Current Policies of the Ohio Dental Association

Adopted 1970 - 2014
# TABLE OF CONTENTS

Current Policies of the Ohio Dental Association

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Dental Association and Seventh District</td>
<td>3</td>
</tr>
<tr>
<td>Annual Session</td>
<td>6</td>
</tr>
<tr>
<td>Auxiliary Personnel</td>
<td>7</td>
</tr>
<tr>
<td>Awards</td>
<td>15</td>
</tr>
<tr>
<td>Communication and Public Service</td>
<td>16</td>
</tr>
<tr>
<td>Dental Care Programs and Dental Practice</td>
<td>20</td>
</tr>
<tr>
<td>Dental Education and Licensure</td>
<td>30</td>
</tr>
<tr>
<td>Dental Practice Act</td>
<td>35</td>
</tr>
<tr>
<td>Dental Specialty Groups</td>
<td>42</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>43</td>
</tr>
<tr>
<td>Finance</td>
<td>46</td>
</tr>
<tr>
<td>Foundation</td>
<td>51</td>
</tr>
<tr>
<td>Governmental Affairs</td>
<td>52</td>
</tr>
<tr>
<td>House of Delegates</td>
<td>56</td>
</tr>
<tr>
<td>Membership</td>
<td>57</td>
</tr>
<tr>
<td>Ohio State Dental Board Nomination Process</td>
<td>59</td>
</tr>
<tr>
<td>Peer Review</td>
<td>60</td>
</tr>
<tr>
<td>Public Issues (Oral Health issues, etc.)</td>
<td>62</td>
</tr>
<tr>
<td>Subsidiary Corporation</td>
<td>66</td>
</tr>
</tbody>
</table>
To Urge the ADA to Actively Oppose Preceptor Dental Hygiene Training Programs in all United States and Territories (1976:33)

RESOLVED, That the ODA advocate the use of a single standard of performance for each federal government, civil service and state-regulated dental hygiene procedure and,
RESOLVED, That the ODA actively oppose efforts seeking to train and qualify those persons to practice dental hygiene who have not completed accredited educational programs and, be it further
RESOLVED, That this resolution be prepared in proper form and be presented through proper channels for consideration and adoption by the ADA House of Delegates meeting in 1976 as policy position of the ADA.

Requirement for Election to ADA Delegate or Alternate Delegate (1987:17)

RESOLVED, That unless he or she has already served as a Delegate or an Alternate Delegate to the ADA a member shall be required to serve at least two (2) years, not necessarily consecutive, as a member of the ODA House of Delegates before being elected to serve as a Delegate or Alternate Delegate to the ADA House of Delegates and, be it further
RESOLVED, That the Council on Constitution and Bylaws prepare the appropriate resolution to amend the Bylaws accordingly.

Delegate Vacancies (1980:3)

RESOLVED, That in the event of a vacancy in the Delegate-at-Large position, the vacancy should be filled by the first Alternate Delegate through the next session of the ADA. In the event of a vacancy in the position of District Delegate, the position should be filled by the second nominee of that District at the time of election. Further, if a vacancy in the Alternate Delegates position occurs, the position should be filled by the highest non-elected candidate(s) on the list of Alternate Delegates at the time of election.

Independent Practice of Dental Hygiene (1981:2)

RESOLVED, That the ODA delegates to the ADA be urged to oppose any effort on the part of the American Dental Hygienists Association to promote changes in state and/or federal laws which would permit the independent practice of dental hygiene.

Financial Support for the ADA Seventh District Trustee from Ohio (1986:21)

RESOLVED, That the Ohio Dental Association support the Ohio Trustee from the 7th District to the American Dental Association with not only staff support, but will reimburse the Trustee up to $10,000 per year to help cover his unreimbursed expenses. This will start in the calendar year 1988.

Selection Procedure for ADA Seventh District Trustee from Ohio (1986:26)

RESOLVED, That the selection procedure for ADA Seventh District trustee from Ohio be as follows:
1. Fall - 1986
   Send letters to component societies asking for any candidates they feel should be considered for nomination. These names will be sent to the Leadership Utilization Committee. Send letters to all ODA Delegates and Alternates asking for any candidates they want to be considered for trustee consideration. These names will be sent to the Leadership Utilization Committee. Place an announcement in the Ohio Dental Journal asking for nominees to be submitted to the Leadership Utilization Committee. A deadline will be set for names to be submitted along with a standard curriculum vitae form.
2. Fall 1987 - Spring 1988
   At the ODA Annual Session, the Leadership Utilization Committee will submit all interested candidates’ names to the House of Delegates. The election will be held by the House of Delegates. Names can be submitted from the floor of the House of Delegates as long as a proper curriculum vitae is submitted at that time. There will be no nominating speeches nor seconding speeches for candidates, however, each candidate may give a 5-minute presentation to the House of Delegates with speakers in alphabetical order and timed by the Speaker of the House. The selection procedure shall proceed as outlined in the addendum to the Manual and Rules of the House of Delegates as adopted in 1975.
3. The names of Ohio's trustee selection will be submitted to the Indiana House of Delegates for their approval.

Request the ADA to Support Individual Practice Associations (1987:2)

RESOLVED, That the ODA submit a resolution to the 1987 ADA House of Delegates requesting the ADA to take a proactive stand on supporting dentist-owned, fee-for-service IPAs.
Children’s Dental Health Month and Senior Smile Week (1988:18)

RESOLVED, That the ODA observe Children’s Dental Health Month and Senior Smile Week in accordance with the ADA's programs, and be it further

RESOLVED, That the ODA continue to strongly support any resolution at the ADA House of Delegates proposing consolidation of dental awareness programs.


RESOLVED, That the ODA recommend that the ADA assume responsibility to help the individual dentist comply with present and future requirements of OSHA Hazard Communication Standards and,

RESOLVED, That this responsibility include, but not be limited to, the ADA compiling material safety data sheets and, be it further

RESOLVED, That the Ohio delegates to the ADA House of Delegates present this in the form of a resolution at the 1988 ADA Annual Session.

ADA Delegation Chairmanship (1989:7)

RESOLVED, That the President at the time of the ADA Annual Session shall serve as the chairman of the Ohio delegation to the ADA.

To Revise Application Process for Direct Membership (1989:21)

RESOLVED, That the ODA delegation recommend to the ADA House of Delegates that the ADA develop a solution to rectify the problems that exist in the ADA records for Federal Dental Service dentists and develop a method to prevent dentists from being direct members unless they meet the qualifications.

Reimbursement for ADA Annual Session Attendance (1990:16)

RESOLVED, That the ODA reimbursement policy for attendance at the ADA House of Delegates Annual Session be changed beginning January 1, 1991 to an all-inclusive per diem of $200 per day for Delegates and Alternates and $300 per day for Executive Committee members in attendance at the ADA House of Delegates Annual Session whether or not the Executive Committee members are delegates or alternates and, be it further

RESOLVED, That a penalty of $200 per day be assessed any delegate, alternate, and $300 per day for an Executive Committee member for any unexcused absence from a required meeting during the session.

American Dental Association and Seventh District

RESOLVED, That a scholarship fund of up to $3,000 be established to provide additional funds to Delegates and Alternate Delegates who need further financial assistance.

RESOLVED, That the annual awarding of scholarships be determined by the Executive Committee.

How ODA Selects its ADA Alternate Delegates (1990:17A)

RESOLVED, That Districts I and II be strongly encouraged to have at least one of their Alternate District Delegates to the ADA be a Young Dentist.

RESOLVED, That Districts I and II shall report to the 1991 House of Delegates regarding how they will fulfill young dentist representation at the ADA level.

To Adopt the Indiana/Ohio Rotation Agreement For The American Dental Association Seventh District Positions (Seattle Accord) (1996:13)

RESOLVED, That the Ohio Dental Association House of Delegates adopt/ratify the Indiana/Ohio Rotation Agreement for the ADA Seventh District Positions that was adopted by designated representatives (Executive Committees) of the Indiana Dental Association and Ohio Dental Association in Seattle, Washington, in October 1991 and became effective October 8, 1991.

To Create a Line Item in the ODA Budget For Reimbursement For In-District Travel by an ADA Council Member (2002:05) (RESCINDED, see 2008)

RESOLVED, That ODA councils and committees shall annually budget for and reimburse their respective ADA liaison from Indiana for travel expenses in accordance with the ODA's reimbursement policy to encourage attendance at one regularly scheduled ODA council or committee meeting per year in consultation with the chair of the council or committee, and be it further

RESOLVED, That the ODA reimburse up to $250 per council member with the total budget not to exceed $1000 annually.
To Rescind ODA Amended Resolution 05-02 (2008:05)

RESOLVED, to rescind ODA Amended Resolution 05-02.

“AMENDED RESOLUTION 05-02
TO CREATE A LINE ITEM IN THE ODA BUDGET FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL BY AN ADA COUNCIL MEMBER and,
RESOLVED, That ODA councils and committees shall annually budget for and reimburse their respective ADA liaison from Indiana for travel expenses in accordance with the ODA’s reimbursement policy to encourage attendance at one regularly scheduled ODA council or committee meeting per year in consultation with the chair of the council or committee, and be it further
RESOLVED, That the ODA reimburse up to $250 per council member with the total budget not to exceed $1000 annually.”

To Support Dr. Ronald P. Lemmo for the ADA Treasurer Position at the 2006 ADA House of Delegates Election (2005:05)

RESOLVED, that the members of the ODA House of Delegates enthusiastically support Dr. Ronald P. Lemmo for the ADA Treasurer at the 2006 ADA House of Delegates.

To Reimburse ADA Seventh District Council/Committee Members From Ohio (2008:06)

RESOLVED, that the ODA provide reimbursement to ADA Seventh District council/committee members from Ohio who attend relevant Indiana Dental Association council/committee meetings, up to $250 per council member per year.

To Support the Nomination of Dr. Ronald Lemmo for ADA Treasurer at the 2012 ADA House of Delegates (2011: 01)

RESOLVED, that the members of the ODA House of Delegates enthusiastically support the nomination of Dr. Ronald Lemmo to the ADA Board of Trustees for consideration to be an ADA Treasurer candidate at the 2012 ADA House of Delegates.
ODA ANNUAL SESSION

Financial Support of the Ohio Dental Assistants Association Annual Scientific Session (1977:25)
RESOLVED, That the Ohio Dental Association appropriates $500.00 of the Annual Session budget each year to the Ohio Dental Assistants Association to be used for their Annual Scientific Session.

Annual Session Continuing Education Courses (1990:2)
RESOLVED, that the ODA shall provide members who register for the Annual Session a limited number of free courses which would qualify for continuing education hours.

ODA & ADA Outstanding Dentist Table Clinician Program (1991:11) (RESCINDED, see 2003)
RESOLVED, That the member dentist selected as the outstanding table clinician at the ODA Annual Session be sent to the ADA Annual Session as Ohio’s representative to the ADA table clinic program and,
RESOLVED, That the Ohio Dental Association annually fund its top clinician up to $1,000 for participation in the ADA table clinic program the succeeding year and, be it further
RESOLVED, That the concept of a “National Outstanding Table Clinician Program” be forwarded to the ADA for consideration. This national program would request all state associations to select their outstanding table clinician for an annual ADA table clinic competition with the attendant recognition.

To require CE Speakers to be Members of Organized Dentistry (1992:5)
RESOLVED, That the Ohio Dental Association adopt a policy that all U.S.A. dentists who present an ODA sponsored continuing education program be members of the American Dental Association and,
RESOLVED, That the Ohio Dental Association promote this policy to its 25 component societies and, be it further
RESOLVED, That the Ohio Dental Association delegation to the American Dental Association submit a resolution to the 1992 ADA House of Delegates establishing this as national policy.

Free ODA Convention Registration For Retired Life Members (1999: A11)
RESOLVED, That beginning with the 2000 ODA Annual Session, retired life members of the association be exempt from the convention registration fee if they register by the established early registration deadline. Retired life members registering after the early registration deadline will be required to pay one-half the ODA member dentist registration fee amount.

ODA Outstanding Dentist Table Clinician Program (2003: 8)
RESOLVED, That Resolution 11-91 be rescinded and, be it further
RESOLVED, That up to $1,000 be allocated to the ODA Annual Session Committee for awards relating to table clinic participation.

Governance Task Force’s Implementation Plan (2004: 8)
RESOLVED, That the plan to implement the changes in the revision of the ODA Bylaws and House of Delegates Manual be as follows:
A. The current rotation and election schedule of all elected officers remains unchanged.
B. The new governance structure should commence in September 2005, immediately following the last meeting of the 2005 House of Delegates.
C. The current composition of all councils and committees (except the Leadership Development Committee) and current terms of all members of said councils and committees should be honored. Members of councils and committees may be eligible for reappointment to a two-year term(s), but in no instance should service on a committee or council exceed a total of six consecutive years. (Committee and council service that immediately precedes the governance implementation date should count toward the six-year consecutive maximum.)
D. The newly created Council on Access to Care and Public Service should initially maintain the same composition as the current Council on Communication and Public Service but still be subject to the composition and term requirements set forth above.
E. The newly created Dental Education and Licensure Committee should initially maintain the same composition as the current Council on Dental Education and Licensure but still be subject to the composition and term requirements set forth above.
F. The newly created Leadership Development Committee should initially consist of six members, three to be appointed to an initial term of one year and three to be appointed to an initial term of two years. Following the initial terms, all members should be eligible for appointment to two additional two-year terms.
AUXILIARY PERSONNEL

Limitation of In-Office Training Programs (1975:5)
RESOLVED, That it is the policy of the ODA that placement of restorative materials requires the professional competency and skill of a licensed dentist and,
RESOLVED, That the placement of restorative materials is an intraoral procedure which contributes to an irremedial alteration of the oral anatomy and,
RESOLVED, That placement of restorative materials is an intraoral procedure which results in an irremedial alteration of the oral anatomy and,
RESOLVED, That the ODA work through its Executive Committee, to take any action deemed necessary to implement this policy and, be it further
RESOLVED, That up to $10,000 be appropriated from the Reserve fund to cover anticipated legal expenses.

To Limit Expanded Duties of Dental Assistants (1975:14)
RESOLVED, That the ODA supports the position of the Ohio Dental Hygienists Association, that the polishing of the clinical crowns of the teeth as a prophylactic procedure should be limited to the licensed dentist and dental hygienist.

To Amend the Dental Practice Act to Re-Define Expanded Duty Dental Auxiliaries (1975:28)
RESOLVED, That it shall be the policy of the ODA to oppose the placement of permanent restorative materials as an expanded duty function and, be it further
RESOLVED, That the ODA seek legislative change in the Dental Practice Act so that only a licensed dentist can place restorative materials.

To Urge the ADA to Actively Oppose Preceptor Dental Hygiene Training Programs in all United States and Territories (1976:33)
RESOLVED, That the ODA advocate the use of a single standard of performance for each federal government, civil service and state-regulated dental hygiene procedure and,
RESOLVED, That the ODA actively oppose efforts seeking to train and qualify those persons to practice dental hygiene who have not completed accredited educational programs and, be it further
RESOLVED, That this resolution be prepared in proper form and be presented through proper channels for consideration and adoption by the ADA House of Delegates meeting in 1976 as policy position of the ADA.

Financial Support of the Ohio Dental Assistants Association Annual Scientific Session (1977:25)
RESOLVED, That the ODA appropriate $500 of the Annual Session budget each year to the Ohio Dental Assistants Association to be used for their Annual Scientific Session.

Independent Practice of Dental Hygiene (1981:2)
RESOLVED, That the ODA delegates to the American Dental Association be urged to oppose any effort on the part of the American Dental Hygienists Association to promote changes in state and/or federal laws which would permit the independent practice of dental hygiene.

To Reconfirm the Need for Supervision of Dental Hygiene Personnel (1986:12)
RESOLVED, That the appropriate councils and committees of the ODA be directed to work toward maintaining the supervisory role of the dentist over the dental hygienist except for acts performed by licensed dental hygienists engaged in special needs programs which are approved by the Ohio State Dental Board and defined in Section 4715-3-01 of the Ohio Revised Code and,
RESOLVED, That the minimal level of supervision of the dental hygienist be that level of supervision which requires that the hygienist perform all services while and where a licensed dentist is present and pursuant to the supervising dentist's direct order and full professional responsibility and,
RESOLVED, That all ODA members are strongly urged to examine each patient receiving preventive care from an employed dental hygienist and to properly inspect and supervise the performance of that hygienist's delivery of care and,
RESOLVED, That the setting in which a dental hygienist may perform legally designated functions shall be only a treatment facility under the jurisdiction and supervision of a licensed dentist, except for those accredited educational and public health programs in which it is not practical to provide on-site dentist supervision and which are authorized by the Ohio State Dental Board on a case-by-case basis and, be it further
RESOLVED, That the Executive Committee and any other appropriate council, task force or committee be directed to vigorously oppose all legislation that is not in harmony with the intent of this resolution.
Additional Funding for the SELECT Program (1988:31)
RESOLVED, That the SELECT Program be funded to include provisions for the recruitment of not only dentists, but also dental hygienists, dental assistants or other dental personnel and,
RESOLVED, That all SELECT Program educational materials be updated to explain the various careers in dentistry before their distribution and, be it further
RESOLVED, That the Ohio delegates to the ADA House of Delegates present this in the form of a resolution to the 1988 ADA Annual Session.

Training of Dental Hygiene Personnel (1990:3)
RESOLVED, That the ODA through the Council on Dental Education, the Select Program and in cooperation with the Ohio Dental Hygienists Association should work together to identify problems with the recruitment, distribution and retention of dental hygienists in Ohio, and explore possible solutions to these problems and to make recommendations to the 1991 House Of Delegates, and be it further
RESOLVED, That up to $10,000 be allocated to cover the cost.

To Encourage Students To Enter Dental Assisting Programs (1991:6)
RESOLVED, That the Ohio Dental Association begin a media campaign through radio and television station advertisements and high school newspaper advertisements attempting to influence junior high school and early high school students into the profession, specifically dental assisting and,
RESOLVED, That the Council on Dental Education work with the instructor/counselors at the Ohio Vocational Schools to promote the dental assisting programs and,
RESOLVED, That $10,000 be allocated to the Council on Communication and Public Service targeted to troubled programs, to conduct, this media campaign and the promotion with the instructors/counselors and,
RESOLVED, That the Council on Communication and Public Service report back to the 1992 HOD with the results of this program and, be it further
RESOLVED, That a resolution be submitted to the ADA House of Delegates to sufficiently fund SELECT programs already in existence with the emphasis to preserve the dental assisting programs.

RESOLVED, That the Ohio Dental Association in general opposes expansion of the scope of dental hygiene duties and, be it further
RESOLVED, That the Ohio Dental Association supports allowing dental hygienists, under direct supervision, to monitor nitrous oxide-oxygen (N\textsubscript{2}O\textsubscript{2}) administration after a satisfactory induction phase is administered by the dentist. The dental hygienist should be allowed to continue to monitor N\textsubscript{2}O\textsubscript{2} under direct supervision within the limits of conscious sedation parameters as defined in Chapter 4715-3-01 (I) which defines conscious sedation as “a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.”

To Reaffirm Existing ODA Policy on Supervision of Dental Hygienists (1995:7A)
RESOLVED, That the Ohio Dental Association reaffirms existing ODA policy on the need for on-site supervision of dental hygienists, as stated in ODA Resolution 12-1986 which says, in part: That the minimal level of supervision of the dental hygienist be that level of supervision which requires that the hygienist perform all services while and where a licensed dentist is present and pursuant to the supervising dentist's direct order and full professional responsibility, and
RESOLVED, That the ODA position on supervision of dental hygiene personnel be referred to a ODA Task Force on the Dental Team to be appointed during the 1995-96 presidential term for review and, be it further
RESOLVED, That this ODA Task Force on the Dental Team report its recommendations on the supervision of dental hygiene personnel to the Executive Committee.
ODA Policy on Supervision of Dental Hygienists (SS1996:2)

RESOLVED, That the ODA Policy on Supervision of Dental Hygienists be the draft legislation prepared by the ODA Task Force on the Dental Team which is as follows:

Draft Legislation
March 14, 1996

Sec. 4715.22. (A) A licensed dental hygienist may practice in a dental office, public or private school, hospital, dispensary, LICENSED NURSING HOME, or public institution, provided the service is rendered under the supervision of a licensed dentist.

(B) AS USED IN THIS SECTION AND SECTION 4715.23 OF THE REVISED CODE, "SUPERVISION" MEANS THAT A LICENSED DENTIST IS PHYSICALLY PRESENT IN THE FACILITY WHERE THE LICENSED DENTAL HYGIENIST IS PRACTICING AT ALL TIMES WHEN DENTAL HYGIENE SERVICES ARE BEING PERFORMED. AND ALL SUCH DENTAL HYGIENE SERVICES ARE PERFORMED PURSUANT TO THE ORDER, CONTROL, AND FULL PROFESSIONAL RESPONSIBILITY OF THE SUPERVISING LICENSED DENTIST.

(C) NOTWITHSTANDING THE PROVISIONS OF DIVISION (B) OF THIS SECTION, A LICENSED DENTAL HYGIENIST IS DEEMED TO BE PRACTICING UNDER THE SUPERVISION OF A LICENSED DENTIST WHEN DENTAL HYGIENE SERVICES ARE PROVIDED IN A DENTAL OFFICE, PUBLIC OR PRIVATE SCHOOL, HOSPITAL, LICENSED NURSING HOME, OR PUBLIC INSTITUTION WHEN THE SUPERVISING LICENSED DENTIST IS NOT PHYSICALLY PRESENT IN THE FACILITY WHERE THE LICENSED DENTAL HYGIENIST IS PRACTICING, PROVIDED SUCH PRACTICE IS IN STRICT COMPLIANCE WITH THE FOLLOWING REQUIREMENTS:

1. THE LICENSED DENTAL HYGIENIST HAS BEEN ENGAGED IN THE FULL-TIME EQUIVALENT PRACTICE OF DENTAL HYGIENE FOR AT LEAST TWO YEARS;
2. THE LICENSED DENTAL HYGIENIST HAS SUCCESSFULLY COMPLETED A POSTGRADUATE COURSE APPROVED BY THE STATE DENTAL BOARD IN THE IDENTIFICATION AND PREVENTION OF POTENTIAL MEDICAL EMERGENCIES;
3. THE LICENSED DENTAL HYGIENIST HAS ESTABLISHED A WRITTEN PROTOCOL FOR OFFICE EMERGENCIES AND THE LICENSED DENTAL HYGIENIST IS CAPABLE OF IMPLEMENTING SUCH EMERGENCY PROCEDURES;
4. THE LICENSED DENTAL HYGIENIST PERFORMS ONLY PROCEDURES WITHIN THE SCOPE OF PRACTICE OF A DENTAL HYGIENIST AS DEFINED IN CHAPTER 4715 OF THE REVISED CODE EXCEPT THAT ROOT PLANNING AND SUBGINGIVAL CURETTAGE, AND OTHER PROCEDURES DEEMED APPROPRIATE BY THE STATE DENTAL BOARD MAY BE PERFORMED BY A LICENSED DENTAL HYGIENIST ONLY WHEN THE SUPERVISING LICENSED DENTIST IS PRESENT IN THE FACILITY WHERE SUCH PROCEDURES ARE BEING PERFORMED;
5. THE SKILLS OF THE LICENSED DENTAL HYGIENIST HAVE BEEN EVALUATED BY THE SUPERVISING LICENSED DENTIST;
7. THE PATIENT HAS HAD A MEDICAL AND DENTAL HISTORY COMPLETED AND EVALUATED BY THE SUPERVISING LICENSED DENTIST WITHIN ONE YEAR AND DOES NOT HAVE A MEDICALLY UNSTABLE CONDITION;
8. THE PATIENT HAS BEEN GIVEN ADVANCE NOTICE THAT THE LICENSED DENTIST WILL NOT BE PRESENT AND THAT NO DIAGNOSIS WILL BE PROVIDED;
9. DENTAL HYGIENE SERVICES SHALL NOT BE PERFORMED BY LICENSED DENTAL HYGIENISTS IN A DENTAL OFFICE FOR MORE THAN FIFTEEN CONSECUTIVE BUSINESS DAYS WITHOUT A SUPERVISING LICENSED DENTIST BEING PRESENT.

