

CDA Policy Manual

(Positional policy and operational policies combined)

December 2022

For all referenced bylaws, general operating principles or strategic plan changes – see current versions of those separate documents.

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1.0 Membership Services

1.1 Position Paper:

Dental Practitioner Trends in California (52-1990)

1.2 Membership Status:

Automatic Provisional Membership (7-1988)

Resolved, that CDA grant automatic provisional membership for the first full calendar year following graduation to all California dental school graduates who have been CDA student members.

Notification of Dropped Membership (44RC-1988; 40-1997)

Resolved, that specialty societies that require CDA membership be formally advised when a member is dropped from the roster of CDA, and that the specialty organizations be encouraged to require continuing membership in the California Dental Association for those members in good standing, and that specialty organizations be requested to inform CDA when one of their members has been dropped from specialty status, and that CDA's delegates to the ADA be instructed to press for similar policy on the national level.

Membership Application Procedures for Dentists in Non-Traditional Practice Settings (15-1996)

Resolved, that the proposal entitled "Membership Application Procedures for Dentists in Non-Traditional Practice Settings" is approved, and be it further

Resolved, that the "Peer Review Acknowledgment Form" be modified as follows:

IN ORDER TO MEET THESE REQUIREMENTS, I AGREE, as to any patient I treat, to comply with the requests of a duly-constituted peer review committee and to abide by the decisions of such a body. It is understood that this may require, among other things, that I cooperate with the peer review committee and provide the necessary patient records, including x-rays, study models, a Peer Review Agreement form signed by my employer(s) including employers engaged subsequent to applying for membership, or other documents necessary to conduct the peer review..."

Associate Membership (25RC-1996)

Resolved, that a uniform definition for component associate membership be adopted for recommendation to component dental societies as amended:

"A person shall be classified as an associate member if he/she maintains membership in good standing in the American Dental Association and the appropriate component dental society, and is not otherwise eligible for active or life membership in this component dental society. Associate membership includes:

1. Dentists practicing in the areas outside the jurisdiction of the society who are members in good standing in their appropriate dental society.
2. Reputable practitioners of medicine who are members of their own medical society.
3. Members of faculties of recognized dental schools or dental programs in accredited schools.

4. Dentists who are members of the United States Armed Services or other federal agencies, are stationed or reside in the geographic area of the dental society and hold active ADA membership.
5. An active member of the society who retires from the practice of dentistry and, on his/her own request, requests associate status.

Associate members will have all the rights and privileges of active membership except the rights to hold elected office, board positions and/or to vote in any election, referendum or meeting, and/or to participate on ethics or peer review committees.

Dues for associate members will be determined by the board of directors of each dental society.”

Student-to-Active Member Transition Program (6S1-2005)

Resolved, that the student-to-active member transition program proposal be approved, to implement component dental society membership for California dental students and automatically transition into tripartite membership immediately following licensure, and be it further

Resolved, that the component dental societies follow the CDA reduced dues policy, which is based on year of first licensure in the United States or completion of an ADA accredited post-graduate dental studies program, and be it further

Resolved, that the component dental societies waive membership dues for the first year of membership following licensure (RDO) to allow for a seamless transition from student to active membership, and be it further

Resolved, that CDA will reimburse the components in which the dental schools are located for costs associated with implementing the program.

Bipartite Membership for Non-licensed Postgraduate Members (32-2007)

Resolved, that bipartite membership with CDA and components be offered to non-licensed post-graduate members in a program in California through CDA's membership marketing and billing process.

Membership Category for Students/Graduates of Dental Board of California Approved Programs (9-2008)

Resolved, that dental students enrolled in a Dental Board of California Approved program outside of the United States be eligible for CDA direct student membership and provisional membership upon graduation and be it further

Resolved, that the CDA bylaws regarding student and provisional membership be amended as attached.

Report on the Allied Dental Health Professionals Category of Membership (9-2009)

Resolved, that the attached report regarding the Allied Dental Health Professionals category of membership be filed in accordance with Resolution 11RC-2006.

Maintain the Allied Dental Health Professionals Category of Membership (10-2009)

Resolved, that the Allied Dental Health Professional membership category, as it appears in the CDA Bylaws, Chapter II, Section 80, be continued, and be it further

Resolved, that Allied Dental Health Professional guests be appointed by the president annually as follows: one to the Board of Trustees, two to the House of Delegates, one to the Council on Membership, and to councils, committees, or boards selected by the president, and be it further

Resolved, that oversight of the Allied Dental Health Professional membership and coordination between appointed Allied Dental Health Professional guests be a duty of the Council on Membership.

Membership Category Simplification (1-2017)

Resolved, that the CDA Bylaws be amended as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of the House of Delegates.

ADA Bylaws Alignment (1A-2018)

Resolved, that CDA membership within a component be assigned based on a member's primary address (home, practice or employment address), and be it further

Resolved, that the CDA bylaws be amended to reflect this change.

1.3 Membership Application:

Applicant Privileges (12-1986; 39-1997)

Resolved, that the policy be approved whereby former members of the association are denied CDA membership privileges as applicants prior to election if they fall under one of the following four categories:

1. The applicant has previously been denied membership.
2. The applicant previously withdrew his/her application prior to denial of membership due to alleged ethical violation.
3. The applicant was a member expelled from CDA as a result of an ethical violation.
4. The applicant was a member who resigned or did not renew his/her membership as a result of pending charges of ethical violations filed against him/her.

Full membership privileges will be afforded these members upon election.

Reapplication Waiting Period Following Expulsion (20-1989)

Resolved, that a minimum one-year membership reapplication waiting period be imposed on all dentists expelled from membership in the California Dental Association, and be it further

Resolved, that additional time limitation may be imposed by the trial panel as determined necessary at the time of expulsion, and be it further

Resolved, that in no instance shall the time limitation for membership reapplication be less than one year from the date of expulsion.

Multiple Applications For Membership and Dues Payment (38-1997)

Resolved, that the CDA Membership Policy requiring an applicant who submits and withdraws an application for three consecutive years to pay full ADA and CDA dues with the third application before the application can be processed be rescinded.

Referral Policy for Repeat Membership Applications (20RC-1998)

Resolved, that the following referral policy for repeat membership applications be approved:

“Any applicant who on two occasions submits and subsequently fails to comply with requests to complete an application for membership will not be eligible for the benefits of membership in any future application process until elected to membership.”

1.4 Membership Dues:

Eligibility for Recent Graduate Reduced Dues (11-1988; 38RC-1998)

Resolved, that eligibility for CDA recent graduate reduced dues be based upon the year of first licensure in the United States, or the date of satisfactory completion of an ADA-accredited post-graduate dental studies program. Upon satisfactory completion of the post-graduate program, dues will be resumed at the level paid at the time post-graduate studies commenced.

Dues Waiver for Government Service Dentists (20-1988)

Resolved, that annual CDA membership dues be waived for the CDA member who engages in activities in government service as defined in the CDA Bylaws.

[Note: 2004 bylaws revisions removed explanatory note defining this & placed/referred this definition to the Membership Manual.]

Recent Graduate Dues Structure (42-1990; 19RC-1999)

Resolved, that CDA dues for the first, second, third and fourth full years following the year of first licensure in the United States, or the date of satisfactory completion of an ADA accredited post-graduate dental studies program, be kept at 0%, 40%, 60% and 80% respectively of CDA full, active dues.

Dues Payment Upon Membership Application (9RC-1994, 13-1998)

Resolved, that applicants for who avail themselves of the membership benefits of TDIC professional liability insurance and/or attendance at a CDA Scientific Sessions be required to pay CDA dues as an applicant, and be it further

Resolved, that these two membership benefits shall not be granted to any individual until such time as the required CDA dues have been paid in full or the applicant has signed a contractual agreement with CDA promising to pay the required CDA dues in full on a prearranged installment plan.

Dues for Retired Members (7-1997)

Resolved, that the annual dues for retired members be ten percent of the annual active full dues, including a paid subscription to the CDA Journal.

Dues for Affiliate and Associate Members (8-1997)

Resolved, that the annual membership dues for affiliate members be fifty percent of the annual active full dues, including subscription to the CDA Journal, and be it further

Resolved, that the annual membership dues for associate members be twenty-five percent of the annual active full dues, including subscription to the CDA Journal.

International Dental School Graduate Dues Structure (60-1997)

Resolved, that the dues structure for graduates of international dental schools who are newly licensed to practice dentistry in California and who have never practiced in the United States be the same as the dues structure for new graduates of ADA accredited schools.

Dues Payment On An Installment Plan (13-1998)

Resolved, that an applicant for CDA membership be allowed to pay the required CDA dues on an installment plan.

Dues Categories Rate Review and Revisions (4-2007)

Resolved, that the foreign-trained and domestically-trained dentist dues rate categories be merged, and be it further

Resolved, that the parental leave waiver be replaced with a temporarily disabled and hardship waiver with dues waived for one year at 100 percent, 75 percent, or 50 percent (based on the length of leave), and be it further

Resolved, that the practice of prorating dues for members in their year of retirement be eliminated, and be it further

Resolved, that members who enter or complete a post-graduate program pay the post-graduate dues amount during their years of study, regardless of the month they entered or completed the program.

One-Time Dues Reduction for New Member Dentists in Public Health Settings (17-2009)

Resolved, that a one-time 50 percent dues reduction for new member dentists who meet the qualification of a dentist who works in a public health setting be adopted in the 2010 dues cycle, and be it further

Resolved, that the qualifications for a dentist who works in a public health setting be established as "a dentist must practice clinical dentistry or administer a dental program in a public health setting such as a community health center, school health center or local health department, and does not own or work in a private practice."

Membership Applicant With or Without Benefits (33-2009)

Resolved, that Resolution 9RC-1994-H be rescinded, and be it further

Resolved, that all required tripartite dues are payable at the time of application and may be paid either in full or by enrolling in a CDA sponsored electronic dues payment program.

Dues Reduction for Promoting Membership (6-2010)

Resolved, that the Board of Trustees be allowed to authorize dues reductions for the purpose of promoting membership in CDA's target markets through recruitment campaigns recommended by the Council on Membership, and be it further

Resolved, that the recommended changes to the CDA Bylaws, Chapter I, Section 130 and Chapter V, Section 70 be approved as attached.

Financial Hardship Waiver Approval Process (7-2010)

Resolved, that Resolution 1-2004-H be rescinded, and be it further

Resolved, that CDA abide by the decision of components with regard to financial hardship waivers for a maximum of two consecutive years, and be it further

Resolved that this be reflected in the CDA Bylaws, Chapter II, Section 130.C. as follows:

"...during the period of exemption from dues, further documentation ~~shall~~ may be requested by ~~this association.~~ for financial hardship waivers, CDA will follow the decision of the component for a maximum of two consecutive years."

Membership Reinstatement Fee Policy (8-2011)

Resolved, that annually between March 31 and April 30, components may waive the member reinstatement fee for reasons of: extraordinary circumstance, financial hardship or if the member enrolls in the electronic dues payment program, and be it further

Resolved, that after the April 30 deadline, neither CDA nor its components may waive the member reinstatement fee unless as part of a CDA board-approved membership retention campaign, and be it further

Resolved, that the CDA Bylaws, Chapter II, Section 130.B. be amended as attached.

Collection of Dues for Applicants (5-2012)

Resolved, that the CDA Bylaws, Chapter II, Section 130.A. be amended as follows: "...The board may exercise its interim authority to authorize promotional dues rates for a limited duration affiliated with membership campaigns. ~~The component shall collect dues from applicants to this association, the component and the ADA.~~ It shall be the responsibility of this association to bill for and process dues and assessments established by the ADA, this association, and the components."

Permanent Disability Waiver Membership Category Revision (13-2013)

Resolved, that CDA categorize members with a permanent disability waiver as retired with zero dues, and be it further

Resolved, that local components may consider a permanent disability waiver on a case by case basis, and be it further

Resolved, that the appropriate changes be made to the CDA Bylaws, Chapter II, Section 30.A. and Section 130.C. as attached.

Promotional Dues Synchronization (7-2014)

Resolved, that CDA synchronize its fourth quarter dues waiver promotional efforts to that of the ADA, including, but not limited to, the waiver of one to three months of the fourth quarter dues (as determined by ADA's annual policy), and be it further

Resolved, that CDA maintain this synchronization until further directed or adjusted by the CDA House of Delegates.

CDA Reinstatement Fee Policy (3-2019)

Resolved, that the membership reinstatement fee be eliminated effective January 1, 2021, and be it further

Resolved, that the CDA bylaws be revised to reflect this change.

Financial Hardship Waiver Policy Amendment (9-2021)

Resolved, that the financial hardship waiver policy be amended to allow for a maximum of five consecutive years, and be it further

Resolved, that the CDA Bylaws be revised to reflect this change.

1.5 Membership Service Programs:

Well-Being Program Model Guidelines (23-1994)

Resolved, that CDA's Council on Education and Membership Services' *Well-Being Program Model Guidelines* (Revised March 1992) be approved.

Creation of a CDA Practice Support and Development Center (30-2007)

Resolved, that the attached practice support and development center proposal be filed, and be it further

Resolved, that a CDA practice support and development center be established, and be it further

Resolved, that up to \$496,000 for the development and implementation of the center during 2007 and 2008 be allocated from strategic reserves, and be it further

Resolved, that the council on membership be assigned volunteer oversight for the practice support and development center, and be it further

Resolved, that the size and composition of the council on membership be reviewed by the appropriate entity in 2008 in light of this assignment.

Practice Interruption and Mutual Aid Group Guidelines (42RC-2007)

Resolved, that the Practice Interruption and Mutual Aid Group Guidelines be approved.

2.0 Judicial Council Issues

2.1 General Policies/Position Statements:

Holding Applications in Abeyance (7-1981; 35-1997; 33-2006)

Resolved, that the House of Delegates ratify the following resolution adopted by the Board of Trustees as interim policy:

Resolved, that the sole authority for placing an application in the status of abeyance shall be that of the CDA Judicial Council, and be it further

Resolved, that the sole reasons for holding an application in abeyance, as defined by the Judicial Council, shall be:

1. When an applicant has an accusation pending before the California State Board of Dental Examiners; and/or
2. When a component can demonstrate to the satisfaction of the Judicial Council that a peer review matter(s) justifies holding the application in abeyance until resolution by the local component Peer Review Committee is made. In this instance, the council shall have the power to impose a time limit within which the component must resolve the peer review matter(s); and be it further

Resolved, that it will become CDA policy that if a component fails to comply with the recommendation of the Judicial Council within six months from the date of receiving the recommendation of the council, CDA will not accept the responsibility for legal costs associated with any resulting litigation, and further, the component will indemnify and hold harmless the CDA.

Pretreatment Arbitration Agreements (18-1988)

Resolved, that the *Guidelines for Pretreatment Statutory Arbitration Agreements* developed by the Judicial Council and Council on Dental Care be approved.

Component Notification of Changes In Advertising Standards (46RC-1988)

Resolved, that the CDA Judicial Council in a timely manner inform the components of the California Dental Association of any changes in advertising standards and guidelines.

Modifications to Conflict of Interest Policy (15-1992)

Resolved, that the House of Delegates approve modifications to the Judicial Council's *Areas of Potential Conflict of Interest* as proposed.

3.0 Legislative

3.1 General Policies/Position Statements:

Authority of Council on Legislation to Negotiate on Legislation or Regulations (66-1974)

Resolved, that the Government Affairs Council shall have the authority to negotiate on legislation or regulations proposed by the State of California while attempting to maintain the intent and integrity of any California Dental Association policy or resolution.

Creation of "Issues" Fund (31-1989)

Resolved, that beginning in budget year 1989-90, \$5.00 of the current \$25.00 being collected for the tort reform reserve be allocated to an "Issues Fund," to be used for support of legislative and grass roots lobbying on matters of interest to the dental profession.

SB 111 Dental Health Education Program (81-1990)

Resolved, that the California Dental Association vigorously pursue a \$2.00 (Two dollars) per child increase in funding through the Legislature and Office of the Governor for the state-sponsored SB 111 dental health education program and also work to expand the number of children that can be serviced by these cost-efficient projects.

Unsupervised Practice of Dental Hygiene (11-1992)

Resolved, that the California Dental Association is opposed to the unsupervised practice of registered dental hygienists, and be it further

Resolved, that the California Dental Association reestablish and maintain on an as-needed basis, a Committee on a Single Standard of Care for the purpose of developing and implementing association directives related to this issue.

Quality Standards of Dental Care (14-1996)

Resolved, that the California Dental Association urge the Governor and state legislators to assure consistent quality standards of dental care in California, and be it further

Resolved, that CDA urge these quality standards for dental care be applied statewide by all appropriate state agencies, and be it further

Resolved, that the CDA Government Affairs Council promote legislation to regulate all dental care plans under one state entity using uniform regulations.

Statute of Limitations on Investigation and Discipline by the Dental Board of California (32-2003)

Resolved, that the Council on Legislation be strongly urged to sponsor legislation to amend the *Dental Practice Act* to include an appropriate statute of limitations on investigations and discipline by the Dental Board of California relative to allegations of unprofessional conduct against licensees.

Commitment to Legislative Advocacy (8-2005)

Resolved, that CDA express its commitment to the importance of advocacy as supported through membership surveys, and be it further

Resolved, that CDA increase dues by \$60 to fund CalDPAC, and provide the legally required "opt out" clause which would allow members to designate that the \$120 be designated instead for the CDA issues fund.

Dental Laboratory [28-2010] Report and Recommendations (6S1-2011)

Resolved, that the report of the Dental Laboratory Task Force be filed, and be it further

Resolved, that the appropriate CDA entity consider sponsoring legislation to require all commercial dental laboratories providing lab services to California dentists to provide written disclosure to the dentist of the materials used in, and the place of origin of, all dental prostheses fabricated by the laboratory and provided to the dentist for placement in a patient's mouth, and be it further

Resolved, that the appropriate CDA entity consider sponsoring legislation requiring all commercial dental laboratories providing services to California dental offices to register with the Dental Board of California, and be it further

Resolved, that CDA actively seek opportunities to improve collaboration with the California dental laboratory industry and to communicate about dental lab issues through such venues as CDA Presents, CDA Journal, CDA Update, component dental society meetings and continuing education offerings, and to encourage enhanced collaboration between California dental schools and dental laboratory technician education programs.

Legislative Day (19S1-2012)

Resolved, that the appropriate entity of CDA be charged with re-establishing member grassroots legislative activities including education and training for strategic legislative visits.

Integrated Medical-Dental Care and Access to Oral Medicine (3-2021)

Resolved, that the California Dental Association pursue advocacy, education and policies that improve medical-dental integration and collaboration and reduce barriers between dentistry and medicine, and be it further

Resolved, that the California Dental Association support policies, advocacy and education to support members interfacing with medical plans, medical billing or the interaction between medical and dental plans.

Unfair or Undiagnosed Treatment Recommendations by a Non Dentist - Whistleblower Protection (4-2022)

Resolved, that the appropriate CDA entity evaluate the current protections for whistleblowers and consider whether legislative or regulatory action is necessary to enhance those protections, and be it further

Resolved, that the appropriate CDA entity consider educational offerings for members related to whistleblower protections and dental ethics, and be it further

Resolved, that a report be provided to the 2023 House of Delegates regarding this activity.

4.0 CDA Presents (Scientific Sessions)

4.1 General Policies/Position Statements:

Non-Member Access to Scientific Sessions (2-1974)

Resolved, that non-ADA member California licensed dentists will be admitted to that portion of either scientific session where credit is given toward license renewal, at a registration fee to be determined by the Board of Trustees but no less than the total annual CDA-ADA dues.

Promotion of Commercial Interest By Speakers (16RC-1986)

Resolved, that the policy statement (below) recommended by the Council on Scientific Sessions regarding promotion of commercial interests or solicitation of business by program speakers at any of its scientific sessions be approved, and be it further

Resolved, that the policy statement be sent to component societies for their information:

It is the policy of the California Dental Association that no speaker participating in the program at any of its scientific sessions shall promote any commercial enterprise or solicit any business from members and guests attending the program during his or her presentation. The speaker may identify materials or products used in a particular procedure. Violation of this policy shall be grounds for excluding the speaker from participation in future programs sponsored by the association.

