

FDA Policies 2021-2022

As of 2/1/2022

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ACCESS TO CARE

Access to Care White Paper
HOD, 2011H-061rc/s, 1/21/2012

RESOLVED, that the FDA's attached "Access to Dental Care" white paper [herein "white paper"] [Attachment I], is approved for public distribution, and, be it further

RESOLVED that the FDA's attached white paper on Access to Dental Care supersedes any contradictory policy previously adopted by the House of Delegates; and be it further

RESOLVED that any future clarification, expansion or contraction of any statement contained in the FDA's attached white paper on Access to Dental Care is subject to approval of the FDA's House of Delegates (or interim approval of the Board of Trustees).

RESOLVED, that this document be subject to periodic future review and possible revision by the Board with a

recommendation to the House.

**ADA and Medicare Policy
HOD, 2016H-040, 6/24/2017**

RESOLVED, that the 17th District delegation to the ADA be requested to bring a resolution to the 2017 ADA HOD and actively pursue policy which prevents dental coverage under Medicare, unless those policies allow doctors to present comprehensive dental treatment plans to patients and that doctors be allowed to provide care for services that are not covered by Medicare.

**Coordination of Benefits Between Primary and Secondary Insurers, a Fair System of
HOD, 2015H-029, 1/23/2016**

RESOLVED, that the Governmental Action Committee support legislation similar to Texas (2015 HB 3024) requiring primary and secondary insurers to coordinate benefits.

**Definition of Dental Home
HOD, 2008H-073, 6/1/2009**

RESOLVED, that the Florida Dental Association's definition of "dental home" is as follows: The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

**Dentists in Health Access Settings
HOD, 2011H-045, 1/21/2012**

RESOLVED that, with all due speed, appropriate agencies within the FDA investigate and locate dentists to serve in the four health access settings in Florida where a dentist or physician is not currently practicing.

**Early Childhood Caries (ECC Programs)
HOD, 2007H-027rc/s, 6/1/2008**

RESOLVED, the Florida Dental Association (FDA) supports and affirms that preventative dental care to diminish the incidence of dental caries for children 0-3 years of age may be provided by non-dental health professionals to include physicians, physician assistants, and nurses provided these professions have had mandatory training from appropriate, qualified dental professionals.

**Medicaid Packet, Access to Dental Care
HOD, 2010H-013, 1/1/2011**

RESOLVED, that the FDA pursue legislative efforts to (1) increase Medicaid dental reimbursement rates and rates for other governmental dental programs; (2) reduce administrative barriers and burdens within the Medicaid program and other governmental dental programs; (3) reinstate the funding for the dental student loan repayment program and the dental scholarship program; and (4) encourage the state to provide low interest loans for dentists to purchase dental offices and dental equipment in underserved areas.

**Statewide Donated Dental Services
HOD, 98H-054, 1/16/1999**

RESOLVED, that the FDA hereby endorses a statewide expansion of DDS's efforts. And, be it further

RESOLVED, that the FDA investigate funding options, including legislative initiatives, for this valuable program.

AGENCIES, FDA

Agenda Items, Origin and Background of HOD H-13As, 1/9/1982

RESOLVED, that the FDA staff be instructed to include the origin of any proposal, as well as background information and a synopsis of background materials, in the House of Delegates agenda, as such is necessary for intelligent consideration.

Agenda Posting HOD, 2006H-018s-1

RESOLVED, that, when feasible, the FDA post on its website in a secure manner that will restrict access to FDA members only, all agendas and proposed resolutions of the BOT and the HOD at least 3 weeks prior to the noticed meetings, and post all minutes of the BOT and HOD within 2 weeks of the noticed meetings, and be it further

RESOLVED, that, when feasible, the FDA send electronically any printed agendas, proposed resolutions, or other HOD package material at least 21 days prior to the noticed meetings.

Calendar of Events, Review of 89-026, 9/23/1989

RESOLVED, that in the interest of promoting uniform acceptance and observance of the FDA's calendar of events, the Board of Trustees shall review the official calendar at the December and June meetings each year to ensure that an accurate and comprehensive schedule of events is maintained at least six months into the future at all times.