(E) A LICENSED DENTAL HYGIENIST MAY PRACTICE IN A HOSPITAL OR LICENSED NURSING HOME ON MEDICALLY COMPROMISED PATIENTS WHEN THE SUPERVISING LICENSED DENTIST IS NOT PRESENT IN THE FACILITY PROVIDED THAT A PHYSICIAN LICENSED PURSUANT TO CHAPTER 4731 OF THE REVISED CODE OR A REGISTERED NURSE LICENSED PURSUANT CHAPTER 4723 OF THE REVISED CODE IS PRESENT IN THE FACILITY WHEN THE DENTAL HYGIENIST-SERVICES ARE BEING PERFORMED, AND ALL OTHER REQUIREMENTS OF THIS SECTION ARE MET.

(continued on next page)
(F) EXCEPT AS SPECIFICALLY PROVIDED BELOW, EVERY LICENSED DENTAL HYGIENIST PERFORMING PROCEDURES WITHOUT THE PRESENCE OF A LICENSED DENTIST PURSUANT TO THIS CHAPTER SHALL BE EMPLOYED BY, OR HAVE AN EMPLOYMENT CONTRACT WITH, THE SUPERVISING LICENSED DENTIST, A LICENSED DENTIST WHO IS A PARTNER OR EMPLOYER OF THE SUPERVISING DENTIST OR A SHAREHOLDER IN THE SAME PROFESSIONAL ASSOCIATION FORMED PURSUANT TO CHAPTER 1785 OF THE REVISED CODE AS THE SUPERVISING LICENSED DENTIST, OR A SHAREHOLDER IN THE SAME LIMITED LIABILITY COMPANY FORMED PURSUANT TO CHAPTER 1705 OF THE REVISED CODE AS THE SUPERVISING DENTIST, OR A PARTNERSHIP OR A CORPORATION FORMED PURSUANT TO CHAPTER 1785 OF THE REVISED CODE OF WHICH THE SUPERVISING LICENSED DENTIST IS A PARTNER, SHAREHOLDER OR EMPLOYEE, OR A LIMITED LIABILITY PARTNERSHIP FORMED PURSUANT TO CHAPTER 1775 OF THE REVISED CODE OF WHICH THE SUPERVISING DENTIST

Administration of Local Anesthesia By Dental Hygienists (1999:18)
RESOLVED, That the Ohio Dental Association affirms the Ad Interim policy decision that the ODA oppose any legislation that would permit dental hygienists to administer local anesthesia.

Dental Hygienist Administered Local Anesthesia (2003:6)
RESOLVED, That ODA Executive Committee, at its discretion, take the appropriate actions under circumstances that best fit the ODA’s legislative priorities, to enable appropriately trained and supervised dental hygienists to administer local anesthesia to appropriate patients as determined by their dentist, and under their dentist's direct order and direct supervision.

Dental Auxiliary Recruitment Action Plan (2004:11)
RESOLVED, That the ODA, through the Council on Dental Education and Licensure, develop a dedicated dental auxiliary recruitment web site (linked to ODA’s web site) and develop and mail a dental auxiliary recruitment direct mail toolkit targeting guidance counselors and develop sample dental auxiliary recruitment print advertisements for use by component dental societies and/or individual member dentists and, be it further
RESOLVED, That up to $50,000 be allocated to develop this program.

Dental Assisting Program Accreditation (2004:16)
RESOLVED, That the ODA submit a resolution to the American Dental Association for the ADA Commission on Dental Accreditation to study the feasibility of accrediting high school level dental assisting programs and report their findings the following year to the ADA House of Delegates.

Auxiliary Utilization and Access to Care (2010:A6)
RESOLVED, that the ODA Executive Committee, at its discretion but in a timely manner, take the appropriate actions to promote the dental team while at the same time enhancing efficiency and ensuring continued quality of oral care, by implementing the recommendations included in the 2010 report of the Task Force on Auxiliary Utilization and Access to Care with the exception of allowing EFDAs to administer local anesthesia.

Recommendations by the 2010 Task Force on Auxiliary Utilization and Access to Care

Related to Educational, Dental Delivery, and Interdisciplinary Workforce Enhancement:
• Expanding the Ohio Dentist Loan Repayment Program;
• Maintaining operation of the Dental OPTIONS program;
• Maintaining the operation of the GKAS program;
• Finding innovative ways to secure funding to assist with capital costs for expansion of existing safety net dental clinics and/or establishment of new sites;
• Working with other health care professionals (pediatricians, OB/GYNs, etc.) to encourage the provision of appropriate preventive services (fluoride varnish, etc.) and oral screenings;
• Working to increase oral health awareness in Ohio in targeted communities; Encouraging the adoption of water fluoridation;
• Securing expanded funding for general dentistry and pediatric dental residency programs in Ohio;
• Securing funding to support outreach education for the dental schools at The Ohio State University and Case Western Reserve University;

(continued on next page)
- Securing funding for the Ohio Department of Development to utilize to provide no-interest loans for the purchase of dental equipment to be used in federally-designated or state-defined Dental Health Professional Shortage Areas to treat under-served populations;
- Securing funding for scholarships for students who commit to provide care in under-served areas for a specific time period upon graduation;
- Exploring facilitating contractual relationships between private dentists and FQHCs in order to have private dentists treat patients from the FQHCs in their private dental practices (Edelstein model);
- Exploring facilitating contractual relationships between educational outreach programs and FQHCs;
- Exploring strategies to assist FQHCs in recruiting dentists;
- Assisting in development of a distance learning curriculum for dentists who wish to learn how to utilize EFDAs in their practices;
- Expanding the use of case management/care coordination, while reducing the incidence of multiple care coordinators with overlapping roles for the same patient/family, including:
  - Identifying successful interdisciplinary case management models;
  - Providing incentives to adopt successful interdisciplinary case management models;
  - Engaging Medicaid Managed Care providers in assessing, developing, adapting, or adopting case management/care coordination models;
- Providing reimbursement for case management/care coordination;

Related to Dental Workforce Enhancement:

**Contextual Principles:** Maintaining supervision requirements for dental auxiliaries who provide care makes sense in Ohio, based on the state’s dentist population, distribution and relatively modest geographic challenges in terrain, weather and distances. Additionally, optimizing the use of EFDAs in private dental practices, safety net clinics, and community-based prevention programs will create added efficiencies and enhance access to care.

- Allowing EFDAs to provide supra gingival scaling and administer local anesthetic under direct supervision of a dentist;
- Allowing CDAs to provide supra gingival scaling under direct supervision of a dentist;
- Allowing EFDAs and CDAs to apply sealants under general supervision of a licensed dentist;
- Allowing BQPs, with training, to provide sealants and fluoride varnish under direct supervision of a dentist;
- Allowing trained dental hygienists to administer nitrous oxide under direct supervision of a dentist;
- Exploring Community Dental Health Coordinator and Oral Preventive Assistant models for Ohio; and
- Enabling school-based dental disease prevention programs (e.g., sealants, fluoride varnish) to utilize trained CDAs and EFDAs to apply sealants and fluoride varnish.

Related to the dental Medicaid program – Medicaid Preservation and Improvements:

- Preserve coverage of adult dental services;
- Enhancing reimbursement levels for dentists who provide the full range of dental services (not just diagnostic services);
- Exploring Medicaid fee differentials for providers whose patient population includes a significant percentage of Medicaid recipients; and
- Contracting with a commercial third-party to administer the dental Medicaid program in a manner designed to increase provider participation and use of needed services. At a minimum, the dental program should have the following features: (1) Fee-for-service payment to dentists at rates competitive with commercial insurance plans, (2) From the perspective of dental offices, make Medicaid patients appear administratively indistinguishable from commercially insured patients, and (3) Ohio Department of Job and Family Services will report to its Medical Advisory Committee and to the ODA the extent to which the third-party administrator meets outcome objectives, including provider participation and percentage of Medicaid beneficiaries receiving quality dental care.

The above recommendations reflect the ODA’s continuing commitment to address access to dental care issues in Ohio through a proactive approach to enhance volunteerism, dental Medicaid, workforce development and interdisciplinary partnerships.
RESOLVED, that the ODA Executive Committee, at its discretion, take the appropriate actions to promote the dental team while at the same time enhancing efficiency and ensuring continued quality of oral care, by implementing the recommendations included in the 2011 Report of the Task Force on Auxiliary Utilization and Access to Care, as appended.

Recommendations by the 2011 Task Force on Auxiliary Utilization and Access to Care

Recommendations

The Task Force recommends that EFDAs, with appropriate training, be permitted to do all of the following under the direct supervision of a dentist:
- Cord packing,
- CAD CAM designing (not just imaging),
- Final impressions – scan or impressions – for restorations,
- Denture adjustments

The Task Force recommends that EFDAs, with appropriate training, be permitted to do all of the following under the general supervision of a dentist:
- Preliminary charting of missing and filled teeth,
- Elastomeric impressions for diagnostic models and models to be used for opposing models in the construction of appliances and restorations,
- Taking impressions for the construction of custom athletic mouth protectors/mouthguards, and trays for application of medicaments,
- Application of disclosing solutions,
- Caries susceptibility testing,
- Demonstration of oral hygiene procedures, including, but not limited to, use of toothbrushes and dental floss,
- Topical applications of desensitizing agents to teeth,
- Suture removal,
- Checking for and removal of loose orthodontic bands and loose brackets, and
- Intra-oral bite registrations for diagnostic model articulation and appliances.

The Task Force recommends that EFDAs and certified dental assistants (CDAs), with appropriate training, be permitted to do the following under the general supervision of a dentist:
- Application of topical fluoride, fluoride varnish and sealants,
- Placement, replacement, and removal of orthodontic separators,
- Replacement and removal of orthodontic ties, and
- All patient education services, including, but not limited to:
  - Progress reports
  - Consultations (oral or written)
  - Oral hygiene instructions
  - Use of intra-oral hygiene devices
  - Normal nutrition information as it relates to dental health
  - Behavioral modification
  - Self adjustment of orthodontic appliances
  - All other post-operative and post-insertion instructions, as deemed appropriate by the supervising dentist.

The Task Force also recommends that volunteer access to care programs incorporate EFDAs as part of the dental delivery team.

The above recommendations reflect the ODA’s continuing commitment to address access to dental care issues in Ohio through a proactive approach to enhance volunteerism, dental Medicaid, workforce development and interdisciplinary partnerships.
**Auxiliary Personnel - continued**

**Auxiliary Utilization and Access to Care (2012:AAS13)**

RESOLVED, that the ODA Executive Committee, at its discretion, take the appropriate actions to promote the existing dental team while at the same time enhancing efficiency and ensuring continued quality of oral care, by implementing recommendations 2, 5, 6, 7 and 8 included in the 2012 Report of the Task Force on Auxiliary Utilization and Access to Care as appended, and RESOLVED, that the ODA support the expansion of hygiene general supervision limitations in clinics, dental offices, or other settings by requiring patients to have had an exam by a licensed dentist within the previous 12 months, and

RESOLVED, that the ODA support the expansion of hygiene general supervision limitations in clinics, dental offices, or other settings by allowing dentists to supervise up to 4 hygienists at a time, and be it further RESOLVED, that the ODA support school-based dental disease prevention programs being able to utilize trained certified dental assistants and expanded function dental auxiliaries (EFDAs) to apply sealants and fluoride varnish under the following parameters: a) to allow dental hygienists, EFDAs and certified dental assistants to apply fluoride varnish on all teeth and to place sealants on all permanent molars of students with parental consent; b) to require that the parental notice for consent also include a statement that the student will only receive fluoride varnish and sealant treatment and that other serious dental concerns could exist and that dental hygienists, EFDAs and certified dental assistants are not trained to diagnose or treat those concerns; c) to require that the Ohio Department of Health provide access for these dental auxiliaries to contact a dentist via phone (or video) to ask questions concerning procedures; d) to require that parents of all students receiving treatment are notified regarding the care provided and the importance of their child visiting a dentist; and, e) that follow-up appointments with the dental hygienist, EFDA or certified dental assistant are permitted without a prior dentist treatment plan or diagnosis but the follow-up appointment is limited to applying fluoride varnish and applying sealants to newly erupted permanent molars or to previously sealed teeth.

**Recommendations by the 2012 Task Force on Auxiliary Utilization and Access to Care**

1. Allow properly trained EFDAs under the direct supervision of a dentist to administer local anesthetic.

2. Update the requirements for the Oral Health Access Supervision Program, including:
   a. allowing patients to receive exams (diagnosis, treatment plan, etc.) from any dentist following provision of hygiene services. Current Ohio law requires patients to be seen by the supervising dentist only;
   b. extending the time period to schedule an exam to six to eight months following the provision of hygiene services. Current Ohio law requires an exam be scheduled within 90 days;
   c. allowing permit holders to pay permit fees with personal checks. Current rules require a certified check;
   d. eliminating the requirement that permit applications be notarized; and
   e. requesting that the Ohio State Dental Board collect email addresses from permit holders to facilitate communications.

3. Expand Hygiene General Supervision Limitations in clinics, dental offices, or other settings by:
   a. requiring patients to have had an exam within the previous 12 months (currently the requirement is 7 months); and
   b. allowing dentists to supervise up to 5 hygienists at a time (currently dentists may supervise 3 hygienists.)

4. Enable school-based dental disease prevention programs (e.g., sealants, fluoride varnish) to utilize trained certified dental assistants (CDAs) and expanded function dental assistants (EFDAs) to apply sealants and fluoride varnish under the following parameters:
   a. to allow dental hygienists, EFDAs and certified dental assistants to apply fluoride on all teeth and to place sealants on all permanent molars of students with parental consent;
   b. to require that the parental notice for consent also include a statement that the student will only receive fluoride and sealant treatment and that other serious dental concerns could exist and that dental hygienists, EFDAs and certified dental assistants are not trained to diagnose or treat those concerns;
   c. to require that the Ohio Department of Health provide access for these dental auxiliaries to contact a dentist via phone (or video) to ask questions while performing the fluoride or sealant procedures;
   d. to require that parents of all students receiving treatment are notified regarding the care provided and the importance of their child visiting a dentist; and,
   e. that follow-up appointments with the dental hygienist, EFDA or certified dental assistant are permitted without a prior dentist treatment plan or diagnosis but the follow-up appointment is limited to applying fluoride varnish and applying sealants to newly erupted permanent molars or to previously sealed teeth.
fluoride and applying sealants to newly erupted permanent molars or to previously sealed teeth when there is concern, suspicion or doubt about the integrity of the sealant.

5. Provide operations assistance and practice management guidance (patient scheduling, staff utilization, etc.) for safety net clinics.

6. Explore providing tax breaks for dentists participating in Medicaid or providing pro bono services.

   Michigan and Missouri have enacted legislation that created a tax incentive for providers. Michigan provides a tax credit to dentists of either $5,000 or the amount equal to uncompensated dental treatment of indigent individuals. Missouri created a tax credit for dentists who provide services to Medicaid recipients.

7. Convene an Access to Care Summit to facilitate information sharing on currently operating access programs and develop relationships to create new opportunities.

8. Encourage local dental societies and others to consider implementation of the Calhoun County, Michigan Dentists’ Partnership Initiative to address dental-related visits to emergency rooms.

   Under the initiative dentists agree to treat a predetermined number of ER patients in exchange for a stipend to be used towards supplies; and patients seen under the program agree to complete one hour of community service in exchange for every $25 received in dental services. A paid coordinator assists in the administration of the program. Operating expenses are obtained from various charitable sources.
ODA AWARDS

Distinguished Dentist Award (1977:19)

RESOLVED, That the ODA House of Delegates adopt the following rules for a Distinguished Dentist Award:

Objectives:

a. To honor a member of the ODA who is representative of those who have contributed to the advancement of the profession.

b. To pay respect to one who has dignified his profession by giving of his talents to his fellow man for many years.

c. To encourage and foster the highest principles in the practice of dentistry.

d. To stimulate young members of the Association to emulate the highest ideals, sound ethics, a profound regard for their colleagues and a sincere aim to serve their public and profession with dignity and integrity.

Criteria: Only members of the ODA are eligible for the Distinguished Dentist Award. The honor is in recognition of long, outstanding and/or unusual service. The service shall have been performed voluntarily and shall have benefited the profession and the community. Procedure: Recommendations may be made by any fully privileged member of the ODA or a component society. Recommendations must be submitted to the Executive Committee, accompanied by all the necessary biographical and supporting information on the Distinguished Dentist Award form by March 1st. The Executive Committee shall select the recipient of the Distinguished Dentist Award. The Award shall be presented at the Annual Meeting of the ODA.

Other Provisions: The Distinguished Dentist Award is the highest honor conferred by the ODA. Only one Distinguished Dentist Award may be presented annually. The Award may be presented posthumously. The Award presentation should receive adequate publicity and, be it further

Additional Awards (1977:20)

RESOLVED, That an ODA Achievement Award be created to recognize persons who have made outstanding contributions to the profession or the public or the community and,

RESOLVED, That an ODA Humanitarian Award be created to recognize those who have made a contribution to the health of peoples outside the U.S.A and, be it further

RESOLVED, That essentially the same procedure be followed as with the Distinguished Dentist Award.

Rising Star Award (1990:1)

RESOLVED, That the ODA may annually present a Rising Star Award to an ODA young member dentist(s) who has/have demonstrated outstanding leadership initiative and,

RESOLVED, That nominations be solicited from the ODA Subcouncil on Young Dentists as well as the component dental societies in Ohio and, be it further

RESOLVED, That the criteria for and selection of this award be developed by the Executive Committee for implementation.

ODA & ADA Outstanding Table Clinician Program (1991:11)

RESOLVED, That the member dentist selected as the outstanding table clinician at the ODA Annual Session be sent to the ADA Annual Session as Ohio's representative to the ADA table clinic program and,

RESOLVED, That the Ohio Dental Association annually fund its top clinician up to $1,000 for participation in the ADA table clinic program the succeeding year and, be it further

RESOLVED, That the concept of a "National Outstanding Table Clinician Program" be forwarded to the ADA for consideration. This national program would request all state associations to select their outstanding table clinician for an annual ADA table clinic competition with the attendant recognition.

Annual Award For Dental Access Program (1992:7)

RESOLVED, That the Ohio Dental Association present an award during the Callahan Awards Luncheon to recognize programs throughout Ohio which improve access to dental care to underserved groups and,

RESOLVED, That the Subcouncil on Access to Dental Care create criteria for the award and,

RESOLVED, That the Subcouncil on Access to Dental Care be responsible for recruiting nominees and selecting a winner of the award each year that a program worthy of this recognition is nominated and be it further,

RESOLVED, That the Rules and Procedures Manual be amended on Page 24 Section 2 by adding "G. Be responsible for recruiting nominees and selecting a winner of the award that recognizes programs throughout Ohio which increase access to dental care to underserved groups.

Rename the ODA’s Humanitarian Award to the “Marvin Fisk Humanitarian Award” (2003:16)

RESOLVED, that the Ohio Dental Association’s Humanitarian Award be renamed to the “Marvin Fisk Humanitarian Award.”
To Replace the Subcouncil on Publications with an Editorial Board for the Ohio Dental Journal (1984:12)

RESOLVED, That the Subcouncil on Publications be dissolved. And, be it further
RESOLVED, That the Editor be empowered to appoint an editorial board to assist the Editor at his discretion. And be it further
RESOLVED, That the Editorial Board be composed of members who possess talents or knowledge helpful in the publication of a high-quality publication. And, be it further
RESOLVED, That the editor's appointments be subject to approval by the Executive Committee. And, be it further
RESOLVED, That the Constitution and Bylaws Committee be instructed to prepare the appropriate changes in the Constitution and Bylaws for implementation of this resolution.

Children’s Dental Health Month and Senior Smile Week (1988:18)

RESOLVED, That the ODA observe Children's Dental Health Month and Senior Smile Week in accordance with the ADA's programs, and be it
RESOLVED, That the ODA continue to strongly support any resolutions at the ADA House of Delegates proposing consolidation of dental awareness programs.

To Require Participants in High School Sports To Wear Mouthguards (1989:15)

RESOLVED, That the Ohio Dental Association recommend to the National Federation of State High School Associations, The Ohio High School Athletic Association another appropriate organizations, that they require the use of mouthguards/mouth protectors for high school students participating in, but not limited to interscholastic sports including field hockey, lacrosse, soccer, wrestling, basketball, volleyball and other sports where hazards exits, and
RESOLVED, That students participating in the same sports during physical education and intraoral programs also be encouraged to wear mouthguards/ Mouth protectors and,
RESOLVED, That a similar resolution be forwarded to the American Dental Association for action on the national level and be it further
RESOLVED, That the American Dental Association make the national implementation of this policy a priority item.

To Advocate That Pre-Participation Oral Exams Be Performed By A Dentist (1990:6)

RESOLVED, That the ODA recommend to the National Federation of State High School Association, the Ohio High School Athletic Association and other appropriate organizations, that an oral examination be specified as part of the pre-participation physical examination and,
RESOLVED, That it be encouraged that a dentist perform the oral examination and, be further
RESOLVED, That a similar resolution be forwarded to the ADA for action on the national level.
Communication and Public Service

Mass Disaster Identification Team (1990:12)

RESOLVED, That the ODA sponsor and coordinate a Mass Disaster Identification Team and,
RESOLVED, That the oversight of this team be a duty of the Council on Communication and Public Service and,
RESOLVED, That this team be composed of a core group of five qualified forensic dentists and,
RESOLVED, That this team develop a manual listing the team's policies and procedures and that this manual be approved by the Executive Committee and,
RESOLVED, That $500 be budgeted to cover an annual team meeting at the ODA and administrative expenses of the team and,
RESOLVED, That the team shall elect its own chairman annually and the chairman shall report to the Council on Communication and Public Service.

Dental Care in Nursing Homes (1990:14)

RESOLVED, That the ODA encourage and assist the Ohio State Dental Board in the development of rules governing dental care in nursing homes including, but not limited to, the use of mobile units, equipment, standards of care and accessibility and,
RESOLVED, That the ODA Council on Communication and Public Service help meet the dental care needs of Ohio nursing home residents by assisting nursing home administrators in locating dentists to provide care and,
RESOLVED, That the ODA Council on Communication and Public Service conduct an information campaign not to exceed $1,000 directed to nursing home administrators to alert them that the ODA and each component dental society should be the primary resource for referrals of dental care providers and, be it further
RESOLVED, That the ODA Council on Communication and Public Service inform Ohio dentists about the growing dental care needs of nursing home residents and the importance of the profession adequately serving this special population.

16
ODA Position Statement (1990:20)

RESOLVED, That the 5200 members of the ODA continue their efforts to ensure that patients are appropriately protected from the transmission of infectious diseases without compromising the quality of dental care and

RESOLVED, That the ODA reaffirms the current barrier technique method by the CDC and be further

RESOLVED, That the ODA support the continuing research of the CDC and the communication efforts of the ADA to promote effective dental health care in the State of Ohio.

