1S6. Whereas, CDA is an evidence-based organization and makes decisions based on pertinent scientific evidence, and no such evidence currently exists regarding the safety of non-dentists performing expanded duties as proposed in the CDA Access Plan.

Whereas, public leaders are concerned about barriers to access to oral health services in their communities and seek to overcome these barriers for their citizens.

Whereas, barriers to care are multiple and multi-factorial, and no single solution will resolve these barriers to access that an estimated 30 percent of Californians experience.

Whereas, CDA has concluded and filed its 2011 Access Report further identifying and enumerating the various barriers to accessing oral health services for approximately 30 percent of the population of California.

Whereas, legislation has been introduced in an attempt to improve access by creating a statewide office of oral health to create and administer a comprehensive statewide oral health program aimed at meeting the needs of the population, including those that do not have access to services. CDA has shaped and endorsed the legislation, and thus has a leadership role and visible stake in the legislation. CDA, as an association of learned professionals, has the ability and duty to provide guidance to the state in proposed matters aimed at overcoming access barriers to those needing oral health services that are not able to access the current existing private-practice or public health models of dental service delivery in California.

Whereas, the proposed legislation includes a study of the safety, effectiveness, quality, cost-effectiveness and patient satisfaction of a not-yet-finalized set of expanded dental procedures performed by non-dentists under various forms of supervision.

Whereas, some CDA members have expressed deep concern about various aspects of the proposed legislation, and seek to encourage CDA to rescind support heretofore given by CDA to the bill.

Therefore be it

Resolved, that CDA continue to support and endorse legislation, such as SB 694, so long as any amendments or revisions made during the legislative and rulemaking processes result in legislation that is consistent with CDA policy that the dentist remain the head of a single dental delivery system; and be it further

Resolved, that the study referenced in Phase 1, Objective 8 of the 2RC-2011-H, as approved to be pursued, be further defined as a study limited to California licensed RDHs and RDAEF2s receiving modular training on specified new duties, and be it further

Resolved, that in order to support any legislation that calls for a study, as defined, the following parameters be included:

- The study must be conducted by a California university under the auspices of its internal review board with all instruction conducted under the oversight of a dentist.

- The study must limit the duties to be studied to the following: administration of local anesthesia; tooth preparation for, and placement and finishing of, direct restorations; interim therapeutic restoration; stainless steel crown placement; therapeutic pulpotomy; pulp cap, direct and indirect; and extraction of primary teeth.

- The study must focus on safety, quality, patient satisfaction and cost effectiveness of the care for children delivered in a public health setting under the direct, general and remote supervision of a dentist.

- The final design and implementation criteria of the clinical study must be carried out and approved by a committee to include dental school faculty, state dental board members and both public health and private practice dentists.

- The additional duties permitted for those providers participating in the study are only permitted for the purposes and the duration of the trial, which is not to exceed five years.

- Recognition that any permanent scope of practice changes would require separate legislative action in the future.

And be it further

Resolved, that at the conclusion of any such study, CDA analyze the results and take a position on any proposed changes to the dental practice act only after presentation and approval by the House of Delegates; and be it further

Resolved, that in addition to these workforce activities, CDA fully implement the other phase I strategies from 2RC-2011-H so that multiple efforts to overcoming barriers to care are occurring simultaneously and the need to introduce alternative workforce members is reduced.

Resolution 1S1 (as submitted by the San Diego County Dental Society) was substituted for Resolution 1. Resolution 1S6 (as submitted by the Alameda County, Berkeley, Redwood Empire, Southern Alameda and Tri-County Dental Societies) was substituted for Resolution 1S1. Resolution 1S6 was amended and subsequently adopted.