Collaboration with Key Florida Advocacy Groups HOD, 2010H-023, 1/1/2011

RESOLVED, that all FDA agencies charged with implementing policy are urged to establish coalitions that further FDA policy or help shape opinions which favor FDA policy provided all such outreach is appropriately coordinated with the FDA's Office of Governmental Affairs.

RESOLVED, that the FDA maintain, at least annually, a list of possible coalition partners in addition to the recognized specialty organizations.

Council on Dental Education and Licensure, Duties of HOD, 2014H-066ds, 6/13/2015

RESOLVED, that Council on Dental Education and Licensure: Eliminate two duties: — (1) Develop mechanisms to teach school-age children the importance of proper dental health care and oversee the FDA's role with respect to organized dentistry's annual observance of Children's Dental Health Month; (2) Monitor continuing education programs provided for dentists and allied dental personnel. Additionally, this Council should review and make necessary recommendation on existing policies – especially workforce.

Council on Dental Health, Sunsetting of HOD, 2014H-063d, 6/13/2015

RESOLVED, that the Council on Dental Health should sunset and instead create a task force when needed that is needs / skills based.

**Council on Ethics, Bylaws and Judicial Affairs, Duties of
HOD, 2014H-065d, 6/13/2015**

RESOLVED, that CEBJA should be charged with reviewing FDA, component, and affiliate bylaws and compare them to the ADA bylaws with the goal of streamlining. Additionally, the FDA Secretary should be an ex-officio member of this Council and charged with an annual review of the FDA bylaws to ensure they are current and accurate and report back to the full Council.

**Council on the New Dentist, Duties
HOD, 2014H-068d, 6/13/2015**

RESOLVED, that the scope of the Council on the New Dentist is to infuse the new dentist perspective into all the FDA does. They should provide feedback to leadership, other councils, the editor, staff, etc. on the views of the new dentists.

**Grassroots Contact Network and Annual Volunteer Opportunity List
HOD, 2018H-034, 6/28/2019**

RESOLVED, that the FDA's House of Delegates requests the Board of Trustees to work in consultation with the FDA Executive Director to create and implement a Grassroots FDA contact network; and be it further

RESOLVED, that the Leadership Development Committee post a list of Affiliate, Component, and FDA volunteer opportunities each July.

**Guidelines Governing the Conduct of Campaigns for all FDA Offices
HOD, 2005H-050rc/S-1, 1/7/2006**

RESOLVED, that the attached guidelines (modified from ADA guidelines) governing the conduct of campaigns for all FDA offices, are hereby approved for use during all future elections for the offices of Speaker of the House, Treasurer, Treasurer-elect and Editor, except as provided herein with respect to nomination and campaign procedures associated with the 2006-2007 speaker of the House race; and, be it further

RESOLVED, that regardless of the source of a nomination, no nominee for the office of Speaker of the House, Treasurer, or Treasurer-elect shall be eligible to stand for election if s/he lacks the qualifications enumerated for such position in the FDA's bylaws or corresponding candidate qualification criteria unless such requirements are waived with respect to a given race by 2/3rds vote of the House of Delegates in advance of any such election. The above referenced guidelines can be found on the FDA Website at the following location: <http://floridadental.org/pro/members/legal>

**Manuals, Revisions to FDA Manuals (Administerial to be done by BOT)
BOT, 93B-034, 9/11/1993**

RESOLVED, that all revisions to FDA manuals that are administrative in nature and do not establish new association policy, shall be approved by the Board of Trustees.

**Manuals, Revisions to: Governance Manual Update
2019H-014, 1/25/2020**

RESOLVED, that the proposed updates to the FDA Governance Manual be approved by the FDA House of Delegates with the following amendment: C. Location: The agency council/committee chair and assigned staff determine time and place based on funding and suitability of telephone conference calls. If a council or committee is meeting in-person, the chair has the discretion to allow a member to participate via conference call in extenuating circumstances.

Manuals, Revisions to: Governance Manual Update
HOD, 2020H-017, 1/23/21

RESOLVED, that the FDA governance manual be, and hereby is, amended with regard to the structure of the Committee on Conventions and Continuing Education.:

Manuals, Revisions to: BOT Manual Update
HOD, 2020H-013, 1/23/21

RESOLVED, that the Board of Trustees social media and email policies be included in the Board of Trustees Manual as an appendix items.