1993 Public Service Campaign (1992:10)

RESOLVED, That the Council on Communication and Public Service expand public relations efforts to be proactive in communicating dentistry's story on important dental issues and,

RESOLVED, That the council be charged with responding to important issues in a timely manner and,

RESOLVED, That the public relations efforts encourage consumers to seek out the one true authority on dental health issues: their dentist and, be it further

RESOLVED, That $31,000.00 be budgeted for the development and implementation of this campaign in 1993.

ODA Elections Communication Reform (1996:10)

RESOLVED, That ODA publications and communications will maintain a visually and verbally neutral and balanced position in any ODA election.

To Establish An “Open Door” Policy (1996:27B)

RESOLVED, That any ODA member be given a copy of Association records, upon written request, unless the Executive Committee reasonably determines that the release of such records would be (1) in violation of law or a written agreement

to maintain the requested information as confidential; (2) would infringe upon an individual's right to privacy; (3) would violate a written policy of the Association; (4) would diminish the value of the Association's property or other assets; or (5) would otherwise impede the ability of the Executive Committee or staff to protect or advocate the interests of the Association and, be it further

RESOLVED, That upon determination by the Executive Committee that the requested records are not to be released pursuant to this Resolution, the Executive Committee shall inform the requesting member of their determination in writing and state the reason a copy of the requested records is not being provided.

Meetings of the Executive Committee and Board of the Ohio Dental Association Services Corporation (1996:32)

RESOLVED, The Council on Communication and Public Service develop a method of publicizing all regular meetings of the ODA Executive Committee and Board of Directors of the Ohio Dental Association Services Corp, Inc. on the ODA Home Page or other manner.

Policy and Recommendations Regarding Tobacco (1997:S20)

RESOLVED, that the Ohio Dental Association continue to educate and inform its membership, the public and in particular, our youth, about the many health hazards attributed to the use of tobacco products, particularly smokeless tobacco, cigarettes, pipes, and cigars and,

RESOLVED, that the ODA endorse the mandating of warning labels on all tobacco products, and,

RESOLVED, That the ODA oppose advertising of smokeless tobacco products, cigarettes, pipes and cigars in both electronic and print media and support state and national legislation to this effect and,

RESOLVED, that the ODA urge continued research into the adverse health effects of tobacco use and,

RESOLVED, That the ODA prohibit the use of tobacco products at all of its meetings and conferences and,

RESOLVED, That the ODA support the enactment of federal and/or state legislation to discourage the initiation and continuation of tobacco use and,

RESOLVED, That the ODA urge its individual members, dental societies, dental schools and related dental organizations to adopt anti-tobacco policies for their offices and meetings, where such policies are not already in place.

RESOLVED, That because of its potential for numerous negative sequelae, the ODA joins the American Dental Association in opposing the practice of oral piercing and adopts the following ADA policy statement:

Piercing is becoming a more prevalent form of body art and self-expression in today’s society. However, oral piercings, which involve the tongue (the most common site), lips, cheeks, uvula or a combination of sites, have been implicated in a number of adverse oral and systemic conditions.

Patients typically undergo piercing procedures without anesthetic. In tongue piercing, for example, a barbell-shaped piece of jewelry typically is placed to traverse the thickness of the tongue at the midline in its anterior one-third using a needle.

Initially, a temporary device longer than the jewelry of choice is placed to accommodate post-piercing swelling. The free end of the barbell stem then is inserted into the hole in a ventral-dorsal direction. The recipient grasps the free end of the shank between the maxillary and mandibular anterior teeth and screws the ball onto the stem. The barbell also can be placed laterally, with the studs on the dorsolateral lingual surface. In the absence of complications, healing takes four to six weeks.

In lip or cheek piercing, jewelry position (usually a labrette) is determined primarily by aesthetics with consideration to where the jewelry will rest intraorally. Once position is determined, a cork is usually placed inside the mouth to support the tissue as it is pierced with a needle. The needle is inserted through the tissue and into the cork backing. The needle then is replaced with the labrette stud, and the disc backing is screwed into place. Healing time can range from weeks to months.

Common symptoms following piercing include pain, swelling, infection, and increased salivary flow. Potential complications of intraoral and perioral piercings are numerous, although available scientific literature is rather limited and consists mainly of case reports.

Possible adverse outcomes secondary to oral piercing include: increased salivary flow; gingival injury or recession; damage to teeth, restorations and fixed porcelain prostheses; interference with speech, mastication or deglutition; scar-tissue formation; and development of metal hypersensitivities.

Because of the tongue’s vascular nature, prolonged bleeding can result if vessels are punctured during the piercing procedure. In addition, the technique for inserting tongue jewelry may abrade or fracture anterior dentition, and digital manipulation of the jewelry can significantly increase the potential for infection.

Airway obstruction due to pronounced edema or aspiration of jewelry poses another risk, and aspirated or ingested jewelry could present a hazard to respiratory or digestive organs. In addition, oral ornaments can compromise dental diagnosis by obscuring anatomy and defects in x-rays. It also has been speculated that galvanic currents from stainless-steel oral jewelry in contact with other intraoral metals could result in pulpal sensitivity.

The National Institutes of Health have identified piercing as a possible vector for bloodborne hepatitis (hepatitis B, C, D and G) transmission. Disease transmission (for example, hepatitis B, tetanus, and localized tuberculosis) has been associated with ear piercing, and cases of endocarditis have been linked to both nose and ear piercing.

Secondary infection from oral piercing can be serious. A recent article in the British Dental Journal reported a case of Ludwig’s angina, a rapidly spreading cellulitis involving the submandibular, sublingual and submental fascial spaces bilaterally, that manifested four days after the 25-year-old patient had her tongue pierced. Intubation was necessary to secure the airway. When antibiotic therapy failed to resolve the condition, surgical intervention was required to remove the barbell-shaped jewelry and decompress the swelling in the floor of the mouth, and be it further RESOLVED, That the Executive Committee be encouraged to pursue legislative options to regulate intra-oral/perioral piercing.

Create Educational Materials for GKAS! Day Screening/Treatment Events (2003:5AS)

RESOLVED, That up to $6,000 be allocated for the Council on Communication and Public Service to develop and print 15,000 educational booklets on nutrition and the basics of oral health from prenatal health through the teen years and,
RESOLVED, That these booklets be provided by the CCPS at no charge for ODA Give Kids A Smile Day 2004 screening and treatment events and,
RESOLVED, That this information be posted on www.oda.org and,
RESOLVED, That additional booklets be available at cost for members and other health professionals and,
RESOLVED, That the CCPS report the results of this program back to the 2004 House of Delegates and, be it further RESOLVED, That this material be made available in Spanish on the ODA website.
To Address Issues Affecting Dental Providers, Mandated Managed Care Organizations, and Patients (2006:14)
RESOLVED, that the Council on Access to Care and Public Service and its Medicaid Working Group convene a meeting with representatives from private practice, the Ohio State Dental Board, Ohio Department of Jobs and Family Services, the Ohio Department of Health, representatives of Medicaid managed care organizations and any other appropriate stakeholders to address issues affecting providers of dental care, the mandated managed care organizations and the affected patient population, and be it further
RESOLVED, that up to $1,000 be appropriated in the 2007 ODA budget for the implementation of Resolution 14-06.

RESOLVED, that the Ohio Dental Association applauds the American Academy of Pediatric Dentistry’s five-year Head Start Dental Home Initiative established in 2007, and
RESOLVED, that the ODA encourage Ohio dentists to begin seeing children at twelve months of age, and be it further
RESOLVED, that a licensed dentist shall be the primary dental care provider in the dental home.

To Increase the Budget of the ODA Forensic Dental Team (2010:04)
RESOLVED, that the budget be increased to $2,000 to cover travel reimbursement and lunch for the meetings and administrative/mailing expenses, and be it further
RESOLVED, that all other directives of HOD Resolution 3-97 remain unchanged.
To Determine the Availability and Distribution of Dental Care Throughout the State of Ohio (1978:19)

RESOLVED, That the ODA through its appropriate councils, determine the availability of dental services and their distribution throughout the State of Ohio so that an up-to-date evaluation will be on hand for the use of not only the dental association itself, but also for the use of those interested in the public health needs of the citizens of Ohio and, be it further

RESOLVED, That if, in fact, there are areas of maldistribution in the state, remedial caution be instituted by the appropriate councils and committees of the ODA in concert with the local dental society, the local governmental and business leadership.

To Adopt Statutory Binding Arbitration as a Supplement to Contractual Binding Arbitration Within the Existing Framework of Ohio’s Peer Review Mechanism (1978:34)

RESOLVED, That the ODA accept Statutory Binding Arbitration as a supplement to contractual and binding arbitration within the existing framework of Ohio's peer review mechanism.

To Enact Legislation Governing Dental Care in Ohio Nursing Homes (1979:1)

RESOLVED, That the Council on Dental Practice be directed to establish guidelines for dental care in Ohio nursing homes with the assistance of the Council on Legislation of the ODA, the Ohio State Dental Board, the Ohio Nursing Home Association, Health Systems Agencies, and the Ohio Department of Health which is responsible for licensing of nursing homes and, be it further

RESOLVED, That these guidelines should relate to: 1. Oral hygiene; 2. Prosthesis (their identification, relining or replacement); 3. Adequate funding; 4. Elimination of needless preauthorizations and remuneration delays; 5. In-service training of ancillary personnel; 6. Any other recommendations that may improve oral health of nursing home patients.

Information on Alternate Delivery Systems (1979:3)

RESOLVED, That the Council on Dental Care Programs continue to study and to implement procedures for updating the membership with information on alternate delivery systems.

Legislation Concerning Children with Dental Birth Defects (1981:4)

RESOLVED, That the Council on Dental Services encourage more comprehensive dental benefits for those children with birth defects by continuing discourse with employers, unions, third party carriers and involved governmental agencies.

To Promote an Understanding of "Direct Reimbursement' for Group Dental Care (1982:25)

RESOLVED, That the Council on Dental Services be requested to develop informative training materials (and possibly a short teaching session) to educate and guide the ODA membership, through our Component Societies, in the advantages of and methods used in initiating Direct Reimbursement dental care programs.

To Make Forgiveness of Insurance Co-Payment Illegal (1983:1)

RESOLVED, That the Ohio Dental Association fully supports the ability of the dentist to forgive debts based on a personal or professional privilege and,

RESOLVED, That forgiveness of co-payment on a pre-arranged routine basis, along with other billing irregularities for services covered by a 3rd party payor, should be considered unlawful and unethical and, be it further

RESOLVED, That the Council on Governmental Affairs be directed to encourage legislation be adopted by the Ohio General Assembly which prohibits forgiveness of Co-payment on a pre-arranged routine basis and prohibits irregularities in billing for services covered under a contract by a 3rd party payor.

Capitation Programs (1983:3)

RESOLVED, That the ODA urges its members to be cautious in participating in any dental prepayment plan which offers economic incentives to the dentist to delay, postpone or neglect needed and necessary dental treatment and,

RESOLVED, That any dentist who - for self-serving reasons - delays, postpones or neglects needed and necessary dental treatment, is not acting in the best interests of his patients and,

RESOLVED, That the ODA advise its members that the decision to become a provider within a capitation program is a business decision, and the dentist should be aware that he/she will absorb the financial risk in lieu of the carrier and,

RESOLVED, That the designers of prepayment plans be urged to fund such plans at a level which is adequate to insure that needed and necessary dental treatment may be rendered in a timely and proper manner and,

(continued on next page)
RESOLVED, That capitation plans should be administered on non-discriminatory basis and qualified dentists should not be arbitrarily denied the opportunity to compete for patient care and, be it further
RESOLVED, That the information contained in this resolution shall be publicized to the members of the ODA and the public through the Council on Dental Services in conjunction with the Council on Communications.

A Direct Reimbursement – Purchaser Contact Program (1985:8)
RESOLVED, That the ODA establish and fund a Direct Reimbursement Purchaser Contact Program to actively educate the purchasers of dental care about the potential of this method of funding.

To Alter the Ohio State Insurance Regulations (1985:9)
RESOLVED, That the Council on Dental Services investigate the limitations on self-insurance by municipalities, board of education, police departments, etc., and if it is determined that, in our State, there are similar restrictive regulations regarding the use of the “Direct Reimbursement” mechanism, that the Ohio Dental Association pursue changes in State legislation or insurance commissioner rulings in order to make this type of program possible.

Regarding the Legality of Two-Tiered and Dual Payment Methods (1985:37)
RESOLVED, the ODA believes that every dentist licensed to practice in the State of Ohio should be eligible to sign any participating agreement required for reimbursement under a dental benefit plan, and should be eligible for reimbursement under a dental benefit plan for any covered service which the dentist is authorized to render pursuant to his Ohio license and, be it further
RESOLVED, That the Council on Dental Services review dental benefit plans which limit eligibility for reimbursement with legal counsel to determine whether they are in compliance with Ohio law and take appropriate action, and that a report of their findings. and any actions taken, be made to the 1986 House of Delegates.

Non-Dentist Ownership of Dental Practices (1986:President 2)
RESOLVED, That the Ohio Dental Association opposes non-dentist ownership of dental practices.

To Seek Effective Control of AIDS (1986:24)
RESOLVED, That the ODA contact public health authorities, both state and national, and support efforts to establish a program to control the spread of AIDS and to counsel, educate, etc., all individuals affected by AIDS-related complex.

Encourage Hepatitis B Inoculation for all Dental Health Care Workers (1987:37)
RESOLVED, That the ODA encourage all dental health care workers be inoculated for hepatitis B.

Request the ADA to Support Individual Practice Associations (IPAs) (1987:2)
RESOLVED, That, the ODA submit a resolution to the 1987 ADA House of Delegates requesting the ADA to take a proactive stand on supporting dentist-owned fee-for-service IPAs.

Matching Funds for Component Direct Reimbursement Promotional Activities (1987:41)
RESOLVED, That the Council on Dental Services be appropriated up to $8,000 as a line item to continue the allocation of matching funds for ODA component society purchaser contact promotional activities in 1988.

Hepatitis B and AIDS Testing for the Dental Health Care Workers (1987:42)
RESOLVED, That the appropriate council of the ODA be directed to fully investigate the practicality of instituting a voluntary and anonymous hepatitis B and AIDS testing program for the Ohio Dental Association and, be it further
RESOLVED, That this be done under the jurisdiction of the Executive Committee as soon as possible. And, that this resolution be taken to the House of Delegates of the ADA to administer a similar program.

Consider AIDS a Communicable Disease Instead of a Handicap (1987:43)
RESOLVED, That the ODA take the position that AIDS is a communicable disease, rather than a handicap and that the Executive Committee so inform the Civil Rights Commission and be it further
RESOLVED, That this resolution be referred to the ADA 1987 House of Delegates for similar action.
To Pursue Legislation to Require Certain Health and Accident Insurance Policies to Include Coverage for TMJ Disorders (1987:45)

RESOLVED, That the Council on Dental Services be directed to investigate the possibility of introducing legislation to require any HMO or group health, sickness and accident contract issued or renewed in Ohio to include coverage for surgical and nonsurgical treatment of TMJ disorders and craniomandibular disorders.

Policy on AIDS and HIV-Infected Dentists (1991:20)

RESOLVED, That the Ohio Dental Association support "Report 6 of the ADA Board of Trustees to the House of Delegates: AIDS Update 1991 " (copy attached) and, be it further
RESOLVED, That the Ohio Dental Association support ADA's proposed 1991 Resolutions 82, 83, 84, 85, 86 and 87 regarding AIDS and infection control

Adoption of ADA's Code on Dental Procedures (1991:22)

RESOLVED, That the Ohio Dental Association urge all third party payers to adopt the ADA's Code on Dental Procedures and Nomenclature as contained in CDT-1 current dental terminology as the only Code used by dentists for submitting claims, for reporting dental treatment to third party payers and for filing fees, in order to promote efficiency and uniformity in reporting claims and,
RESOLVED, That the members of the Ohio Dental Association be urged to use the ADA Codes as described in CDT-1 in reporting their services and, be it further
RESOLVED, That the intent of this resolution be forwarded in resolution form to the American Dental Association House of Delegates for their consideration.

Approval of Statement on the Use of Lasers in Dentistry (1992:15)

RESOLVED, That the "Statement on the Use of Lasers in Dentistry" be adopted and, be it further
RESOLVED, That this statement be communicated to the Ohio State Dental Board, the American Dental Association and the Colleges of Dentistry of Case Western Reserve University and the Ohio State University.
The House adopted Amended Resolution 15-92 with the proviso that the "Statement on the Use of Lasers in Dentistry" be made part of the official record of the House of Delegates by including it in both the Proceedings and the Transcript of the 1992 ODA House of Delegates.

Statement on the Use of Lasers in Dentistry: At the present time (September 1992), lasers have limited technological application in dentistry and there are other treatment modalities which can perform the same procedures as the laser. Only licensed dentists should use a laser and they should only be used in accordance with FDA guidelines. Dentists who use the laser should not make improper advertising claims and any laser marketing claims must be supported by verifiable scientific evidence. Dentists who use the laser should have a proper level of expertise. The scientific and educational communities should develop standards for the dental applications of the laser in as timely a manner as is possible. Due to the constant evolution of laser technology, the ODA position should remain flexible and responsive to changes in the future.

Statement on Medicaid Reform (1992:20-A)

Statement on Medicaid Reform (Senate Bill 366 of the 119th General Assembly): While the Ohio Dental Association remains opposed to any cuts to the Medicaid dental program, it recognizes the state's duty to be fiscally responsible to the taxpayers. For this reason, a balance of fiscal responsibility and compassion must be struck when addressing the issue of Medicaid reform. The ODA continues to oppose any cuts to the Medicaid dental program but, if Senate Bill 366 of the 119th General Assembly mandates Medicaid reform, then the ODA as a minimum, will advocate efforts to improve reimbursement and expand children’s' services, and efforts to maintain adult dental services for Medicaid recipients.
RESOLVED, That the "Statement on Medicaid Reform" be adopted.
DENTAL CARE PROGRAMS AND DENTAL PRACTICE - continued

Statement on the Use of the Nicotine Patch in Dentistry (1993:14)

RESOLVED, That the attached “Statement on the Use of the Nicotine Patch in Dentistry” be adopted and be included in the official PROCEEDINGS of the 1993 ODA House of Delegates.

ODA’s Statement on the Use of the Nicotine Patch in Dentistry: The use of the nicotine transdermal patch by dentists is a currently accepted treatment modality. All dentists should be aware of the patch’s appropriate prescription by members of the profession. Dentists should thoughtfully evaluate whether to incorporate the use of the patch in their practices. All dentists should also be familiar enough with the patch to be able to answer their patients’ questions concerning the patch. Dentists who decide to incorporate the use of the patch into their practices must:

1) ensure that this is covered in their professional liability insurance policy; and
2) that they are cognizant of the pharmacology of Nicotine Patches.

Use of the patch should be in accordance with the patch manufacturer’s recommendations and any other appropriate and recognized treatment protocol. Dentists who use the patch should not make improper advertising claims and any patch marketing claims must be supported by verifiable scientific evidence.

Ohio dentists should also be aware that the Ohio State Dental Board has stated: “Nicoderm or the use of Nicorette can be an integral and necessary part of dental treatment and the board recognizes that prescribing these drugs is within the scope or practice.” Additionally, dentists should know that the American Dental Association currently “urges its members to become fully informed about tobacco cessation intervention techniques to effectively educate their patients to overcome their addiction to tobacco. This information should include techniques for primary prevention of tobacco use.”

Antitrust Compliance Guidelines (1993:15)

RESOLVED, That the attached “antitrust compliance Guidelines” be made available upon request to members of the Ohio Dental Association and, be it further

RESOLVED, That the antitrust guidelines be published in an Ohio Dental Association publication.

“Antitrust Compliance Guidelines”

Over the past 100 years, the United States Congress enacted a series of statutes which are known collectively as the federal antitrust laws. These laws are designed to promote and preserve our competitive private enterprise system by encouraging free and open competition in open markets. The federal antitrust laws give the force of law to the philosophy underlying our economic system, specifically, that a free market in which supply and demand operate to determine the conditions and terms of production, distribution and sale, and where each seller and buyer deals independently, serves to achieve the most equitable allocation of high quality goods and services at the lowest possible prices.

The following antitrust guidelines are intended to help dentists avoid antitrust difficulties, especially when members are involved in an activity associated with organized dentistry (whether it be a formal meeting a social function or even an "unorganized" or informal gathering). These guidelines are general in nature and are intended to alert members to some of the legal issues involving antitrust. They do not represent an exhaustive list for every possible situation that dentists may encounter nor are they intended as a substitute for sound legal advice. For these reasons, members should always consult competent legal counsel before engaging in any activity which may involve conduct which affects competition among dentists or other competitors.

- Members should not discuss their fees or proposed changes with other dentists or those who are competitors.
- Members should not make public statements about their fees, those of their competitors, or any others matters that could affect fees.
- Members should avoid any discussions with other dentists about whether they will or will not deal with any particular patients or third party payers, including, health maintenance organizations (HMOs), dental maintenance organizations (DMOs), preferred provider organizations (PPOs), dental care corporations, independent practice associations (IPAs), third party administrators (TPAs) and insurance companies or what rates they will agree to accept from third party payers.
- Members should avoid discussions with other dentists about whether they will, or will not, market or sell their services and dentists should avoid discussions among other dentists on allocating or dividing the shares of the market, including which third party payers with which dentists may contract.
- Members should not encourage other dentists to refuse to deal with any third party.

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Members should not disclose to other dentists, at meetings or in any other setting, information which may be competitively sensitive.

Members should not participate in, or engage in any discussion which involves or would lead to the boycott of any third party payer, including any HMO, DMO, PPO, dental care corporation, IPA, TPA or insurance company.

Members should try to prevent any discussion of any of the above and if they are unable to do so should remove themselves from the situation where such is taking place and announce the reasons for their removal.

**Please note:** the above restrictions do not apply to dentists who are partners or shareholders in the same professional corporation.

**Nondiscrimination of Qualified Providers (1994:3)**

RESOLVED, That the Ohio Dental Association work to ensure that beneficiaries of a health benefits plan receive the benefits to which they are entitled for covered treatment if that treatment is provided by a legally qualified dentist or physician operating within the scope of his/her training and licensure and,

RESOLVED, That the ODA work to ensure that benefits which would otherwise be payable should not be denied solely on the basis of the professional degree and licensure of the dentist or physician providing treatment, if that treatment is provided by a legally qualified dentist or physician operating within the scope of his/her training and licensure and,

RESOLVED, That the ODA work to ensure that amount of third party payer reimbursement should be based on the type of procedure performed, not upon the type of degree held by the provider of the service, if that treatment is provided by a legally qualified dentist or physician operating within the scope of his/her training and licensure and, be it further RESOLVED, That the ODA will take all action necessary to ensure that any state health system reform legislation specifically contains protection against discrimination based on the professional degree of the provider.


RESOLVED, That the ODA continue to support the provision of quality dental care and, assume the liability of providing for the plan's legal defense in court actions. Finally, the ODA should seek enactment of state regulation of dental benefit plan offerings which: * Requires the offering of "dual choice" benefit packages whenever a closed panel benefit plan is offered to beneficiaries, i.e., an open panel, fee-for-service benefit plan would have to accompany the offering of any closed panel benefit plan.