"Short Notice" Room at Scientific Sessions (42-1993)

Resolved, that the CDA Council on Scientific Sessions set aside at least one "short notice" room in the morning and afternoon time periods at all of the ensuing sessions for use by CDA councils and committees, and be it further

Resolved, that coordination of the use of short notice rooms shall be accomplished by the Executive Committee with applications from CDA committees and councils accepted no earlier than seven months prior and no later than six months before a given scientific session, and be it further

Resolved, that this short notice space shall be allocated at the earliest possible scientific session.

Registration for Scientific Sessions (33RC-2003)

Resolved, that a \$10 advance registration fee be implemented in 2004 for staff/guests at scientific sessions, and be it further

Resolved, that each member be provided with two registrations, one for themselves and one for a nondentist, spouse or guest at no fee.

CDA Presents Registration Fee Structure (32-2010)

Resolved, that Resolution 33RC-2003-H be rescinded, and be it further

Resolved, that guest registration fees be determined annually by the Board of Trustees.

5.0 Communications Issues

5.1 General Policies/Position Statements:

Yellow Pages as Marketing Tool (51RC-1988)

Resolved, that the California Dental Association include the Yellow Pages Directory listing program for ADA members as one of the optional marketing tools of the CDA marketing program, and be it further

Resolved, that component dental societies be encouraged to communicate and coordinate their efforts so as to benefit all.

Incorporation of ADA into CDA Marketing Program (52RC-1988)

Resolved, that effective January 1, 1989, the California Dental Association include the phrase "Constituent of the American Dental Association" in all of its new media advertising directly below, but not part of, the corporate logo.

Membership Needs and Desires Survey (66S2-1992)

Resolved, that every two years beginning in 1993 the membership of the California Dental Association be surveyed to ascertain their needs and desires, and be it further

Resolved, that questions for the survey be obtained from the CDA councils, Board of Trustees and the California component dental societies, and be it further

Resolved, that the survey be incorporated into the CDA Update and the results reported in a subsequent issue, and be it further

Resolved, that the concept of a membership survey be reevaluated every two years beginning in 1994.

Impact of Social Media and Internet Referral Services on CDA Dentists (21a-2012 and 21b-2012)

Resolution 21a-2012: Resolved, that the appropriate CDA entity evaluate social media and internet referral services in an effort to ensure the fair business practices by such entities.

Resolution 21b-2012: Resolved, that CDA continue to provide guidance and educate members on the ethical and effective use of social media and internet referral services.

5.2 Logo Usage:

Component Use of CDA Logo (11RC-1989)

Resolved, that component dental societies wishing to use or incorporate CDA advertising programs into local marketing programs must submit a proposal outlining intended use to the Standing Committee on Communications for case-by-case review and approval. Such a review shall be conducted in a timely manner.

Use of ADA/CDA Names by Members (63-1991)

Resolved, that all CDA member dentists be encouraged to add "A Member of the California Dental Association and the American Dental Association" on office statements, stationery and business cards.

CDA Logo Usage Manual (47S1-1992)

Resolved, that CDA develop appropriate licensing agreements so as to allow CDA members and component societies to use a CDA logo, and be it further

Resolved, that CDA use this logo on all marketing and media relations material produced by and/or for CDA.

CDA Logo Usage (39-2006)

Resolved, that the revised CDA logo usage policy be approved.

Logo Usage Policy (3-2010)

Resolved, that the CDA Logo Usage Policy be modified as attached.

5.3 Publications:

Guidelines for Advertising in CDA Journal (8RC-1987; 18-2003)

Resolved, that *Guidelines for Advertising in CDA Journal* be approved, and be it further

Resolved, that the Office of the Executive Director review all advertising for adherence to guidelines prior to inclusion in the Journal.

Publication of Disciplinary Actions (53S1-1991)

Resolved, that the feature column "Board of Dental Examiners Disciplinary Actions" is beneficial to the CDA membership and should be continued along with other statistical information dealing with these issues for the further benefit of membership, and be it further

Resolved, that the feature column "Board of Dental Examiners Disciplinary Actions" not contain the name, city, or license number of the dentist(s) whose violation is being published in the CDA Update or any other CDA publication.

Conflicts of Interest Disclosure Policy (10-1993)

Resolved, that authors and reviewers of manuscripts considered for publication in the *Journal* of the California Dental Association disclose all actual and/or potential conflicts of interest, including financial affiliations, materially connected to the subject matter of the manuscript.

6.0 Administrative Policy

6.1 General Policies

CDA Harassment Policy (20RC-2002)

Resolved, that the appropriate CDA entity implement procedures to ensure that all volunteers are made aware of CDA's harassment policy.

Conflict of Interest Declaration (18RC-2006)

Resolved, that the "Conflict of Interest Declaration" form be adopted for guest speakers and consultants reporting to CDA governing bodies, and be it further

Resolved, that the "Conflict of Interest Declaration" form be used in conjunction with a verbal disclosure made at the time a guest wishes to speak before the group.

Candidates' Participation in Voting (18-2009)

Resolved, that trustees who are candidates for board elected positions recuse themselves from voting on the positions to which they are seeking election, and be it further

Resolved, that a trustee seeking an office under consideration by the nominating committee recuse himself or herself from voting on the position to which he or she is seeking nomination, and be it further

Resolved, that the General Operating Principles of the Board of Trustees be amended to reflect these practices as attached.

Announcement of Votes during Nominating Committee (19-2009)

Resolved, that the practice of announcing the vote count total for each vote during elections and nominations at meetings of the Board of Trustees, Nominating Committee, and House of Delegates be implemented, and be it further

Resolved, that the General Operating Principles of the Board of Trustees and General Operating Principles of the House of Delegates be revised as attached.

Procedures for Ties by Nominating Committee (20-2009)

Resolved, that if there is a vote by the Nominating Committee in which no candidate has received the necessary majority nor can a candidate be removed from the ballot, each candidate be allowed to address the Nominating Committee once for an additional three minutes, and be it further

Resolved, that if there is no change to the vote after the subsequent ballot, the names of all remaining candidates be forwarded to the House of Delegates for a contested election, and be it further

Resolved, that the General Operating Principles of the Board of Trustees be amended to reflect this practice as attached.

Procedures for Ties at House of Delegates Elections (21-2009)

Resolved, that if there is a vote by the House of Delegates in which no candidate has received the necessary majority, the candidate with the fewest votes shall be removed from the ballot and additional balloting conducted until a candidate receives the necessary majority, and be it further

Resolved, that if there is a vote in which no candidate has received the necessary majority nor can a candidate be removed from the ballot, candidates be allowed to address the house once for an additional three minutes before a subsequent ballot is conducted, and be it further

Resolved, that additional balloting continue until a candidate receives the necessary majority, and be it further

Resolved, that the General Operating Principles of the House of Delegates be amended to reflect this practice as attached.

Procedures to Fill Vacancies of Board-Elected Positions (15-2010)

Resolved, that vacancies to board-elected positions be filled by election at the first available meeting of the board and that this change be reflected in the CDA Bylaws as attached.

Election of Standing Committee Clarification (17-2010)

Resolved, that the description of election procedures of the House of Delegates in the CDA Bylaws, Chapter IV, Section 120. A. and D. be amended to include the election of at-large members of committees as attached.

Filling a Vacancy of an Appointed Officer Position (25-2010)

Resolved, that the president shall appoint a task force to fill a vacancy in the editor or executive director position, and be it further

Resolved, that during the selection process for a new executive director, the president may appoint, with ratification by the board, an interim executive director who is a member of the executive or senior management teams or an individual who is not currently serving as a volunteer leader of the association, its affiliate, or its subsidiaries, and be it further

Resolved, that the CDA Bylaws Chapter VIII, Section 20 be amended to reflect these changes as follows:

Section 20. **APPOINTMENTS:** The executive director and editor shall be appointed or removed by the board. Membership is not a requirement for appointment as executive director. In the event of a vacancy in either position, the president shall appoint a task force to recruit, evaluate, and recommend to the board a candidate to fill the vacancy. In the event of a vacancy in the executive director position, the president may appoint, with ratification by the board, an interim executive director who shall be a member of the executive or senior management teams or an individual who is not currently serving as a volunteer leader of the association, its affiliate, or its subsidiaries.

CDA Presents Board of Managers Composition (18-2011)

Resolved, that the CDA Presents Board of Managers Structure and CDA Bylaws Chapter XIII be revised as attached, and be it further

Resolved, that the General Operating Principles of the Board of Trustees, Section VI.B. be modified to reflect the election process changes as attached, and be it further

Resolved, that the current members of the CDA Presents Board of Managers terms and tenures be modified to ensure adequate staggering and facilitate the proposed structure as attached, and be it further

Resolved, that for the initial transition year to establish a new structure, the CDA president will appoint, in consultation with the CDA Presents Board of Managers chair, individuals to fill the new manager member positions with terms and tenure limits as attached.

Thirteenth District Delegation Chair (3-2012)

Resolved, that the president appoint the chair of the Thirteenth District Delegation who shall be an ADA delegate and that the term of office shall be one year. The tenure of a chair shall be limited to three terms, which must be served consecutively. One tenure is the maximum service as chair, and be it further

Resolved, that the appropriate changes be made to the CDA Bylaws, Chapter VI, Section 90.A.8 and the General Operating Principles of the Thirteenth District Delegation, Section IV.A as attached.

Code of Ethics Advisory Opinion (4S1a-2012 and 4RCb-2012)

Resolution 4S1a-2012: Resolved, that the CDA Code of Ethics be modified as attached.

Resolution 4RCb-2012: Resolved, that the appropriate CDA entity encourage the Dental Board of California to provide clarification of whether social couponing is in compliance with California law.

Attachment: 4S1a-2012 and 4RCb-2012

New Parliamentary Authority (6-2012)

Resolved, that following adjournment of the 2012 House of Delegates, the parliamentary authority for the California Dental Association be *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure*, and that the CDA Bylaws, Chapter I, Section 50 be amended as attached, and be it further

Resolved, that the secretary and speaker of the House of Delegates be granted authority to approve the minutes of the House of Delegates, at which they presided, and that the CDA Bylaws, Chapter IV, Section 90 be amended as attached, and be it further

Resolved, that candidates be permitted to run for incompatible offices in the same election with any vacancy resulting from immediate resignation to be filled by subsequent re-election, and that the CDA Bylaws, Chapter IX and Chapter X, Section 30 be amended as attached, and be it further

Resolved, that the CDA Bylaws, Chapter X, Section 120 be amended as attached to reflect the existing prohibitions against members of the Committee on Volunteer Placement from being candidates for office.

Exceptions to Meeting Attendance Policy (7-2012)

Resolved, that the provisions for removal of trustees and members of councils, committees and boards for cause provide exceptions for meeting absences due to religious observances or the carrying out

of work assigned to the member by the overseeing bodies or president, and ADA obligations on councils and committees, and be it further

Resolved, that the conditions by which a volunteer must be considered for removal from his or her elected position for cause exclude failure to attend consecutive subcommittee or workgroup meetings, and be it further

Resolved, that the CDA Bylaws, Chapter V, Section 50.B., and Chapter VIII, Section 70.B.4., be amended to reflect this change as attached.

General Operating Principles (11-2012)

Resolved, that the combined General Operating Principles be adopted as attached, rescinding all previous resolutions that established or revised the General Operating Principles of Councils, Committees, Task Forces and the Board of Managers, General Operating Principles of the Board of Trustees, and the General Operating Principles of the House of Delegates.

Clarification of Removal Process for Board and Board Committees (3-2013)

Resolved, that the trustee provision be revised to be consistent with the council and committee removal provision in the CDA Bylaws, Chapter V, Section 50, as follows:

Section 50. REMOVAL: A trustee may be removed during his or her term and his or her office declared vacant...

A. By a majority vote of the members of the board for failing to attend, in any 12-month period, fifty percent of regularly scheduled ~~three meetings in any 12-month period~~ for reasons other than religious observances or the carrying out of work assigned to the trustee by the board or president, and ADA obligations on councils and committees.

Council on Endorsed Programs & Practice Support Center Task Force Merger (6-2013)

Resolved, that the Council on Endorsed Programs and the Practice Support Center Task Force be dissolved, and that the Council on Practice Support be created, and be it further

Resolved, that the mission of the Council on Practice Support be to facilitate members' efforts to develop, maintain and enhance successful dental practices through the identification, evaluation, development, and educational support of services and programs critical to the business aspects of a dental practice, and be it further

Resolved, that the CDA Bylaws, Chapter VII and General Operating Principles, Section XIV be amended to reflect these changes as attached, and be it further

Resolved, that the first members of the Council on Practice Support be selected by presidential appointment for one year, with future members being selected through the standard council nomination/election volunteer placement process, including the initial staggering of terms, and be it further

Resolved, that the oversight of the Practice Support Center and Compass be shifted from the Council on Membership to the Council on Practice Support, and be it further

Resolved, that prior resolutions, or portions thereof, regarding the establishment and functioning of the Council on Endorsed Programs (including but not limited to 14-2005-H, which established its mission statement) and Practice Support Center structure (including but not limited to Resolution 30-

2007-H, which created and assigned oversight of the Practice Support Center to the Council on Membership) be rescinded.

Term Start Date (1-2015)

Resolved, that CDA volunteer terms begin on January 1 and conclude on December 31, and be it further

Resolved, that the volunteer term for members on the government affairs council begin on December 1 and conclude on November 30, and be it further

Resolved, that the revised terms be reflected in the CDA Bylaws and General Operating Principles as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Outcomes and Process - CDA Bylaws and General Operating Principles Revisions (2-2015)

Resolved, that processes which limit operational flexibility without affecting governance effectiveness be removed from the CDA Bylaws and General Operating Principles, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Improvements to Operational Calendar (3-2015)

Resolved, that the 60 days advanced notice of CDA Bylaws changes be revised to 30 days advance notice for a regular meeting of the House of Delegates, and be it further

Resolved, that 45 days advance notice of nominations and selections for volunteer positions be revised to 30 days advance notice, and be it further

Resolved, that the CDA Bylaws be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of this House of Delegates.

Trustee Allocation Period (4-2015)

Resolved, that the trustee allocation period be reduced from every 10 years to every five years, and be it further

Resolved, that the CDA Bylaws be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of this House of Delegates.

Administrative Functions for the House of Delegates (5-2015)

Resolved, that the committee on rules and order be dissolved and its duties be assigned to the speaker of the house, and be it further

Resolved, the committee on credentials be dissolved and its duties be assigned to the secretary, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended to reflect the changes as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Identification of Issues for House Consideration (6-2015)

Resolved, that the committee on reports be dissolved and the duties be transferred to the board of trustees, and be it further

Resolved, that the format of board reports 1-5 be eliminated, but that the House of Delegates continue to receive information about the annual budget, board of trustees actions (including volunteer position nominations and elections) and status reports of prior year's House of Delegate actions, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Forum of Specialty Organizations (7-2015)

Resolved, that the interdisciplinary affairs committee be converted to a forum and the president be charged with the duty to hold forums for representatives of specialty groups or other constituencies, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of the 2015 House of Delegates.

Modifications to Term and Tenure (treasurer) (8-2015)

Resolved, that one term be added to the tenure of the treasurer to be a two-year term, for a maximum three-term tenure, and be it further

Resolved, that the CDA Bylaws be amended to reflect the revised term and tenure as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Modifications to Term and Tenure (speaker) (9-2015)

Resolved, that one year be added to the term of the speaker, and revised to a maximum three-term tenure, and be it further

Resolved, that the CDA Bylaws be amended to reflect the revised term and tenure as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Modifications to Term and Tenure (council on peer review) (10-2015)

Resolved, that one term be added to the tenure of the council on peer review to be a three-year term, for a maximum three-term tenure, and be it further

Resolved, that the CDA Bylaws be amended to reflect the revised term and tenure as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Modifications to Term and Tenure (judicial council) (11-2015)

Resolved, that one term be added to the tenure of the judicial council to be a three-year term, for a maximum three-term tenure, and be it further

Resolved, that the CDA Bylaws be amended to reflect the revised term and tenure as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Modifications to Term and Tenure (wait time) (12-2015)

Resolved, that wait time between service on the same council or committee be reduced to one term, rather than a full tenure, and be it further

Resolved, that the CDA Bylaws be amended to reflect the eligibility requirements as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Modifications to Term and Tenure (committee on volunteer placement) (13-2015)

Resolved, that one year be added to the term for the committee on volunteer placement to be a three-year term with a one-term lifetime tenure, and that elected trustee members may serve on the committee on volunteer placement for up to one year after completion of service as a trustee, and be it further

Resolved, that the CDA Bylaws be amended to reflect the revised terms, tenures and eligibility requirements as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Role of Trustees at the CDA House of Delegates (15-2015)

Resolved, that beginning with the annual session of the House of Delegates in 2017, current trustees and officers be precluded from service as a delegate or alternate delegate from a component dental society, and be it further

Resolved, that the CDA Bylaws be amended as attached.

Composition of CDA Executive Committee and Board of Trustees (editor and speaker (16-2015)

Resolved, that the CDA editor and speaker of the House of Delegates be non-voting "participants" of the CDA executive committee and CDA board of trustees, and be it further

Resolved, that the CDA Bylaws be amended as attached, and be it further

Resolved, that these changes take effect upon the adjournment *sine die* of this House of Delegates.

Composition of CDA Executive Committee and Board of Trustees (executive director) (17RC-2015)

Resolved, that the CDA executive director be a member of the CDA executive committee and CDA board of trustees with full rights and obligations as prescribed of members by the law, and be it further

Resolved, that the executive director shall not be present during deliberation or voting on his or her evaluation and compensation, and be it further

Resolved, that the CDA Bylaws be amended as attached, and be it further

Resolved, that these changes take effect upon the adjournment *sine die* of this House of Delegates.

New Dentist Volunteer Opportunities (Resolution 18S1-2015)

Resolved, that a new dentist at-large position be added to the government affairs council, and be it further

Resolved, that a new dentist position with a one-year term, two-term tenure be added to the CDA Presents board of managers, and be it further

Resolved, that a new dentist guest be invited to the board of trustees, and be it further

Resolved, that a task force be created to develop recommendations regarding structures and programs for new dentists to include opportunities for networking, leadership development and feedback to CDA, and be it further

Resolved, that the task force includes, but is not limited to, the current members of the committee on the new dentist, and be it further

Resolved, that the task force submit recommendations to the 2016 annual House of Delegates, and be it further

Resolved, that up to \$15,000 from a fund to be determined by the finance committee be allocated for this task force, and be it further

Resolved, that the committee on the new dentist be dissolved, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of the House of Delegates.

Development of Dental Policy Recommendations (20-2015)

Resolved, that the policy development council be dissolved and policy issues be addressed by existing governance bodies or future task forces and workgroups as needed, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that these changes take effect upon adjournment *sine die* of this House of Delegates.

Executive Committee, Evaluation Committee and Governance Review Subcommittee (21-2015)

Resolved, that the duties of the evaluation committee to approve the annual goals and conduct the review of the executive director and editor be assigned to the executive committee, plus members designated by the board of trustees, and be it further

Resolved, that the duty of the evaluation committee to oversee the work of the subsidiary and affiliate organizations be clarified as a current duty of the board of trustees, and be it further

Resolved, that the evaluation committee be dissolved, and be it further

Resolved, that the governance review subcommittee be dissolved and the executive committee be assigned the power to reconvene an ad hoc committee as needed, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of this House of Delegates.

Clarify Fiduciary Responsibilities (22RC-2015)

Resolved, that the House of Delegates be named as the policy setting body in the CDA Bylaws, and be it further

Resolved, that the board of trustees be granted the authority to approve the annual budget and final authority on business decisions, with the exception of the determination of member dues, which would remain the responsibility of the house and which would require majority approval by the House of Delegates, and be it further

Resolved, that the CDA Bylaws be amended to reflect this authority, and be it further

Resolved, that these changes become effective upon adjournment *sine die* of this House of Delegates.

Election of Council and Committee Members (23-2015)

Resolved, that the board of trustees have final authority to select members of councils, committees, the ADA delegation, and affiliate boards of directors, and make nominations for the subsidiary boards of directors to the CDA Holding Company Inc. board of directors, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of this House of Delegates.