Manuals, Revisions to: BOT Manual Update
HOD, 2020H-018, 1/23/21

RESOLVED, that the changes in the Board of Trustees Manual (HOD agenda 1/23/21) be approved.

Meetings, Cancellation of
HOD, H-14, 1/17/1981

RESOLVED, that the FDA Board of Trustees initiate the following procedure: The chairperson of any association agency may cancel a meeting of that agency upon majority consent of its members. And, be it further RESOLVED, that this cancellation policy be added to all manuals of the association in the appropriate sections(s).

Meetings, Non-members at FDA Meetings
BOT, 93B-026, 9/11/1993

RESOLVED, that agendas for official FDA meetings include a reminder that the chairperson has the right to limit attendance of non-members in accordance with the FDA Bylaws

Policies, Annual Review of
HOD, 2001H-018RC, 1/12/2002

RESOLVED, that annually each FDA council or committee chair, assisted by the appropriate FDA staff support, shall inform the Editor which (if any) policy statements from the prior year's Policies should be deleted and why; and be it further

RESOLVED, that immediately following said "Report of the Editor," the Board of Trustees shall decide whether those policy statements will appear in next year's Policies and, if necessary, whether the policy itself should be rescinded.

Policy on Confidentiality
HOD, 2011H-014, 1/21/2012

RESOLVED, that the following three-part policy is hereby adopted: PART ONE: CONFIDENTIALITY REMINDER FOR ALL FDA AGENCIES. The following statement shall be added to the written Legal Compliance Statement included with all FDA agendas and, when the agency chair calls for an executive session, FDA support staff (or in the absence of staff, the chair of the executive session) is directed to verbally read the following statement: Confidentiality is an integral part of how an association works. Agencies often require access to sensitive or potentially embarrassing information and must be able to disclose this information freely in executive session to make recommendations on association policy or candidates for office. To deliberate honestly and openly, the agency must know that the trust they have placed

in other agency members will not be broken by an individual improperly disclosing information outside of the executive session. Unauthorized disclosure of information that was provided to the group with the understanding that it will be kept confidential is serious. It impairs the association's ability to function effectively and presents liability risk. Once the group's trust is broken by making improper disclosure, it is very difficult to restore a positive working relationship. Only information discussed during a formally announced executive session is confidential. The chair must announce the start and end of the executive session and the minutes must reflect this. No official action can be taken during executive session (i.e., the group must come out of executive session before voting). Executive session is mandatory for discussion of personnel matters, Corporate Affiliation Program proposals, dues waivers, legislation or regulatory matters, litigation or when the chair determines information is sensitive. "Confidential" means the information may not be disclosed at any time in any manner (including but not limited to verbally, in writing, electronically, or through social media) to anyone (including but not limited to friends outside of dentistry; spouses or significant others; business partners or employees; association staff; dental or dental hygiene schools; licensure agencies; accrediting organizations; governmental agencies; association leadership serving on other agencies; associations or specialty groups at other levels of organized dentistry; or public media). It may not be discussed between members who participated in the executive session after the executive session concludes.

PART TWO: ENFORCMENT PROCEDURES FOR CONFIDENTIALITY VIOLATIONS. The following will be added to the FDA policy manual: If an FDA member honestly and in good faith believes that another member of the group has violated the FDA confidentiality reminder (all agencies) or the confidentiality agreement (Board of Trustees (BOT), Governmental Action Committee (GAC), and ADA Delegation) and caused detriment to the FDA, then he or she should immediately bring the matter to the attention of the other member and caution him / her in private. If an FDA member observes a second failure of the confidentiality reminder or the confidentiality agreement that causes detriment to the FDA, then he or she should discuss the matter with the chair. If the chair is convinced in good faith that there has been a confidentiality violation that caused detriment to the association, the chair will consult association legal counsel and may request a formal investigation of the matter. Legal counsel will then investigate the alleged breach of confidentiality detrimental to the association and will report his or her findings and recommendations to the chair. The chair will then discuss the matter in executive session with both parties and all witnesses in attendance and the group, by two-thirds majority vote, will decide on a sanction. However, if the group, by two-thirds majority vote, determines that the breach of confidentiality has been proven to be severe and that the damage caused to the association by the breach is serious enough for the group to recommend removal from an FDA elective office (i.e., FDA officer or trustee), then the FDA Bylaws, Chapter VII, Section 10, paragraph H, apply. If removal from a component-designated or appointive office is involved (i.e., Governmental Action Committee members, delegates, and alternate delegates to the ADA House of Delegates), then the president of the component that made the appointment will be informed.

