evaluation of Clinical Competency of Candidates for Licensure:

Resolved, It is premature at this time for the House to direct the ADA to unilaterally develop a common national clinical licensure examination and be it further

Resolved, that the ADA President appoint a national clinical licensure examination consensus committee of appropriate communities of interest, with expert consultants as needed, to advance the development of a common national examination for the evaluation of clinical competency of candidates for licensure and be it further

Resolved, that the ADA Board closely monitor the progress of the consensus committee, with recommendations to the 2005 House of Delegates about the development of a common national examination, and be it further

Resolved, that the ADA president communicate with the communities of interest about the Board's ongoing role to monitor progress and make recommendations to the 2005 House of Delegates

Final Action: Adopted.

Resolution considered under New Business: Resolution 98

Resolved, that a dentist must have the primary responsibility for the oral health care of each patient, regardless of the provision of some preventive or educational services by non-dentists.

Final Action: Adopted

ADA Report on Independent Practice in Colorado:

The official report on the independent practice of dental hygiene in Colorado will not be officially released until the end of October. We will provide an update on the report soon after that time.