Oversight of Committee Work (24-2015)

Resolved, that the board of trustees have the responsibility and authority to direct and assign work to councils, committees and task forces, and be it further

Resolved, that the board of trustees have responsibility and authority over management oversight decisions without further ratification of these actions, and be it further

Resolved, that the CDA Bylaws and General Operating Principles be amended as attached, and be it further

Resolved, that the changes take effect upon adjournment *sine die* of this House of Delegates.

Audit Committee Eligibility Amendment (26-2015)

Resolved, that members of subsidiary or affiliate boards which do not have separate finance committees be ineligible for service on the CDA audit committee for one year following board service, and be it further

Resolved, that the CDA Bylaws be amended as attached.

Judicial Council Conflict of Interest Guidelines (37-2015)

Resolved, that the judicial council conflict of interest guidelines be approved as attached.

Code of Ethics Advisory Opinion Revisions (8-2017)

Resolved, that the CDA Code of Ethics be amended as attached, and be it further

Resolved, that future advisory opinions of the CDA Code of Ethics be approved by the board of trustees.

Emergency General Operating Guidelines (10RC-2017)

Resolved, that the emergency procedures be established for meetings of the House of Delegates and that this policy be reflected in the general operating principles as amended and attached.

Deadline for House of Delegates Resolutions (4-2018)

Resolved, that resolutions for the annual House of Delegates be accepted until 10 days prior to the first session, and be it further

Resolved, that resolutions submitted following the 10-day deadline be considered at an annual session of the house, if approved by a majority affirmative vote, and be it further

Resolved, that the CDA bylaws and General Operating Principles be amended to reflect this change.

Bylaws Clarification of Governance Allocations (5-2018)

Resolved, that the bylaws be amended to reflect that the dentist member numbers be used to determine component allocations for the Board of Trustees and House of Delegates.

Code of Ethics Revisions (4-2019)

Resolved, that the CDA Code of Ethics, Section 1A be revised to reflect the ADA Principles of Ethics and Code of Professional Conduct.

Board Composition (1-2021)

Resolved, that a 32-member Board of Component Representatives be established to represent component perspectives on issues of shared importance to serving members and foster the flow of information between CDA and the components, with composition, term, tenure, election process and other responsibilities as described in the Summary of Changes, Bylaws and General Operating Principles, and be it further

Resolved, that a 17-member Board of Directors be established, and the CDA Executive Committee and CDA Board of Trustees be dissolved, with director composition, term, tenure, election process and responsibilities as described in the Summary of Changes, Bylaws and General Operating Principles, and be it further

Resolved, that the Leadership Development Committee be dissolved, and be it further

Resolved, that one meeting per year be held jointly with the Board of Directors and Board of Component Representatives at a time and place set by the Board of Directors, and be it further

Resolved, that in selection and placement decisions, that the Committee on Volunteer Placement and Board of Directors be urged to consider diversity, including but not limited to, diversity of perspective, age, gender, ethnicity, years and types of practice, and regional considerations for those who otherwise meet the qualifications to serve in leadership positions, and be it further

Resolved, that officer positions of secretary, president and treasurer be established with term, tenure, qualifications and election process as described in the Summary of Changes, Bylaws and General Operating Principles, and be it further

Resolved, that the composition of councils, committees and boards be modified to reflect the proposed structure, positions and names of officers and directors as described in the Summary of Changes, Bylaws and General Operating Principles, and be it further

Resolved, that, as permitted by law, the transition plan for the new governance structure honor the elections that have already occurred and be carried out as described in the Transition Timeline, and be it further

Resolved, that the House of Delegates elect the following officers as noted, contingent upon their concurrent service as a director, as described in the Transition Timeline:

- Dr. Ariane Terlet, president 2022
- Dr. John Blake, president 2023
- Dr. Carliza Marcos, president 2024
- Dr. Max Martinez, secretary 2022 and president 2025, and be it further

Resolved, that the Summary of Changes be approved, and be it further

Resolved, that the Transition Timeline be approved, and be it further

Resolved, that a transition progress report be provided to the house in 2022, and be it further

Resolved, that the CDA Bylaws be revised accordingly, and be it further

Resolved, that the CDA General Operating Principles be revised accordingly, and be it further

Resolved, that former Committee on Volunteer Placement members be eligible to serve following a gap in service equal to or greater than one term and that the CDA Bylaws be amended to reflect this change upon adjournment sine die of the House of Delegates, and be it further

Resolved, that all other changes take effect upon adjournment sine die of the CDA Board of Trustees meeting in which members of the Board of Directors and Board of Component Representatives are elected.

Diversity, Equity, Inclusion and Belonging (DEIB) Policy (2-2022)

Resolved, that the Diversity, Equity, Inclusion and Belonging Policy be adopted.

Board of Component Representatives Governance Timeline and Transparency (3-2022)

Resolved, that the Board of Component Representatives chair, CDA president and staff meet annually to develop a meeting timeline for the following year that aligns with the House of Delegates resolution deadlines, to allow the CDA Board of Directors and Board of Component Representatives to carry out their primary duties. Findings to include, the schedule, number of meetings, format (in-person, virtual and/or hybrid) and a detailed communication plan, and be it further

Resolved, that the 2023 meeting dates be adjusted for the aforementioned governing bodies as necessary, and be placed on the CDA Master Calendar, and be it further

Resolved, that members of the Board of Component Representatives be able to add new business to agendas prior to Board of Component Representatives meetings as it relates to their primary duties, and be it further

Resolved, that the components be urged to submit house resolutions to the Board of Component Representatives based on the established timeline, allowing input to the author(s) prior to final submission for the House of Delegates. Resolutions not submitted to the Board of Component Representatives and new business to be handled as currently outlined in the CDA Bylaws.

6.2 Position Papers

Continuing Education (16RC-1988-A1)

Peer Review System (16RC-1988-A3)

Professional Advertising (16RC-1988-A4)

Professional Liability (16RC-1988-A5)

Quality Assurance (16RC-1988-A6)

Sedation in the Dental Office (16RC-1988-A7)

Dental Benefits Plan (16RC-1988-A8)

Denturism (16RC-1988-A9)

Licensure by Credentials and Reciprocity (35RC-1998)

6.3 Meetings and Conferences:

State Department of Health Services Liaison (25-1990)

Resolved, that the California Dental Association appoint a CDA member to serve as liaison to the State Department of Health Services, and be it further

Resolved, that the CDA liaison serve for a period of one year with periodic reports to the Council on Dental Health.

Presidents/Presidents-Elect Conferences (63RC-1990)

Resolved, that the established spring Presidents-Elect Conference continue to meet on an annual basis in Sacramento, and be it further

Resolved, that a Presidents Conference be convened in Sacramento, in the fall, annually.

References Committee Closed Session Testimony (68-1990)

Resolved, that each References committee of the California Dental Association House of Delegates list all those providing information before it in closed session for each resolution in its written report to the House of Delegates.

References Committee Chairman (44RC-1991)

Resolved, that previous service on a references committee be encouraged as a prerequisite for chairing a reference committee.

American and California Flags/Pledge of Allegiance (47-1995)

Resolved, that the American flag and the California flag be displayed on the podium during all sessions of the House of Delegates, and be it further

Resolved, that the Pledge of Allegiance to the flag of the United States of America be added to the opening day agenda to the annual session of the CDA House of Delegates, and be it further

Resolved, that the pledge be conducted after the invocation and that the individual selected to begin the pledge shall be selected at the discretion of the sitting CDA president.

Parliamentary Law According to Sturgis/Personal Testimony in Reference Committees (39-2005)

Resolved, that the California Dental Association follow the principles of parliamentary law according to *Sturgis*, and be it further

Resolved, that every member of this association has the fundamental right to give personal testimony in reference committees at the ADA and CDA House of Delegates, and be it further

Resolved, that the House of Delegates strongly urge the Thirteenth District Caucus to amend its rules in section J to include the following sentence: "Delegates speaking to an issue with an opinion different from the official Thirteenth District Position shall identify themselves as speaking members of the American Dental Association, not as a member of the Caucus."

Board Meeting Attendance Practice and Policy Clarification (16-2010)

Resolved, that the General Operating Principles of the Board of Trustees be revised as attached.

Special Meetings of the Board of Trustees (21-2010)

Resolved, that notice for special meetings of the Board of Trustees be changed to four days notice by mail or 48 hours notice by personal notification, and be it further

Resolved, that Chapter V, Section 90 of the CDA Bylaws be amended as follows:

B. Special meetings: a special meeting of the board may be called at any time by the president, or upon the request of 10 ~~of the~~ members of the board provided at least ~~seven days notice is given to each trustee in advance of the meeting~~ four days notice by mail or 48 hours notice delivered personally or by telephone, including a voice messaging system or by electronic transmission. Only items that have been noticed shall be considered at a special meeting.

6.4 Councils and Committees:

Reports of Council and Department Priority and Cost (86-1990)

Resolved, that CDA include with each of the yearly House of Delegates councils and department reports, a prioritized list of association programs including the approximate cost of each program to the association.

Evaluation Committee Duty of Governance Review (24-2007)

Resolved, that the duty to review all governance documents for the CDA Holding Company, Inc., CDA and its affiliates and subsidiaries, be added to the duties of the evaluation committee beginning in 2008.

Establishment of Audit Committee (25-2007)

Resolved, that an audit committee be established as a standing committee of the Board of Trustees, effective January 1, 2008.

Leadership Development Committee Restructuring (26-2007)

Attachment: 26-2007

Continuation of the Committee on the New Dentist (27-2007)

Resolved, that the Committee on the New Dentist be approved as a special committee for 2008, and be it further

Resolved, that the members of the committee on the new dentist be appointed by the president, taking into account recommendations from the Leadership Development Committee, and be it further

Resolved, that the president appoint members of the committee on the new dentists as guests on various councils, committees, and task forces, and be it further

Resolved, that the committee on the new dentist develop a plan to integrate new dentists into appropriate areas of CDA leadership to ensure that the new dentist perspective and input is represented at all levels of the association, and it further

Resolved, that the committee's recommended plan be submitted to the Board of Trustees in August 2008.

Removal of Volunteers from Leadership Positions (22-2009)

Resolved, that consideration for removal of a member of a council or committee include failing to attend, in any 12-month period, fifty percent of regularly scheduled council or committee meetings or two consecutive meetings of the council or committee's subcommittee or workgroup to which the member has been assigned, and be it further

Resolved, that this attendance requirement does not apply to *ex officio* members of councils or committees, and be it further

Resolved, that this policy be included in the CDA Bylaws as attached.

Volunteer Leadership Restructuring Recommendations (23-2009)

Resolved, that the structural changes to CDA's councils be approved as reflected in the CDA Bylaws, Chapter VIII as attached, and be it further

Resolved, that in 2010 to preserve the rotation of members of the Council on Membership that the tenure of the two individuals elected in 2009 be extended to seven years with their first term being three years) and that the two new positions beginning in 2009 be filled by presidential appointment with one member to be appointed to a three-year term (with a seven year tenure) and the second member to be appointed to a two-year term (with a six year tenure), and be it further

Resolved, that in 2010 to improve the rotation of members of the Policy Development Council that the term of one member elected in 2010, as recommended by the Committee on Volunteer Placement and elected by the house, be extended to three years and the tenure of that individual be likewise extended from six to seven years, and be it further

Resolved, that the structural changes to CDA's Standing Committees of the Board be approved as reflected in the CDA Bylaws, Chapter IX as attached, and be it further

Resolved, that the structural changes to CDA's Standing Committees of the Association be approved as reflected in the CDA Bylaws, Chapter X as attached, and be it further

Resolved, that the name of the Scientific Sessions Board of Managers be changed to the CDA Presents Board of Managers and that the structural amendments to that board be approved as reflected in the CDA Bylaws, Chapters VI, XIII, Chapter IX, Section 40.C.1., and General Operating Principles of the Board of Trustees as attached, and be it further

Resolved, that the structural changes to CDA's delegation to the American Dental Association be approved as reflected in the CDA Bylaws, Chapter XV as attached, and be it further

Resolved, that the structural changes to the CDA Holding Company be approved as reflected in the CDA Bylaws, Chapter XVI as attached.

Leadership Application Deadline (25-2009)

Resolved, that only leadership applications received prior to the deadline established annually by the Committee on Volunteer Placement be processed for consideration of placement in positions for that year's nomination and election cycle.

Restriction of Service From Finance to Audit Committees (19-2010)

Resolved, that members be required to wait a minimum of one year after serving on the Finance Committee before serving on the Audit Committee and that this change be reflected in the CDA Bylaws, Chapter IX, Section 50.A. as follows:

- A. Composition: the committee may not include any members of the CDA Executive Committee, Finance committee, or staff. Individuals are not eligible to serve on the Audit Committee for at least one year following service on the Finance committees of CDA or any subsidiary or affiliate. the members of the committee may not receive compensation for their services and may not have a material financial interest in any entity doing business with CDA, its affiliates or its subsidiaries....

Standing Rules for Council Revisions (20-2010)

Resolved, that the General Operating Principles of Councils, Committees, Task Forces and the Board of Managers be adopted as attached, and be it further

Resolved, that the General Operating Principles replace the Standing Rules for Councils as attached.

Bylaws Clean-up for Audit Committee (22-2010)

Resolved, that the duties of the president, speaker, editor and executive director do not include service on the Audit Committee and that the CDA Bylaws be amended to reflect this as attached.

Term Minimum for Committee on Volunteer Placement (23-2010)

Resolved, that service on the Committee on Volunteer Placement be permitted for a maximum of one partial and one full term, and be it further

Resolved, that this practice be clarified in the bylaws, Chapter X, Section 120.B. as follows:

CDA BYLAWS, CHAPTER X, SECTION 120:

- B. Term of office: The term of office shall be two years. The tenure shall be one full term. One tenure is the maximum service on this committee.

Membership Application Review Subcommittee Procedures (5-2011)

Resolved, that the Judicial Council membership application review subcommittee or hearing panel be given the authority to render final decisions on membership applications referred to it by the component under mandatory conditions as defined in the CDA Ethics Handbook, and be it further

Resolved, that Chapter II, Section 20.A. of the CDA Bylaws be amended, as attached.

6.5 Mission Statement Adoptions:

Committee on Volunteer Placement Mission Statement (24S1-2009)

Resolved, that the Committee on Volunteer Placement mission statement be approved, as amended.

Mission Statement: The mission of the Committee on Volunteer Placement is to recommend the best candidates for available leadership positions and seek to improve the application and review procedures.

Leadership Development Committee Mission Statement (18-2010)

Resolved, that the Leadership Development Committee mission be "to meet current and future needs of the association by recruiting potential leaders from the broadest base of membership and providing quality educational opportunities for members to develop skills to become effective leaders in organized dentistry."

Well-Being Program Mission Statement (35-2010)

Resolved, that the revised CDA Well-Being Program mission statement be approved as attached.

6.6 Financial Policies:

Balanced Budget Directive (35-1992)

Resolved, that the House of Delegates direct the Board of Trustees to develop and submit annually to the House of Delegates either a surplus or balanced budget based on a cash conversion schedule.

Special Board of Trustees Meeting for Budgetary Review (36RC-1992)

Resolved, that special meeting(s) of the Board of Trustees be noticed annually for Saturday evening (and Sunday morning if necessary) of the House of Delegates, in anticipation of budgetary discussions, and be it further

Resolved, that all matters before the House of Delegates with financial impact, not already included in the proposed budget, will be considered during the second session of house deliberations, and be it further

Resolved, that if the amount approved by the House of Delegates for budget inclusion exceeds \$25,000, the Board of Trustees will meet in special session following the second session of house deliberations to determine the source of the money to support the adopted programs, and be it further

Resolved, that if the amount approved by the House of Delegates for budget inclusion is less than \$25,000, the Finance Committee will meet following the second session of house deliberations to determine the source of the money to support the adopted programs, and be it further

Resolved, that the Board of Trustees/Finance Committee shall present to the House of Delegates on the third session of house deliberations a revised budget with appropriate recommendations for funding; such recommendations may include a suggestion for reconsideration of programs adopted by the house but deemed by the Board of Trustees not to be in the best interest of the association.

Budgetary Process Educational Program (37-1992)

Resolved, that an educational program be conducted instructing the delegates and the component leadership on how the budget process currently operates and how during the House of Delegates interaction regarding the budget will be conducted.

Annual Council/Committee/Department Review of Programs and Services (38-1992)

Resolved, that all councils, committees, departments and other agencies of the association be directed to review annually existing budgets and identify for possible elimination from future budgets programs and services which are no longer effective or valuable to the membership.

Total Program Budgets Inclusion in Annual Reports (31RC-1993)

Resolved, that councils and standing committees include total program budget amounts as a part of annual reports to the House of Delegates.

Modification of the Reserve Policy (16RC-1997; 69-1993-94)

Resolved, that the 1994 CDA Board of Trustees policy Resolution #69-1993-94-B, as embodied in the Rules of the Board of Trustees be waived for the 1998 budget and be it further

Resolved, that beginning with the 1999 budget, the Board of Trustees be directed to achieve and maintain the goal of reserve accounts equal to four months of operating expenses as defined in Resolution #69-1993-94 and be it further

Resolved, that the Board of Trustees be directed to modify Resolution #69-1993-94 to reflect that once four months of operating reserves are achieved, any interest and earnings on unrestricted reserves may be utilized for general operating budget.

Attachment: 69-1993-94-B

Reserve Policy (12-1998)

Resolved, that the association reserve account policy as directed by resolution # 16RC-1997, be incorporated into the CDA *Policy Manual*:

Reserves: Reserves are cash or its equivalent maintained to meet obligations/liabilities of the association for which current surplus funds are not available. An affirmative vote of at least thirty (30) members of the Board of Trustees is required to authorize use of reserves for any purpose.

The goal for unrestricted reserve balances shall be equal to four months operating budget, and be funded from surplus funds annually at the first meeting of the Board of Trustees following receipt of the association's annual audited financial statement. All interest and dividends earned on the association's unrestricted reserve accounts are to be included as an addition to reserves until the goal of four-months operating balance is achieved. Once that goal is met, interest and dividends earned on unrestricted reserves may be utilized towards general operating expenses. The level of reserves goals shall be reviewed every three years (Res. 34RC-1992)

401(k) Plan Change (3-2007)

Resolved, that an amendment to the California Dental Association 401(k) plan is adopted effective July 1, 2007, to add a negative deferral election to the plan, which provides that the employer will automatically withhold three percent from each eligible employee's compensation and contribute that amount to the plan on his or her behalf unless the employee elects a lesser percentage under his or her salary deferral agreement, said amendment to read in its entirety substantially as set forth in the document submitted to this meeting and attached to these resolutions, and be it further

Resolved, that the appropriate officers of the employer are hereby authorized to execute the amendment and are directed to take any and all actions necessary to carry out the directions and intent of the foregoing resolutions.

Audit Committee Policy and Procedures Manual (5-2010)

Resolved, that the Volunteer Reimbursement Policy of the CDA Audit Committee Policy and Procedures Manual be revised as attached.

6.7 Strategic Planning

Guiding Principles of Applied Strategic Plan (36RC-2002)

Resolved, that the House of Delegates Reaffirms its commitment to the applied strategic plan and the planning process used to create the plan, and be it further resolved,

That the strategic planning process be institutionalized, and be it further resolved

That the following guiding principles be applied in all deliberations:

- Volunteers create and sustain the vision and staff drives the vision.
- Volunteers and staff are empowered to implement this vision through an ongoing educational process that teaches the principles of applied strategic planning including the concept of shadow teams and knowledge-based governance.
- All CDA volunteers and staff (to include subsidiary companies) will ultimately be trained in this process with the initial phase to include trustees, council and committee members and CDA management staff.
- The process of information sharing (shadow team concept and knowledge-based governance) will be utilized to build a broad-based consensus within the membership as to recommendations for future governance change.
- The goal of governance change will be to streamline our governance structure in order to make CDA more flexible, more responsive and better able to gather expertise on specific issues in a timely manner in order to fulfill CDA's mission statement, and be it further

Resolved, that the strategic planning committee and the board of trustees present to the 2003 House of Delegates a plan for governance restructure that achieves the goal outlined in the strategic plan.

