

Council on Governmental and Public Affairs

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Here is the report from the ADA House of Delegates Meeting at Las Vegas. Before I list some of the more important resolutions let me explain how the House works.

Over 200 resolutions were discussed by the House this year. Most of the resolutions come from the regional districts. Region 14 appears to be the most productive in producing resolutions. The resolutions are then reviewed by four committees of the house. These committees will then make a recommendation to the house on whether or not they feel the resolution should be given a yes or no vote. Some of the resolutions have also been reviewed by the Board of Trustees which makes its recommendations to the committees. The committees then hold hearings before the house meets and delegates and interested parties can attend and give their input. The resolutions are then presented to the House for a final vote. This year there were close to 200 resolutions that were presented to the House of Delegates.

Resolution to reinstate ADA 3rd party Concierge service:

Previously the ADA had a service to assist members who had insurance disputes with 3rd party insurance companies. It was terminate due to cost and limited use. Delegates complained that the reason for the limited use was that state societies were not aware of the program and the ADA did not promote the service enough. Several states complained that due to the size of their component it was difficult for them to do this on their own. The House approved restarting this program and asked that the ADA promote this program for 5 years at which time the service will be reevaluated.

Resolution on payment for general anesthesia:

The ADA supports the position that all health plans should be required to cover general anesthesia in hospitals or outpatient surgical facilities. The House approved this resolution and it will now be presented to the health plans.

Resolution to address the dental team work force shortage:

This resolution would have the ADA distribute existing print and social media communications to state and local dental societies to be used to promote and encourage middle and high school students to consider careers in Dentistry, Dental Hygiene, and Dental Assisting. In addition the ADA will attempt to determine the variables that lead to attrition and high employee turnover and develop a tool kit that dentists can use to help increase the tenure of dental team members. The House approved this resolution.

Resolution to rate Dental Schools:

The resolution would establish metrics to compare the dental school educational experience and financial implications across accredited dental schools and to assist prospective dental students in making choices on which dental school to attend. Metrics would include teacher student ratios, Value of new dentist education experience 1, 5, 10 years after graduation, Number and type of procedures performed by each student. The heads of GPR residency programs were pushing for this resolution to be approved. They argued that they needed more information to help them choose competent graduates for their programs. The House vote not to approve this resolution.

Resolution to establish a data bank for implants:

A data bank would be set up to allow a dentist to find out what implant was placed in a patient, where was it placed, who placed it and when was it placed. Due to cost considerations and cyber security issues this resolution was not recommended by the Board of Trustees. Instead a new resolution was written that would have the ADA create a form for patients and dental records that consolidates the data on placed implants and implant restorations to include the date of the placement, manufacturer, type and size, and intra-oral location as well as aubtment manufacturer, type and size, and dental lab. The House approved this resolution and the ADA will urge dentists to use the form for patient records and to provide the patient with a copy.

Resolution on a policy statement on the role of dentistry in treatment of sleep related breathing disorders.

The policy statement has eleven points. Some of the most important points are: an appliance therapy is an appropriate treatment for mild and moderate obstructive sleep apnea and for severe obstructive sleep apnea when a CPAP can not or will not b tolerated by the patient. Surgical procedure may be considered as a secondary treatment when CPAP is inadequate or not tolerated. If a patient is referred by a physician for construction of an appliance the dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If one is fabricated the dentist should monitor its effectiveness. The House approved this resolution.

The House also approved a policy statement on teledentistry. The policy statement lists 11 items that are the patient's rights when it comes to teledentistry. It also discusses the quality of care, supervision of allied dental personnel, licensure, reimbursement, and some technical considerations. For a more detailed description of this policy statement please contact the ADA.