PART THREE: ANNUAL SIGNED AGREEMENT FOR BOT, GAC AND ADA DELEGATION. Confidentiality Agreement: As a volunteer on one of the most important agencies of the Florida Dental Association, you have special access to executive sessions and sensitive discussions of confidential material vital to the efficacy of the association. Your peers, who have placed you in this office, trust you to keep confidences. Only if all members of the group maintain confidentiality, will the group discussions be productive and honest. To uphold this pledge you agree to follow the following principles and values: Adhere to the confidentiality reminder published in all agendas, the enforcement procedures for confidentiality violations found in the FDA policy manual, and the terms of this confidentiality agreement. Maintain strict confidentiality of your meetings, deliberations and communications when the chair indicates the material was discussed in executive session. If you are unsure whether something is confidential, ask the chair before disclosing it beyond the group. Do not share, copy, or otherwise disclose confidential information learned in executive session to anyone at any time.

As high-profile leadership, set the proper tone for all agencies in the FDA by scrupulously upholding confidentiality. I have read, understood and agree to abide by this confidentiality agreement. If at any time I believe I will not be able to comply with the terms of this agreement, I will excuse myself at the time the executive session is convened.

Policy, Inclusion
HOD, 2018H-024, 1/26/2019

RESOLVED, that the FDA's House of Delegates adopt the FDA Inclusion policy; and be it further

RESOLVED, that the task force continue to work until an objectives outline is completed and implementation of the policy can begin.

FDA Inclusion Policy:

The Florida Dental Association strives to support diversity and inclusiveness in all our endeavors. We believe that these principles foster an innovative and dynamic culture and lead to sustainable results. They allow us to advance the dental profession, improve the oral health of the public, and promote equity and access to oral health care.

As a result, we serve and support the different identities, beliefs, perspectives, leadership, workforce and staff, as well as a wide range of communities and organizations. The objective of an inclusive experience in the FDA is to create comprehensive programs that are reflective of the diversity of our profession and communities served. It should aim to engage members and non-members in Association affairs; reducing oral health disparities across population groups; leadership development; diversity education for FDA leaders; and encouraging under-represented students from diverse backgrounds to pursue dental careers.

Summary Reports by FDA Representatives
5018 EC, 5/10/1985

RESOLVED, that those persons appointed by the president to represent the FDA at meetings, the expense of which is paid by the FDA, be required to file with the executive director of the FDA a summary report of the meeting attended for transmission at least to the Board of Trustees. And be it further, RESOLVED, that those attending meetings at the request of and paid for by allied organizations, such as the ADA, be requested to file a report with the FDA executive director if the information would be useful to other members of the FDA.

Volunteer Burnout Awareness Policy
HOD, 2018H-033, 6/28/2019

RESOLVED, that the FDA's House of Delegates adopt the FDA Volunteer Burnout Awareness policy; and be it further

RESOLVED, that the leadership development committee hold an annual call for volunteers in January/February.

ALLIANCE OF THE FDA

Payment of Dues for Spouse, Support for Alliance via
HOD, 2001H-098, 6/20/2002

RESOLVED, that, the FDA recommends that FDA leadership support the AFDA via paying Alliance dues for their spouses.

ALLIED DENTAL TEAM MEMBERS, TRAINING AND SUPERVISION

Dental Ancillary Personnel, Training Program Curriculum
460s, 6/22/1984

RESOLVED, that it is the policy of the FDA to discourage any program in the State of Florida educating dentist or their ancillary personnel from teaching any procedure that is not legal to practice in the State of Florida. And, be it further

RESOLVED, that this policy be distributed to all dental and allied dental training programs and the Department of Education Technical Committee for Health Sciences Education.

Dental Assisting, Workforce Issues
HOD, 2009H-051, 1/1/2010

RESOLVED, that the FDA supports allowing graduates from a dental assistant program approved by the Board of dentistry or a program accredited by the ADA Commission on Dental Accreditation to perform the following expanded duties under general supervision in health access settings, as currently defined by law: A) Applying topical fluorides including varnishes; B) Applying dental sealants; C) Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth with slow speed hand pieces, rubber cups, bristle brushes and porte polishers only; D) Polishing dental restorations when not for the purpose of changing the existing contour of the tooth with slow speed hand pieces, rubber cups, and bristle brushes; E) Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions; F) Positioning and Exposing dental and carpal radiographic film and sensors; and G) Taking and recording of blood pressure, pulse rate, respiration rate, case history and oral temperature.