2011-2013 Strategic Plan Extension (13-2012)

Resolved, that the 2011-2013 CDA Strategic Plan be extended through 2014.

Strategic Plan (10RC-2014)

Resolved, that the revised CDA mission statement be approved [*Helping Our Members Flourish*], and be it further

Resolved, that the CDA strategic plan be approved as attached.

Strategic Plan (7RC-2017)

Resolved, that the revised CDA mission statement and strategic plan be approved as amended and attached.

7.0 Subsidiary Related Policies

7.1 General Policies/Position Statements:

Limitation of Terms on Subsidiary Boards (17-1991, Board of Trustees)

Candidates completing a term of office as a CDA trustee or officer while also serving on a subsidiary board shall be ineligible for nomination to serve the following year on that subsidiary board. However, following a one-year interruption in service, the candidate may be nominated to resume service on that board, subject to the six-year limitation. Further, an officer who has previously served on a subsidiary board, and the immediate past chairmen returning to serve one additional past chairmen returning to serve one additional year in a non-voting capacity, may fulfill mandatory service on that board notwithstanding the six-year limitation rule.

Loss Prevention and Risk Management Seminars within Humboldt-Del Norte Dental Society (48RC-1991)

Resolved, that CDA strongly recommends that The Dentists Insurance Company sponsor a loss prevention and risk management seminar within Humboldt-Del Norte Dental Society boundaries every two years.

Disclosure of Executive Committee/Holding Company Action (6S1-1993, Clause 1)

Resolved, that any action of the CDA Executive Committee or the Board of Directors of CDA Holding Company, Inc. relating to CDA's subsidiaries be fully disclosed to the trustees at the next Board of Trustees meeting, and be it further
Resolved, that such matters be placed on the Board of Trustees agenda(s) for approval or information, as appropriate.

Approval of CDA Prior to Changes in Bylaws or Articles of Incorporation of Subsidiaries (6S1-1993, Clause 1)

Resolved, that it is the policy of the California Dental Association that no votes be taken on changes to the articles of incorporation or bylaws of CDA subsidiaries without written request being made to, and approved by, the Board of Trustees of the association prior to adoption of such changes unless such changes originate from and are approved by the CDA Board of Trustees or House of Delegates.

Conflict Disclosure (6S1-1993, Clause 1)

Resolved, that it is the policy of the California Dental Association that in instances of unresolved conflict arising between any present or future subsidiary operating companies, the revised *Formats for Conflict Disclosure* will be followed.

Formats for Conflict Disclosure

Format for Conflict Disclosure Between Subsidiary Operating Companies:

OBJECTIVE: To resolve conflicts arising between existing and/or future CDA subsidiary Operating Companies.

DIRECTIVE: Instances of unresolved conflict arising between subsidiary operating companies will be handled in the following manner:

- A. Opposing entities as represented by all members of appropriate boards of directors shall conduct a full hearing of the matter in dispute.
- B. Failure of the opposing entities to resolve the dispute will result in its referral to the CDAHCI for resolution.

- C. Resolution of this dispute shall be reported to the Board of Trustees and included in the annual report to the House of Delegates.

CDAHCI Review of Subsidiary Operating Company Policy Prior to Implementation (6S1-1993, Clause 1)

Resolved, that prior to implementation of new or amended policy by a subsidiary operating company, such policy shall be reviewed by CDAHCI Board of Directors.

Subsidiary Educational Program (6S1-1993, Clause 1)

Resolved, that space be provided on at least a quarterly basis in the CDA Update to CDA subsidiary companies for the purpose of conducting an educational/informational program to all CDA members, and be it further

Resolved, that CDA request its subsidiary companies to conduct at least a quarterly educational/informational program to all CDA members via the CDA membership newsletter, CDA Update.

Approval and Reporting of Subsidiary Dividends (6S1-1993, Clause 4)

Resolved, that it is the policy of CDA that any dividend declared by a subsidiary operating company must be reported to and approved by the board of directors of CDA Holding Company, Inc. and reported to the CDA Board of Trustees and CDA House of Delegates.

TDIC Growth Strategy (37-2010)

Resolved, that the requirement adopted in Resolution 9S1-2002-H that before TDIC can sell insurance in a constituent's society it must obtain the permission from the executive director and president of the constituent dental association be rescinded, and be it further

Resolved, that the TDIC Expansion Policy supporting the sale of insurance in states outside of California, be adopted, and be it further

Resolved, that TDIC continue to explore additional product offerings.

TDIC/TDIC Insurance Solutions Bylaws Revisions (38-2010)

Resolved, that the amended and restated bylaws of The Dentists Insurance Company be approved, and be it further

Resolved, that the amended and restated bylaws of TDIC Insurance Solutions be approved.

Attachment: 38-2010-S

TDIC Insurance Solutions Board Committee Structure (39-2010)

Resolved, that the portions of Resolution 8-2004-H establishing the Product Evaluation Committee as an Advisory Committee of the TDIC Insurance Solutions board be rescinded, and be it further

Resolved, that the responsibilities of the Product Evaluation Committee be incorporated into the responsibilities of a committee of the TDIC Insurance Solutions Board of Directors, and be it further

Resolved, that it be recommended to the CDA Holding Company, Inc. to add a member to the TDIC/TDIC Insurance Solutions mirror boards of directors, and be it further

Resolved, that it be recommended to the CDA Holding Company, Inc. to amend the TDIC and TDIC Insurance Solutions bylaws, as attached.

CDA Foundation Practice Based Research Network Activities (9RC-2011)

Resolved, that CDA endorse the CDA Foundation's activities with the Practice Based Research Network.

CDA Foundation Funding Strategy (10-2011)

Resolved, that \$350,000 be contributed from the strategic reserves fund to the CDA Foundation in 2011, and be it further

Resolved, that the CDA Foundation provide the 2012 House of Delegates with a financial report of how the funds are used and distributed.

TDIC Public Member and Other Election Process Clarifications (16-2011)

Resolved, that the process for nomination and election of the non-dentist, non-employee directors of the subsidiary boards of directors be modified in the General Operating Principles of the Board of Trustees as attached, and be it further,

Resolved, that clarification to the nominating and selection process in the General Operating Principles of the Board of Trustees be approved as attached.

Subsidiary Structure Legal Preemption (19-2011)

Resolved, that the CDA Bylaws, Chapter XVI be modified to include a statement of legal preemption for the subsidiary governance structure and for document consistency as attached.

Nominations to Subsidiary Operating Company Board of Directors (1-2013)

Resolved, that the CDA Bylaws be amended as attached to revise three positions on the TDIC/TDIC Insurance Solutions mirror Boards of Directors as being for non-CDA members, non-employees, and be it further

Resolved, that TDIC and TDIC Insurance Solutions bylaws be recommended for amendment to the CDA Holding Company, Inc. as attached.

Management Structure (5RC-2013)

TDIC/TDIC Insurance Solutions president/chief executive officer contingent upon approval by the CDA Board of Trustees and House of Delegates and any necessary regulatory approval by the California Department of Insurance, and be it further

Resolved, that upon that contingency, the bylaws for TDIC and TDIC Insurance Solutions be recommended for amendment to the CDA Holding Company, Inc. as attached, and be it further

Resolved, that upon that contingency, the bylaws of the California Dental Association be amended as attached, and be it further

Resolved, that upon that contingency, the bylaws of the CDA Holding Company, Inc., be amended as attached, and be it further

Resolved, that effective upon that contingency, Peter A. DuBois, as the current CDA executive director, fill the role of TDIC/TDIC Insurance Solutions president/chief executive officer, and be it further

Resolved, that the CDA president serve as chair of the CDA Holding Company, Inc.

Formation of New Subsidiary Company – The Dentists Service Company (14-2014)

Resolved, that a subsidiary company called The Dentists Service Company be formed through the filing of Articles of Incorporation by the end of 2014, and be it further

Resolved, that The Dentists Service Company be established with one director until a proposal for a full governance structure is developed and presented to the House of Delegates for approval.

The Dentists Service Company Governance Structure (2-2015-SH)

Resolved, that the Council on Practice Support be dissolved and the associated references in the CDA Bylaws and General Operating Principles be removed as attached, and be it further

Resolved, that minimum composition requirements of a subsidiary board be adopted in the CDA Bylaws as attached, and be it further

Resolved, that the Bylaws of The Dentists' Service Company (TDSC) be recommended for approval by the CDA Holding Company, Inc. (CDAHCI) as the sole shareholder of TDSC as attached, and be it further

Resolved, that the CDAHCI be urged to expand the interim TDSC Board of Directors to include the members of the TDSC Advisory Committee and CDA treasurer to serve until the election by the shareholder of 2016 board members following nominations at the annual 2015 House of Delegates, and that the attached interim TDSC Bylaws language be adopted and enacted until the election of the 2016 TDSC Board of Directors is final.

TDIC Board Composition Changes (25-2015)

Resolved, that the TDIC and TDIC Insurance Solutions boards of directors composition be changed to include eight at-large directors, four non-CDA member/non-employee directors, one non-voting immediate past chair (when applicable), one CDA trustee director, two CDA officers (the treasurer and vice president), the CDA executive director, and the president/chief executive officer as non-voting (and that when the CDA executive director serves concurrently as the president/chief executive officer, that the combined position shall not have a vote), and be it further

Resolved, that the term for at-large and non-CDA member/non-employee directors shall be three years with a consecutive tenure of three terms, and that the term of trustee directors shall be two years, and be it further

Resolved, that the terms and tenures of the TDIC and TDIC Insurance Solutions board of directors be set to initiate tenure staggering as attached and assigned to directors by the CDA Holding Company, Inc. upon election, and be it further

Resolved, that the TDIC and TDIC Insurance Solutions Bylaws be amended as attached to reflect these changes.

8.0 Insurance Issues

8.1 General Policies/Position Statements:

Student, Post-Graduate, Provisional and Faculty Member Eligibility for CDA-Sponsored Insurance (30-1990)

Resolved, that effective March 1, 1990, student, post-graduate, provisional and faculty members be eligible to apply for coverage under the comprehensive medical, hospital income, AD&D and group universal life plans.

Carrier Rating Policy (32RC-1994)

Resolved, that it is the policy of the California Dental Association that future carriers that provide products for CDA members meet the following qualifications:

1. Be an admitted carrier licensed by the State of California to do business in the state.
2. Be rated "A-" or better by A.M. Best & Company.

Multiple Carriers Policy (37-1998)

Resolved, that the pursuit of multiple carriers for CDA-sponsored insurance programs on a case-by-case basis following appropriate review and evaluation by the Product Evaluation Council with final approval of all carriers and programs by the Board of Trustees, be approved.

Use of the term "CDA-Endorsed Insurance Plans" (5-2007)

Resolved, that TDIC Insurance Solutions be permitted to use the term "CDA-Endorsed" to represent all insurance products reviewed and approved by the TDIC Insurance Solutions Product Evaluation Committee and offered through TDIC Insurance Solutions.

9.0 Local Components

9.1 General Policies/Position Statements:

Fiscal Assistance to Component Dental Societies (19-1988)

Resolved, that CDA offer assistance, to those components that request it, in fiscal management and cash flow control, and be it further

Resolved, that in the extreme circumstance of a component requiring financial assistance during its fiscal year and in such circumstance requests assistance from CDA, consideration will be given by the Executive Committee or the Board of Trustees after an analysis by the CDA chief financial officer of the component's financial position and budgetary controls.

Expertise to Components (28-1988)

Resolved, that CDA make appropriate personnel, committee or council available to components who request information and/or evaluation of requests to support programs, projects or surveys by state, local or private agencies, and be it further

Resolved, that components be encouraged to make use of such CDA personnel, committee or council when asked to support or participate in such projects or surveys, and be it further

Resolved, that this CDA support would provide a mechanism whereby individual components could become aware of CDA, ADA or other component involvement in the project or survey and components could realize how the project is related to ongoing CDA, ADA or component policies or opinions, and the positive or negative impact on the public and dentistry.

Component Notification of Changes In Advertising Standards (46RC-1988)

Resolved, that the CDA Judicial Council in a timely manner inform the components of the California Dental Association of any changes in advertising standards and guidelines.

Minority Dental Representation on Component Boards of Directors (63-1997)

Resolved, that CDA strongly encourage each component society to develop mechanisms to promote more dialogue with each local minority dental society so that their ideas and concerns may be heard by the leadership, and be it further

Resolved, that CDA strongly encourage that minority dental societies be invited to participate in component boards of directors' meetings.

Communication between Components and Active Duty Military Dentists (42RC-1998)

Resolved, that the California Dental Association Supports the American Dental Association 1998 House of Delegates Action as Follows:

Resolved, that active duty military dentists and component dental society members be urged to establish and maintain regular channels of communication, including participation by the active duty military in local dental societies, and be it further

Resolved, that active duty military dentists be urged to keep local civilian dental officials informed of military activities, current or pending of relevance to area dentists where such information is not restricted, and be it further

Resolved, that the American Dental Association continue to monitor and assure that military contracts which will affect dental practices in the area of a military base are established with proper adherence to existing government policies and guidelines. The American Dental Association will also notify the local dentists, through the auspices at the local branch of organized dentistry, as well as the constituent societies and facilitate the establishment of a process for input.

Policy on Local Regulatory Agencies (48RC-1998)

Resolved, that the California Dental Association will work with local components to ensure that regulations and fees implemented by local regulatory agencies are reasonable and appropriate, and be it further

Resolved, that challenge will be considered and undertaken if necessary.

Component Representatives at California State Board of Dental Examiners Meetings (51S1-1998)

Resolved, that CDA encourage each component to appoint a representative to attend the California State Board of Dental Examiners meetings, and be it further

Resolved, that to support this activity each component may request up to \$200 annually in matching funds to offset the expenses incurred by the component, and be it further

Resolved, that the Board of Trustees be directed to allocate up to \$6,400 to support this program.

CalDPAC Involvement in Local Component Political Activity (24-2000)

Resolved, that the California Dental Association encourage CalDPAC to notify local components of support given to candidates for political office in the component's geographic area, and be it further

Resolved, that CalDPAC be encouraged to notify components prior to contributions being made, and be it further

Resolved, that CalDPAC be encouraged to facilitate participation in local political events by local membership whenever possible.

Component Core Services and Programs (2RC-2006)

Resolved, that all tripartite members in California will have access to a consistent set of core services and programs provided by their component dental society, and be it further

Resolved, that all CDA components will offer the following core services and programs:

- A) Patient Referrals;
- B) Community Service;
- C) Social Events;
- D) Personal Services;
- E) Membership Meetings; and
- F) Access to Employment Assistance, and be it further

Resolved, that the following core services will be shared between components and CDA:

- A) Peer Review;
- B) Ethics; and
- C) Continuing Education.

Final Report of the Periodic Boundary Review Task Force (11-2009)

Resolved, that the report of the Periodic Boundary Review Task Force be filed as attached.

Attachment: 11-2009-G

Process for Component Boundary Review (12RC-2009)

Resolved, that the process for periodic review of component boundaries beginning in 2013 be approved, and be it further

Resolved, that the process for component boundary dispute resolution be approved as attached, and be it further

Resolved, that the CDA Bylaws, Ch. VIII, Section 150 B.4., be revised as follows:

b. Duties: the duties of the judicial council shall be: ...

4. ~~To hold hearings and render decisions in disputes arising between component societies.~~

Component Core Services (Goal 9) Update (34-2010)

Resolved, that the president shall appoint a Component Core Services Task Force to establish methodology, goals and a timeline to complete the work defined in the 2006 Goal 9 Task Force Report, and be it further

Resolved, that the report on the status of the Component Core Services Task Force be provided to the 2011 House of Delegates.

Core Services Self-Assessment (4RC-2006) Report and Process (7-2011)

Resolved, that the report on Resolution 4RC-2006-H be filed, and be it further

Resolved, that the component core services definitions be approved as attached.

10.0 Dental Plans and Government Programs

10.1 General Policies/Position Statements:

Policy on Promotion of High Standards for Health Care (53-1976)

Resolved, that the California Dental Association hereby adopt a formal policy that high standards of health care are not subject to compromise without injury to the public good; and that all deliberations and negotiations by the association and its representatives will be dedicated to the promotion of these principles.

Informed Consent Guidelines (10-1988)

Resolved, that the *Guidelines for Informed Consent*, developed by the Judicial Council and the Council on Dental Care, be approved.

Emergency Drugs in the Dental Office (59S1-1991)

Resolved, that the California Dental Association is in support of the concept of maintaining emergency drugs in the dental office, and be it further

Resolved, that the nature of these drugs should be determined by the individual practicing dentist according to the needs of his or her practice and special training, and be it further

Resolved, that the California Dental Association opposes any efforts on the part of non-licensing third parties to impose their own emergency drug requirements upon dental licensees.

Parameters of Care (18-1993)

Resolved, that the California Dental Association support the concept and development of parameters of care.

Policy Concerning Managed Care (22-1993)

Resolved, that CDA supports the concept of dental care coverage since dental care is an essential component of total health care, and be it further

Resolved, that if any mandate for employer provided health insurance, including dentistry, is considered, CDA be proactively involved in negotiation and discussion; in the event coverage is put in place, such coverage should be separately funded and administered, and be it further

Resolved, that CDA's position be consistent with the American Dental Association's policies on dental care programs.

Participation in Debate on Health Care Reform (18RC-1994; 32-1997)

Resolved, that the California Dental Association participate in national and state efforts to:

1. Ensure that organized dentistry be included in discussions of public health reform policy.
2. Ensure the continued tax deductibility of dental benefits.

On-Base Dental Facilities (53RC-1998)

Resolved, that the California Dental Association oppose the establishment of on-base dental facilities for military dependents until the military base in question satisfactorily establishes:

- Remote status (that is, location remote from adequate civilian facilities) and
- Lack of adequate supply of dentists within 30 miles of the base.

Definitions (43S1-1999)

Resolved that the California Dental Association recognizes the need for a definition of dentistry, and be it further

Resolved, that the California Dental Association recognizes that the definition will provide latitude for future advances in education, training and technology, and be it further

Resolved, that the California Dental Association adopt the definition of dentistry, as adopted by the American Dental Association House of Delegates in 1997, which is as follows:

"Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.", and be it further

Resolved, that the California Dental Association adopt the definition of public health dentistry as defined by the American Dental Association:

Dental Public Health: is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. (Adopted May 1976), and be it further

Resolved, that the California Dental Association adopt the definition of endodontics as defined by the American Dental Association:

Endodontics: That branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. (Adopted December 1983), and be it further

Resolved that the California Dental Association adopt the definition of oral and maxillofacial pathology as defined by the American Dental Association:

Oral and maxillofacial pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical or other examinations. (Adopted May 1991), and be it further

Resolved, that the California Dental Association adopt the definition of oral and maxillofacial surgery, as defined by the American Dental Association:

Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region." (Adopted October 1990), and be it further

Resolved, that the California Dental Association adopt the definition of orthodontics and dentofacial orthopedics as defined by the American Dental Association:

Orthodontics and Dentofacial Orthopedics: That area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures. (Adopted December 1980), and be it further

Resolved, that the California Dental Association adopt the definition of pediatric dentistry as defined by the American Dental Association:

Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence including those with special health care needs. (Adopted 1995), and be it further

Resolved, that the California Dental Association adopt the definition of periodontics as defined by the American Dental Association:

Periodontics: That specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues. (Adopted December 1992), and be it further

Resolved, that the California Dental Association adopt the definition of prosthodontics as defined by the American Dental Association:

Prosthodontics: That branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health of the patient by the restoration of the natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes. (Adopted May 1976), and be it further

Resolved, that when the definition of dentistry and/or a definition of a recognized ADA specialty is modified or added by the ADA House of Delegates, that this new definition will be automatically adopted as the new CDA definition.

Dental Lasers (15RC-2002)

Resolved, that CDA recognizes that a laser is an invasive surgical instrument, and as such, has the potential to cause patient harm, and be it further

Resolved, that CDA adopt the following policy statement on dental lasers:

- Lasers have multiple medical and dental uses;
- Lasers should be used only by health care providers who are certified and appropriately trained to do so; and
- Lasers should only be used for scientifically-valid and FDA-approved purposes

Dentist as Primary Oral Health Care Provider (38-2004)

Resolved, that CDA continue to support policies that confirm the dentist as the primary oral health care provider, and be it further

Resolved, that the appropriate CDA entity take action to ensure that patients are protected by supporting policies that encourage relationship development between dentist and RDHAPs for the purpose of providing high quality care to the patients being served by RDHAPs, and be it further

Resolved, that the appropriate CDA entity educate CDA members about RDHAP, including their training and responsibilities, liability, and/or any other practice models planned for advocacy, adoption and/or implementation.