**Statement on Managed Care (1994:16)**

RESOLVED, That the attached policy "Statement on Managed Care" be made part of the official record of the House of Delegates by including it in the official Proceedings of the 1994 ODA House of Delegates.

"Statement on Managed Care"

Historically, the fee-for-service model of financing dental care has helped produce the finest dental care delivery system in the world. Efforts to move from this traditional system of success to alternative systems (i.e., managed care) for financing dental care have caused significant concerns throughout the dental profession. Many of these concerns center around fears that managed care will undermine the profession's ability to produce cost effective and quality dental care. For this reason, the Ohio Dental Association sets forth the following "Statement on Managed Care:" The ODA defines managed care as: A cost containment system that directs the utilization of health benefits and controls the access to, availability of, treatment and care. While managed care, in and of itself, does not inherently produce dental care which is superior to, the same as, or inferior to care which is provided outside of a managed care system, it does represent an evolving mechanism for financing dental care. Under this evolving system, which involves the collaborative efforts of many reputable managed care plans and participating dentists who provide a service to those who utilize their services, there exists the potential for the provision of substandard dental care if managed care plans and/or participating dentists fail to place the patients' welfare first and foremost. The following issues are issues which, if not properly addressed, raise concerns that substandard dental care could result:

- Potential destruction of the most advanced, efficient and effective dental health system in the world (i.e., the United States' system); If managed care does not work to build upon the successful components of America's system for financing and delivering dental care, then the ultimate quality of dental care which is rendered will probably suffer:

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• Limitations on access (coverage does not equal access): If a dentist does not exercise due
diligence before entering into a participating provider agreement to ensure that, among other
things, the contract will provide him or her with an adequate level of reimbursement to ensure the
provision of quality care, then the dentist may find himself or herself in the unacceptable position
of putting other factors ahead of the patient's care;
• Clear distinctions between dental care and delivery and medical care and delivery (emphasis on
prevention, no catastrophic situations, no significant pre-existing exclusions, etc.): Applying the
medical model of managed care to dentistry, without taking into account the significant differences
which exist between the two professions, may result in benefit plans and participating provider
agreements which are unrealistic or impractical;
• Quality control assurance mechanisms: The concept of assuring quality is laudable and should be
pursued -- one such effort can be found in the American Dental Association's program to develop
parameters of care. Quality assurance programs which do not balance quality and access issues
with cost containment issues represent a significant concern;
• The role of non-medical professionals in the diagnostic process: A lack of a clearly defined, and
adhered to, policy delineating a managed care plan's policy for reviewing and
approving/disapproving proposed or completed treatment (which includes the role of laypeople
and qualified dental professionals in the plan's decision making process) may give rise to
concerns that non-medical professionals are having an undue and inappropriate role in the
diagnostic process;
• Cost control versus cost effectiveness: If third parties, in efforts which focus primarily on cost
containment, only recognize the least expensive option of providing care, then both the cost
effectiveness and the quality of care which is rendered will probably suffer in the long term;
• Creation of a new administrative bureaucracy: Without standardization of reporting forms, patient
encounter forms, administrative procedures, etc., there exists the possibility that a dentist will have
to complete forms and learn administrative procedures unique to each managed care plan with
which he or she contracts. Additionally, the administrative requirements associated with
participating in a managed care plan will probably be different than those associated with
practicing in a non-contracting environment. These factors, either singularly or in combination,
may produce increased administrative burdens and expenses which may not be readily apparent
to a dentist until after he or she has become contractually obligated to a managed care plan;
• Provider regulation versus provider reimbursement: Managed care plans which utilize participating
provider agreements attempt to induce plan beneficiaries, through the use of financial incentives
and/or disincentives, to seek services from dentists who have joined into a plan's network. The
plan purchaser's (i.e., the employer) decision to offer this type of plan and the beneficiary's
decision to utilize the provisions of this type of plan are many times grounded in business and
financial reasons. Concerns arise however, if the managed care plan goes beyond making
administrative decisions associated with reimbursement provisions to making diagnostic decisions
which affect the care rendered by contracting or noncontracting dentists.
• Absence of regulation of utilization review companies: While many utilization review firms provide
a valuable service to those with which they contract, a lack of state regulation and oversight of
these firms provides the potential for inappropriate actions by unscrupulous or inept utilization
firms which may compromise the provision of quality dental care.
• The ODA makes the following recommendations concerning managed care:
• The dentist has an obligation to provide quality care and should consider this first and foremost
when evaluating his or her participation in any contracting dental arrangement;
• The ODA should work with third party payers to promote an increase financial support for
preventive care. This support should come in the form of:
  1. rewarding compliance and punishing neglect of preventive services through insurance
     premiums and copayment adjustments
  2. stressing the elimination of high cost procedures through responsible utilization of
     preventive and interceptive care

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The ODA should work with third party payers to increase patient incentives to engender personal responsibility for health and well being; and

- The ODA should work for the enactment of legislative initiatives which strengthen the dentist's commitment to providing quality dental care while building upon a long-term patient-dentist relationship.

- These initiatives should include regulation which:
  1. sets forth a defined period of time (one year initially and 30 days after that) during which a dentist could opt out of a contracting agreement;
  2. sets forth a defined period of time (one year initially) in which enrollees would have to stay with their selected dentist in order to receive full benefits;
  3. requires the mandatory assignment of capitation plan beneficiaries (who have not selected a dentist within the plan) to contracting dentists within 30 days after they are enrolled in the plan;
  4. provides for the plan acceptance of "any willing provider" (e.g., this would permit all dentists who are willing to abide by the terms of the participating provider agreement to be eligible to participate in the program);
  5. provides for due process provisions for dentists who have either been denied entry to join a plan or who have been terminated by a plan;
  6. ensures that plans have adequate reserves to ensure that care can be rendered under the terms of the contract for the remainder of the length of any contract;
  7. provides for the public disclosure of the plan's financial information (possibly in the solicitation accompanying the participating provider contract);
  8. provides for the notification of the contracting dentist by the plan within 30 days of changes in the eligibility status by groups, individuals, etc.;
  9. prohibits dentist-plan indemnification provisions which require that dentist to hold a plan harmless and thereby assume the liability of providing for the plan's legal defense in court actions; and
  10. requires the offering of "dual choice" benefit packages whenever a closed panel benefit plan is offered to beneficiaries, i.e., an open panel, fee-for-service benefit plan would have to accompany the offering of any closed panel benefit plan.

Statement on Parameters of Care (1994:17A)

RESOLVED, That the attached policy "Statement on Parameters of Care" be adopted and, be it further RESOLVED, That the attached policy "Statement on Parameters of Care" be made part of the official record of the House of Delegates by including it in the official Proceedings of the 1994 ODA House of Delegates.

"Statement on Parameters of Care"

The Ohio Dental Association supports the concept of parameters of care when utilized within the context of the following definitions:

Standards. Standards are intended to be applied rigidly and carry the expectation that they be applied in all cases and any deviation from them would be difficult to justify. A standard of care indicates that measurable criteria are present and these criteria shall be used in order to arrive at a given level of outcome. Standards say what must be done.

Guidelines. Guidelines are intended to be more flexible than standards. Guidelines should be followed in most cases, but they recognize that treatment can and should be tailored to fit individual needs, depending on the patient, setting other factors. Deviations from guidelines would be fairly common and could be justified by differences in individual circumstances.

Parameters. Parameters describe the range of appropriate treatment for a given condition. In comparison to standards or guidelines, parameters broaden the range of professional judgment for the practitioner. They strengthen the ability of the provider to evaluate options and arrive at appropriate treatment.

ODA support for any specific parameter however, is contingent upon what is actually contained within the parameter. As such, the ODA believes that specific ADA parameters must meet the following criteria in order to receive the ODA's support:

- The parameter must be easy to understand;
- The parameter must be easy to use;
- The parameter must allow for the emergence of new procedures, technology, etc.;
- The parameter must allow for flexibility in treatment decisions;
- The costs to the ADA in developing the parameter must be justified by the benefits of the parameter.
Designation of Dentists as the Coordinators of Dental Care (1995:5A)

RESOLVED, That the Ohio Dental Association considers the dentist to be the exclusive coordinator of dental care and,
RESOLVED, That the Ohio Dental Association work to enact legislation designating the dentist as the exclusive coordinator of care for the provision of dental services and, be it further
RESOLVED, That the Ohio Dental Association encourage all managed care programs to adopt this policy.

Infringement of the Dentist-Patient Relationship (1996:1)

RESOLVED, That the ODA opposes any infringement of a dentist's ability to freely exercise his or her professional judgement and care and treatment of his or her patients and, be it further
RESOLVED, That the ODA work to enact state legislation which would hold third party payers liable for their actions when they infringe on a dentist's ability to freely exercise his or her professional judgement and care and treatment of his or her patients.

Sharps Injury Prevention Regulations (1999:AA17)

RESOLVED, That the Ohio Dental Association supports the current method of administration of local anesthesia as safe for patients and dental team members, and
RESOLVED, That the Association strongly supports continuing research on "sharps injury prevention" in dental offices, and
RESOLVED, That the Association oppose "sharps injury prevention" legislation in Ohio until it is proven to be necessary, reasonable and safe that is unnecessary, unreasonable, unsafe and/or scientifically unsound and, be it further
RESOLVED, That the Association continue to study and report to members on "sharps injury prevention."

EFDA LICENSURE POLICY (2000: AS7)

RESOLVED, That the ODA actively continue to maintain the unlicensed status of Basic Qualified Personnel.

EFDA LICENSURE POLICY (2002: A19)

RESOLVED, That the Ohio Dental Association supports EFDA licensure and,
RESOLVED, That the Ohio Dental Association Executive Committee work to enact licensure status of expanded function dental auxiliaries (EFDAs).

Amalgam and Other Waste Disposal Program (2003:7)

RESOLVED, that the Ohio Dental Association, through the Council on Dental Care Programs and Dental Practice, negotiate an arrangement with the Ohio Environmental Protection Agency on amalgam disposal and, if necessary, other waste disposal issues that may be utilized as a model by affected communities in Ohio and,
RESOLVED, that the ODA, through the Council on Dental Care Programs and Dental Practice, develop a dental office amalgam and other waste disposal best management practices seminar for use by component dental societies upon request with the local administrative, presentation and marketing costs to be borne by the component and,
RESOLVED, that the necessary ODA staff time and up to $5,000 be allocated to develop this seminar. And, be it further
RESOLVED, that the Council on Dental Care Programs and Dental Practice report the results of its activities to the 2004 ODA House of Delegates.

RESOLVED, That the Ohio Dental Association formally adopt as its policy the American Dental Association’s “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists” and strongly recommends that all regulatory, educational and clinical bodies in the state adhere strictly to all of these established guidelines.


RESOLVED, that the Council on Dental Care Programs and Dental Practice and the ODA’s Forensic Dental Team explore and define dentistry's role in responding to a mass disaster or pandemic situation and create a plan, and RESOLVED, that in developing this plan, the Council on Dental Care Programs and Dental Practice seek input from appropriate stakeholders including but not limited to the Ohio schools of dentistry, the Ohio Department of Health, and the Ohio State Dental Board, and RESOLVED, that the Council on Dental Care Programs and Dental Practice report back its action plan to the 2007 ODA House of Delegates for consideration, and be it further RESOLVED, that up to $1,000 be appropriated in the 2007 ODA budget for the implementation of Resolution 15-06.

Impact on Ohio Dentists of the Proposed ADA “Guidelines for the Use of Sedation and General Anesthesia” and Related Documents (2007: AS3)

RESOLVED, pending adoption of the proposed Guidelines for the Use of Sedation and General Anesthesia and its related documents by the 2007 American Dental Association House of Delegates, that the ODA House of Delegates direct the Council on Dental Care Programs and Dental Practice to: (1) consider the implications of these guidelines on dental practice in the State of Ohio, and (2) develop a position for the Ohio Dental Association to advocate before the Ohio State Dental Board on matters of sedation and anesthesia, and RESOLVED, that the Council on Dental Care Programs and Dental Practice be encouraged to seek the assistance of knowledgeable outside parties to assist them in this exercise, and be it further RESOLVED, that the Council on Dental Care Programs and Dental Practice shall report its findings and recommendations to the ODA Executive Committee prior to the Spring 2008 meeting of the Ad Interim Committee of the ODA House of Delegates.

Direct Reimbursement Branding (2008: AA09)

RESOLVED, that the Ohio Dental Association, through the Council on Dental Care Programs and Dental Practice, if it is able to secure funding from the ADA that would completely off-set the total cost of the program, to brand its promotion of Direct Reimbursement (DR) in Ohio and develop the appropriate supporting materials including developing a DR specific web site, and RESOLVED, that the ODA utilize the American Dental Association’s DR promotion co-op money and re-direct up to $3,000 of the Council on Dental Care Programs and Dental Practice’s 2009 ODA budgeted funds to fund the development of this brand and supporting materials, including the web site, and other DR promotion activities, and be it further RESOLVED, that the council report the results of this DR branding program and related activities to the 2009 ODA House of Delegates.

Insurance Coverage for Sedation/General Anesthesia and Associated Hospital Services (2009: AAS2)

RESOLVED, that the Ohio Dental Association adopt the following policy statement: The ODA recognizes that the dentist providing oral health care best determines the medical necessity of sedation/general anesthesia without adverse influence from third party payers. Recognizing the unmet healthcare needs of a segment of the Ohio population, the ODA supports policy makers’ (e.g. Ohio legislature, Ohio Department of Insurance and other state agencies) efforts to require third party payers to:
1) Recognize that sedation and/or general anesthesia is necessary to deliver compassionate, quality oral health care to some infants, children, adolescents, or adults;
2) Include sedation, general anesthesia, and related facility services as benefits of health insurance without discrimination between the “medical” or “dental” nature of the procedure;
3) End arbitrary and unfair refusal of reimbursement for sedation, general anesthesia, and facility costs related to the delivery of oral health care;
4) Regularly consult the AAPD and the ADA with respect to the development of benefit plans that best serve the oral health interests of infants, children, adolescents, or adults;
5) Not discriminate in payable benefits based on the provider’s degree or the venue in which dental and anesthesia services are provided (i.e. dental office, out-patient facility or hospital), and be it further RESOLVED, that the ODA work to implement this policy.
Fee Limitations for Uncovered Dental Services (2009:A7)
RESOLVED, that the Ohio Dental Association actively pursue all avenues, which may include legislative advocacy, regulatory advocacy, legal action or any other means necessary to insure that no contract between a dental plan of a health care entity and a dentist for the provision of services to patients may require that a dentist provide services to its subscribers at a fee set by the health care entity unless said services are covered services under the applicable subscriber agreement, and be it further
RESOLVED, that the Ohio Dental Association, in conjunction with the ADA Seventh District, forward a similar resolution to the American Dental Association to actively promote such legislation nationally.

Basic Life Support Training (2012: A2)
RESOLVED, that the Ohio Dental Association actively encourage all Ohio licensed dentists to be at a minimum trained in basic life support (BLS) for healthcare providers.

Silent PPOs (2012: A8)
RESOLVED, that the Ohio Dental Association supports the appropriate regulation of silent preferred provider organizations (e.g. a third party that the dentist has not directly contracted with that purchases the contracting rights of a PPO the dentist has directly contracted with), and be it further
RESOLVED, that the Executive Committee, at its discretion, take the appropriate actions to have this policy enacted.

Craniofacial Anomalies Coverage (2012: A9)
RESOLVED, that the Ohio Dental Association supports third party payer coverage of individuals, regardless of age, for the dental and orthodontic treatment of cleft lip, cleft palate and other craniofacial anomalies, and be it further
RESOLVED, that the Executive Committee, at its discretion, take the appropriate actions to have this policy enacted.

Dental Consultants (2012: A10)
RESOLVED, that the Ohio Dental Association supports a requirement that only dentists who hold an active, non-restricted dental license issued in the United States be permitted to deny claims or act on appeals for reasons that require professional judgment, and be it further
RESOLVED, that the Executive Committee, at its discretion, take the appropriate actions to have this policy enacted.
Continuing Education (1981:5)

RESOLVED, That the dentists of Ohio be encouraged to continue their dental education pursuits to maintain their high standard of professionalism.

Nutrition Curriculum (1983:12)

RESOLVED, That Case Western Reserve University and Ohio State University be encouraged to examine their curriculum with the intention of expanding the study of nutrition as an integral part of the dental school requirements for graduation.

To Implement Mandatory Continuing Dental Education As a Requirement for Licensure Renewal In Ohio (1987:36)

Background Statement: The Ohio Dental Association’s policy adopted in resolution 14-86 provides that if continuing education is to be legislated, the ODA, the Council on Dental Education and Licensure and the Task Force on the Dental Practice Act cooperate in the development of the program with those agencies involved. A Task Force on Mandatory Continuing Education was appointed by ODA president, Marvin M. Fisk in July, 1987. Reference Committee B considered the reports and recommendations of the Task Force on Mandatory Continuing Education and the Executive Committee. It is its intent to present a resolution, the intent of which can be included in HB 526. Reference Committee B believes Ohio dentists will be best served by a combination of the proposals therefore, be it RESOLVED,

1. Each licensed dentist shall be required to complete biennially not less than 40 hours of continuing education in dental subjects. Programs of continuing education shall be programs of learning that contribute directly to the dental education of the dentists and may include, but shall not be limited to, attendance at lectures, study clubs, college and post-graduate courses, scientific sessions of conventions, research, graduate study, teaching, service as a clinician or correspondence courses. The aim of continuing education for dentists is to improve all phases of dental health care delivery to the public. Programs of continuing education shall be acceptable when adhering to the following guidelines to:
   A. Improve competency in treating patients who are medically compromised or who experience medical emergencies during the course of rendering dental treatment.
   B. Update knowledge of new pharmaceutical products and the protocol of the proper use of new medications;
   C. Improve competency to diagnose oral pathology, biochemistry, and pharmacology;
   D. Basic medical and scientific subjects including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;
   E. Clinical and technological subjects, including, but not limited to clinical techniques and procedures, materials, and equipment; and,
   F. Subjects pertinent to health and safety.

   Continuing education credits shall be earned at the rate of one-half credit hour per 25-30 contact minutes of instruction and one credit hour per 50-60 contact minutes of instruction.

2. Programs meeting the general requirements of subsection (1) may be developed and offered to dentists by any of the following agencies or organizations:
   A. National, state, district, or local dental associations affiliated with the American Dental Association and National Dental Association;
   B. Accredited dental colleges or schools;
   C. Other organizations, schools, or agencies, approved by the OSDB;

3. In applying for license renewal, the dentist, shall submit a sworn affidavit, on a form acceptable to the Ohio State Dental Board, unless another system of reporting is developed, attesting that he has completed the continuing education required in this section in accordance with the guidelines and the provisions of this section and listing the date, location, sponsor- subject matter, and hours completed of continuing education courses. The applicant shall retain in his records such receipts, vouchers, or certificates as may be necessary to document completion of the continuing education courses listed in accordance with this subsection. With cause, the Ohio State Dental Board may request such documentation by the applicant, and the Board may request such documentation by the applicants selected at random without cause.

4. Compliance with the continuing education requirements of this section shall be mandatory for the issuance of a renewal license by the Ohio State Dental Board; however, the Board shall have the authority to excuse licensees, as a group or as individuals, from said requirements, or any part thereof, in the event of unusual circumstance, emergency or special hardship and,

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DENTAL EDUCATION AND LICENSURE - continued

RESOLVED, That it be mandated that the Task Force on Mandatory Continuing Education be charged with the responsibility of developing future enhancements to the above program and, be it further
RESOLVED, That the Task Force on Mandatory Continuing Education report its recommendations to either the Ad Interim Committee or the 1988 House of Delegates for approval.

To Study Mechanisms for Dealing with Financial Barriers for Dental Education in Dental and Dental Hygiene Schools (1988:4)

RESOLVED, That the Council on Dental Education be directed to study mechanisms or dealing with financial barriers to dental education in dental schools and dental hygiene schools in Ohio for the purpose of attracting qualified students.

Continuing Education Recording Form (1988:16)

RESOLVED, That the Council on Dental Education develop a recording mechanism to help our members certify participation in courses given by sponsors approved by the Ohio State Dental Board and, be it further
RESOLVED, That the fee for these forms may be included in the course registration fee.

Annual Session Continuing Education Courses (1990:2)

RESOLVED, That the ODA shall provide members who register for the Annual Session a limited number of free courses which would qualify for continuing education hours.

Continuing Education Course Fees (1990:1)

RESOLVED, That the ODA recognize the need for a fee schedule that differentiates between members of ADA and non-members, and be it further
RESOLVED, That the ODA actively recommend to its component members that they recognize and reward members of other Component Societies with a fee lower than the one for nonmember dentists.


RESOLVED, That the Ohio Dental Association reaffirm its support for greater freedom of movement of dental professionals and,
RESOLVED, That the ODA delegation to the 1991 ADA House of Delegates be strongly encouraged to support Resolution 79 and, be it further
RESOLVED, That the ODA utilize the appropriate lobbying resources to develop support for H.R. 2691 among the Ohio Delegation to the 102nd Congress of the United States.

To Require CE Speakers to be Members of Organized Dentistry (1992:5)

RESOLVED, That the Ohio Dental Association adopt a policy that all U.S.A. dentists who present an ODA-sponsored continuing education program be members of the American Dental Association and,
RESOLVED, That the Ohio Dental Association promote this policy to its 25 component societies and, be it further
RESOLVED, That the Ohio Dental Association delegation to the American Dental Association submit a resolution to the 1992 ADA House of Delegates establishing this as national policy.

Licensure Standards (1995:10A)

RESOLVED, That the Ohio Dental Association request the American Dental Association to work closely and intensively with the American Association of Dental Examiners, the American Association of Dental Schools and the ADA recognized dental specialty organizations to improve the current system of state credentialing of dental professionals and,
RESOLVED, That the ODA request said bodies to develop valid, reliable and uniform clinical examinations for all state licensing boards as replacements for state or regional clinical examinations as complements to current, written National Dental Board Examinations and,
RESOLVED, That the ODA request the ADA to take appropriate action to "accelerate steps to eliminate examinations using live patients and replace them with other assessment methods, such as the use of "standardized patients" for evaluating diagnosis and treatment planning skills and simulations for evaluating technical proficiency" and,
RESOLVED, That the ODA request the ADA to sponsor a national symposium in 1996 on the dental clinical licensure examination and invite representatives of all regional and state testing agencies, dental schools, the American Association of Dental Examiners, the American Association of Dental Schools, state dental associations as well as the ADA with the symposium's cost to be determined with the assistance of the ADA staff prior to making the request and, be it further
(continued on next page)
RESOLVED, That the ODA support the ADA/AADE "Guidelines for Valid and Reliable Dental Clinical Examinations" as outlined in The Special Report of the ADA Council on Dental Education: Enhanced Standardization of Dental Clinical Licensure Examinations.

Extension of ADA CERP Approval Status to Component Dental Societies (1996:37)

RESOLVED, That the attached policy statement "Policy governing the extension of ADA CERP recognition status to Ohio component dental societies" be adopted and,
RESOLVED, That the attached policy statement "Policy governing the extension of ADA CERP recognition status to Ohio component dental societies" be made part of the official record of the House of Delegates be including it in the official Proceedings of the 1996 ODA House of Delegates and, be it further
RESOLVED, That the ODA Dental Education and Licensure Committee inform each of the ODA component dental societies of the process necessary for them to be extended ADA CERP approval through the ADA.