Dental Auxiliary Workforce
HOD, 2020H-035, 6/26/2021

RESOLVED, that the FDA supports innovation in educational programs and active recruitment of talented candidates for careers as dental hygienists, dental assistants, and dental laboratory technicians, and be it further,

RESOLVED, that the FDA President refer to the Workforce Innovation Task Group the duty of examining dental auxiliary workforce within Florida and making recommendations as appropriate to the FDA BOT and report back to the January 2022 FDA House of Delegates.

Dental Hygiene Charting Services
HOD, 2005H-047rc/S-1, 1/7/2006

RESOLVED, that the FDA supports state legislation allowing dental hygienists to provide dental charting services and, be it further RESOLVED, Dental charting shall be defined in this context as recording visual observations of clinical conditions of the oral cavity without the use of x-rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth and suspicious areas. Charting may include probing of the periodontal pockets only following clearance by a Florida licensed dentist or physician.

Dental Hygiene, FDHA Proposal for Separate Board
449 RC, 1/14/1984

RESOLVED, that it is the policy of the FDA to oppose formation of a Board of Dental Hygiene and recommend to the Council on Governmental Affairs that it oppose any effort within the legislature to create one.

**Dental Hygiene, Standardization of Curriculum for
HOD, 93H-100, 6/9/1994**

RESOLVED, that the FDA support the standardization of dental-hygiene programs with a community-college level commensurate to an associate of science degree.

**Dental Hygiene, Workforce Issues
HOD, 2009H-050, 1/1/2010**

RESOLVED, that the FDA supports allowing a dental hygienist in any setting and without the presence, prior examination or authorization of a dentist, to perform the following remedial tasks: A) Applying topical fluorides which are approved by the ADA or Food and Drug Administration to include fluoride varnishes; and B) Instruct patients in oral hygiene care; and C) Supervise patients in oral hygiene care. And, be it further

RESOLVED, that the FDA supports that the following remedial tasks may be performed by a dental hygienist in health access settings as defined by s. 466.003, F.S., without the presence, prior examination or authorization of a dentist: A) Performing dental charting as authorized by current law; B) Applying dental sealants; and C) The requirement to be seen by a dentist within 180 days of treatment may be waived not more than one time in a thirteen month period if the patient or guardian certifies in writing that he/she is unable to meet this requirement. And be it, further RESOLVED, that patients receiving care by dental hygienists in health access settings without the prior examination or authorization of a dentist also receive the same disclaimers required under the dental charting provisions of the dental practice act. And be it further,

RESOLVED that the definition of health access setting be expanded to include school based preventative programs serving Medicaid eligible children.

**Dental Hygienists, Administration of Anesthesia by
HOD, 2009H-045, 1/1/2010**

RESOLVED, that the policy of the FDA is to allow appropriately trained and supervised Florida licensed dental hygienists to administer local anesthesia.

AMALGAM

**Amalgam Fillings, Banning
HOD, 96H-013a, 1/11/1997**

RESOLVED, that the FDA oppose legislation banning the use of mercury amalgams or limiting the Board of Dentistry's authority to discipline dentist who misrepresent to patients the side effects of amalgam fillings containing mercury or the advantages of alternative restorative materials. And, be it further RESOLVED, that the FDA oppose legislation requiring unnecessary forms of informed consent for the use of dental amalgam fillings.

ANESTHESIA

**Anesthesia, Supervision by Dentists for
438s# SC, 6/21/1985**

RESOLVED, that it is the FDA policy to prohibit a dentist from supervising other persons in the administration of anesthesia unless that dentist is qualified in the mode of anesthesia administered.

Anesthesia, Use of

RESOLVED, it is FDA policy to require enforcement of existing statute and board rules establishing qualifications for use of anesthesia and to do so by support for an appropriate mechanism to verify that existing standards are met.