Defense of Dentists' Scope of Practice (41-2004)

Resolved, that, for the sake of the health and safety of patients, the dentists' scope of practice be actively and fervently defended against incursion from any group or agency, and that this position become foundational CDA policy.

Dentists Providing Influenza Vaccines (26-2013)

Resolved, that CDA consider pursuing the appropriate legislative or regulatory changes necessary to allow dentists to administer influenza vaccines to patients, and be it further

Resolved, that appropriate education and training be required of all dentists providing this service, and be it further

Resolved, that CDA offer any necessary continuing education courses that may be required for dentists to provide vaccines to patients.

Dentists Providing Influenza Vaccines (39-2015)

Resolved, that CDA approve policy acknowledging that dentists have the ability to administer influenza vaccines, and be it further

Resolved, that as dentists move to become active partners in the integrated health care delivery system their ability to influence the public's oral and systemic health can be expanded, and be it further

Resolved, that allowing dentists to administer influenza vaccinations to their patients in coordination with medical plans and their patient's physicians will expand public access to the flu vaccine and improve public health.

Dentist Administration of Vaccines to Patients (2-2021)

Resolved, that the California Dental Association supports the authorization of dentists to administer vaccinations to combat health disparities, prevent the transmission of communicable diseases and improve community vaccine uptake in California, and be it further

Resolved, that the California Dental Association supports the authorization of dentists to immunize patients against appropriate diseases, including HPV-related oropharyngeal cancer, to improve patient health.

10.2 Position Papers

CDS Policies and Procedures (15-1985)

Continued Competency (22-1991; 36RC-1998)

Access to Care (28-2002)

Expanding Access to Oral Health Care Coverage (16RC-2006)

Behavior Modification Strategies to Improve Oral and General Health (17RC-2006)

10.3 Third Party Issues:

Predetermination of Benefits (42-1975)

Resolved, that CDA approve the concept of predetermination of benefits, but that it oppose the concept of reducing or eliminating benefits solely because this step was not followed, and be it further

Resolved, that this concept be included in the CDA requirements for prepaid dental care plans.

Entitlement to Equal Payment as Physician for Same Procedure (52-1975)

Resolved, that California Dental Association adopt the concept that a legally qualified practitioner of dentistry shall be entitled to payment at least equal to that rendered physicians for performing the same procedure, when such procedure is allowed under a program offered by an insurance carrier, a service corporation, a trust fund, or under a governmental program.

Restriction on Access to Care or Lowering of Standards of Care (56-1976; 29-1997)

Resolved, that the Council on Legislation monitor and consider seeking legislation which will have the effect of declaring any health program, public or private, to be in violation of state regulations if such program resulted in a reduction of access to health care or a lowering of standards of health care, and be it further

Resolved, that the results of such efforts be reported semi-annually to the Board of Trustees and annually to the House of Delegates.

Guidelines for the Submission of Dental X-Rays to Third Party Carriers (19-1977)

Resolved, that the *Guidelines for the Submission of Dental X-Rays to Third Party Carriers* be modified and adopted.

Interpretation of Images by Third Party Carriers (25-1979; 32-1998)

Resolved, that any and all interpretation of images by third party carriers be conducted by a qualified dental consultant of the carrier, and be it further

Resolved, that at no time should interpretation of these images requiring professional judgment be conducted by anyone other than a licensed dentist, and be it further

Resolved, that any evidence which demonstrates violations of this policy should be forwarded to the Council on Dental Care for investigation and appropriate action.

Third Party Interference with Dentist/Patient Relationship (31S1-1985)

Resolved, that it is the policy of CDA that appropriate dental care is a matter to be determined solely between the dentist and the patient. Any interference by a third party payor with the determination of standard of care or any interference with the dentist-patient relationship through processing policies, payment or reimbursement mechanisms, or misleading information to insureds, is improper because it interferes with the provision of quality dental care and is contrary to the public welfare, and be it further

Resolved, that CDA take appropriate action such as public awareness campaigns, legislation or legal action to enforce this policy.

Inclusion of Certain Benefits Within Dental Care Plans (36RC-1985)

Resolved, that CDA recommend to ADA that its Council on Dental Care Programs advise third party payors that certain treatments, such as, but not limited to, pit and fissure sealants, fluoride rinses, bonded composite restorations, periodontal therapy, and other preventive and operative programs are currently within the accepted standard of dental care, and be it further

Resolved, that the California Dental Association, in concert with ADA, use all appropriate means to ensure that third party dental plans include as benefits all dental treatment which meets current standards of dental care.

Importance of Images as Benefit in Dental Care Plan (29S2-1989; 32-1998)

Resolved, that the California Dental Association communicate to third party payors and to dental benefit purchasers, the importance of radiographic examinations in patient diagnosis and comprehensive treatment, and that radiographs be included as a benefit whenever clinically indicated.

ADA Statement on Dental Consultants (38-1990)

Resolved, that the appended *ADA Statement on Dental Consultants* be approved.

Attachment: 38-1990-A

Standards for Dental Benefit Plans (39S1-1990; 29-2006)

Resolved, that the standards for dental benefits plans be approved as revised.

Guidelines for Dealing with Dental Benefit Plans (40-1990)

Resolved, that the California Dental Association take a firm lead in establishing guidelines for dealing with dental benefit plans to encourage the improvement of the health of the public, to promote the art and science of dentistry and to represent the interest of the members of the profession and the public which it serves.

Third Party Carrier Acceptance of ADA "Attending Dentist Statement" (76S1-1990)

Resolved, that third party carriers be urged to accept the ADA standard "Attending Dentist Statement" as an appropriate means of submitting claims for payment and predetermination of benefits.

Toll-Free Telephone Service by Third Party Carriers (77RC-1990)

Resolved, that the appropriate CDA agency urge third-party carriers to establish, at the earliest date, adequately manned toll-free telephone service to their offices.

Claims Processing by Third Party Carriers (80S1-1990)

Resolved, that all third party carriers be urged to process all claims within 30 days.

Benefits for Restorations Necessitated by Wear (93-1990)

Resolved, that the California Dental Association supports the inclusion of dental benefits for restorations necessary to restore tooth structure which has been destroyed by wear (attrition, erosion, or abrasion), and be it further

Resolved, that this position be communicated to all third party payers which exclude this service, as well as the California Department of Corporations for its consideration in regulating benefits provided by health care service plans.

Opposition to Third Party Limitations on the Practice of Dentistry (62S1-1991)

Resolved, that the California Dental Association opposes any action or position of any health care provider organization that artificially imposes limits on the practice of dentistry, or any such action or position that prevents a licensed dentist from performing any and all of the professional activities for which he or she is licensed, and for which he or she can show evidence of training and current competency, and be it further

Resolved, that the House of Delegates mandates that the officers and staff of this association shall act expeditiously to counter any attempts to restrict the legal practice of dentistry by individuals or organizations outside of dentistry, its own associations, schools, and licensing authorities.

Insurance Company Review and Communications Concerning Appropriateness of Treatment (63S1-1992)

Resolved, that as a matter of policy, the California Dental Association is opposed to the practice of insurance companies communicating with patients regarding supposed inappropriateness of proposed treatment modalities, and be it further

Resolved, that as a matter of California Dental Association policy, insurance companies be informed that the welfare of the patient requires that conflicts regarding appropriateness of treatment not only be communicated to the dentist exclusively, but that the dentist should be able to hold this discussion specifically with the consultant who has challenged the treatment plan, if he/she so chooses, and be it further

Resolved, that as a matter of policy, the California Dental Association adopt the position that all insurance company reviews of treatment proposals, or actual treatment by specialty dentists, be conducted exclusively by consultants who share the same specialty, and be it further

Resolved, that the Council on Dental Care will further develop specific policies for relationships with third parties.

Policy Opposing Discrimination Based Upon Medical/Dental Degree (7-1994)

Whereas, it is critical that those dentists who may wish to participate in a health care reform program, or who provide services that may be included in a health care reform benefits package

(such as trauma or reconstructive surgery), not be excluded or discriminated against based on their medical or dental degree, and

Whereas, the American Medical Association has adopted a policy that non-M.D.'s be reimbursed less than M.D.'s for performing the same services, and

Whereas, it is CDA policy to oppose discrimination by health benefit plans based on the medical or dental degree of the provider, be it

Resolved, that the California Dental Association will strongly advocate that health care reform legislation specifically contain protection against discrimination based on the medical or dental degree of the provider.

Disclosure of Administration Costs by Third Party Payors (38RC-1994)

Resolved, that the Council on Legislation, or other appropriate CDA agency, be directed to actively pursue legislation, administrative actions, or regulatory actions requiring all third party dental payors to disclose to purchasers, consumers and appropriate state agencies the percentage of premium dollars actually spent on patient care (exclusive of quality control).

Managed Dental Care Pilot Program (17RC-1996)

Resolved, that the California Dental Association opposes any expansion of the State Geographic Managed Dental Care Pilot Program and supports elimination of the Sacramento Pilot Program, due to the lack of evidence to support that stated goals of cost-savings, increased access and improved quality of care as reported by the State of California.

Use of Images in Dental Benefit Programs (31-1998)

Resolved, that the ADA policy entitled, *Guidelines on the Use of Images in Dental Benefit Programs*, be adopted as CDA policy, and be it further

Resolved, that the dental profession adhere to state law and the CDA *Code of Ethics* and ADA *Principles of Ethics and Code of Professional Conduct* whether submitting or reviewing dental images for the purpose of third-party reimbursement.

Dental Benefits Research (20-2011)

Resolved, that the Dental Benefits Research Task Force be established to research the dental benefits industry, including but not limited to, the impact of dental plan policies and procedures and contract requirements on dental practices, and to identify strategies to enhance the position of providers and patients in the dental benefits marketplace, and be it further

Resolved, that an expenditure up to \$250,000 from a fund to be determined by the Finance Committee be approved to fund the Dental Benefits Research Task Force activities.

Dental Office Staffing (11-2017)

Resolved, that the appropriate CDA entity study and develop actionable statewide solutions in response to the dental office staffing shortage, and be it further

Resolved, that findings with recommendations be made to the 2018 House of Delegates.

Dental Insurance Relations Task Force (13RC-2017)

Resolved, that a task force be created to address dental insurance and practice economic issues and make recommendations on how CDA can address and assist members in responding to changes in dental insurance coverage and practice economics, and be it further

Resolved, that the task force place specific priority on researching dental payment denials and delays, and urge the board of trustees to intervene and take appropriate action if necessary, and be it further

Resolved, that the task force provide a preliminary report to the 2018 House of Delegates, with a final report to the 2019 House of Delegates.

Dental Benefit Directive (18-2018)

Resolved, that for the purpose of evaluating potential legal or legislative actions, the appropriate CDA entity be urged to obtain data regarding members' concerns about dental carriers' actions against members, including but not limited to, inappropriate claim delays and denials, and be it further

Resolved, that the Dental Benefits and Economics Task Force be urged to use the collected data to make recommendations about how CDA can advocate and address benefits related issues on behalf of members.

Dental Benefits and Medicare (19-2018)

Resolved that CDA form a task force to explore the issues relevant to the inclusion of dental benefits into the Medicare program, including implications in California on the aging population and the delivery of care, and be it further

Resolved, that the board of trustees be urged to approve the scope of work and necessary funding for the task force's activity, and be it further

Resolved, that the task force report be presented to the CDA 2019 House of Delegates.

Dental Benefits (8-2022)

Resolved, that within the limits of law, the appropriate CDA entity gather data related to dental benefit plans in California, such as annual benefit maximums, percentage of premiums collected spent on treatment, as well as aggregated, aged and anonymized data on submitted dental fees and dental plan reimbursement rates to the extent available, and be it further,

Resolved, that CDA use such data to continue to explore legislative, regulatory and/or legal actions focused on reimbursement rates, including specialist rates that reflect the overall cost of practicing dentistry in California, as well as dental plan payment and processing policies and annual dental benefit maximums to improve and benefit patient care, and be it further,

Resolved, that the CDA Board of Directors, in the event that a new task force be convened, include specialists as well as general dentists in the CDA panel addressing these issues, and be it further

Resolved that the CDA Board of Directors be urged to allocate appropriate funds for such actions, and be it further,

Resolved, that updates regarding this activity be provided to membership periodically, with the first

update provided no later than 180 days following the 2022 House of Delegates, and a summary report be provided to the 2023 House of Delegates.

10.4 Denti-Cal:

Provision of Dental Care to Needy (11-1973)

Resolved, that California Dental Association continue to exert its influence to increase dental service to the truly needy, discourage administrative waste, and increase participation by the dental profession by establishing a more realistic fee structure.

Denti-Cal Utilization Controls on Images (26-1983; 30-1997)

Resolved, that the CDA determine if Denti-Cal utilization controls, as applied to images, comply with the guidelines set by the U.S. Department of Health and Human Services, the Food and Drug Administration, and the American Dental Association, and be it further

Resolved, that if the proper standard of care is not being adhered to, CDA should take steps to obtain compliance including the initiation of legislation if appropriate.

Third Party Denti-Cal Review of Images (27-1983; 32-1998)

Resolved, that CDA investigate qualifications of Denti-Cal and all other third party carrier personnel who are making clinical determinations on the basis of submitted images and other clinical data, and seek compliance with the California State Dental Practice Act, and be it further

Resolved, that CDA seek legislation requiring the identification of all dental insurance consultants and further require the identification and signature of the dental consultant on all dental insurance claim forms that are altered or denied on the basis of images or other clinical findings.

Examination Benefit under Denti-Cal (28-1983; 31-1997)

Resolved, that CDA work with the State Department of Health Services to provide for compensation of dentists for the performance of examinations on Denti-Cal patients each time an examination is rendered. This compensation shall be provided whether or not images are utilized in the examination.

Reform of Denti-Cal Program (51-1989)

Resolved, that the California Dental Association join with other interested groups in California to seek reform of the Denti-Cal program.

Denti-Cal Compliance with Accepted Standards of Care (37-1990)

Resolved, that the California Dental Association take appropriate action to bring the Denti-Cal program into compliance with accepted standards of care and inform the state and the fiscal intermediary that the present method of benefit administration is inconsistent with accepted ethical, academic, and community standards of care.

Pit and Fissure Sealants for Children Served by Medi-Cal (85-1990)

Resolved, that the California Dental Association vigorously pursue all legislative and/or regulatory avenues for achieving its stated policy of making pit and fissure sealants available as a preventive measure to all children served by the Medi-Cal program.

State Mandated Dental Care Programs (37RC-1995)

Resolved, that it is the position of the California Dental Association that state mandated dental care programs should assure eligible recipients equal access to care through the freedom to choose their own dentists, and be it further

Resolved, that all eligible recipients who seek dental care on a fee-for-service basis are assured access to care without discriminating against any licensed provider.

Medi-Cal Dental Providers (6RC-2022)

Resolved, that the appropriate CDA entity engage with the state to push for regular review of the sustainability of dental provider rates in the Medi-Cal Dental Program and explore funding opportunities to increase rates and promote access to care throughout the State of California, and be it further,

Resolved, that the appropriate CDA entity gather data and feedback from dentists, including enrolled and non-enrolled providers, to help inform the state about program adjustments that can be made to reduce administrative burdens and barriers to care, and be it further,

Resolved, that the appropriate CDA entity work with dental societies and the state to educate dentists about the Medi-Cal Dental Program, including changes to benefit design, provider enrollment, billing and rates, and be it further,

Resolved, that the CDA Board of Directors be urged to allocate appropriate funds for such actions, and be it further,

Resolved, that a report be provided to the 2023 House of Delegates regarding this activity.

10.5 Direct Reimbursement Issues:

Direct Reimbursement Program for Association Personnel (70-1989)

Resolved, that the CDA Board of Trustees recommend a direct reimbursement funding mechanism for the dental care of all eligible CDA and subsidiary employees.

Establishment of Direct Reimbursement Standing Committee (17S1-1992)

Resolved, that a Standing Committee on Direct Reimbursement be established for the purpose of providing volunteer input to the Direct Reimbursement program, and be it further

Resolved, that the Direct Reimbursement program be an ongoing program to be approved annually by the House of Delegates.

Direct Reimbursement Claims Administration (45-1995)

Resolved, that a portion of existing DR advertising/promotion monies be used, as deemed expedient, for commissions to benefits brokers who sell the DR concept to employers, and be it further

Resolved, that regular updates be provided to the House of Delegates and Board of Trustees regarding the effectiveness and cost efficiency of broker involvement in CDA's DR promotion program.

Direct Reimbursement Program Revision (20-1997)

Resolved, that the House of Delegates adopt Option 1 as the method for restructuring the Direct Reimbursement Program, and be it further

Resolved, that the Direct Reimbursement Program emphasize directly assisting employers, educating the public, and refining target marketing in the small and medium-sized employer market segments to increase market penetration.

Direct Reimbursement (19RC-1998)

Resolved, that it is CDA policy to ensure its continued commitment to Direct Reimbursement (DR) as a membership benefit, with the awareness of the DR Program's inability to generate revenue, and be it further

Resolved, that with oversight provided by the DR Committee, CDA will continue to promote DR in its traditional form and market DR via CDA's broker network, and be it further

Resolved, that DR marketing efforts be expanded at this time into small and mid-sized employer market segments, and other association/affinity groups, that a trained broker network be supported and expanded within these marketing efforts, and other external marketing methods be explored, and be it further

Resolved, that funding be maintained to oversee other DR activities such as member education, member lead follow-up, component resource and promotion of DR to companies not willing to work with a third-party administrator (TPA) or broker, and be it further

Resolved, that CDAHCI through its information technology department, work to evaluate and/or develop the concept currently identified as "Electronic DR," and be it further

Resolved, that the CDA DR Committee continue to work with DR staff and serve as a liaison between the CDAHCI for-profit subsidiary through the CDA Board of Trustees, CDA members and staff.

11.0 Community and Public Health

11.1 General Policies/Position Statements:

Policy on Free Clinics (16-1977)

Resolved, that the *Policy on Free Clinics* be modified and adopted.

Role of Dentists in a Disaster/Emergency Situation (15-1984)

Resolved, that the Board of Trustees approve the policy statement and recommendations regarding the *Role of Dentists in a Disaster/Emergency Situation*, as submitted by the Council on Dental Health.

Trustee Liaison for Component Health Screenings (3RC-1989)

Resolved, that a respective trustee from each of those component societies that participate with CDA in a health fair serve as contact person for that component, and be it further

Resolved, that the respective component trustee coordinate/obtain volunteers for patient health screenings in conjunction with such sponsored events.

California Child Health and Disability Prevention Program (13-1992)

Resolved, that the California Dental Association encourage the California Child Health and Disability Prevention Program to:

Change the age at which a child is eligible to begin dental treatment from three years of age to between six to twelve months of age.

Allow eligible children to access emergency dental services at any age.

Adopt the Periodicity of Examination, Preventive Dental Services and Oral Treatment for Children, developed by the American Academy of Pediatric Dentistry, and supported by the ADA through its publications, and be it further

Resolved, that the California Dental Association encourage its members to follow the periodicity schedule developed by the American Academy of Pediatric Dentistry.

Oral/Facial Protectors Use in Sporting Events (31RC-1992)

Resolved, that the California Dental Association endorses the use of oral/facial protectors by school aged participants in sports activities with a significant risk of injury at all levels of competition, including practice sessions, physical education and intramural programs, and be it further

Resolved, that the association's members be urged to play an active role in encouraging and assisting state and local youth sports organizations to become more active in the use of protective equipment, not only to prevent sports injuries but to reduce health care costs, and be it further

Resolved, that the Policy Development Council be directed to develop formal policies, recommendations, and programs aimed at encouraging widespread use of oral/facial protectors by athletes and athletic programs with strategies for implementation, and be it further

Resolved, that the Policy Development Council report to the December Board of Trustees those proposals.