Policy governing the extension of ADA CERP recognition status to Ohio component dental societies

Based upon American Dental Association requirements governing the extension of Continuing Education Recognition Program (CERP) approval status, the Ohio Dental Association will extend ADA CERP status to Ohio component dental societies that wish to apply for it utilizing the following criteria:

1. Approval status will only be granted as long as the ODA is an ADA CERP approved continuing education (CE) provider.
2. The ODA, through the Dental Education and Licensure Committee, will only extend approval status to components that offer CE primarily to their own members. Approval status will not be extended to components that sponsor CE programs targeting dentists from other states, particularly components with large, regional dental meetings. These components may apply directly to the CERP Review Committee for national recognition.
3. The ODA, through the Dental Education and Licensure Committee, will be responsible for ensuring that the CE activities of ODA recognized component societies are conducted in accordance with the established ADA CERP standards, criteria and policies as defined in the CERP Standards and Procedures.
4. The ODA, through the Dental Education and Licensure Committee, will communicate the CERP standards, policies and procedures to ODA recognized components. Additionally, the committee will be responsible for implementing and managing a complaint process to address complaints directed toward ODA components relative to compliance with CERP standards, criteria and policies.
5. The ODA, through the Dental Education and Licensure Committee, will ensure that components that apply for approval comply with CERP standards, criteria and policies. At a minimum, components are required to submit annually to the committee on a form(s) supplied by the committee information about their CE programs including:
   - name(s) or individual(s) responsible for the CE program;
   - CE planning committee;
   - list of courses and faculty
   - brochures and publicity materials.
   The committee may request additional information of components to ensure that the component is in compliance with established ADA CERP standards, criteria and policies.
6. The ODA, through the Dental Education and Licensure Committee, will submit annual information to ADA CERP (including name, address, contact person and approval period) on the components recognized by the ODA. This information will be submitted by March 15th and September 15th of each year so that ODA approved sponsors may be listed in the ADA List of Recognized Continuing Education Providers which is updated in the spring and fall of each year. The approval period for components recognized by the ODA and reported to the ADA CERP in March will extend to the following March and those reported to ADA CERP in September will be approved through the following September.
7. The ODA, through the Dental Education and Licensure Committee, is responsible for the administration of the CERP extension process and may charge the necessary fees to support this process.
8. Component societies which are approved under the aegis of the ODA will be listed separately on the ADA List of Recognized Continuing Education Providers. These components will be advised to refer to their approval status in publicity and on attendance forms as being granted by the ODA in accordance with CERP standards, e.g., "The (component society) is an ADA CERP recognized provider approved by the Ohio Dental Association."
ODA Position on Continuing Quality Assurance (1997:21)

RESOLVED, That the attached position statement “ODA Position on Continuing Quality Assurance” be adopted and, be it further
RESOLVED, That the attached position statement “ODA Position on Continuing Quality Assurance” be made part of the official record of the House of Delegates by including it in the official Proceedings of the 1997 ODA House of Delegates.

“ODA Position on Continuing Quality Assurance”

The Ohio Dental Association strongly supports the concept that dentists should participate in a life-long learning and quality improvement process. Participation by dentists in this process should be voluntary, educational, include some means of measurable self-assessment and be non-punitive.

Since the late 1980s, state law has mandated continuing education requirements for Ohio dental licensees. Today, groups which are both internal and external to the dental profession in various parts of the country go beyond calling for continuing education and are advocating measures to “strengthen and extend efforts by state boards and specialty organizations to maintain and periodically evaluate the competency of dentists and dental hygienists through recertification and other methods.”

At the present time, the ODA does not consider across-the-board requirements for demonstration of continuing quality assurance to be necessary. Discussions concerning these issues where they apply to Ohio licensed dentists who have been involved in infractions of the Ohio Dental Practice Act have been fruitful. The concept of measuring quality compliance in areas of deficiency to remediate Ohio licensed dentists for the purpose of returning them to safe public practice is supportable.

Our member advocacy efforts with government entities and other interested parties must be based upon determining what the real and perceived problems involving quality assurance are in order to properly address them. Any quality improvement process should demonstrate to the communities of interest the willingness of Ohio’s dentists to ensure quality by adherence to the parameters of care established and approved by the profession of dentistry. The ODA will continue to keep the membership informed regarding discussions with government entities or other interested parties about issues of quality to insure that mutual concerns are addressed.

Support the Position of American Student Dental Association on NERB (1998:8)

RESOLVED, That the Ohio Dental Association supports the position of the American Student Dental Association that the Northeast Regional Board (NERB) should replace the written component of its examination utilized by the Joint Commission on National Dental Examinations and, be it further
RESOLVED, That the ODA work with NERB and/or other appropriate organizations to secure NERB’s implementation of this policy.

Auxiliary Utilization Training Opportunities For Dental Students (1999:7)

RESOLVED, That the Ohio Dental Association, through the Council on Dental Education and Licensure, work with the Ohio dental schools to include more auxiliary utilization opportunities and clinical training during their third and fourth years.

Statewide Basic Life Support For Ohio Dentists (1999:S10)

RESOLVED, That the Ohio Dental Association actively encourage all members to be educated in basic life support.

Dental Auxiliary Recruitment Action Plan (2003:10)

RESOLVED, That the Ohio Dental Association, through the Council on Dental Education and Licensure, develop an action plan that addresses the manpower recruitment needs of the individual member dentist and, be it further
RESOLVED, That up to $7,500 be allocated to develop this action plan.
Task Force on Partnership Opportunities be Formed (2003:17)
RESOLVED, That a Task Force on Partnership Opportunities be formed to identify opportunities for collaborative partnerships that will advance the missions of the Ohio Dental Association and The Ohio State University College of Dentistry and Case Western Reserve University School of Dentistry and,
RESOLVED, That the Task Force on Partnership Opportunities consist of up to two members of the Executive Committee, the deans of the dental schools or their designees, a student representative from each dental school, a representative from the ODA Foundation, a liaison from the ODA Council on Dental Education and Licensure and other representatives appointed by the president and,
RESOLVED, That up to $2,500 be allocated to the task force to complete its study and, be it further
RESOLVED, That the results be presented to the 2004 House of Delegates for evaluation.

Alternative Initial Licensure Pathway (2004: 10AA)
RESOLVED, That the ODA pursue legislation consistent with ADA policy as an alternative initial licensure pathway that permits the clinical examination requirement for initial dental licensure to also be met by successful completion of an ADA accredited postgraduate program in general dentistry that contains competency assessments or in an ADA recognized dental specialty, at least one year in length, which is accredited by the Commission on Dental Accreditation.

Supporting A National Clinical Licensure Examination (2004: 15AS)
RESOLVED, That the ODA supports the efforts of the American Dental Association to coordinate the development of a nationally recognized licensure examination formulated with meaningful input from all interested parties, including, but not limited to, the American Association of Dental Examiners and the American Dental Education Association that will reliably and validly test clinical competency as an alternative pathway to licensure.

To Reappoint the Task Force on Partnership Opportunities (2004:18)
RESOLVED, That the Task Force on Partnership Opportunities be reappointed and continue to identify opportunities for collaborative partnerships that will advance the missions of the Ohio Dental Association and The Ohio State University College of Dentistry and the Case School of Dental Medicine, and
RESOLVED, That the Task Force on Partnership Opportunities continue to consist of up to two members of the Executive Committee, the deans of the dental schools or their designees, a student representative from each dental school, a representative from the ODA Foundation, a liaison from the ODA Council on Dental Education and Licensure and other partners appointed by the president, and
RESOLVED, That up to $2,500 be allocated to the task force to continue its work and, be it further
RESOLVED, That the results be presented to the 2005 House of Delegates.

To Conduct a Study of PGY1 as an Alternate Pathway to Licensure (2007:7)
RESOLVED, that the ODA’s Dental Education and Licensure Committee shall continually study all of the available data from those states that permit licensure via PGY1 in order to determine if those states that accept PGY1 have similar outcomes compared to those states that require clinical licensure exams as a means to licensure, and be it further
RESOLVED, that the ODA’s Dental Education and Licensure Committee report its findings to the 2008 ODA House of Delegates.

Credit for Practice Management Continuing Education (2010:10)
RESOLVED, that the ODA supports the concept of practice management continuing education as an integral part of a dentist’s training and life-long learning, and that it should be recognized in the state’s continuing education requirements, and be it further
RESOLVED, that the ODA Executive Committee work to enact a change in the state’s continuing education requirements for dentists, in order to permit up to five hours of continuing education credits, in practice management, as part of the forty hour requirement for each biennium.
Limitation of In-Office Training Programs (1975:5)
RESOLVED, That it is the policy of the ODA that placement of restorative materials requires the professional competency and skill of a licensed dentist and,
RESOLVED, That the placement of restorative materials is an intraoral procedure which contributes to an irremedial alteration of the oral anatomy and,
RESOLVED, That placement of restorative materials is an intraoral procedure which results in an irremedial alteration of the oral anatomy and,
RESOLVED, That the ODA work, through its Executive Committee, take any action deemed necessary to implement this policy and, be it further
RESOLVED, That up to $10,000.00 be appropriated from the Reserve Fund to cover anticipated legal expenses.

To Limit Expanded Duties of Dental Assistants Relative to Polishing the Crowns of Teeth (1975:14)
RESOLVED, That the ODA supports the position of the Ohio Dental Hygienists Association -- that the polishing of the clinical crowns of the teeth as a prophylactic procedure should be limited to the licensed dentist and dental hygienist.

To Amend the Dental Practice Act to Re-Define Expanded Duty Dental Auxiliaries (1975:28)
RESOLVED, That it shall be the policy of the ODA to oppose the placement of permanent restorative materials as an expanded duty function and, be it further
RESOLVED, That the ODA seek legislative change in the Dental Practice Act so that only a licensed dentist can place restorative materials.

ODA Recommendations for Proposed Ohio State Dental Board Rules Revisions (1976:16)
RESOLVED, That the ODA Executive Committee continue its actions as directed by the 1975 House of Delegates and,
RESOLVED, That concurrently, while pursuing present ODA policy the Executive Committee and the Ohio State Dental Board seek an immediate moratorium and a mutually acceptable future direction concerning the position of expanded duty personnel functions in the delivery of dental care.
Q. Moratorium Agreement reached with Ohio State Dental Board.
R. ADA holds expanded duty workshop April 12, 1976.
RESOLVED, That the ODA recommend revision of the Rules of the OSDB relating to Qualified Personnel found in Appendix A be adopted and, be it further
RESOLVED, That all previous House of Delegates actions in conflict with the proposed rules revision found in Appendix A be rescinded.

Amended Amended Appendix

DE-3 DEFINITIONS DE-3-01 Definitions:
A. Supervision--Acts are deemed to be under the "supervision" of a licensed dentist when performed in the office of a licensed dentist wherein he is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility.
B. Direct Supervision --Acts are deemed to be under the "direct supervision" of a licensed dentist when performed in the office of a licensed dentist wherein he is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility, and are checked and approved by the licensed dentist before the patient upon whom such acts have been performed departs from the office of said dentist.
C. Personal Supervision --means that the dentist is personally operating on a patient and authorized the auxiliary to aid his treatment by concurrently performing supportive procedures.
D. Irremediable Tasks and/or Procedures-Irremediable tasks and/or procedures are those which, when performed, create unalterable changes within the oral cavity or the contiguous structures.
E. Non-Delegable Tasks and/or Procedures-In keeping with the spirit, intent and proper interpretation of the law, the following tasks and/or procedures shall not be delegated by the licensed dentist: 1. Definitive diagnosis and treatment planning. 2. Parental injections for the administration of drugs, including local anesthetic agents. 3. Final placement of any fixed or removable appliances. 4. The removal of any fixed appliance. 5. The therapeutic intraoral adjustment of any fixed or removable appliance. 6. Cutting procedures utilized in the preparation of the coronal or root portion of the tooth. 7. Cutting procedures

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involving the supportive structures of the teeth. 8. The placement of the final root canal filling. 9. Final impressions of any tissue bearing area, whether it be hard or soft tissue, upon which a prosthetic restoration is to be placed. 10. Occlusal registration procedures for any prosthetic restoration, whether it be fixed or removable. 11. Crowns (deciduous teeth). 12. Any other dental tasks and/or procedures which are prohibited by law.

F. Basic Remediable Intraoral Dental Tasks and/or Procedures—Basic remediable intraoral dental tasks and/or procedures are those which do not create unalterable changes within the oral cavity or the contiguous structures. Basic remediable intraoral dental tasks and/or procedures include the exposure of dental radiographs but do not include any advanced remediable intraoral dental tasks and/or procedures as defined by these Rules.

G. Advanced Remediable Intraoral Dental Tasks and/or Procedures—Advanced remediable intraoral dental tasks and/or procedures are those more specific and complex remediable intraoral dental tasks and/or procedures, the purpose of which are to restore long term optimal function within the oral cavity or the contiguous structures. Advanced restorative remediable intraoral dental tasks and/or procedures which may be delegated under the “direct supervision” and full responsibility of a licensed dentist to registered qualified personnel are as follows:


Further, the above 1 and 2 are the only advanced restorative remediable intraoral dental tasks and/or procedures authorized by these rules.

H. General Anesthesia—General anesthesia consist of the use of any drug, element or other material which results in the elimination of all sensations accompanied by a state of unconsciousness as defined in Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry approved by the American Dental Association.

I. Council on Dental Education—Dental auxiliaries, under the “personal supervision” and full responsibility of a licensed dentist, may assist with the administration of inhalation anesthetic agents, including nitrous oxide.

J. Conscious Patient—The conscious patient, as opposed to the patient in an unconscious state, is defined as one who is capable of rational responses to question on command.

K. Accreditation —A procedure for recognizing or certifying that an educational institution meets prescribed standard that qualify its graduates for entitlement to take the State Board designated examination. An accredited educational institution is one accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs or whose education standards are recognized by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs and approved by the Ohio State Dental Board (DE-3-01 N).

L. Approved In-Office Educational Programs—An approved in-office educational program is one approved by the Ohio Dental Association Council on Dental Education and the Ohio State Dental Board.

M. Qualified Personnel—Qualified personnel are those who, after appropriate formal or in-office training, are adjudged by a licensed dentist to be capable and competent of performing basic remediable intraoral dental tasks and/or procedures under his “direct supervision” and full responsibility.

N. Registered Qualified Personnel—Registered qualified personnel are those who: 1. Are certified through an accredited institution whose curriculum includes advanced remediable intraoral dental tasks and/or procedures and who have passed an Ohio State Dental Board designated examination, or 2. Have successfully completed an approved in-office educational program prior to January 15, 1976 and who have passed an Ohio State Dental Board design examination within one year of the effective date of these Board rules. The registered qualified person may be permitted by the licensed dentist to perform, under his “direct supervision” and full responsibility, advanced remediable intraoral dental tasks and/or procedures in compliance with Board rules.

O. His-She—Where a pronoun of one gender such as “his” or “she” appears in these Rules, it shall be interpreted to mean or include the pronoun of the other gender such as “her” or “he,” respectively where appropriate.

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DE-9 DENTAL HYGIENISTS
DE-9-01 Reservation of Oral Prophylaxis to the Dental Hygienist
The dental hygienist may perform only the following acts in the following manner:
A. The performance of the following oral prophylaxis tasks and/or procedures may be delegated only to a licensed dental hygienist under the "personal supervision" of a licensed dentist: periodontal and preventive polishing of the clinical crowns of teeth; removal of accretions and calcareous deposits from the crowns and roots of teeth; periodontal scaling; soft tissue curettage and root planing.
B. 1. In performing basic remediable intraoral dental tasks and/or procedures, the licensed dental hygienist is subject to those rules regulating qualified personnel. 2. In performing advanced remediable intraoral dental tasks and/or procedures, the licensed dental hygienist is subject to those rules regulating registered qualified personnel.

DE-11 QUALIFIED PERSONNEL
DE-11-01 Qualified Personnel-Qualifications and Practice
A licensed dentist may, in accordance with Board rules, assign under his "direct supervision" and full responsibility, basic remediable intraoral dental tasks and/or procedures which are temporary in nature to "qualified personnel." DEA 11-02
Registered Qualified Personnel-Qualifications and Practice
A. Qualifications-
Registered Qualified Personnel-in order to achieve the status of "registered qualified personnel" one of the following prerequisite criteria must be met:
1. Certified Dental Assistant-A certified dental assistant shall be considered eligible to take the State Board designated examination for registered qualified personnel if she has satisfactorily completed a training program whose educational standards are recognized and/or accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. The curriculum must include advanced remediable intraoral dental tasks and/or procedures (DE-2-01 N.) along with clinical experience.
2. Dental Hygienist-A dental hygienist shall be considered eligible to take the State Board designated examination for registered qualified personnel if she has satisfactorily completed a training program whose educational standards are recognized and/or accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. The curriculum must include advanced remediable intraoral dental tasks and/or procedures (DE-2-01 N.) along with clinical experience.
3. Dental Student-A dental student in good standing in an accredited institution shall be eligible to take the State Board designated examination for registered qualified personnel (DE-3-01 N.) in accordance with standards set by the educational institution.
4. Unlicensed Dentist-A graduate of an accredited dental school shall be considered eligible to take the State Board designated examination for registered qualified personnel, or its equivalent as determined by the Board.
5. Dentists Graduated from a Non-Accredited Dental School-A bona fide graduate of a non-accredited dental school may become eligible for the State Board designated examination for registered qualified personnel after admission to an accredited institution and recommendation by its chief administrative officer (DE-3-01 N.)
6. Grandpersons-Those qualified personnel, who qualify by virtue of previous Board rules prior to January 15, 1976, in the area of advanced remediable intraoral dental tasks and/or procedures shall be eligible to take the State Board designated examination for registered qualified personnel. All applicants must submit substantiation of qualifications under this provision in accordance with an application prescribed by the Board.
   a. Those grandpersons, who qualified by virtue of previous Board Rules DE-11-02 B. 1. or 5., must submit credentials upon the form prescribed by the Board, verified by oath and signed by the chief administrative officer of the accredited institution.
   b. Those grandpersons, who qualified by virtue of the previous Board Rules DE-11-01 B. 2, 3 or 4 must submit credentials upon the form prescribed by the Board Rules DE-11-01 B. and signed by the sponsoring O.J.T. licensed dentist, within one year of the effective date of these Board rules.

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B Practice-Registered Qualified Personnel

1. Registered qualified personnel may perform, under the "direct supervision" and full responsibility of a licensed dentist the basic remediable intraoral dental tasks and/or procedures which a licensed dentist may assign to qualified personnel.

2. A licensed dentist may also assign, under his "direct supervision" and full responsibility, advanced remediable intraoral dental tasks and/or procedures as defined in DE-3-02 F. to "registered qualified personnel."

DE-11-03 Dentists May Employ and Supervise Registered Qualified personnel A dentist may employ and supervise registered qualified personnel. Further, a dentist may utilize, under his "direct supervision" and full responsibility, no more than two (2) registered qualified personnel at any given time. This restriction is independent of the limitation on the number of licensed dental hygienists who are employed to perform the duties of a licensed dental hygienist in Statute 4715.23 of the Dental Practice Act. Because the recommended rules revisions included in Resolution 16-76, as submitted by the Ad Hoc Committee, may not be correct legal terminology suitable to the Ohio State Attorney General's Office (for approval prior to implementation) legal counsel for both the Ohio Dental Association and the Ohio State Dental Board have agreed to develop language consistent with the intent of Resolution 16-76 to be presented to the House of Delegates.

Independent Practice of Dental Hygiene (1981:2)
RESOLVED, That the ODA delegates to the ADA urged to oppose any effort on the part of the American Dental Hygienists Association to promote changes in state and/or federal laws which would permit the independent practice of dental hygiene.

To Fingerprint Candidates for Licensure (1982:14)
RESOLVED, That the ODA recommend that the Ohio State Dental Board amend its rules to fingerprint only those candidates who desire licensure by criteria approval.

ODA Recommendations for Proposed Ohio State Dental Board Rules Revision (1982:20)
RESOLVED, That the ODA recommended revision of the Rules of the Ohio State Dental Board found in Appendix A as amended be adopted and, be it further
RESOLVED, That all previous House of Delegates actions in conflict with the proposed rules revision found in Appendix A as amended be rescinded. (A) "Supervision" - Acts are deemed to be under the supervision of a licensed dentist when performed in the office of a licensed dentist wherein he is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility. Acts performed by licensed dental hygienists engaged in special need programs which are approved by the Ohio State Dental Board and involving school health activities or public health care agencies are deemed to be under the supervision of a licensed dentist if said dentist is also employed by said school health activity or public health care agency, and when such acts are performed on patients of said school or public health care agency, and such acts are performed pursuant to the licensed dentist's written order, control and full professional responsibility. Such acts shall be performed only after examination and diagnosis by said dentist and in accordance with said dentist's treatment plan.

Criteria for Administration of Conscious I.V. Sedation (1985:36)
RESOLVED, That the Ohio Dental Association work with the Ohio State Dental Board to adopt criteria for the administration of conscious I.V. sedation.

To Reconfirm the Need for Supervision of Dental Hygiene Personnel (1986:12)
RESOLVED, That the appropriate councils and committees of the ODA be directed to work toward maintaining the supervisory role of the dentist over the dental hygienist except for acts performed by licensed dental hygienists engaged in special needs programs which are approved by the Ohio State Dental Board and defined in Section 4715-3-01 of the Ohio Revised Code and,
RESOLVED, That the minimal level of supervision of the dental hygienist be that level of supervision which requires that the hygienist perform all services while and where a licensed dentist is present and pursuant to the supervising dentist's direct order and full professional responsibility and,

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RESOLVED, That all ODA members are strongly urged to examine each patient receiving preventive care from an employed dental hygienist and to properly inspect and supervise the performance of that hygienist's delivery of care and

RESOLVED, That the setting in which a dental hygienist may perform legally designated functions shall be only a treatment facility under the jurisdiction and supervision of a licensed dentist, except for those accredited educational and public health programs in which it is not practical to provide on-site dentist supervision and which are authorized by the OSDB on a case-by-case basis and, be it further

RESOLVED, That the Executive Committee and any other appropriate council, task force or committee be directed to vigorously oppose all legislation that is not in harmony with the intent of this resolution.

To Recommend Revision to the Dental Practice Act (1987:1 B)

Background Statement: Based upon the testimony at the hearing of Reference Committee C on September 10, 1987, it became evident that the ODA Task Force on the Dental Practice Act is in need of direction from the House of Delegates regarding the basic remediable intraoral dental tasks listed in Section 4715-3-01 (E) of the rules of the Ohio State Dental Board, Reference Committee C found it impossible, and potentially detrimental, to expand this list. Another approach to defining dental assisting tasks is needed. Therefore, be it

RESOLVED, That the ODA Task Force on the Dental Practice Act be directed to attempt to develop a proposal to eliminate the list of basic remediable intraoral and extra-oral dental tasks under Section 4715-3-01 (E) of the OSDB rules.