Solicitation of Patients at Schools (15-1994)

Resolved, that it is the policy of this association that programs promoting dental health, such as dental screening, mouth guard programs and application of sealants, provide a valuable service to the public and should be encouraged, and be it further

Resolved, that use of such programs to solicit children at any private or public school for the purpose of generating referrals or for the financial benefit of dentists participating in such programs is deemed not to elevate the esteem of the dental profession.

Fluoridation Media Training (46S1-1995)

Resolved, that the House of Delegates applaud CDA's efforts on the promotion of community water fluoridation, and be it further

Resolved, that CDA develop an issue specific training course designed to develop well versed individuals in the issues related to the promotion of community water fluoridation, which could include the training of nondentists, and be it further

Resolved, that the selection and approval of the individuals be coordinated through the Policy Development Council.

Access to General Anesthesia For Young Children (55RC-1997)

Resolved, that the California Dental Association support the inclusion of anesthesiology and hospital or Surgi-Center benefits for the dental treatment for children and persons with disabilities, in all medical insurance, HMO and managed medical care plans on a pre-authorization basis, and be it further

Resolved, that the appropriate councils pursue legislation in support of the inclusion of anesthesiology and hospital or Surgi-Center benefits for the dental treatment of children and persons with disabilities.

Affirmation of the Objectives and Goals of Oral Health 2000/Healthy People 2000 (56-1997)

Resolved, that the California Dental Association recognize and embrace the goals and objectives of Oral Health America as set forth in the directives of *Oral Health 2000/Healthy People 2000*, and be it further

Resolved, that CDA, its component societies, and its members at large rise to this challenge set forth and become active participants in community or in-office activities in response to this challenge, and be it further

Resolved, that CDA, its component societies, and its members at large cooperate in gathering pertinent data needed to verify the *Oral Health 2000* goals.

Detection and Reporting of Domestic Violence (18S1-1998)

Resolved, that since all licensed dental care providers in California are mandated reporters, the California Dental Association urge its members to become familiar with and report all physical signs of child abuse, child neglect, elder abuse, elder neglect and domestic violence that are observable in the normal course of the dental visit and report the suspected cases to the proper authorities, and be it further

Resolved, that the CDA continue to develop membership resource materials related to abuse detection and reporting, and be it further

Resolved, that all existing and new materials and training courses include reporting criteria, reporting mechanisms and the ramifications of this reporting requirement, and be it further

Resolved, that the Policy Development Council monitor state and federal legislative and regulatory activity on abuse and neglect and make information on this subject available.

Infant Oral Health Care (50-1998)

Resolved, that the California Dental Association endorse the following oral health care policy on infant oral health care:

The infant oral health care visit should be seen as the foundation on which a lifetime of preventive education and dental care can be built, in order to help assure optimal oral health into childhood. Oral examination, anticipatory guidance including preventive education, and appropriate therapeutic intervention for the infant can enhance the opportunity for a lifetime of freedom from preventable oral disease.

Recommendations:

1. Infant oral health care education begins ideally with prenatal oral health counseling for parents. A postnatal initial oral evaluation visit should occur within six months of the eruption of the first primary tooth and no later than twelve months of age.
2. At the infant oral evaluation visit, when feasible, the dentist should:
 - a. Record a thorough medical and dental history, covering the prenatal, perinatal and postnatal periods;
 - b. Complete a thorough oral examination;
 - c. Assess the patient's risk of developing oral and dental disease, and determine an appropriate interval for periodic reevaluation based on that assessment;
 - d. Discuss and provide anticipatory guidance regarding dental and oral development, fluoride status, non-nutritive oral habits, injury prevention, oral hygiene, and effects of diet on the dentition.

Vending Choices in Schools (24RC-2001)

Resolved, that the California Dental Association encourages component dental societies to work with education officials, pediatric and family practice physicians, dietetic professionals, parent groups and all other interested parties, to increase awareness of the importance of maintaining healthy vending choices in schools.

Mass Disaster and Bioterrorism Dental Response Team (27S1-2002)

Resolved, that the California Dental Association endorses the concept of a statewide mass disaster and bioterrorism dental response team, and be it further

Resolved, that the appropriate CDA entity work with dentists active in forensics as they create a mass disaster response team with two components – a mass disaster dental identification team and a bioterrorism response team, and be it further

Resolved, that CDA support would be administrative in nature only and that only costs for training of volunteers and operation of the team would be borne by the volunteers who chose to participate.

Allowing Retired Dentists to Provide Care in Underserved Communities (33-2002)

Resolved, that the appropriate agencies of CDA, TDIC (through CDAHCI) and the CDA Foundation be urged to work in cooperation with the Dental Board of California and the legislature to reduce barriers for retired dentists who wish to provide care to patients in underserved communities.

Children Receiving Dental Exams Prior to Entering School (29-2003)

Resolved, that the California Dental Association supports the concept of every child receiving a dental exam prior to entering school, and be it further

Resolved, that a task force be created to develop a position paper and implementation strategy in support of these principles.

Prevention of Dental Disease (25-2006)

Resolved, that the updated "Prevention of Dental Disease" policy be approved.

Dental Office Hazardous Waste and Recycling (27-2006)

Resolved, that resolution 22-1999-H, "Dental Office Hazardous Waste," be rescinded, and be it further

Resolved, that a new policy, "Dental Office Hazardous Waste and Recycling," be approved.

Overcoming Cultural and Linguistic Barriers in Oral Health Care (17-2007)

Resolved, that CDA supports the goal of achieving cultural and linguistic competency within the dental profession in order to improve access to oral health care and overall health care outcomes for California's diverse population, and be it further

Resolved, the CDA encourages dental professionals to use communication aids and programs to reduce cultural and linguistic barriers in the provision of oral health care, and be it further

Resolved, that appropriate CDA entities are encouraged to review and evaluate their respective programs to ensure members are provided with assistance in providing oral health care and education to the State's diverse population.

CAMBRA Consensus Statement Principles (18-2007)

Resolved, that the main principles of the "Consensus Statement for Caries Management by Risk Assessment: Implementation Guidelines to Support Oral Health" be adopted.

Oral Piercing (25RC-2008)

Resolved, that CDA oppose intraoral and perioral piercings due to the risks associated with placement and wearing of oral piercings, and it further

Resolved, that CDA encourage dental professionals to discuss with patients the risks of oral piercings as well as recommendations for hygiene and management of existing oral piercings to help reduce damaging effects, and be it further

Resolved, that CDA should ensure that patient education materials consistent with this policy be made available to dentists and patients on the CDA website.

Improving the Oral Health of Seniors (26-2008)

Resolved, that CDA support the dissemination and marketing of educational materials developed by the University of Pacific, Center for Special Care to Improve the Oral Health of Seniors, and be it further

Resolved, that CDA support the development of legislation to increase the annual requirement for oral health training for caregiver staff of long term care facilities, and be it further

Resolved, that CDA support the translation, posting and dissemination of oral health fact sheets and/or other materials directed at seniors and caregivers, and be it further

Resolved, that a report be provided to the Policy Development Council in 2010, and be it further

Resolved, that up to \$60,000 from the issues fund be approved for the implementation of these strategies.

Donated Dental Services Program Expansion (27-2008)

Resolved, that the Donated Dental Services Program be expanded to operate on a full-time basis with greater saturation within Southern California, and be it further

Resolved, that the programs operation will move from CDA to the CDA Foundation as of January 1, 2009, and be it further

Resolved, that up to \$225,000 from the Strategic Fund be dedicated in 2008 and 2009 for this expansion, with a report on this program to be made at the August 2009 Board meeting.

Soda Consumption Fee to Fund Oral Health Prevention and Treatment Programs (28-2008)

Resolved, that CDA pursue the enactment of a manufacturer's fee on the syrup used to produce soda, sport, and energy drinks, and be it further

Resolved, that up to \$150,000 from the issues fund be approved to fund the costs of these efforts.

Increasing Sealant Utilization in California (1-2009)

Resolved, that CDA supports the use of dental sealants for all Californians at risk of developing caries, and be it further

Resolved, that CDA promote the attached ADA's 2008 sealant guidelines and evidence based recommendations for the use of pit and fissure sealants, and be it further

Resolved, that CDA support improved dental benefit coverage for sealants on primary and permanent teeth of children and adults, and be it further

Resolved, that the strategies identified by the sealant workgroup be considered when developing sealant promotion activities of the association, and be it further

Resolved, that CDA educate members about the benefits of sealants through all means possible including, but not limited to, the CDA Journal, CDA Update, CDA website and CDA Presents the Art and Science of Dentistry.

Bioterrorism and Disaster Preparedness Policy Update (2-2009)

Resolved, that Bioterrorism and Disaster Preparedness Policy (15-1984-H) be revised as attached.

Amalgam and Wastewater Policy Update (4-2009)

Resolved, that CDA's Best Management Practices be amended to include the installation of ISO 11143 compliant amalgam separators, and be it further

Resolved, that CDA's *Guiding Principles on Amalgam and Wastewater* be amended to reflect this amendment as attached.

Policy Manual Review and Policy Rescissions (5-2009)

Resolved, that Dental Emergency Care Policy (66-1975-H) be rescinded, and be it further

Resolved, that Skilled Nursing Facility Model Guidelines (5-1987-H) be rescinded, and be it further

Resolved, that Baby Bottle Tooth Decay Policy (32RC-1993-H) be rescinded.

Donated Dental Services Program Update (6-2009)

Resolved, that the report on the Donated Dental Services Program be filed.

Report on Dental Sleep Medicine (30-2009)

Resolved, that the Report on Dental Sleep Medicine be filed.

Issues Affecting Dental Laboratories and Dental Laboratory Technicians (31-2009)

Resolved, that the attached progress report on Resolution 37RC- 2008-H be filed, and be it further

Resolved, that a follow-up report be presented to the 2010 House of Delegates.

Perinatal Oral Health Consensus Statement and Guidelines (4-2010)

Resolved, that Oral Health During Pregnancy and Early Childhood: Evidence-based Guidelines for Health Professionals be adopted.

Issues Affecting Dental Laboratories and Dental Laboratory Technicians (31-2009) Report (28-2010)

Resolved, that CDA consider sponsoring legislation in 2011 requiring all dental laboratories doing business in California to provide dentists with documentation of the materials used and place of origin of all dental prosthesis fabricated by the laboratory and provided to the dentist for placement in a patient's mouth, and be it further

Resolved, that the CDA president appoint a task force, made up of representatives from CDA, the dental laboratory industry, the California dental schools, and other appropriate experts to evaluate ways to assist and enhance the stature and viability of the dental laboratory industry in California, and be it further

Resolved, that the task force provide a report with recommendations to the 2011 CDA House of Delegates.

Addressing Liability For Uninsured Retired Dentist-Volunteers (39RC-2009) Report (29-2010)

Resolved, that the Report on Indemnification or Immunity for Uninsured, Retired Volunteer Dentists be filed.

Phased Strategies for Reducing the Barriers to Oral Health in California (2RC-2011)

Whereas, the current dental delivery system serves the large majority of Californians; however, a significant portion of the population experiences barriers to oral health care; and

Whereas, just as there is no single barrier to care, there is no single solution for reducing those barriers, and a multifaceted, comprehensive approach is needed; and

Whereas, as a learned and respected profession, dentistry enjoys the public's trust. With that trust comes the responsibility to address society's unmet oral health needs; and

Whereas, both prevention and treatment are needed to decrease oral health disparities; and

Whereas, being at the forefront in finding solutions optimizes the opportunity for CDA to propose solutions that will work well for both the public and the profession, therefore be it:

Resolved, that the *Access Proposal: Phased Strategies for Reducing the Barriers to Dental Care in California* as attached serve as a framework for the association in addressing access to care issues, and be it further

Resolved, that CDA pursue the strategy recommendations in Phase 1 of the *Access Proposal*, including sponsoring any necessary legislation, and be it further

Resolved, that the Phase 1 activities be overseen by the appropriate CDA entities, including the Government Affairs Council and the Policy Development Council, with implementation reports provided to, and any necessary funding recommendations approved by, the Board of Trustees, and be it further

Resolved, that the strategy recommendations in Phase 2 and 3 of the *Access Proposal* be further developed by the appropriate CDA entities, drawing on the experience of implementing Phase 1 and any changes to the access to care needs within the state, and be it further

Resolved, that a comprehensive report on progress of all implementation activities be provided annual to the House of Delegates through Phase 3, and be it further

Resolved, that as Phase 3 is being developed, CDA seek to increase the number of general practice residency/advanced education in general dentistry opportunities and encourage students to participate in them through increased funding, increased incentives, and increased information sharing with dental students regarding issues of access/barriers to care instead of a mandated one year post-graduate residency.

Dental Trade Alliance Oral Health Advertising Campaign (4-2011)

Resolved, that CDA enter into a memorandum of understanding with the Ad Council's contracting organization(s) developing a three-year public oral health campaign with \$100,000 to be paid towards this campaign over the next three years from the strategic fund.

CDA Charitable Activities (15RC-2011)

Resolved, that CDA develop an internal team to sponsor and coordinate at least one Mission of Mercy event in 2012, and be it further

Resolved that an expenditure of up to \$100,000 from a fund to be determined by the Finance Committee be approved to fund this event, and be it further

Resolved, that this event be evaluated to determine future support.

Delivery of Irreversible/Surgical Dental Treatment (24S1-2011)

Resolved, that quality of care and patient safety shall be foremost in all CDA efforts related to the reduction of oral health disparities in California, and be it further

Resolved, that CDA continue its commitment to using an evidence-based process in making recommendations to reduce oral health disparities, and be it further

Resolved, that as compelling data on the quality, safety and cost effectiveness of irreversible/surgical procedures (including but not limited to extractions, pulpotomies, cavity preparation) performed by non-dentists does not now exist, until such data on which to base a recommendation are available that indicate that this model will reduce the barriers to care, CDA opposes any scope of practice changes allowing non-dentist providers to perform such procedures, and be it further

Resolved, that the California Dental Association use its resources to promote this position to all public, private and governmental stake holders and decision makers to the fullest extent.

Sleep Disordered Breathing (25RC-2011)

Resolved, that it is appropriate for dentists to screen patients for signs and symptoms of sleep disordered breathing and to work with physicians to diagnose and treat sleep disordered breathing, and be it further

Resolved, that CDA supports increased awareness and the education of dental and medical professionals on appropriate involvement in the screening, diagnosis and treatment of sleep disordered breathing, and be it further

Resolved, that CDA supports efforts at the federal and state levels to ensure dentists are recognized members of the health care team managing sleep disordered breathing, and to ensure that patients' health care benefits are maintained regardless of whether a dentist or physician provides patient care.

Opposition to a Study of Non-Dentists Performing Irreversible / Surgical Procedures on Children (1S6-2012-SH)

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.

CDA Charitable Activities Plan (12-2012)

Resolved, that the evaluation of CDA Cares be filed, and be it further

Resolved, that CDA and the CDA Foundation jointly hold two CDA Cares events in 2013, and be it further

Resolved, that the Evaluation Committee be responsible for the strategic oversight of these events, including determinations of timing and location, and be it further

Resolved, that funding in the amount of \$100,000 be provided by CDA from a fund to be determined by the Finance Committee to support both 2013 events, and be it further

Resolved, that a report and any associated recommendations regarding the future support for this program be provided to the Board of Trustees and House of Delegates following the 2013 events.

Improved Understanding of the Capacity of the Dental Care System in California (16RC-2012)

Whereas, the data on private-practice and community clinic systems is seven years old; and

Whereas, a different set of data sets and assumptions than those made in the capacity analysis by Dr. Brown, et. al. could have greatly changed the projected availability of excess capacity in the dental care system in California; and

Whereas, the total capacity of the dental care system in California is a rapidly changing value, adjusting to the economic, and regulatory environment in the State; and

Whereas, changes in means to licensure both in the State of California and other states has lowered the barriers to interstate migration, therefore, be it

Resolved, that the president appoint a task force to do the following: 1) to review and re-examine the capacity data and the premises used in the capacity study; and 2) to obtain current data for the State of California to better understand how the capacity responds to forces inside and outside of the profession; and 3) to further evaluate how this clarification of capacity changes could be used to improve access to care for all Californians, and be it further

Resolved, the task force be comprised of one member each from the Policy Development Council and Government Affairs Council, two at large members, and one member from either the Workforce Research and Forecasting Task Force or Access Workgroup, and be it further

Resolved, that the task force provide a report to the Board of Trustees and 2013 House of Delegates.

Student Participation at CDA Cares Events (18-2013)

Whereas, California dental students have brought added value to and been a significant part of the success of CDA Cares events, bringing their knowledge of dentistry and a passion for giving back to their communities, and

Whereas, the most important person at CDA Cares is the patient, and the goal of each clinic is to treat as many patients as possible during the two-day clinic, and

Whereas, dentist volunteers consistently fill the available dental operatories and shifts, and

Whereas, the Dental Board of California has stated that dental students may only practice in a board-approved extramural facility and it does not define CDA Cares as such, therefore be it

Resolved, that CDA policy reflect that California dental students bring unique value, knowledge and skills to CDA Cares clinics and should be utilized to provide assistance with the essential volunteer areas of dental assisting, patient counseling and guidance, radiography, sterilization, the distribution of instruments and supplies, and be it further

Resolved, that CDA recognize California dental students' knowledge, skills, compassion, and generosity of spirit to CDA Cares clinics.

Preservation of the Doctor/Patient Relationship (23-2013)

Resolved, that the appropriate CDA entity seek appropriate solutions that will provide dental offices with options for complying with the "Notice to Consumers" required by California Code of Regulations, Section 1065, that do not require dental offices to refer to their patients as "consumers."

Support for CDA Foundation and CDA Cares (25-2013)

Resolved, that the CDA Foundation, the volunteers from the profession and the community, be commended for their past efforts at the first three CDA Cares events, and be it further

Resolved, that the CDA Foundation be commended for its successful Student Loan Repayment Grant program, placing new graduates into underserved community to directly address the access to care issue, and be it further

Resolved, that the members of our profession be encouraged to continue to support CDA Cares at the upcoming events in San Diego on December 6-9, in Vallejo on April 24-27, 2014, in Pomona on November 20-23, 2014, in Sacramento on March 26-29, 2014 and the Central Valley in fall of 2015, and be it further

Resolved, that all CDA members be encouraged to assist the CDA Foundation in raising the funds necessary to continue these and other valuable projects by becoming a Friend of the Foundation and by becoming a chair sponsor for a future CDA Cares event.

Fluoridation Policy Update (3S1-2014)

Resolved, that the members of the California Dental Association continue to provide leadership in support of communities seeking or maintaining water fluoridation and other fluoride programs, and be it further

Resolved, that CDA will provide leadership and guidance to determine the appropriate strategy to accomplish its fluoridation goals.

Sleep Disordered Breathing Final Report (28-2015)

Resolved, that the report of sleep disordered breathing be filed, and be it further

Resolved, that CDA reaffirms existing policy related to sleep disordered breathing (Resolution 25RC-2011-H), and be it further

Resolved, that CDA recognizes the unique role dentists can continue to play in the screening, referral for diagnosis and treatment of sleep disordered breathing, and be it further

Resolved, that CDA continues to seek opportunities to educate its members and the public about the importance of proper diagnosis and treatment of sleep disordered breathing.

Use of Botulinum Toxin and Dermal Fillers by Dentists (8-2018)

Resolved, that CDA seek a regulatory clarification from the Dental Board of California that the administration of botulinum toxin and dermal fillers in the peri-oral region as part of a comprehensive dental treatment plan is included within the current Dental Practice Act.

Defining Support for Nutrition's Effect on Oral Health and Systemic Health (15-2018)

Resolved, that CDA support and promote programs to improve dentists' scientific knowledge of nutrition and its impact on oral health and systemic health, and be it further

Resolved, that CDA recognize nutritional evaluation and consultations are an important aspect of prevention and maintenance of good oral health.

Tobacco and Nicotine Product Policy (8-2019)

[Adoption of this policy by the house in 2019 included rescission of the policies Taxation of Tobacco Products (33-1993), Tobacco Products (43-1991), and CDA Members as Tobacco Use Counselors (54S1-1989)]

CDA recognizes that dentists play a pivotal role in supporting the improvement of public health through the delivery of quality oral health care and patient education. As health professionals, dentists have a professional responsibility to educate and advise patients regarding the health risks associated with, and support cessation of, the use of cigarettes, smokeless tobacco, electronic cigarettes, vaping and other alternative delivery systems for tobacco, non-tobacco nicotine and other unprescribed inhalants (collectively referred to herein as "nicotine and recreational inhalants").

CDA has been a leader in the curtailment of tobacco and nicotine product sales and availability over the course of several decades. CDA supports state and local policies that reduce use of and access to nicotine and recreational inhalant products utilizing various means, including via taxation and restriction of consumer access.

CDA will continue to educate members on the most current research on health risks associated with nicotine and recreational inhalants, and inhalant systems, including electronic cigarettes, vaping and other alternative delivery systems, and provide access to patient-centric educational resources on use-prevention and cessation so that members may be equipped to educate their patients and the public.

Addressing Barriers to Oral Health Care for Special Health Care Needs Patients (7RC-2022)

Resolved, that a Special Health Care Needs Policy be developed, and be it further,

Resolved, that the appropriate CDA entity evaluate the current public policy landscape for the most significant options to address the policy, including legislative, regulatory action and state or federal funding to improve access to oral health for the special health care needs population, and be it further,

Resolved, that the proposed policy be provided to the 2023 House of Delegates and a report regarding this activity as well as implementation of the \$50 million Specialty Dental Clinic grant program and \$10 million Community Based Dental Student Rotation Grant.

11.2 Position Papers

Prevention of Dental Disease (64-1989)

Early Childhood Caries (11RC-2001)

CDA Opioid Policy (6-2018)

11.3 Hospital Issues:

The Dental Patient Hospital History and Physical Examination Privilege (29-1990)

Resolved, that the position paper entitled *The Dental Patient Hospital History and Physical Examination Privilege* be approved.

11.4 Geriatric Issues:

SNF Study (4-1987)

Resolved, that the report entitled *California Skilled Nursing Facilities Residents: A Survey of Dental Needs* be approved, and be it further

Resolved, that the report be presented to the Legislature and disseminated to the public as appropriate.

Geriatric Oral Health Access (21RC-2013)

Resolved, that the proper CDA entity provide resources and support to help component societies in establishing a Geriatric Oral Health Access Program, to reach out to administrators, continuing education directors and nursing directors in long term care facilities, and small assisting living facilities to train their caregivers in implementation of personalized daily oral health care plans, and be it further

Resolved, that the proper CDA entity consider pursuing strategies to make personalized daily oral health care plans mandatory in all long-term care and assisted care facilities.

11.5 Infectious Diseases:

Continuing Education Course in Infection Control (29RC-1986)

Resolved, that CDA, through the appropriate council or agency, urge members and their auxiliaries to enroll in and successfully complete a continuing education course in the prevention of cross-contamination and infectious disease control in the dental office and laboratory.

Policy Regarding Treatment of HIV Seropositive Patients (23RC-1988; 33-1997)

Resolved, that it is the policy of California Dental Association that a dentist must not refuse to treat a patient whose condition is within the dentist's current realm of competence solely because the patient is HIV seropositive.

11.6 Allied Dental Health Professionals:

Code of Ethics (39-2007)

Resolved, that the Allied Dental Health Professional Code of Ethics be approved as submitted.

12.0 Dental Research and Developments

12.1 Scientific Matters:

Scientifically Based Dental Regulations (46-1994)

Resolved, that CDA strongly oppose any governmental agency regulation affecting clinical dental practice that is not supported by consensus science, and be it further

Resolved, that CDA be directed to request that regulatory agencies produce the scientific epidemiological evidence to support their regulatory activities.

12.2 OSHA Matters:

Guidelines for Compliance with OSHA Hazardous Waste Communication, Release and Response and Infection Control Plans (23-1990)

Resolved, that the *Guidelines for Compliance with OSHA Hazardous Communication, Release and Response and Infection Control Plans* as developed by the Council on Dental Research and Developments be adopted, and be it further

Resolved, that after January 1, 1990, the guidelines be sold to member dentists at the actual reproduction and shipping costs of \$25.00 each, and be it further

Resolved, that the guidelines be available to non-CDA member dentists upon request for the cost of \$225.00.

Unwarranted/Excessive CAL-OSHA Regulations and Penalties (60S1-1992)

Resolved, that CDA will monitor Cal-OSHA regulations and penalties relating to dental offices, and be it further

Resolved, that CDA will provide legal help to members on a test case basis whose penalties from Cal-OSHA have been deemed by CDA to be unwarranted or excessive, and be it further

Resolved, that CDA request assistance (monetary and/or legal) from ADA in these endeavors.

12.3 Environmental Health and Safety:

Surgical Instrument Usage by Allied Dental Health Personnel Position Paper (22-2002)

Resolved, that the *Surgical Instrument Usage by Allied Dental Health Personnel* position paper be adopted.

Guiding Principles on Amalgam and Wastewater (23-2002)

Resolved, that the *Guiding Principles on Amalgam and Wastewater* be approved.

13.0 Education and Licensure

13.1 General Policies/Position Statements:

Dental Students Practicing as Dental Hygienists (71-1989)

Resolved, that the California Dental Association support the CDA student members' efforts to secure the opportunity for dental students and graduates of California dental schools who have met appropriate standards of competency to practice dental hygiene while in school and for up to six months following graduation, and be it further

Resolved, that the appropriate agencies in conjunction with the student delegation pursue enabling legislation.

QUIL3 Program (14-1997)

Resolved, that the voluntary continued competency assessment project be replaced by a new program, the "Quality Improvement through Lifelong Learning" Program (QUIL3), and be it further

Resolved, that QUIL3 be adopted as presented and made available to CDA members upon request, and be it further

Resolved, that responsibility to study, implement, and refine the QUIL3 Program be assigned to the Policy Development Council upon adjournment of the 1997 house, and be it further

Resolved, that any further changes to the QUIL3 Program be approved by the House of Delegates prior to implementation.

Continuing Education (28RC-2006)

Resolved, that the policy on continuing education be approved.

International Dental Student (IDS) Representative Proposal (28-2007)

Resolved, that the dental student representative structure include an international dental student (IDS) representative for each IDS class at each California dental school, and be it further

Resolved, that the senior IDS representatives be invited to participate in CDA student activities on behalf of his or her respective school, and be it further

Resolved, that expenses related to the IDS representative participation in CDA programs be included in the student programs budget beginning in 2008.

13.2 Position Paper

Role and Duties of Registered Dental Hygienists (18-1989)

13.3 Educational Issues:

Protocol for Dental School Remedial Education Program (20RC-1984; 36-1997)

Resolved, that the Board of Trustees approve the amended *Protocol for California Schools of Dentistry Remedial Education Program* as submitted by the Judicial Council.

Graduates of Non-Accredited Dental Schools (45-1990)

Resolved, that California Dental Association policy regarding graduates of non-accredited dental schools licensure is that such graduates should have training and competency to meet the standards of graduates of dental schools accredited by the commission on dental accreditation, and be it further

Resolved, that in order to protect the dental health of the people of California, CDA seek legislation to repeal section 1636 of the Dental Practice Act and to require that graduates of non-accredited dental schools complete a course of study as proposed in the ADA policy on graduates of nonaccredited dental schools, and be it further

Resolved, that CDA encourage all California dental schools to establish an international dental program to provide dental education leading to the D.D.S. or D.M.D. degree.

Dental Education Including After Hours On-Call Experience (59-1992)

Resolved, that CDA urge the five dental schools in the state of California to support and encourage programs which will provide each dental student with direct after hours on-call experience.

Support of Registered Accredited Dental Hygiene Education Programs (22RC-1998)

Resolved, that CDA support only those registered dental hygiene education programs that are accredited by the Commission on Dental Accreditation.

Second-Year Student Scholarship Program (47RC-1999)

Resolved, that the second-year student scholarship program establish as its goal the promotion of leadership development among students, and the increased visibility of CDA and its subsidiary companies within the dental schools, and be it further

Resolved, that the Council on Membership be directed to work with the CDA student representatives to establish criteria and a process for review and selection of scholarship recipients.

Mandatory Minimum Academic Standards (34-2000)

Resolved, that the California Dental Association has determined that an absence of mandatory minimum academic standards as a prerequisite to announcing dental specialty status or credentials poses a significant danger to the patients of California, and be it further

Resolved, that the California Dental Association has determined that successful completion of a formal, full-time advanced education program (graduate or post-graduate level) of at least twelve months' duration is one of the standards that must be met in order to announce credentials in areas of dentistry not recognized by the ADA as specialty areas, and be it further

Resolved, that the California Dental Association has determined that the successful completion of educational programs accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the American Dental Association Council on Dental Education, or achieving diplomate status from an American Dental Association recognized certifying board, are among the general standards that must be met to announce specialization and limitation of practice in an area of dentistry approved by the ADA as a specialty area, and be it further

Resolved, that the California Dental Association urges the Dental Board of California to proceed immediately to adopt regulations to establish the foregoing academic standards as prerequisites to

announcing dental specialty status or credentials in order to protect the public from potential harm, and be it further

Resolved, that if necessary, the Council on Legislation consider introducing seeking legislation to set forth in state law academic standards as prerequisites to announcing dental specialty status or credentials in order to protect the public from potential harm.

Student Debt Consolidation and In-School Student Loans Programs (14-2004)

Resolved, that the establishment of a student debt consolidation program and in-school loans program with CDA serving as the originator of the loans be approved, and be it further

Resolved, that *Student Assistance Foundation of Montana* be selected as the provider of student debt consolidation and in-school student loans services to CDA members.

CDA-Sponsored Dental Hygiene School (31RCB-2004)

Resolved, that CDA approve the concept of a CDA-sponsored dental hygiene school, and be it further

Resolved, that the development of a detailed dental hygiene school business plan – to include a funding plan, site selection, faculty recruitment, admission policies, geographical equity – be referred to the appropriate CDA entity.

Accreditation for International Dental Schools (9-2005)

Resolved, that CDA adopt policy that urges the commission on dental accreditation to provide accreditation to international dental schools.

Dental Hygiene Education Grant Program (31-2005)

Resolved, that the criteria recommended by the CDA Policy Development Council be used by the Foundation as the minimum basis for its Dental Hygiene Education Grant Program, and be it further

Resolved, that a maximum grant amount of \$50,000 be to a single proposed or existing dental hygiene program, and be it further

Resolved, that funding from CDA to the Dental Hygiene Grant Program be established at a level necessary to achieve a fiscal year beginning balance of \$100,000 to be included in the operating budget, and be it further

Resolved, that \$50,000 be allocated from the strategic fund in 2006 for the Dental Hygiene Grant Program.

13.4 Licensure/Permit Issues:

Parenteral Conscious Sedation Permit (16-1984)

Resolved, that CDA recommend to the Board of Dental Examiners and State Legislature the development of a "Parenteral Conscious Sedation Permit", with accompanying appropriate qualification standards, and be it further

Resolved, that this permit be separate from the general anesthesia permit already enacted, and be it further

Resolved, that criteria, standards and qualification be formed which protect the public and allow qualified dentists to meet or to exceed reasonable requirements to perform parenteral conscious sedation.

Fair and Equitable Generation of Revenues by the Board of Dental Examiners (91-1990)

Resolved, that CDA Council on Dental Care and Council on Education and Membership Services request that the Board of Dental Examiners use the information available from the Department of Consumer Affairs certificate of registration, and be it further

Resolved, that the Board of Dental Examiners address a fair and equitable method of generating revenues that is the same for all dentists, whether practicing as professional corporations, partnerships, or sole proprietors.

Special Permit in Oral and Maxillofacial Surgery (13RC-1991)

Resolved, that CDA approve the concept of a special permit in oral and maxillofacial surgery for dentists licensed in California as physicians, to be issued by the state Board of Dental Examiners, and be it further

Resolved, that CDA continue to support legislation to create such a special permit.

Non Adoption of Judicial Decision by Professional Boards (58-1997)

Resolved, that as a matter of policy, the California Dental Association be opposed to provisions of administrative law allowing "non-adoption" of judicial decisions by professional boards in California when a fair and impartial trial of the defendant has led to a decision by the administrative law judge, and be if further,

Resolved, that activities seeking additions to the *Dental Practice Act* be initiated whenever practical which would require the State Board of Dental Examiners to accept the decision of the administrative law judge.

Reciprocity as a Means of Licensure (23-1998)

Resolved, that CDA oppose reciprocity as a means of licensure in California.

Licensure by Credential (35RC-1998)

Resolved, that CDA support licensure by credential under the parameters indicated in the *Position Paper on Licensure by Credential* as amended.

Mutual Recognition of Licensure (45RC-1999)

Resolved, that it is in the best interest of CDA's members for the association to strive for freedom of movement and mutual recognition by other states when granting licensure by credentials to dentists from those states, and be it further

Resolved, that the concept of mutual recognition be included in discussion of licensure by credentials with the California State Board of Dental Examiners and all other relevant organizations.

Eligibility for Dental Hygiene Licensure Examination (40S1-2002)

Resolved, that the appropriate CDA entities explore the feasibility of legislation that would provide for a dental student who has successfully completed the educational equivalency of a Commission on

Dental Accreditation (CDA) approved dental hygiene curriculum as certified by the dean of their respective dental schools to be eligible to take the dental hygiene licensure examination.

CODA Accredited Post-Doctoral General Dentistry Program (28S1-2004)

Resolved, that the Council on Legislation (Government Affairs Council) be urged to pursue legislation recognizing successful completion of a Commission on Dental Accreditation (CODA) accredited post-doctoral general dentistry program of at least one year duration or completion of a CODA-accredited program in an ADA recognized specialty as fulfilling the clinical examination requirement for purposes of licensure in California.

Licensure-by-Graduation (29RC-2004)

Resolved, that CDA seek to work cooperatively with the Dental Board of California and the California dental schools to implement a valid licensure-by-graduation process, and be it further

Resolved, that the appropriate CDA entity pursue pilot testing of licensure-by-graduation models with an annual progress report to the House of Delegates and, if necessary, seek appropriate funding from the 2005 Board of Trustees.

Dentists Licensed in Other States (30RC-2004)

Resolved, that the Council on Legislation (Government Affairs Council) be urged to pursue legislation to allow dentists, who are licensed in other states but have less than five years clinical experience, to become licensed in California without clinical examination if the applicant is committed to full-time practice for a minimum of two years in a community health clinic or in an underserved area or as full-time faculty at an accredited dental education program for a minimum of two years.

Parity in Licensure (37S1-2004)

Resolved, that all new proposals for licensure being considered for dental school graduates be similarly promoted for all licensed allied dental health professionals to create parity in licensure.

WREB Exam (47-2004)

Resolved, that the California Dental Association is in support of the California Dental School Deans' work in recognizing the Western Regional Exam Board as an examination alternative in California, and be it further

Resolved, that the ongoing work of the task force on licensure is critical and fully supported.

Clinical Licensure Examination (10S1-2005)

Resolved, that CDA support the elimination of human subjects/patients in the clinical licensure examination process with the exception of alternative methods of licensure examinations that are carried out within the dental schools' curricula, and be it further

Resolved, that CDA support the concept of a national clinical licensure examination, and be it further

Resolved, that CDA approve the components of the "ADA Report of the Task Force on the Role of Patient-Based Examinations (2002)"** as well as the "Characteristics of an Ideal National Clinical Licensure Exam"*** as objectives for an ideal national clinical licensure exam..

****"ADA Report of the Task Force on the Role of Patient-Based Examinations (2002)": An ideal clinical licensure examination process should*

- Be an activity involving an independent party within the educational process.
 - Allow for assessment of the full continuum of a candidate's competence.
 - Instill public confidence.
 - Evaluate candidate competence within the context of a treatment plan that meets the patient's needs.
 - Provide valid data for outcomes assessments as required by the accreditation process.
- Be provided at a reasonable cost to the applicant.

****"Characteristics of an Ideal National Clinical Licensure Exam"*

- Psychometrically valid and relevant to current dental practice.
- Policies and procedures treat candidates fairly and professionally, and ensure timely and complete communication of exam logistics and results.
- Eliminates circumstances that allow commercial procurement of exam patients.
- If patients are used, processes exist to ensure their safety and protection.
- Regular calibration and consistent implementation.
- Allows for remediation at candidate's school.

Creation of a Task Force to Finalize Details of a Portfolio Examination for Dental Licensure in California (47-2007)

Resolved, that a task force be appointed in 2008 to continue to work collaboratively with the Dental Board of California and the California Dental Schools to determine the viability and the details of the portfolio examination for dental licensure, and be it further

Resolved, that this task force be charged to develop model legislation for implementing a portfolio examination approach to licensure in California, and be it further

Resolved, that representatives from the Dental Board of California, the California dental schools, the examining community, and other communities of interest be invited to serve on the task force along with representatives from CDA, and be it further

Resolved, that the task force provide quarterly reports of its progress to The Board of Trustees.

13.5 Auxiliary Related Issues:

Experimentation and Training of Auxiliaries (57-1974)

Resolved, that the California Dental Association adopt a policy that experimentation in training and utilization of dental auxiliaries be carried out only under the auspices of or under the direction of an accredited dental school.

Dental Hygiene Licensure Requirements (38-1977)

Resolved, that graduation from an accredited dental hygiene program or completion of dental hygiene requirements in an accredited dental school education program be the essential pre-requisite for dental hygiene examination and licensure.

Increased Dental Hygiene Class Size (13-1988)

Resolved, that CDA support the concept of increasing the class size for existing hygiene programs, and be it further

Resolved, that dental schools and community colleges without existing hygiene programs be encouraged to establish dental hygiene programs.

Dental Auxiliary Manpower (37-1988)

Resolved, that the House of Delegates of the California Dental Association approve the revised report as amended by the House and recommendations of the Council on Education and Membership Services on the issue of dental auxiliary manpower.

Delegation of Auxiliary Duties (17-1989)

Resolved, that the California Dental Association endorse and support the Board of Dental Examiners' proposed regulatory language concerning the appropriate "Delegation of Auxiliary Duties," and be it further

Resolved, that the Board of Dental Examiners' proposed regulatory language concerning the appropriate "Delegation of Auxiliary Duties" be adopted as the formal position of the California Dental Association.

Coronal Polish by Registered Dental Assistants (19-1989)

Resolved, that the California Dental Association support coronal polish by a registered dental assistant as part of a prophylaxis, and be it further

Resolved, that the California Dental Association support regulatory changes to broaden existing regulations to allow registered dental assistants to perform coronal polish as part of a prophylaxis, as well as under existing settings.

RDA "Practical" Examination (65S1-1991)

Resolved, that the Council on Education and Membership Services request the Board of Dental Examiners to evaluate the registered dental assistant examination process with particular emphasis relative to the practical portion in order to more effectively achieve an examination that is consistent and standardized.

Auxiliary Recruitment and Retention Program (20-1993)

Resolved, that the Auxiliary Recruitment and Retention Program be an ongoing program of the association.

Auxiliary Recruitment and Retention Program's Training Package (12-1994)

Resolved, that the Auxiliary Recruitment and Retention Program's on-the-job-training package be approved.

Placement of Actisite Fibers (12-1995)

Resolved, that the California Dental Association support the Board of Dental Examiners advisory statement on the placement of actisite fibers by dental auxiliaries.

"Registered Dental Assistants and Hygienists in Extended Functions (EFs) are allowed to perform cord retraction of gingivae for impression procedures. Registered Dental Assistants are allowed to apply periodontal dressings. The procedure described does not fit either of these categories; therefore, auxiliaries would not be allowed to perform the procedure since

any intra-oral procedure performed by an auxiliary must be affirmatively allowed in regulation.”

Dental Hygiene Academia Acceptance Criteria (41RC-1995)

Resolved, that California Dental Association vigorously oppose pending changes in admissions criteria for all of the California dental hygiene community college education programs, and be it further

Resolved, that this issue be brought to the attention of the Commission on Dental Accreditation for it to take action to ensure compliance with Hygiene Accreditation Standard #6.1, which states that all candidates will be accepted into hygiene education programs on the basis of criteria and procedures which facilitate selection of “... students who have the potential for successfully completing the program,” and be it further

Resolved, that CDA take this issue as a resolution to the ADA House of Delegates in order to bring this issue to the entire body of the ADA, and through that medium, also to the Commission on Dental Accreditation.