To Implement Mandatory Continuing Dental Education as a Requirement for Licensure Renewal in Ohio (1987:36)

Background Statement: The ODA’s policy adopted in resolution 14-86 provides that if continuing education is to be legislated, the ODA, the Council on Dental Education and the Task Force on the Dental Practice Act cooperate in the development of the program with those agencies involved. A Task Force on Mandatory Continuing Education was appointed by ODA President, Marvin M. Fisk in July, 1987. Reference Committee B considered the reports and recommendations of the Task Force on Mandatory Continuing Education and the Executive Committee. It is its intent to present a resolution, the intent of which can be included in HB 526. Reference Committee B believes Ohio dentists will be best served by a combination of the proposals therefore, be it

RESOLVED, That

1. Each licensed dentist shall be required to complete biennially not less than 40 hours of continuing education in dental subjects. Programs of continuing education shall be programs of learning that contribute directly to the dental education of the dentists and may include, but shall not be limited to, attendance at lectures, study clubs, college and post-graduate courses, scientific teaching, service as a clinician or correspondence courses. The aim of continuing education for dentists is to improve all phases of dental health care delivery to the public. Programs of continuing education shall be acceptable when adhering to the following guidelines to:

   A. Improve competency in treating patients who are medically compromised or who experience medical emergencies during the course of rendering dental treatment.
   B. Update knowledge of new pharmaceutical products and the protocol of the proper use of new medications;
   C. Improve competency to diagnose oral pathology and heighten awareness of currently accepted methods of infection control;
   D. Basic medical and scientific subjects including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;
   E. Clinical and technological subjects, including, but not limited to, clinical techniques and procedures, materials, and equipment; and,
   F. Subjects pertinent to health and safety. Continuing education credits shall be earned at the rate of one-half credit hour per 25-30 minutes of instruction and one credit hour per 50-60 minutes of instruction.

2. Programs meeting the general requirements of subsection (1) may be developed and offered to dentists by any of the following agencies or organizations:

   A. National, state, district, or local dental associations affiliated with the American Dental Association and National Dental Association;

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The DENTAL PRACTICE ACT - continued

B. Accredited dental colleges or schools;
C. Other organizations, schools, or agencies, approved by the OSDB;
3. In applying for license renewal, the dentist, shall submit a sworn affidavit, on a form acceptable to the OSDB, unless another system of reporting is developed, attesting that he has completed the continuing education required in this section in accordance with the guidelines and the provisions of this section and listing the date, location, sponsor, subject matter, and hours completed of continuing education courses. The applicant shall retain in his records such receipts, vouchers, or certificates as may be necessary to document completion of the continuing education courses listed in accordance with this subsection. With cause, the OSDB may request such documentation by the applicant, and the Board may request such documentation by the applicants selected at random without cause.
4. Compliance with the continuing education requirements of this section shall be mandatory for the issuance of a renewal license by the OSDB; however, the Board shall have the authority to excuse licensees, as a group or as individuals, from said requirements, or any part thereof, in the event of unusual circumstance, emergency or special hardship and,
RESOLVED, That it be mandated that the Task Force on Mandatory Continuing Education be charged with the responsibility of developing future enhancements to the above program and, be it further
RESOLVED, That the Task Force report its recommendations to either the Ad Interim Committee or the 1988 House of Delegates for approval.

To Support Licensure by Credentials (1989:19)
RESOLVED, That the Ohio Dental Association supports the concept and implementation of licensure by credentials if an effective system can be developed that would allow only ethically and professionally competent dentists to gain licensure and, be it further
RESOLVED, That the Ohio Dental Association Department of Governmental Affairs be directed to work with the appropriate governmental and regulatory agencies to accomplish the goal of licensure by credentials.

Recommended Mandatory Continuing Education Rules Changes (1991:President 2)
RESOLVED, That the Executive Committee urge the Ohio State Dental Board to allow continuing dental education credits for courses on nutrition and,
RESOLVED, That the Executive Committee urge the Ohio State Dental Board to allow continuing dental education credits for courses on ethics and risk management in dentistry and, be it further
RESOLVED, That the Executive Committee urge the Ohio State Dental Board to allow continuing dental education credit, on a limited basis, for courses on dental practice management.

To Study N2-Type Compound Safety (1991:President 3)
RESOLVED, That the Ohio Dental Association submit a resolution to the House of Delegates of the American Dental Association directing the ADA Council on Dental Therapeutics and other appropriate agencies to determine N2’s safety and, be it further
RESOLVED, That the Ohio Dental Association submit a resolution to the House of Delegates of the American Dental Association that the ADA urge the Food and Drug Administration to determine the safety of N2-type compounds.

RESOLVED, That the Ohio Dental Association reaffirm its support for greater freedom of movement of dental professionals and,
RESOLVED, That the ODA delegation to the 1991 ADA House of Delegates be strongly encouraged to support Resolution 79 and, be it further
RESOLVED, That the ODA utilize the appropriate lobbying resources to develop support for H.R. 2691 among the Ohio Delegation to the 102nd Congress of the United States.

RESOLVED, That the Ohio Dental Association is opposed to specialty licensure and, be it further
RESOLVED, That the Ohio Dental Association supports clarification of the term “specialist in” in Ohio Revised Code Chapter 4715.

RESOLVED, That the Ohio Dental Association supports CPR training of dentists and giving continuing dental education credit for successful completion of CPR courses and, be it further
RESOLVED, That the Ohio Dental Association opposes having CPR certification as a requirement for license renewal.


RESOLVED, That the Ohio Dental Association in general opposes expansion of the scope of dental hygiene duties
and, be it further
RESOLVED, That the Ohio Dental Association supports allowing dental hygienists, under direct supervision, to monitor
nitrous oxide-oxygen (N₂ 0-0₂) administration after a satisfactory induction phase is administered by the dentist. The
dental hygienist should be allowed to continue to monitor N₂ 0-0₂ under direct supervision within the limits of conscious
sedation parameters as defined in Chapter 4715-3-01 (I) which defines conscious sedation as "a minimally depressed
level of consciousness that retains the patient's ability to independently and continuously maintain an airway and
respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or nonpharmacologic
method, or a combination thereof."

ODA Position On Modification Of The Ohio Dental Practice Act Rules On The Use Of Oral Sedation Techniques
(2001:12)

RESOLVED, That the Ohio Dental Association commend the efforts the Ohio State Dental Board in its efforts to
responsibly regulate the use of oral sedatives in the practice of dentistry, and
RESOLVED, That the Ohio Dental Association urges the Ohio State Dental Board to adopt formal rules, not merely
policies, on the use of oral sedatives in the practice of dentistry thereby allowing appropriate input from interested
parties and the scientific community, and be it further
RESOLVED, That the Ohio Dental Association urges the Ohio State Dental Board to adopt rules on the use of oral
sedatives in the practice of dentistry based on dosage, not frequency of administration.
DENTAL SPECIALTY GROUPS


RESOLVED, That the Ohio Dental Association is opposed to specialty licensure and, be it further
RESOLVED, That the Ohio Dental Association supports clarification of the term "specialist in" in Ohio Revised Code
Chapter 4715.

Pediatric Dentists As Primary Care Providers (1994:2)

RESOLVED, That the Ohio Dental Association considers pediatric dentistry to be a specialty which provides primary
care to infants, children and adolescents.
EXECUTIVE COMMITTEE

Budget Reviews (1972:38)
RESOLVED, That it shall be the specific responsibility of the Executive Committee, together with the counsel of the Council on Budget and the Executive Secretary, to undertake a mid-year review of the programs within each budget category, with revisions of expenditure patterns and rates if initial estimates have proven untrue and, be it further RESOLVED, That the Executive Committee is to refrain from using the Reserve Fund to pay current operating debts, or deplete this fund for reasons other than capital expenses, except with Ad Interim Committee or House of Delegates approval.

Executive Office Budget Request (1972:39)
RESOLVED, the Executive Office Budget request will be itemized as to the estimated expenses in each expenditure code (7A through 7X) and,
RESOLVED, this budget grant will be reviewed each month by the Executive Secretary and his staff, as to the relationship between the budgeted amount (to date) and money spent (to date) and, be it further RESOLVED, a mid-year and annual review of the Executive Office disbursements versus budget will be done by the Executive Committee and the Council on Budget, the results of which will be brought to the attention of the Ad Interim Committee and/or the House of Delegates.

Duties of Executive Director (1977:4)
RESOLVED, That the determinations for salary levels, other than the Executive Director, shall be made by the Executive Director with the approval of the Executive Committee.

Establishment of a Category from the General Fund for Travel (1977:5)
RESOLVED, That a separate budgetary item be established within the general operating fund of the ODA earmarked for travel funds to be used by ODA representatives attending conferences and drawn upon with the approval of the Executive Committee and/or the President.

Council and Committee Performance and Attendance (1983:2)
RESOLVED, That the Executive Committee develop guidelines for the attendance and performance of Council and Committee members.

To Employ the Executive Director (1984:37)
RESOLVED, That the Executive Committee be empowered to employ as well as define the duties and determine the salary of the Executive Director.

Long-Range Planning Recommendations (1988:32)
RESOLVED, That the House of Delegates approve the revised goals and objectives in the ODA Long-Range Plan as recommended by the Long-Range Planning Committee and,
RESOLVED, That the House of Delegates approve the 1989 Priority Activities as recommended by the Long-Range Planning Committee and,
RESOLVED, That the House of Delegates approve the concept of having the Finance Committee integrate the Long-Range Plan and Priority Activities with each year’s budget that categorizes expenses and revenue by goal and, be it further
RESOLVED, That the Executive Committee oversee the implementation of priority activities and report their findings to the House of Delegates annually.

Seventh District Trustee Be Invited to Sit With Executive Committee (1997:S7)
RESOLVED, That it is a policy of the Ohio Dental Association that the Seventh District Trustee be invited to sit with the ODA Executive Committee in all its meetings and receive all mailings.

Criteria For ODA Officers (1998: S13)
RESOLVED, That it is recommended that all candidates for ODA officer positions should have:
1. Served as a component society officer;
2. Served as an ODA or ADA delegate for at least two years;
3. Served on at least one ODA council, subcouncil, committee, reference committee, or task force; and
4. Participated in at least one ODA leadership conference.
Dental Licensure Examination in Ohio (1999:AS20)
RESOLVED, That the Ohio Dental Association, through the Executive Committee, have research conducted regarding the Northeast Regional Board examination to collect evidence-based data (versus anecdotes) on problems that exist with the NERB, and
RESOLVED, That the Executive Committee be authorized to use this research to pursue the action necessary to improve the testing and licensure procedures for dentists seeking licensure in Ohio, and be it further
RESOLVED, That any legal action deemed necessary by the Executive Committee be authorized by an action of the House of Delegates.

ODA Policy on Council and Committee Consultants (2002 – passed at Dec. Executive Committee meeting)
Pursuant to the ODA Bylaws, councils are generally composed of one member from each subdistrict, nominated and elected by the subdistrict, and confirmed by the House of Delegates for a term of four (4) years with the terms appropriately staggered. In the event a subdistrict has fifteen (15) percent or more of the membership of the ODA, that subdistrict is allocated one (1) additional representative to the council. The term of office shall be limited to a single four (4) year term.

Additionally, the Council on Dental Care Programs and Dental Practice includes four (4) at-large members chosen by the ODA Ad Interim Committee for a term of two (2) years with the terms appropriately staggered so that two (2) members’ terms expire each year. The term of office at-large member is a two (2) year term and the member is eligible for reappointment by the Ad Interim Committee for additional two (2) year terms. At-large members may be nominated by individual ODA members, components, subdistrict or councils (and may include former council members) and are chosen, on the basis of resume, by the ODA Ad Interim Committee.

The Council on Dental Specialty Groups also has additional members representing the various specialties as nominated by their respective specialty organization and confirmed by the ODA House of Delegates.

A resolution to suspend the rule regarding tenure of office may be submitted to the House of Delegates when the council believes it is in the best interest of the ODA that a council member’s term be extended.

ODA committees have various composition guidelines as provided by the House of Delegates Manual, but most limit participation to one or two terms.

In the recent past, there has been a perception that councils and committees have used the position of consultant to extend the tenure of certain members beyond the term limits set by the ODA Bylaws or House of Delegates Manual. Consultants should not be used as a tool to extend any particular member’s term. The use of consultants should be limited to those individuals who offer specific expertise on a particular issue or project of concern to the council or committee.

Each (member dentist) consultant should be invited as a non-voting guest of the council or committee to participate only in the consideration of the particular issue or area of expertise. Consultants shall be reimbursed for necessary travel, lodging, meals and miscellaneous expenses (e.g. parking fees) consistent with the ODA Reimbursement Policies. However, overnight stays by consultants should be discouraged, if possible, by setting meeting agendas to afford appropriate travel time.

To Integrate The Strategic Plan With The Budget (2004:19)
RESOLVED, That an official ODA policy be established which charges the Strategic Planning and Finance Committees to work together to integrate the Strategic Plan with the budget, and show through appropriate annual reports to the 2005 HOD how the budget is tied to the Strategic Plan.

To Provide Funding to the Callahan Memorial Award Commission (2007:5)
RESOLVED, that the Ohio Dental Association shall provide a total of $100,000 in financial support to the Callahan Memorial Award Commission over the next five years in the most tax advantageous manner possible, provided that the Callahan Memorial Award Commission amend its bylaws to provide all of the following: (1) the Callahan Memorial Award Commission shall nominate and the ODA Executive Committee shall elect the voting members to serve on the Callahan Memorial Award Commission, (2) the Callahan Memorial Award Commission shall present an annual written report, including a financial report, to the ODA House of Delegates, and (3) if the Callahan Memorial Award Commission dissolves, it shall transfer all remaining assets to the ODA Foundation.
New Dentist Leadership Opportunity (2009:13)

RESOLVED, that the chair or chair designate of the Subcouncil on the New Dentist be invited to attend one regular joint meeting of the Executive Committee and the Ad Interim Committee per year, and RESOLVED, that this individual be encouraged to observe and participate in the business of those meetings, and be it further RESOLVED, that up to $150 be budgeted annually to implement this resolution.
FINANCE

To Purchase Liability Insurance for Peer Review and Related Activities for ODA and Component Societies
(1971:21)

RESOLVED, That the ODA purchase an insurance policy to cover the liability of members of ODA engaged in peer
review and other official activities of the Association and appropriate $4,500 for this purpose and, be it further
RESOLVED, That ODA assume the obligation for paying the annual premium of such insurance.

Budget Reviews (1972:38)

RESOLVED, That it shall be the specific responsibility of the Executive Committee, together with the counsel of the
Council on Budget and the Executive Secretary, to undertake a mid-year review of the programs within each budget
category, with revisions of expenditure patterns and rates if initial estimates have proven untrue and, be it further
RESOLVED, That the Executive Committee is to refrain from using the Reserve Fund to pay current operating debts, or
deplete this fund for reasons other than capital expenses, except with Ad Interim Committee or House of Delegates
approval.

Executive Office Budget Request (1972:39)

RESOLVED, the Executive Office Budget request will be itemized as to the estimated expenses in each expenditure
code (7A through 7X) and,
RESOLVED, this budget grant will be reviewed each month by the Executive Secretary and his staff, as to the
relationship between the budgeted amount (to date) and money spent (to date) and, be it further
RESOLVED, a mid-year and annual review of the Executive Office disbursements versus budget will be done by the
Executive Committee and the Council on Budget, the results of which will be brought to the attention of the Ad Interim
Committee and/or the House of Delegates.

Agenda Change to the First Work Session of the House (1975:30)

RESOLVED, That the agenda provide for consideration of, and adoption of, a provisional budget for the next fiscal year
at the First Working Session of the House of Delegates following Reference Committee hearings and, be it further
RESOLVED, That this mode of action be included subsequently in the Manual and Rules of the House of Delegates of
the ODA.

Aid in Printing by ODA Office to Component Societies (1977:1)

RESOLVED, That the ODA's Executive Office be directed to prepare a standardized annual dues billing form, which will
be made available to all component societies and,
RESOLVED, That this form should contain spaces for entering all pertinent ADA, ODA, and local dues, etc., with full
discretion given to the Executive Director for the mechanics thereof and,
RESOLVED, That the ODPAC solicitation for voluntary contributions be made on this form in accordance with and
within the limitations imposed by FEC regulations 110.1, 110.2, and 110.5 and, be it further
RESOLVED, That the expense involved in implementing this resolution should not exceed $1,000.00 for a three-year
printing.

Establishment of a Category from the General Fund for Travel (1977:5)

RESOLVED, That a separate budgetary item be established within the general operating fund of the ODA earmarked
for travel funds to be used by ODA representatives attending conferences and drawn upon with the approval of the
Executive Committee and/or the President.

Financial Support of the Ohio Dental Assistants Association Annual Scientific Session (1977:25)

RESOLVED, That the ODA appropriate $500.00 of the Annual Session budget each year to the ODAA to be used for
their Annual Scientific Session.

To Clarify Budgetary Matters (1978:35)

RESOLVED, That the Council on Budget be directed to 1) identify the optimum level for fixed reserves; 2) provide
definitions for operating funds, general funds, reserve funds and contingency funds; 3) create guidelines for the
utilization of interest income; 4) devise a method of projecting interest income so it can be accurately reported in their
Annual Report; 5) prepare constitutional changes to expedite the transfer of unexpended budgeted funds; 6) adhere to
the principles outlined in resolution 33-77, relative to the transfer of the Council on Dental Care funds and, be it further
RESOLVED, That the Council on Budget report on these matters in the Annual Report to the 1979 House of Delegates.
### To Increase the Per Diem for Alternate Delegates to the ADA (1979:3)

- RESOLVED, That remuneration for the Alternate Delegates to the ADA be equal to that of the Delegates while attending the business sessions of the ADA House of Delegates.

### Time Limit for Filing for Reimbursement of Expenses (1979:11)

- RESOLVED, That all expense accounts for officers, council and committee members of the Association be submitted for payment or reimbursement within 60 days of the date incurred and,
- RESOLVED, That accounts in December of each year be submitted before January 30 of the following year and, be it further
- RESOLVED, That expense filing forms convey this information in a prominent place.

### To Establish New Member Dues to Conform with The ADA Dues Structure (1984:4)

- RESOLVED, That the ODA establish new member dues percentages to conform with those new member dues percentages established by the ADA.

### To Form a For-Profit Subsidiary Corporation Of the ODA (1984:22)

- RESOLVED, That the ODA House of Delegates authorizes the formation and incorporation of a solely-owned for-profit subsidiary corporation of the ODA and,
- RESOLVED, That the ODA Executive Committee be authorized to purchase stock in the subsidiary corporation to a total of $100,000, FROM THE RESERVE FUND, for the purpose of initial capitalization of the subsidiary and, be it further
- RESOLVED, That the board of directors shall consist of no more than nine (9) members. The Executive Committee, empowered as the authority of the shareholders, will elect five (5) member dentists, to the subsidiary board of directors - no more than two (2) of whom shall be members of the Executive Committee.

### Payment of Dues in Installments (1984:29)

- RESOLVED, That the component dental societies be encouraged to bill dues for the next year as soon as possible after the ADA House of Delegates and, be it further
- RESOLVED, That the component dental societies be encouraged to formulate a way for their members to pay their dues in installments with no additional service charges.

### To Direct the Component Societies to Initiate a Way for Members to Pay Dues in Installments (1985:16)

- RESOLVED, That the component societies allow for the prepayment of dues by installment to begin no later than January 1, 1986 for 1987 dues and, be it further
- RESOLVED, That the Ohio Dental Association will collect dues if requested by the component societies no later than January 1, 1987.

### Financial Support for the ADA Seventh District Trustee from Ohio (1986:21)

- RESOLVED, That the Ohio Dental Association support the Ohio Trustee from the 7th District to the American Dental Association with not only staff support, but will reimburse the Trustee up to $10,000 per year to help cover his unreimbursed expenses. This will start in the calendar year 1988.

### Dues Requirements for Delegates (1988:2)

- RESOLVED, That all voting members of the ODA House of Delegates, except for Student Members, be required to pay active member dues as long as they are a member of the House of Delegates and, be it further
- RESOLVED, That this resolution be referred to the ADA's 1988 House of Delegates for similar action concerning all ADA delegates.

### Dues Collection (1988:14)

- RESOLVED, That dues shall be payable to the treasurer of the component society unless the treasurer of the component society requests the ODA to collect the dues for that component society.
Long-Range Planning Recommendations (1988:32)

RESOLVED, That the House of Delegates approve the revised goals and objectives in the ODA Long-Range Plan as recommended by the Long-Range Planning Committee and,
RESOLVED, That the House of Delegates approve the 1989 Priority Activities as recommended by the Long-Range Planning Committee and,
RESOLVED, That the House of Delegates approve the concept of having the Finance Committee integrate the Long-Range Plan and Priority Activities with each year's budget that categorizes expenses and revenue by goal and, be it further
RESOLVED, That the Executive Committee oversee the implementation of priority activities and report their findings to the House of Delegates annually.

To Support ADA Dues Proposals (1989:2)

RESOLVED, That the ODA support the ADA Board of Trustees' nine recommendations regarding dues structure, with the recommendation that existing practicing life members, at the time of ADA's implementation remain exempt from dues.

To Discontinue Paying Expenses For President's Spouse (1989:12)

RESOLVED, That Presidential Resolution 3-83 be rescinded effective in 1990 and, be it further
RESOLVED, That spouses' travel expenses to attend the ADA Annual Session shall be the responsibility of the individual member.

Adoption of the ADA Dues Equity Plan (1990:5)

RESOLVED, That the ODA adopt the ADA Dues Equity Plan by adjusting the Bylaws to correspond on the state level to the same dues structure adopted by the ADA and,
RESOLVED, That all component societies be urged to amend their bylaws to conform with these ODA Bylaws, and
RESOLVED, That Article III, Section 3. B. be amended by substitution to read as follows:
B.  Life Members:
   a.  Active Life Members: Active Life Members shall pay fifty percent (50%) of ODA regular dues.
   b.  Retired Life Members: Retired Life Members shall pay no ODA dues.

RESOLVED, That Article III, Section 2.B. be amended by substituting 5 to read:
5.  a.  Active Life Membership: Life members earning an income from dentistry shall have all the rights and privileges of active membership.
    b.  Retired Life Membership: Life members no longer earning an income from dentistry shall have all the rights and privileges of active membership except that they should not receive The Ohio Dental Journal except by subscription.
RESOLVED, That ARTICLE III, Section 3. A. 8. of the ODA Bylaws be amended by adding "Financial Hardship dues waivers, based on financial need, may be granted either as a full waiver, which exempts a member from payment of dues; or a partial waiver which exempts a member from payment of seventy-five percent (75%) of ODA regular dues."
RESOLVED, That Article III, Section 3. F. be amended by substitution: F. Retired Members: ODA dues shall be twenty-five percent (25%) of the ODA regular dues.

Reimbursement for ADA Annual Session Attendance (1990:16)

RESOLVED, That the ODA reimbursement policy for attendance at the ADA House of Delegates Annual Session be changed beginning January 1, 1991 to an all-inclusive per diem of $200.00 per day for Delegates and Alternates and $300 per day for Executive Committee members in attendance at the ADA House of Delegates Annual Session whether or not the Executive Committee members are delegates or alternates and, be it further
RESOLVED, That a penalty of $200 per day be assessed any Delegate, Alternate, and $300 per day for an Executive Committee member for any unexcused absence from a required meeting during the session.
RESOLVED, That a scholarship fund of up to $3,000 be established to provide additional funds to Delegates and Alternate Delegates who need further financial assistance.
RESOLVED, That the annual awarding of scholarships be determined by the Executive Committee.
FINANCE - continued

Membership Services to Nonmembers (1991:2)
RESOLVED, That members of the Ohio Dental Association and American Dental Association receive at least a 50 percent reduction in fees charged for ODA-sponsored continuing education programs and,
RESOLVED, That fees for the ODA Annual Session and other ODA products and services be priced significantly higher for nonmembers than for members of the ADA and, be it further
RESOLVED, That component dental societies be encouraged to comply with the ODA's policy of charging nonmembers significantly more than members for membership services, particularly continuing education programs.

Annual Budget Information (1996:16, 17 & 18)
RESOLVED, That in addition to the Annual Budget that is prepared for the members of the House of Delegates, a trial balance which details expenditures for the previous year will be distributed to each delegate and,
RESOLVED, That a full general ledger for the previous year will be provided to each component treasurer upon request and will be available at the Annual Session and, be it further
RESOLVED, That the Rules and Procedures Manual Finance Committee Section 2 B be amended to add: In addition to the annual budget a trial balance which details expenditures for the previous year will be distributed to each delegate. A full general ledger for the previous year will be provided to each component treasurer upon request and will be available at the annual session.

To Establish an Open Door Policy (1996:27)
RESOLVED, That any ODA member be given a copy of Association records, upon written request, unless the Executive Committee reasonably determines that the release of such records would be (1) in violation of law or a written agreement to maintain the requested information as confidential; (2) would infringe upon an individual's right to privacy; (3) would violate a written policy of the Association; (4) would diminish the value of the Association's property or other assets; or (5) would otherwise impede the ability of the Executive Committee or staff to protect or advocate the interests of the Association; and
RESOLVED, That upon determination by the Executive Committee that the requested records are not to be released pursuant to this Resolution, the Executive Committee shall inform the requesting member of their determination in writing and state the reason a copy of the requested records is not being provided.

Seventh District Trustee From Ohio Annual Stipend (1996:46)
RESOLVED, That the Seventh District Trustee from Ohio be allocated a stipend of $3,500 annually to offset unreimbursed expenses incurred in the discharge of responsibilities in the 7th District which are not covered by the American Dental Association and, be it further
RESOLVED, That Resolution 21-86 which provides the Trustee up to $10,000 per year to cover unreimbursed expenses be rescinded.

To Integrate The Strategic Plan With The Budget (2004:19)
RESOLVED, That an official ODA policy be established which charges the Strategic Planning and Finance Committees to work together to integrate the Strategic Plan with the budget, and show through appropriate annual reports to the 2005 HOD how the budget is tied to the Strategic Plan.

Hurricane Katrina Relief Fund for Dentists (2005:06)
RESOLVED, That $50,000 from the ODA Relief Fund be transferred to the ADA's Foundation Disaster Response Fund and,
RESOLVED, That the Finance Committee have at their discretion the ability to transfer an additional $25,000 to the ADA's Foundation Disaster Response Fund from the ODA Relief Fund for the dentist victims of Hurricane Katrina if there appears to be a continuing need and the ADA can reassure the Finance Committee that said funds will be used only for Katrina relief and,
RESOLVED, That the ODA encourage members to contribute to the ODA Relief Fund which will be matched by the ODA Relief Fund up to $25,000, totaling an additional $50,000 contribution, if there appears to be a continuing need and the ADA can reassure the Finance Committee that said funds will be used only for Katrina relief and,
RESOLVED, That the Finance Committee who serve as the Trustees of the Relief Fund be directed to oversee the transfer and its proper disbursement, and be it further
RESOLVED, That the Finance Committee report to the 2006 House of Delegates concerning this effort.
To Create a Line Item in the ODA Budget For Reimbursement For In-District Travel by an ADA Council Member (2002:05) (RESCINDED, see 2008)

RESOLVED, That ODA councils and committees shall annually budget for and reimburse their respective ADA liaison from Indiana for travel expenses in accordance with the ODA’s reimbursement policy to encourage attendance at one regularly scheduled ODA council or committee meeting per year in consultation with the chair of the council or committee, and be it further
RESOLVED, That the ODA reimburse up to $250 per council member with the total budget not to exceed $1000 annually.

To Rescind ODA Amended Resolution 05-02 (2008:05)

RESOLVED, to rescind ODA Amended Resolution 05-02.
“AMENDED RESOLUTION 05-02
TO CREATE A LINE ITEM IN THE ODA BUDGET FOR REIMBURSEMENT FOR IN-DISTRICT TRAVEL BY AN ADA COUNCIL MEMBER and,
RESOLVED, That ODA councils and committees shall annually budget for and reimburse their respective ADA liaison from Indiana for travel expenses in accordance with the ODA’s reimbursement policy to encourage attendance at one regularly scheduled ODA council or committee meeting per year in consultation with the chair of the council or committee, and be it further
RESOLVED, That the ODA reimburse up to $250 per council member with the total budget not to exceed $1000 annually.”

To Reimburse ADA Seventh District Council/Committee Members From Ohio (2008:06)

RESOLVED, that the ODA provide reimbursement to ADA Seventh District council/committee members from Ohio who attend relevant Indiana Dental Association council/committee meetings, up to $250 per council member per year.

Reallocate Remaining Pledged Funds For Healthspace Cleveland To The ODA’s General Fund (2008: AA10)

RESOLVED, that the last unspent installment of $15,000, which was originally directed to be pledged to HealthSpace Cleveland, be allocated to the ODA’s general fund in 2008, and be it further
RESOLVED, that it become the policy of the Ohio Dental Association that when the ODA provides funds to outside organizations, a yearly report and accounting be given to the ODA Finance Committee by the recipient during the term of the award to ensure funding was used as intended.

Dissolving the ODA Relief Fund Trust (2011: 03)

RESOLVED, that after paying or making provisions for the payment of all of its liabilities, the Ohio Dental Association Relief Fund Trust will donate all remaining assets to the Ohio Dental Association Foundation, an exempt organization under Section 501 (c) 3 of the Internal Revenue Code organized and operating exclusively for charitable, educational, religious or scientific purposes.
RESOLVED, That an additional staff position be created to manage the ODA Foundation, funded by the ODA in the most tax advantageous manner.
RESOLVED, That the ODA funding of the ODA Foundation staff position be limited to three years at no more than $75,000 per year inclusive of benefits.
A Mechanism to Assure Compliance with State and Federal Laws (1977:11)

RESOLVED, That the Executive Committee with the advice of the Special Committee on Federal Legislation, Council on Dental Care Programs and Legal Counsel, and with the approval of the Ad Interim Committee be authorized to take any action that may be needed to assure that the ODA is in compliance with all state and federal laws, and particularly with respect to its relationships with insurance carriers with a view towards encouraging a continuing good relationship between the ODA and insurance carriers for the benefit of the public and, be it further
RESOLVED, That any actions taken by the Executive Committee or the Ad Interim Committee pursuant to the authority provided for in this resolution be reported back to the next ODA House of Delegates for review.

Independent Practice of Dental Hygiene (1981:2)

RESOLVED, That the ODA delegates to the ADA be urged to oppose any effort on the part of the American Dental Hygienists Association to promote changes in state and/or federal laws which would permit the independent practice of dental hygiene.

To Make Forgiveness of Insurance Co-Payment Illegal (1983:1)

RESOLVED, That the Ohio Dental Association fully supports the ability of the dentist to forgive debts based on a personal or professional privilege and,
RESOLVED, That forgiveness of co-payment on a pre-arranged routine basis, along with other billing irregularities for services covered by a 3rd party payor, should be considered unlawful and unethical and, be it further
RESOLVED, That the Council on Governmental Affairs be directed to encourage legislation be adopted by the Ohio General Assembly which prohibits forgiveness of co-payment on a pre-arranged routine basis and prohibits irregularities in billing for services covered under a contract by a 3rd party payor.


RESOLVED, That the council on Governmental Affairs be directed to continue legislative efforts which would maintain freedom of choice privileges for Ohioans who have dental insurance benefits.

To Support Legislation Creating a Dental Care Account Under the State Medicaid Program (1984:21)

RESOLVED, That the Council on Governmental Affairs be directed to support legislative efforts to create a dental care account for Medicaid recipients in the State of Ohio.

Regarding the Legality of Two-Tiered and Dual Payment Methods (1985:37)

RESOLVED, the ODA believes that every dentist licensed to practice in the State of Ohio should be eligible to sign any participating agreement required for reimbursement under a dental benefit plan, and should be eligible for reimbursement under a dental benefit plan for any covered service which the dentist is authorized to render pursuant to his Ohio license and, be it further
RESOLVED, That the Council on Dental Services review dental benefit plans which limit eligibility for reimbursement with legal counsel to determine whether they are in compliance with Ohio law and take appropriate action, and that a report of their findings, and any actions taken, be made to the 1986 House of Delegates.

To Reconfirm the Need for Supervision of Dental Hygiene Personnel (1986:12)

RESOLVED, That the appropriate councils and committees of the ODA be directed to work toward maintaining the supervisory role of the dentist over the dental hygienist except for acts performed by licensed dental hygienists engaged in special needs programs which are approved by the Ohio State Dental Board and defined in Section 4715-3-01 of the Ohio Revised Code and,
RESOLVED, That the minimal level of supervision of the dental hygienist be that level of supervision which requires that the hygienist perform all services while and where a licensed dentist is present and pursuant to the supervising dentist’s direct order and full professional responsibility and,
RESOLVED, That all ODA members are strongly urged to examine each patient receiving preventive care from an employed dental hygienist and to properly inspect and supervise the performance of that hygienist’s delivery of care and,
RESOLVED, That the setting in which a dental hygienist may perform legally designated functions shall be only a treatment facility under the jurisdiction and supervision of a licensed dentist, except for those accredited educational and public health programs in which it is not practical to provide on-site dentist supervision and which are authorized by the Ohio State Dental Board on a case-by-case basis and, be it further
RESOLVED, That the Executive Committee and any other appropriate council, task force or committee be directed to vigorously oppose all legislation that is not in harmony with the intent of this resolution.
To Support Legislation Requiring the Use of Mouthguards (1987:20)

RESOLVED, That the Ohio Dental Association develop legislation in the Ohio General Assembly requiring the use of mouthguards for high school students participating in interscholastic sports including football, basketball, field hockey, ice hockey, wrestling, lacrosse and soccer and,
RESOLVED, That students participating in physical education and intraoral athletics also be encouraged to wear mouthguards when such activities present a clear and present danger of dental injury and, be it further
RESOLVED, That the Ohio Dental Association will cooperate with the Ohio Education Department and the Ohio High School Athletic Association in the implementation of such legislation.

To Pursue Legislation to Require Certain Health and Accident Insurance Policies to Include Coverage for TMJ Disorders (1987:45)

RESOLVED, That the Council on Dental Services be directed to investigate the possibility of introducing legislation to require any HMO or group health, sickness and accident contract issued or renewed in Ohio to include coverage for surgical and nonsurgical treatment of TMJ disorders and craniomandibular disorders.

To Support Licensure by Credentials (1989:19)

RESOLVED, That the ODA supports the concept and implementation of licensure by credentials if an effective system can be developed that would allow only ethically and professionally competent dentist to gain licensure and, be it further
RESOLVED, That the ODA Department of Governmental Affairs be directed to work with the appropriate governmental and regulatory agencies to accomplish the goal of licensure by credentials.

Policy on AIDS and HIV-Infected Dentists (1991:20)

RESOLVED, That the Ohio Dental Association support "Report 6 of the ADA Board of Trustees to the House of Delegates: AIDS Update 1991 " (copy attached) and, be it further
RESOLVED, That the Ohio Dental Association support ADA’s proposed 1991 Resolutions 82, 83, 84, 85, 86 and 87 regarding AIDS and infection control

Statement on Medicaid Reform (1992:20A)

Statement on Medicaid Reform (Senate Bill 366 of the 119th General Assembly): While the Ohio Dental Association remains opposed to any cuts to the Medicaid dental program, it recognizes the state's duty to be fiscally responsible to the taxpayers. For this reason, a balance of fiscal responsibility and compassion must be struck when addressing the issue of Medicaid reform. The ODA continues to oppose any cuts to the Medicaid dental program but, if Senate Bill 366 of the 119th General Assembly mandates Medicaid reform, then the ODA as a minimum, will advocate efforts to improve reimbursement and expand children’s services, and efforts to maintain adult dental services for Medicaid recipients.
RESOLVED, That the “Statement on Medicaid Reform” be adopted.

Rules and Guidelines for Conducting BSUR Audits (1992:20B)

RESOLVED, That the ODA advocate that the Ohio Department of Human Services develop rules and guidelines for conducting its BSUR audits of dentists -- rules and guidelines that would give dentists due process while also providing dentists with a list of the rules and guidelines and a reasonable chance to comply with the rules and guidelines governing Medicaid.
Legislative Recommendations Concerning Medically Necessary Adjunctive Treatment (1996:42)

RESOLVED, That the attached policy statement "Legislative Recommendations Concerning the Coverage of the Costs of Medically Necessary Adjunctive Treatment" be adopted and,
RESOLVED, That the attached policy statement "Legislative Recommendations Concerning the Coverage of the Costs of Medically Necessary Adjunctive Treatment" be made part of the official record of the House of Delegates by including it in the official Proceedings of the 1996 ODA House of Delegates and, be it further
RESOLVED, That the ODA work to enact the "Legislative Recommendations Concerning the Coverage of the Costs of Medically Necessary Adjunctive Treatment" into state law and/or rules.

"Legislative Recommendations Concerning the Coverage of the Costs of Medically Necessary Adjunctive Treatment"

The use of monitored anesthesia (i.e., conscious sedation and/or general anesthesia) in a hospital, surgicenter or properly equipped dental office for patients with special psychological and/or medical conditions is recognized by the dental and medical professions as appropriate and is accepted as the standard of care for individuals needing anxiety and pain control to enable care of the highest quality.

Monitored anesthesia should be provided because of a patient's inability to receive, tolerate or cooperate with the needed treatment secondary to such factors as age, disability, or impairment and not secondary to the procedure itself. The access to monitored anesthesia should not be dictated solely by the nature of the procedure but rather by the needs of the patient.

Medical benefits to which a patient is otherwise entitled should not be denied solely because dental procedures are performed. These benefits should be accorded regardless of whether the services are provided in a hospital or a dental office.

For these reasons, the ODA believes legislation should be adopted by the state of Ohio which would prohibit the denial of insurance coverage for medically necessary adjunctive treatment when dental procedures are performed. Specifically, this regulation should require medical benefits coverage for monitored anesthesia and related costs for a covered individual who meet one of the following criteria, but not limited to the following:

1) Is a child age five years or less and requires hospitalization or monitored anesthesia to facilitate dental treatment; or
2) is physically, emotionally, or cognitively unable to receive treatment in a conventional setting, and requires hospitalization or monitored anesthesia to facilitate dental treatment; or
3) has a medically compromising condition and requires hospitalization and/or monitored anesthesia to facilitate dental treatment.

Alternative Initial Licensure Pathway (2004: 10AA)

RESOLVED, That the ODA pursue legislation consistent with ADA policy as an alternative initial licensure pathway that permits the clinical examination requirement for initial dental licensure to also be met by successful completion of an ADA accredited postgraduate program in general dentistry that contains competency assessments or in an ADA recognized dental specialty, at least one year in length, which is accredited by the Commission on Dental Accreditation.

Dental Assistant Radiographer Licensure FBI Background Check (2004:14A)

RESOLVED, That the Ohio Dental Association work to determine and implement suitable alternatives to FBI background checks for establishing the good moral character status of candidates for dental assistant radiographer licensure.

Supporting A National Clinical Licensure Examination (2004: 15AS)

RESOLVED, That the ODA supports the efforts of the American Dental Association to coordinate the development of a nationally recognized licensure examination formulated with meaningful input from all interested parties, including, but not limited to, the American Association of Dental Examiners and the American Dental Education Association that will reliably and validly test clinical competency as an alternative pathway to licensure.

Dental Assistant Radiographer Licensure (2004:20)

RESOLVED, That the Ohio Dental Association work to determine and implement suitable alternatives to dental assistant radiographer licensure.
Response to OSDB Letter of 06-30-06 to Ohio Dentists (2006: 13AA)

RESOLVED, that the Ohio Dental Association commends the intent of the Ohio State Dental Board in its effort to prevent fraudulent dental advertising and its effort to proactively convey pertinent information to members of the dental profession, and

RESOLVED, that it is the position of the Ohio Dental Association that the interpretation of the Ohio Administrative Code by the Ohio State Dental Board as stated in its public letter of June 30, 2006: (1) is inconsistent with the actual language contained in the Ohio Administrative Code, (2) causes undue and unnecessary financial hardship on members of the dental profession without protecting the public or patients in any measurable way, (3) permits discretionary and potentially discriminatory enforcement, and (4) is possibly an unconstitutional restriction of commercial speech that is based on little or no evidence that patients have been misled or harmed by the advertising prohibited in the OSDB’s letter, and

RESOLVED, that the Ohio Dental Association shall offer its assistance to the Ohio State Dental Board in its effort to find appropriate methods to prevent fraudulent dental advertising that do not encroach on the rights of Ohio dentists or cause undue hardship, and be it further

RESOLVED, that should the ODA Executive Committee not be successful in working with the OSDB to develop reasonable advertising guidelines that protect the public and are consistent with dentists’ commercial speech rights, the ODA Executive Committee is authorized to pursue any means it deems appropriate, to achieve a result that protects the public and does not cause undue burden and violate the speech rights of dentists.

Funding for Dental Residency Programs (2007:8)

RESOLVED, that the ODA’s legislative team explore and pursue all options for securing additional funding for the creation and expansion of Ohio dental residency programs, especially in under-served areas.

Creation of an Ohio Dental Scholarship Program (2007:A9)

RESOLVED, that the ODA’s legislative team work with Ohio’s two dental schools in any plan that they may develop, to be presented to the Ohio General Assembly and other state government agencies, that would secure state funding for an Ohio dental scholarship program, and be it further

RESOLVED, that the scholarship recipients be required to practice in designated under-served areas in the state of Ohio for a year of service for each year of scholarship upon graduation.

Funding for Ohio’s Dental School Clinics (2007:10)

RESOLVED, that the ODA’s Executive Committee and legislative team explore alternative funding sources to assist with covering the additional expense connected with providing care to a large volume of Medicaid recipients in Ohio’s dental schools.

Fee Limitations for Uncovered Dental Services (2009:A7)

RESOLVED, that the Ohio Dental Association actively pursue all avenues, which may include legislative advocacy, regulatory advocacy, legal action or any other means necessary to insure that no contract between a dental plan of a health care entity and a dentist for the provision of services to patients may require that a dentist provide services to its subscribers at a fee set by the health care entity unless said services are covered services under the applicable subscriber agreement, and be it further

RESOLVED, that the Ohio Dental Association, in conjunction with the ADA Seventh District, forward a similar resolution to the American Dental Association to actively promote such legislation nationally.

Increase Dental Licensure Fee for the Benefit of the Ohio Dentist Loan Repayment Program (2013: AA10)

RESOLVED, that the Ohio Dental Association advocate to increase the dental biennial licensure fee by $20.00 for the exclusive use of the Ohio Dentist Loan Repayment Program, which would effectively raise the dentist’s licensure fee for this program from $20.00 to $40.00, and be it further

RESOLVED, that an annual report on the utilization and effectiveness of the Ohio Dentist Loan Repayment Program be presented to the ODA House of Delegates by the Council on Access to Care and Public Service.

To Allow Dental Hygienists to Re-Cement Temporary Crowns Without the Dentist Being Physically Present (2013: 15)

RESOLVED, that in the implementation of the “Access to Care: Blueprint for Success – Legislative Initiatives” document, the ODA include the following: to allow dental hygienists to re-cement temporary crowns without a dentist being physically present.
To Permit Seating of Component Society Executive Secretaries, Without Vote (1969:28)

RESOLVED, That the House of Delegates of the ODA amend the Manual of the House of Delegates to permit seating on the floor of the House the recognized Executive Secretary of any Component Society, without vote.

Distribution of Non-Related Literature in the House Chambers (1976:12)

RESOLVED, That no person or persons be permitted to place any materials within the confines of the House chambers unless it is official ODA-ADA information and reflects only the official business of that House of Delegates.

Requirement for Section to ADA Delegate or Alternate Delegate (1979:17)

RESOLVED, That unless he or she has already served as a Delegate or an Alternate Delegate to the ADA, a member shall be required to served at least two (2) years, not necessarily consecutive, as a member of the ODA House of Delegates before being elected to serve as a Delegate or Alternate Delegate to the ADA House of Delegates.

Speaker and Vice Speaker of the House of Delegates (1987:38)

RESOLVED, That the speaker of the House shall be a non-voting member of the Executive Committee, Ad Interim Committee and Bylaws Committee and,
RESOLVED, That the office of vice-speaker of the House shall be created and,
RESOLVED, That the vice-speaker of the House shall be appointed annually by the president and, be it further
RESOLVED, That the Executive Committee be instructed to define the duties of the speaker and vice-speaker of the House of Delegates and that these duties be included in the Manual and Rules of the House of Delegates.

Dues Requirements for Delegates (1988:2) – Note: AMENDED BY AMENDED RESOLUTION 14-12

RESOLVED, That all voting members of the ODA House of Delegates, except for Student Members, be required to pay active member dues as long as they are a member of the House of Delegates and,
RESOLVED, That this resolution be referred to the ADA 1988 House of Delegates for similar action concerning all ADA delegates.

The Ohio Dental Association Executive Director Serving On Reference Committees (1996:11)

RESOLVED, That the Executive Directors of the Ohio Dental Association or any of its component societies shall not serve as secretary to any Reference Committee nor be present during its executive session unless invited by the Chairman or a majority of the Reference Committee with the approval of a majority of the Committee members.

To Include Alternate Delegates As Non-Voting Members Of The House Of Delegates of the Ohio Dental Association (1996:12)

RESOLVED, That officially certified Alternate Delegates shall be allowed attendance at all sessions of the House of Delegates. And, be it further
RESOLVED, That the Bylaws of the Ohio Dental Association, Article VI. House of Delegates. Section 1. Composition. be amended to add a new subsection C. as follows:
C. Officially certified alternate delegates of each component society shall be allowed attendance at all meetings and executive sessions of the House of Delegates.

To Provide That All Elections of the Ohio Dental Association Remain Fair (1997:S6)

RESOLVED, That in elections of the Ohio Dental Association, including those for Seventh District Trustee to the American Dental Association, the staff of the Ohio Dental Association must remain silent and neutral and in no way try to affect the votes of the members who will elect the officers and representatives.
MEMBERSHIP

Aid in Printing by ODA Office to Component Societies (1977:1)

RESOLVED, That the ODA’s Executive Office be directed to prepare a standardized annual dues billing form, which will be made available to all component societies and,
RESOLVED, That this form should contain spaces for entering all pertinent ADA, ODA, and local dues, etc., with full discretion given to the Executive Director for the mechanics thereof and,
RESOLVED, That the ODPAC solicitation for voluntary contributions be made on this form in accordance with and within the limitations imposed by FEC regulations 110.1, 110.2, and 110.5 and, be it further
RESOLVED, That the expense involved in implementing this resolution should not exceed $1,000.00 for a three-year printing.

Dental Student Participation Within the Councils & Committees of the Ohio Dental Association (1978:9)

RESOLVED, That the ODA adopt a policy of inviting selected dental students from The Ohio State University College of Dentistry and Case Western Reserve University School of Dentistry to participate in the meetings of the councils, committees and conferences of the ODA. Such participation to be in an ex-officio capacity without vote and, be it further
RESOLVED, That the Deans of the two respective dental schools be so advised of such policy, and be encouraged to establish the mechanism with the ODA for such participation.

Payment of Dues in Installments (1984:29)

RESOLVED, That the component dental societies be encouraged to bill dues for the next year as soon as possible after the ADA House of Delegates and, be it further
RESOLVED, That the component dental societies be encouraged to formulate a way for their members to pay their dues in installments with no additional service charges.