Application for CDA Dental Auxiliary Program Development Guidelines (11-1996)

Resolved, that the guidelines entitled “application for CDA Dental Auxiliary Program Development Grant” be adopted.

Career Ladder for Dental Assisting (14-2000)

Resolved, that CDA supports the career ladder for dental assisting and recommends that regulations in the dental assisting area encompass:

Continued and expanded performance of intraoral duties by dental assistants, protection of on-the-job training for dental assistants, a system of education for advanced dental assisting duties leading to licensure, including the concept of specialized dental assistants, and a broad interpretation of the Dental Practice Act related to delegation of duties in order to meet evolving technological and professional needs.

Dental Auxiliary Shortage (33RC-2000)

Resolved, that CDA, its leadership and appropriate councils and committees acknowledge the dental auxiliary shortage as a crisis, assign it high priority and make use of appropriate resources, innovation, focus and response towards this need, and be it further

Resolved, that in accordance with CDA’s new strategic plan, the appropriate CDA entity develop an action plan to address the issue.

Policy on Allied Dental Health Personnel (13RC-2001)

Resolved, that the revised *Policy on Allied Dental Health Personnel* be adopted as amended.

Intra-Oral Use of Surgical Instruments by Auxiliaries (25RC-2001)

Resolved, that due to the potential inherent risk to the patient in the intra-oral use of surgical instrumentation in the performance of curettage, CDA opposes such usage by auxiliaries unless the auxiliary has been trained in the use of such instruments through a course approved by the Dental Board of California.

Address Hygiene Staff Shortage in the Dental Workforce (5RC-2022)

Resolved, that the appropriate CDA entity prioritize accordingly addressing the hygiene shortage by working closely with the California Dental Hygienists' Association, and other entities as appropriate, to determine different avenues to increase the number of hygienists in the workforce. Examples include, but are not limited to, increasing the number of hygiene schools, increasing the number of graduating students per class, as well as fast track dental hygiene licensing for foreign trained dentists and be it further

Resolved, that a report be provided to the 2023 House of Delegates regarding this activity.

13.6 Dental Laboratory/Technician Issues:

Concept of Statutory Control of Dental Laboratories and/or Dental Laboratory Technicians (60-1974)

Resolved, that the House of Delegates approve the concept of statutory control of dental laboratories and/or dental laboratory technicians under the jurisdiction of the state Board of Dental Examiners.

Elimination of State Tax on Dental Prostheses (50-1976)

Resolved, that the California Dental Association make every effort to eliminate the state tax now applicable to the fabrication of dental prostheses.

Recognition of CDT's (22S1-1989)

Resolved, that the American Dental Association currently recognizes CDT's upon completion of 25 years of meritorious service to the dental profession. The California Dental Association endorses this recognition and recommends its continuance.

Registration of Dental Laboratories and Dental Laboratory Technicians (26-1991)

Resolved, that in the absence of compelling evidence of public safety concerns, and in the knowledge that the dentist is ultimately responsible for patient care, including the quality of dental prostheses, CDA opposes licensure and/or registration of dental laboratories and/or dental laboratory personnel, and legislation to accomplish that purpose.

13.7 Dental Specialties:

Implant Dentistry (8RC-1993)

Resolved, that the California Dental Association does not support the recognition of implant dentistry as a dental specialty.

Recognition of Dental Specialties (19-1994)

Resolved, that the following policy concerning recognition of dental specialties be approved:

It is the policy of the California Dental Association that it shall recognize only those dental specialties formally recognized by the American Dental Association.

14.0 Peer Review

14.1 General Policies/Position Statements:

Indemnification of Component Dental Society (8-1982)

Resolved, that if a component willfully fails to comply with the rules and procedures of the peer review system, in the event any legal action subsequently ensued, CDA will not indemnify or pay legal costs for any component involved in such litigation, and be it further

Resolved, that in the event CDA was named as a defendant in any subsequent action or was involved in any way in any subsequent action, the component responsible will accept responsibility for all legal costs associated with any resulting litigation, and would indemnify and hold CDA harmless from any judgment or expenses in connection with such proceedings.

Disclosure of Clinical Findings in Peer Review (23-1983)

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Refund and Retreatment Policy (38-1985)

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Jurisdiction for Multiple Component Practitioners (10-1987)

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Available to Members Only (38-1991)

Resolved, that peer review be a service for member dentists only, who by virtue of their membership have agreed to abide by the California Dental Association *Code of Ethics*, and be it further

Resolved, that complaints received against dentists who are not members of the California Dental Association be directed to the Board of Dental Examiners.

Fees for Over-Utilization of Peer Review (30-1993)

Resolved, that when over-utilization of peer review (over three cases in any rolling 12-month period) involves questions of appropriateness of treatment with insuring entities, component peer review committees may charge a reasonable fee to cover the dental society's handling and administrative expenses for each additional peer review case (whether dentist or patient initiated) during the applicable twelve-month period, provided any such over-utilization fees and policies are established in advance by the board of directors of that component society and uniformly applied by that component.

Capitation Plan Refund Guidelines (16-1994; 11RC-1995)

Resolved, that the CDA *Peer Review Manual*, "*Capitation Plan Refund Guidelines*" be revised as follows:

Capitation Plan Refund Guidelines

REFUND/RETREATMENT: (When the patient is still covered by the capitation plan):

"By copy of this resolution letter, (capitation plan name) is instructed to debit Dr. _____'s account according to their own internal accounting procedures in order to re-establish (patient's) eligibility to have the treatment redone by another participating dentist.

If the patient had a co-payment for any of the procedures that are deemed unacceptable, the dentist would be instructed to make a direct refund for the co-payment in addition to the above paragraph.

RETREATMENT: (When the patient is no longer covered by the capitation plan):

"Because you are no longer covered by (capitation plan name), Dr. _____ is financially responsible for providing a clinically acceptable duplicate of this service. The service provided to you was (a non-precious crown, removable partial, acrylic partial, etc.). Please provide a cost estimate from the dentist of your choice for a duplicate of this service. You will be reimbursed for this amount. If you choose a clinically acceptable alternative treatment which is more expensive, you will be responsible for any cost difference."

Please note: If the patient has not made his or her co-payment, the committee must deduct the co-payment amount from the cost of the retreatment.

CORRECTIVE TREATMENT: ALL corrective treatment will be handled in the usual manner.

[Note: This revision has been embodied in the *Peer Review Manual*.]

Refund Guidelines/Quality Evaluation Manual (18-1996)

Resolved, that the proposed revision to "Form #64 - Refund Guidelines," in the CDA *Peer Review Manual* be approved.

[Note: These modifications have been incorporated into the *Quality Evaluation Manual*.]

Refunds for Incomplete Treatment or Irregular Billings (17RC-1997)

Resolved, that the proposed revisions relating to partial refunds for incomplete treatment/irregular billing to the CDA *Peer Review Manual* are approved as amended.

Modification to Peer Review Manual (42-1997)

Resolved, that the fee for insurance-initiated peer review cases be established at \$150.00 and be it further

Resolved, that the appropriate revisions to the CDA *Peer Review Manual* be approved.

[Note: These modifications have been incorporated into the *Peer Review Manual*.]

Graduate Student Member Eligibility (18RC-1998)

Resolved, that graduate dental student members be eligible for peer review at no charge for incidents that occur while practicing general dentistry outside of the dental school program, and be it further

Resolved, that the revisions to the graduate student membership application be approved, and be it further

Resolved, that the graduate peer review acknowledgment form be utilized as part of the graduate student membership application process.

Partial Centralization (15-2004)

Resolved, that the partial centralization of the peer review process be implemented statewide.

Adjudication of Peer Review Cases (7-2007)

Resolved, that all peer review cases referred for consideration by a peer review committee shall be adjudicated within the jurisdiction of the component society in which the treatment was rendered, and be it further

Resolved, that specialty cases be adjudicated by the appropriate specialty peer review committee when possible or be adjudicated within the jurisdiction of the component society peer review committee in which the treatment was rendered, utilizing, a specialty consultant, and be it further

Resolved, that this policy will be implemented immediately upon approval of the Board of Trustees.

Treatment Record Transcription (8-2007)

Resolved, that a peer review policy requesting treatment notes (progress notes) be typed and transcribed verbatim in every case be approved, and be it further

Resolved, that the recommended modifications to peer review forms be approved.

Patient Request for Interview Process (9-2007)

Resolved, that the option for a patient in a peer review matter to request an interview when a clinical examination is not required be approved, and be it further

Resolved, that the newly developed Form #90, patient request for interview, and the proposed modifications to Form #1, Initial Patient Response Letter, be approved and included in the peer review manual.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Return of Treatment Policy (10-2007)

Resolved, that the appropriate sections of the peer review manual and appropriate peer review forms be revised to eliminate all references to the return of treatment policy and option, and be it further,

Resolved, that these revisions be implemented immediately upon approval by the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Irregular Billing/Usualness Guidelines Revisions (12-2007)

Resolved, that references to "usualness" be eliminated from the irregular billing/usualness guidelines in the Peer Review manual.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Patient Failure to Appear Notification (13-2007)

Resolved, that Peer Review Form 50 be modified to notify the patient that the peer review case is being closed after the patient's second failure to appear for examination with the peer review committee.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Referral to Judicial Council for Grossly Inadequate/Inappropriate Treatment (14-2007)

Resolved, that Peer Review Forms 13, 15, and 63 be modified to notify the dentist under peer review that he or she may be referred to the Judicial Council due to a peer review committee finding of grossly inadequate or grossly inappropriate treatment.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Non-Compliance Guidelines for Judicial Council Referrals (15-2007)

Resolved, that the peer review manual non-compliance guidelines and peer review forms 51, 52, and 53 be modified to clarify the process for non-compliance with the request of a peer review committee.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Modifications to Peer Review Conflict of Interest Policy (33-2007)

Resolved, that peer review committee members recuse themselves from any peer review case where the subject is a close friend, family member, or close business associate, and be it further

Resolved, that the current conflict of interest policy in the peer review manual be modified as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Dentist's Right to Choose Neighboring Component to Review Peer Review Case (34-2007)

Resolved, that a dentist under peer review be granted the right to request that a neighboring component review his or her case, and be it further

Resolved, that all necessary modifications be made to the peer review manual.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Further Centralization of the Peer Review Process (35-2007)

Resolved, that the administrative functions of the peer review program be centralized at CDA, and be it further

Resolved, that a status report on the implementation of centralization be provided to the Board of Trustees in October 2008 and to the 2008 House of Delegates.

Corrective Treatment Plan and Cost Estimate Appeal (36-2007)

Resolved, that the peer review corrective treatment guidelines be modified to include an appeal process, and be it further

Resolved, that all necessary modifications be made to the peer review manual.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Disclosures to Patient Regarding Compliance (37-2007)

Resolved, that peer review forms 1 and 4 be modified to provide clear disclosures to patients at the onset of a peer review case that CDA cannot compel a dentist to comply with the decision of a peer review committee and that the only monetary award that can be recommended by a peer review committee is a refund or the cost of corrective treatment.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Notification to Patient of Dentist Dropping Membership (38-2007)

Resolved, that peer review Form 48 be modified to provide clear notice to the patient of a dentist's indication that he or she will not cooperate with the peer review committee's decision and that the patient may not be able to collect any money that the peer review committee may award.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Providing Feedback to Component/Specialty Committees (12RC-2008)

Resolved, that the Council on Peer Review voting ration required to change a decision of a component or specialty peer review committee be revised to a minimum affirmative vote of seven out of nine members, and be it further

Resolved, that upon an affirmative vote to change a decision rendered by a component or specialty peer review committee, a member of the Council on Peer Review be required to discuss the reasons for the changes with a member of that component or specialty peer review committee, and be it further

Resolved, that Peer Review Manual Section I, General Guidelines, be modified as attached to reflect these changes.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Correspondence Requiring Legal Department Approval (13-2008)

Resolved, that CDA Legal Counsel review all Peer Review program correspondence, including email, before the correspondence is sent to the parties involved in cases requiring alteration of standard form letters or when a dispute arises between a Peer Review Committee and a patient or dentist in a peer review case, and be it further

Resolved, that Peer Review Manual section II be modified as attached to reflect these changes, and be it further

Resolved, that the revised policy be implemented immediately upon approval by the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Dentist Under Review Drops Membership (15-2008)

Resolved, that the CDA Judicial Council and the patient be notified immediately when a dentist drops membership while under Peer Review, and be it further

Resolved, that Peer Review Manual section VI and Form 96 be modified as attached to reflect this policy, and be it further

Resolved, that the revised policy be implemented immediately upon approval by the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Patient Request for Review Form Changes (16-2008)

Resolved, that Peer Review form #3 be modified as attached to directly ask patients whether the treatment in question has been altered.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Carrier-Initiated Peer Review Request Fees for Over-Utilization (17-2008)

Resolved, that the fee for third-party carrier-initiated peer review cases be increased from \$150 to \$500, and be it further

Resolved, that the CDA Peer Review Manual and its correspondence forms be revised to reflect this policy change as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Referrals to Judicial Council for Non-Compliance with Final Decision (18-2008)

Resolved, that all Peer Review non-compliance notices and referrals to the CDA Judicial Council be initiated by the Council on Peer Review, and be it further

Resolved, that the CDA Peer Review Manual and its corresponding forms be revised to reflect this policy change, and be it further

Resolved, that this policy change be implemented immediately upon approval of the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Referrals to Judicial Council for Grossly Inadequate/Inappropriate Treatment, Alleged Fraud or Billing Irregularities (19-2008)

Resolved, that the Council on Peer Review be allowed to initiate referrals to the CDA Judicial Council in cases of grossly inadequate treatment, grossly inappropriate treatment, or alleged fraud or billing irregularities, and be it further

Resolved, that the CDA Peer Review Manual be revised to reflect this policy change, and be it further

Resolved, that this policy change be implemented immediately upon approval of the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Conflict of Interest Policy (20-2008)

Resolved, that members of component Peer Review and specialty Peer Review committees be allowed to serve concurrently as expert witness of The Dental Board of California, provided that they recuse themselves from any Peer Review or Dental Board case where there may be a perceived or actual conflict of interest as defined in the Peer Review Manual, and be it further

Resolved, that the Peer Review Manual be revised to reflect this policy change, and be it further

Resolved, that this revised policy be implemented immediately upon approval by the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Patient Clinical Examinations (21-2008)

Resolved, that an uneven number of Peer Review committee members (minimum of three) be required during all Peer Review patient clinical examinations and committee deliberations, and be it further
Resolved, that the Peer Review Manual be revised to reflect this policy change as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Time Limitation Criteria (22-2008)

Resolved, that the CDA Peer Review Manual be modified to be consistent related to the timeline for accepting correspondence, and be it further

Resolved, that a statement be added to initial request for review forms, advising that a confirmation will be mailed to the patient within 15 working days of receipt as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Litigation Policy Related to Arbitration Agreements (23-2008)

Resolved, that Peer Review cases will not be accepted in instances in which the patient and/or treating dentist have initiated or gone through an arbitration process concerning any aspect of the dental services that might otherwise be reviewed, and be it further

Resolved, that if arbitration is initiated by either the patient or treating dentist after the Peer Review process begins, including the appeals process, the Peer Review action will cease immediately, and be it further

Resolved, that the Peer Review Manual be revised to reflect this policy change.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Patient Health History (7-2009)

Resolved, that the Request for Review Form (Form #3) and the Initial Patient Examination Letter (Form #27) be modified to include notification to the patient of the possibility of periodontal probing during the clinical exam and to include questions about certain medical conditions that may require the patient to be pre-medicated.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Implants and Implant Prosthodontics Clinical Examination Worksheet (8-2009)

Resolved, that the Implants and Implant Prosthodontics Clinical Examination Worksheet (Form #99) be approved and be incorporated in the CDA Peer Review Manual and CDA's guidelines for the assessment of clinical quality and professional performance.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Revisions to the Guidelines for the Assessment of Clinical Quality and Professional Performance (26RC-2009)

Resolved, that the proposed revisions to the Guidelines for the Assessment of Clinical Quality and Professional Performance be approved.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Report on the Further Centralization of the Peer Review Process (29-2009)

Resolved, that the House of Delegates accept and file the attached report of the California Dental Association Council on Peer Review on the further centralization of the peer review process.

Peer Review Manual and Quality Evaluation Manual Revision Procedures (8-2010)

Resolved, that the Peer Review Manual and Quality Evaluation for Dental Care Manual be categorized as procedural documents which are not in and of themselves policy, and be it further
Resolved, that policy changes to the peer review process be recommended and adopted by the House of Delegates with the understanding that appropriate changes will be reflected in the corresponding manuals, and be it further

Resolved, that nonpolicy or editorial changes may be recommended by the Council on Peer Review and approved by the Board of Trustees.

Peer Review Training (9-2010)

Resolved, that Resolution 35-2005-H be rescinded, and be it further

Resolved, that the requirement that peer review component and specialty chairs participate in a train-the-trainer course and conduct an initial training of committee members be eliminated from the Peer Review Manual, and be it further

Resolved, that all component and specialty committee members and chairs are required to participate in an initial and an every two year peer review training conducted by the Council on Peer Review, and be it further

Resolved, that the Peer Review Manual be modified as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Specialty Definition (10RC-2010)

Resolved, that the definition of *peer* in the Peer Review manual be modified as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Refunds (11-2010)

Resolved, that the Refund Guidelines (Form #61) in the Peer Review Manual be modified as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Arbitration Agreements (12-2010)

Resolved, that a dentist under review be advised that if he or she intends to assert his or her rights to arbitrate a case pursuant to an arbitration agreement with the patient, the dentist must notify CDA in writing within 10 working days from the date of the dentist's notification letter, and if the dentist fails to do so, he or she waives the right to challenge the peer review process or any decision of the Peer Review Committee on the basis of the arbitration agreement, and be it further

Resolved, that the Peer Review Manual be modified to reflect the foregoing policy.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Irregular Billing (13-2010)

Resolved, that cases involving solely irregular billing disputes that allege the billing is fraudulent, deceitful or misleading be removed from the type of dispute accepted for peer review, and be it further

Resolved, that the Council on Peer Review maintain its authority to resolve billing disputes that arise in conjunction with quality and/or appropriateness of dental treatment complaints, and be it further

Resolved, that the Peer Review Manual language related to irregular billing be modified to reflect these changes and relocated to Chapter VI. Referrals to the Judicial Council, and be it further

Resolved, that this revised policy be implemented immediately upon approval by the Board of Trustees.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Capitation Plan Refund Guidelines (10RC-2013)

Resolved, that the Peer Review Manual be amended so that capitation plan refunds are processed more consistently with other insurance plans and be it further

Resolved, that the Peer Review Manual be modified as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Participation in Peer Review (11-2013)

Resolved, that the Peer Review Manual be amended so that peer review committee members may also serve in other capacities, and be it further

Resolved, that the Peer Review Manual be revised as attached.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Conflict of Interest Policy (35-2015)

Resolved, that the peer review conflict of interest policy be amended to allow component officers and board members to concurrently serve on a peer review committee.

[Note: These modifications have been incorporated into the Peer Review Manual.]

Peer Review Overview and Mediation Implementation (36-2015)

Resolved, that the council on peer review develop and implement a mediation phase into the existing peer review process, and be it further

Resolved, that the council on peer review submit status reports regarding the mediation program to the board of trustees and a final report to the 2017 House of Delegates.

Qualifications for Participation in Peer Review (2-2017)

Resolved, that the peer review manual be amended as attached.

Peer Review Request for Records Non-Compliance (3-2017)

Resolved, that the peer review manual be amended as attached.

Reinstate CDA Presents in Anaheim for Peer Review Training and Develop Virtual Training and E-Learning Courses for Component Volunteers (17-2017)

Resolved, that the appropriate CDA entity report back to the House of Delegates in 2018 on the progress of the development of virtual training and e-learning courses for peer review, ethics and well-being, and be it further

Resolved, that the CDA host face-to-face workshops for peer review, ethics and well-being in addition to virtual training opportunities.