To Direct the Component Societies to Initiate a Way for Members to Pay Dues in Installments (1985:16)

RESOLVED, That the component societies allow for the prepayment of dues by installment to begin no later than January 1, 1986 for 1987 dues and, be it further
RESOLVED, That the ODA will collect dues if requested by the component societies no later than January 1, 1987.

Expedite Membership Application Process (1988:13)

RESOLVED, That each component society review its membership application process to eliminate steps that impede the recruitment of new members and,
RESOLVED, That each component society is encouraged to standardize the membership application process in Ohio beginning in January 1989 by using the standard membership application form developed by the ODA (regardless of any other form they may require applicants to complete) and,
RESOLVED, That each component society membership application process allow that applicants be accepted or rejected for membership within 30 days of submitting a completed application form to the society and,
RESOLVED, That each component society forward approved membership applications to the ODA within 30 days of receiving the appropriate membership dues and, be it further
RESOLVED, That the expedited membership application process be implemented by all component societies by May 1989.

Disabled Dentist (1989:20)

RESOLVED, That the definition of disabled dentist be amended to specify that dentists who are unable to practice dentistry and can show financial hardship shall be entitled to a waiver of dues and,
RESOLVED, That dentists who are unable to practice dentistry, but are gainfully employed, will be entitled to continuation of membership and privileges upon payment of full tripartite dues and, be it further
RESOLVED, That the ODA Delegation present this resolution to the ADA House of Delegates.

Membership Services to Nonmembers (1991:2)

RESOLVED, That members of the Ohio Dental Association and American Dental Association receive at least a 50 percent reduction in fees charged for ODA-sponsored continuing education programs and,
RESOLVED, That fees for the ODA Annual Session and other ODA products and services be priced significantly higher for nonmembers than for members of the ADA and, be it further
RESOLVED, That component dental societies be encouraged to comply with the ODA’s policy of charging nonmembers significantly more than members for membership services, particularly continuing education programs.

Background Statement: The Council on Membership Services (CMS) was directed by the Executive Committee to further define the process of financial hardship for dues waivers. The CMS researched components and found several varying financial aid policies or no policy at all. Currently the ODA Bylaws (Article III, Section 3. A. 8.) state "Waiver of Dues. An active member who is unable to practice dentistry due to physical disability may apply for a waiver of dues through the member's component society to the Executive Committee of this association. "Financial Hardship dues waivers, based on financial need, may be granted either as a full waiver, which exempts a member from payment of dues, or partial waiver which exempts a member from payment of seventy-five percent (75%) of ODA regular dues." A financial waiver policy would clearly communicate a uniform message throughout the state and between the ADA, ODA, and components. Therefore, be it RESOLVED, That Article III, Section 3. A. 8. be amended to read: "Waiver of Dues. An active member who is unable to practice dentistry due to physical disability may apply for a waiver of dues through the member's component society to the Council on Membership Services and the American Dental Association. A new application must be filed annually for physical disability waivers. Financial Hardship dues waivers may be granted either as a full waiver, which exempts a member from payment of dues; or partial waiver which exempts a member from payment of seventy-five (75%) of ODA regular dues or fifty percent (50%) of ODA regular dues. When a financial waiver is granted, the member must sign a form indicating that he or she will start paying the next year's dues in installments in a plan agreed upon by the applicant and the component or state. The applicant may appeal the decision of the component to the ODA Council on Membership Services and the decision of the ODA Council on Membership Services shall be final" and, be it further, RESOLVED, That the following guidelines be communicated to all components; meals should be paid by the members receiving the waiver, each component should make every effort to maintain confidentiality, involving as few people in the decision making process as possible and, if the situation regarding a waiver request is severe enough, the individuals reviewing the waiver application may recommend to the applicant information regarding the ADA Relief Fund.

Reporting Membership Status to Specialty Associations (1992:18)

RESOLVED, That the ODA notify the particular specialty organization in question of the non-renewal of tripartite membership and, be it further RESOLVED, That the Ohio Dental Association submit a resolution to the 1992 American Dental Association House of Delegates to require the ADA to send dental specialty organizations annually the names of dentists who do not renew their ADA membership.


RESOLVED, That component dental societies that collect dues transmit membership renewal records to the Ohio Dental Association at least monthly so the ODA will have up-to-date data in order to serve members more efficiently.

To Promote Diversity Within ODA Membership (2001:A2)

RESOLVED, That the Ohio Dental Association encourage the component societies in Ohio to advance their diversity efforts in 2002 with new programs, and RESOLVED, That the Ohio Dental Association reimburse the component societies up to $500 each in 2002 for recruitment of diverse members provided the ODA Council on Membership Services approves the society’s plan in advance. The plan must include specific details of the effort taken toward recruitment. The total funds available from the ODA shall not exceed $3000, and, be it further RESOLVED, That each dental society that receives ODA funds for diversity recruitment shall report the results of its efforts including an outcomes assessment to the ODA Council on Membership Services and the Finance Committee, which shall report to the 2002 House of Delegates.

Subcouncil on Dentists Concerned for Dentists Coordinator (2006:11)

RESOLVED, that DCD may recommend any appropriate company, service or agency to help achieve its charge (including Ohio Physicians Health Program or any other appropriate entity.)
OHIO STATE DENTAL BOARD NOMINATION PROCESS

Adopted by the Executive Committee in 1992:

1. Time Schedule:
   - September 1st -- deadline for component societies to submit nominations to ODA.
   - October -- ODA staff will research nominees and governor's requirements
   - November -- ODA Executive Committee will interview nominees
   - January -- ODA will submit nominations to the governor

   There should be some flexibility in case the situation changes later in the year, e.g., we get late information from
   the governor's office that they prefer an appointee from a certain area of the state.

2. Qualifications: Nominees submitted by components should have to:
   a. be actively practicing dentistry;
   b. be in practice five years or more;
   c. have an interest in and the ability to develop and enforce fair laws and regulations pertaining to the practice of
      dentistry and dental hygiene in Ohio;
   d. have no history of disciplinary action taken by a state dental board for any of the reasons listed in Section
      4715.30 of the Ohio Revised Code;
   e. have a history of supporting ODA governmental affairs activities (e.g., PAC membership);
   f. have good reasons and no private agenda for wanting to serve on the OSDB; and
   g. have good communication and decision-making skills.

3. Ask component dental societies to submit just one or two nominations, and require that they submit only nominees
   who meet the above qualifications. The Executive Committee should not interview nominees who lack any
   qualifications listed above, and should send a diplomatic letter of explanation to any component that submits an
   incorrect nomination as well as to the nominee.

4. With nominees who have necessary qualifications, ODA staff verify nominees’ qualifications and political contacts.
   Sometimes dentists think they have stronger contacts than they really have. At the same time, ODA lobbyists
   should investigate the governor's preferences for the appointment in question.

5. Improve Executive Committee's interview process by writing standard questions for each nominee.

6. Executive Committee should categorize nominees as: most qualified; qualified; or not sufficiently qualified at this
   time. How nominees are categorized should be communicated to components and to nominees.
To Purchase Liability Insurance for Peer Review and Related Activities for ODA and Component Societies (1971:21)

RESOLVED, That the ODA purchase an insurance policy to cover the liability of members of the Association engaged in peer review and other official activities of the Association and appropriate $4,500 for this purpose and, be it further RESOLVED, That the Association assume the obligation for paying the annual premium of such insurance.

To Adopt Statutory Binding Arbitration as a Supplement to Contractual Binding Arbitration Within the Existing Framework of Ohio’s Peer Review Mechanism (1978:34)

RESOLVED, That the ODA accept Statutory Binding Arbitration as a supplement to contractual and binding arbitration within the existing framework of Ohio’s peer review mechanism.

To Define the Extent of Monetary Awards Within the Peer Review Mechanism (1978:38)

RESOLVED, That when monetary awards are recommended by the Peer Review Committee, such monetary awards shall be limited to the amount charged by the dentist for the service in question by refund or payment of such amount, or the elimination of liability of such amount.

To Charge Nonmember Dentists and Insurance Companies $500.00 To Have Peer Review Cases Heard at the State Level (1987:27)

RESOLVED, That the Ohio Dental Association's Peer Review Policies and Procedures Manual be amended to require that all nonmembers of the ODA and insurance companies pay $500.00 to have a case heard by the Subcouncil on Peer Review upon appeal, and RESOLVED, That the policy of charging nonmembers be subject to the approval of legal counsel and, be it further RESOLVED, That any peer review case appealed by a patient or member dentist be heard by the Subcouncil on Peer Review at no charge.

Qualifications for Peer Review Lay Members (1987:28)

RESOLVED, That the ODA Peer Review Policies and Procedures Manual be amended to require that all peer review lay members are familiarized with arbitration or mediation proceedings, and RESOLVED, That all local peer review committees make provisions to have more than one lay member on their committee to ensure at least one can be present at all meetings and, be it further RESOLVED, That the Subcouncil on Peer Review be instructed to revise the lay member's reporting form to allow a more constructive evaluation of a peer review committee's proceedings.

Require Judicial Hearings at the State Level for Noncompliance with the Peer Review Subcouncil (1987:30)

RESOLVED, That any ODA member who does not comply with the peer review findings, is subject to violation of Article III, Section 5 of the ODA Bylaws, and upon the recommendation of the Subcouncil on Peer Review, shall be subjected to judicial proceedings of the Executive Committee of the ODA and, be it further RESOLVED, That the findings of the Executive Committee shall be final for the state level, and the American Dental Association shall act as the appeal mechanism.

Requiring Initiator of a Peer Review Case to Sign Binding Arbitration (1987:31)

RESOLVED, That the ODA Peer Review Policies and Procedures Manual be amended to require that all initiating parties of a peer review case initiated on or after January 1, 1988 must sign the binding arbitration agreement after mediation and before formal peer review hearings are held.

Allow Peer Review Committees to Hear Cases Being Investigated by the Ohio State Dental Board (1987:34)

RESOLVED, That the ODA’s Peer Review Policies and Procedure Manual be amended to allow each peer review chairman to decide whether a case will be heard by a peer review committee when the (case) dentist in question is simultaneously being investigated by the Ohio State Dental Board.
Criteria for Selecting Specialists for Peer Review (1988:3)

RESOLVED, That the ODA Subcouncil on Peer Review be directed to follow the listed criteria in selecting colleagues to review cases involving care by educated qualified or board certified specialist in a specialty area recognized by the American Dental Association Council on Dental Education.
1) The colleague must be educated qualified or a board certified specialist as defined by the ADA Council on Dental Education in the same specialty area as the specialist whose case is being reviewed.
2) The colleague must be selected on a random geographic basis throughout the entire state of Ohio.
3) The colleague selected must devote at least 50% of his/her time to the practice of the stated clinical specialty and full-time academic faculty will be excluded from this membership category.
4) There will be an active liaison between the ODA Subcouncil on Peer Review and recognize state specialty organizations to develop and maintain a current list of colleagues who will serve on specialty appeals cases at the state level.

To Revise the Peer Review Manual to Comply with the Health Care Quality Improvement Act (1988:21)

RESOLVED, That the ODA's State Subcouncil on Peer Review be authorized to review and revise with legal counsel the ODA's peer review manual to comply with any standards and regulations they may deem necessary and appropriate for professional review actions contained in the Health Care Quality Improvement Act, as soon as these standards and regulations are in final form.

Require Binding Arbitration in Peer Review (1988:27)

RESOLVED, That effective January 1, 1990, the only peer review complaints that will be processed by the ODA peer review system beyond mediation are those in which all parties except third-party carriers agree to sign the binding arbitration agreement.
PUBLIC ISSUES (ORAL HEALTH, ETC.)

To Establish an ODA Policy on the Sale of Sugared Products in Public Schools (1976:15)
RESOLVED, That the official policy of the ODA concerning sugar read as follows: "It is the official policy of this Association that every effort be made to increase public awareness of the dental health hazards associated with the consumption of sugar-rich foods; and that it should be called to the attention of school administrators that the sale of sweetened beverages and confections be prohibited from the schools. The Association also emphasizes the responsibility of the schools in eliminating such foods from competition with nutritional foods provided in school food programs and condemns the practice of advertisers flooding the television child-viewing time with promotion of cariogenic-type products. The Association has the responsibility to provide public information regarding the nutritional and dietary implications for total health, and more specifically, for oral health."

Protective Mouthguards (1983:22)
RESOLVED, That the ODA, through the Council on Public Services, work with the Ohio High School Athletic Association to require mouthguards for all contact sports. This rule should include such sports as soccer, basketball, wrestling, hockey, field hockey and lacrosse and should include both boys and girls and, be it further
RESOLVED, That the Council on Public Services aid component societies to develop programs to help schools obtain oral examinations and mouthguard services from local dentists.

To Support Efforts to Educate the Public To The Hazards of Smokeless Tobacco Products (1986:18)
RESOLVED, That the ODA support all efforts by recognized health organizations to educate the public to the potential health hazards of smokeless tobacco products and, be it further
RESOLVED, That the ODA will assist in public educational efforts to curb the use of smokeless tobacco products in any feasible manner.

To Support Legislation Requiring the Use of Mouthguards (1987:20)
RESOLVED, That the ODA develop legislation in the Ohio General Assembly requiring the use of mouthguards for high school students participating in interscholastic sports including football, basketball, field hockey, ice hockey, wrestling, lacrosse and soccer and,
RESOLVED, That students participating in physical education and intramural athletics also be encouraged to wear mouthguards when such activities present clear and present danger of dental injury and, be it further
RESOLVED, That the ODA will cooperate with the Ohio Education Department and the Ohio High School Athletic Association in the implementation of such legislation.

To Support Dental Examinations for Residents of Nursing Homes (1987:22)
RESOLVED, That the ODA will support such rules that are consistent with the provisions of Chapter 4715 of the Ohio Revised Code that require nursing homes, licensed in Ohio, to provide residents access to adequate dental care and,
RESOLVED, That the ODA will support such rules that would require comprehensive dental examinations be conducted of all residents within 90 days after admission to the facility and, be it further
RESOLVED, That the ODA will support such rules that will require comprehensive dental examinations for residents at least once a year.

To Consolidate Dental-Awareness Observances in February (1987:24)
RESOLVED, That the ODA adopt February as Dental Health Month and focus the attention of the public and the media on all facets of dentistry and dental care in February and,
RESOLVED, That component societies of the ODA be encouraged to direct programs to all segments of the Population, young and old and,
RESOLVED, That the ODA be directed to refer this resolution forward to the House of Delegates of the ADA and, be it further
RESOLVED, That the ODA strongly support any resolutions at the ADA House of Delegates proposing consolidation of dental-awareness observances in the month of February and with the resulting program being called, "National Dental Health Month."
**Dental Caries and its Prevention (1988:25)**

RESOLVED, That the Ohio Dental Association continues to consider dental caries a major health problem among children and
RESOLVED, That the Ohio Dental Association continues to be committed to the prevention of dental caries, and be it further,
RESOLVED, That the Ohio Dental Association continues to support the use of proven caries preventive measures such as pit and fissure sealant, topical fluoride, community water fluoridation and good diet.

**ODA Policy on Smokeless Tobacco (1989:14)**

RESOLVED, That the ODA will provide information to youth sports organizations regarding the dangers of the use of smokeless tobacco products and,
RESOLVED, That the ODA will cooperate with such organizations and, be it further
RESOLVED, That the ODA will continue to support, in any way it can, all efforts of the American Cancer Society, the American Medical Association and other agencies striving to educate the public, groups such as coaches, parents, athlete role models, teachers and health professionals to these dangers in conjunction with smokeless tobacco products.

**To Require Participants in High School Sports to Wear Mouthguards (11989:15)**

RESOLVED, That the ODA recommend to the National Federation of State High School Associations, The Ohio High School Athletic Association and other appropriate organizations, that they require the use of mouthguards /mouth protectors for high school students participating in, but not limited to interscholastic sports including field hockey, lacrosse, soccer, wrestling, basketball, volleyball and, other sports where hazards exist, and
RESOLVED, That students participating in the same sports during physical education and intramural programs also be encouraged to wear mouthguards/mouth protectors and,
RESOLVED, That custom-made mouthguards/mouth protectors be recommended and,
RESOLVED, That a similar resolution be forwarded to the ADA for action on the national level and, be it further
RESOLVED, That the ADA make the national implementation of this policy a priority item.

**Mouthguard Impressions (1989:16)**

RESOLVED, That the Ohio Dental Association support the Ohio State Dental Board in its pending modification of the Ohio Dental Practice Act Rules to allow dental auxiliaries, under the direct supervision of a licensed dentist, to make impressions for casts for the construction of custom athletic mouth protectors/mouthguards.

**To Advocate That Pre-Participation Oral Exams be Performed by a Dentist (1990:6)**

RESOLVED, That the ODA recommend to the National Federation of State High School Associations, The Ohio High School Athletic Association and other appropriate organizations, that an oral examination be specified as part of the pre-participation physical examination and,
RESOLVED, That it be encouraged that a dentist perform the oral examination and, be it further
RESOLVED, That a similar resolution be forwarded to the ADA for action on the national level.

**Dental Care in Nursing Homes (1990:14)**

RESOLVED, That the ODA encourage and assist the Ohio State Dental Board in the development of rules governing dental care in nursing homes including, but not limited to, the use of mobile units, equipment, standards of care and accessibility and,
RESOLVED, That the ODA Council on Communication and Public Service help meet the dental care needs of Ohio nursing home residents by assisting nursing home administrators in locating dentists to provide care and,
RESOLVED, That the ODA Council on Communication and Public Service conduct an information campaign not to exceed $1,000 directed to nursing home administrators to alert them that the ODA and each component dental society should be the primary resource for referrals of dental care providers and, be it further
RESOLVED, That the ODA Council on Communication and Public Service inform Ohio dentists about the growing dental care needs of nursing home residents and the importance of the profession adequately serving this special population.
PUBLIC ISSUES (ORAL HEALTH, ETC.) - continued

ODA Position Statement (1990:14)

Background Statement: In 1987, the ODA encouraged the Ohio State Dental Board to draft the first legislation in the nation for the safe and concerned practice of dentistry, and oversaw its passage through the Ohio Legislature. Therefore, be it

RESOLVED, That the 5200 members of the ODA continue their efforts to ensure that patients are appropriately protected from the transmission of infectious diseases without compromising the quality of dental care, and

RESOLVED, That the ODA reaffirms the current barrier technique method by the CDC and, be it further

RESOLVED, That the ODA support the continuing research of the CDC and the communication efforts of the ADA to promote effective dental Healthcare in the State of Ohio.

ODA Policy and Recommendations Regarding Tobacco (1993:1)

RESOLVED, That the Ohio Dental Association (ODA) shall stand in strong opposition to the use of all tobacco products due to inherent dangers to the users' oral health and,

RESOLVED, That the ODA shall continue to educate and inform its membership and the public about the many health hazards attributed to the use of tobacco products, particularly cigarettes, pipes, cigars and smokeless tobacco and,

RESOLVED, That the ODA shall oppose the advertising of tobacco products in both electronic and print media and shall support national legislation banning such advertising and,

RESOLVED, That the ODA shall endorse the mandating of warning labels and ingredient labels on tobacco products and, be it further

RESOLVED, That the ODA shall support continued research into the adverse health effects of tobacco use.

Ohio Dental Association Policy on Human Abuse (1994:A4)

RESOLVED, That the Ohio Dental Association encourage its members to become familiar with state and federal laws that require health care providers to detect and report suspected human abuse and,

RESOLVED, That the Ohio Dental Association urge its members to become familiar with the signs of human abuse and learn proper reporting procedures and,

RESOLVED, That the Ohio Dental Association formally adopt the term human abuse to define all acts of physical and emotional abuse and neglect covered under state or federal law, without defining one such act to be a greater crime than another, and, be it further

RESOLVED, That the Ohio Dental Association support its members in their efforts to learn, detect and report all cases of human abuse that are observable in the course of a normal dental visit as required by state and federal law.


RESOLVED, That because of the harmful effects of soft drinks on the health, in particular the oral health, of young people, the Ohio Dental Association opposes the marketing of these beverages in the elementary and secondary schools in the State of Ohio; and discourages all school districts from entering into pouring rights contracts with soft drink companies.

To Create an ODA Position On Healthy Eating Choices In Schools (2004: 9AS)

RESOLVED, ODA encourages and supports healthy eating and drinking choices in schools and smart vending machine choices to limit access to foods and beverages with minimal nutritional value, high sugar content, acidity, and/or other cavity-promoting substances during school lunch periods, and

RESOLVED, That the ODA opposes contractual arrangements in schools that promote increased access to soft drinks for children, thereby influencing consumption patterns and,

RESOLVED, That these positions be posted on www.oda.org and made available in a white paper from the Council on Communications and Public Service in support of other groups seeking to improve the oral and physical health of children and, be it further

RESOLVED, That these positions are consistent with the Ohio Dental Association’s strategic plan, program goal four (4), objective one (1).


RESOLVED, that the Ohio Dental Association applauds the American Academy of Pediatric Dentistry’s five-year Head Start Dental Home Initiative established in 2007, and

RESOLVED, that the ODA encourage Ohio dentists to begin seeing children at twelve months of age, and be it further

RESOLVED, that a licensed dentist shall be the primary dental care provider in the dental home.
Whitening/Bleaching and other Self-Treatment Modalities (2009:8)

RESOLVED, that the Ohio Dental Association adopt the attached policy statement on whitening/bleaching and other self-treatment modalities, and be it further
RESOLVED, that the ODA inform its membership and the public of this policy statement.

ODA Policy Statement on Whitening/Bleaching and Other Self-treatment Modalities

The Ohio Dental Association supports educating the public on the need to consult with a licensed dentist to determine if whitening/bleaching or other forms of self-treatment modalities are an appropriate course of treatment. The American Dental Association’s Council on Scientific Affairs is compiling scientific research to describe treatment considerations for dentists prior to the tooth whitening/bleaching procedure in order to reduce the incidence of adverse outcomes which will be reported to the country’s state dental associations. The ADA is also petitioning the U.S. Food and Drug Administration to properly classify tooth whitening/bleaching agents in light of the report from the ADA Council on Scientific Affairs.

The ODA supports the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

The ODA encourages member dentists who see patients harmed by whitening or other forms of self-treatment modalities by retail staff to:

Submit the information to the U.S. Food and Drug Administration through MedWatch at www.fda.gov/medwatch; encourage the patient to file a complaint with the Ohio State Dental Board; contact the ADA Division of Science at 1-800-621-8099, ext. 2878, or e-mail science@ada.org to report the diagnosed harm. Doing so enables the ADA to gauge the extent of reported harm and thus communicate reliable data and information back to the state dental associations.

Craniofacial Anomalies Coverage (2012: A9)

RESOLVED, that the Ohio Dental Association supports third party payer coverage of individuals, regardless of age, for the dental and orthodontic treatment of cleft lip, cleft palate and other craniofacial anomalies, and be it further
RESOLVED, that the Executive Committee, at its discretion, take the appropriate actions to have this policy enacted.
RESOLVED, That the ODA House of Delegates authorizes the formation and incorporation of a solely-owned for-profit subsidiary corporation of the ODA and,
RESOLVED, That the ODA Executive Committee be authorized to purchase stock in the subsidiary corporation to a total of $100,000, FROM THE RESERVE FUND, for the purpose of initial capitalization of the subsidiary and, be it further
RESOLVED, That the board of directors shall consist of no more than nine (9) members. The ODA Executive Committee, empowered as the authority of the shareholders, will elect five (5) member dentists, to the subsidiary board of directors - no more than two (2) of whom shall be members of the Executive Committee.