Local Anesthesia, Injection of 88-072sa, 1/14/1989

RESOLVED, that the FDA supports the position that the only health professionals qualified and trained to administer intraoral local anesthesia are only those individuals specifically permitted under Chapters 466, 458 and 459, Florida Statutes, and those certified Advanced Registered Nurse Practitioners licensed under Chapter 464, F.S., who specialize as Certified Registered Nurse Anesthetists.

AWARDS

J. Leon Schwartz Award 80-019, 7/1/1988

RESOLVED, that the Board of Trustees establish as policy, a J. Leon Schwartz Lifetime Award.

Life Member Award BOT, 9/15/1990

RESOLVED, that the FDA present a Life Membership Award to those individuals who have been members of the Association for 35 years and who have reached the age of 65 years old. And, be it further

RESOLVED, that those individuals who are FDA members and have been members of the Association for 35 years, but who have not reached the age of 65 years old, shall receive a 35-year award.

Outstanding Legislative Leadership Award BOT, 91B-111, 5/2/1992

RESOLVED, that the FDA approve a discretionary award for those legislators who have provided meritorious and outstanding service through their support of positions advocated by the dental profession.

BOARD OF TRUSTEES

Code of Ethics, Conflict of Interest & Whistleblower Policies HOD, 2008H-131, 1/1/2009

The FDA House of Delegates adopted Code of Ethics, Conflict of Interest and Whistleblower Policies that are binding on the FDA Board of Trustees. These policies can be found on the FDA website.

Manuals, Revisions to FDA Manuals (Administrative to be done by BOT) BOT, 93B-034, 9/11/1993

RESOLVED, that all revisions to FDA manuals that are administrative in nature and do not establish new association policy, shall be approved by the Board of Trustees.

**Manuals, Revisions to: Addition of BOT Job Description as Appendix
HOD, 2018H-038, 6/29/2019**

RESOLVED, that the following Board of Trustees job description be included in the Board of Trustees Manual as an appendix item.

**Meeting Schedule, Board of Trustees
BOT, BOT-25, 8/19/1978**

RESOLVED, that no Board of Trustees meetings be in conflict with component dental association meetings if sufficient notice is received by the FDA offices (as of annual session meeting of the Board of Trustees).

**Officers and Trustees, Reports from
2TGAR-82, 8/28/1982**

RESOLVED, that the FDA Board of Trustees encourage the elected officers and trustees from each component dental association verbally to report to each affiliate dental association in the component dental association they represent no less than once each administrative year and to submit a written report to the Board of Trustees outlining the issues and concerns of the membership.

**Orientation Program, Board of Trustees
BOT, BOT (AI 62), 12/8/1990**

RESOLVED, that an FDA Board of Trustee orientation session for all newly elected trustees and alternate trustees and any other interested members of the board be established and scheduled.

**Recording Individual Roll Call Votes in BOT Minutes
2013H-099rc/s, 1/25/2014**

RESOLVED, that the FDA Board of Trustees continue its long-standing practice of recording individual votes on board business and include these recorded votes in the BOT minutes, as well as HOD agendas, only for exhibits referred to the HOD and made available to FDA members.

**Strategic Planning Session, Board of Trustees to Hold
HOD, 2003H-542, 6/17/2004**

RESOLVED, that, subject to the adoption of an implementing resolution, the Board of Trustees will hold an annual strategic planning session.

COMMITTEES

**Appointments, Committee on Conventions and Continuing Education
HOD, 2015H-046, 6/18/2016**

RESOLVED, that the Workgroups Manual regarding the Committee on Conventions and Continuing Education be clarified so that each component nominates 2 of its members to committee terms that are about to expire. The BOT appoints committee members from the list of component nominees. Should the component not bring forth a nomination the open spot can be filled by a member from any component and that member will then serve the full 3 year term or the remainder of the expired term. Should a member of the committee resign, the original component has 45 days to fill the position and send the nomination to the BOT. If after 45 days the spot has not been filled, the open spot can

then be filled by a member from any component. That member will then fulfill the remaining term of the leaving member. Once that position term expires the originating component will have first right of refusal for the opening and will send the nomination to the BOT by the appropriate deadline.

**Term Limits, C-CCE Chair
HOD, 2015H-052, 6/18/2016**

RESOLVED, that the Workgroups Manual regarding the term limits of the C-CCE Chair be clarified so that at the end of the chair's term, under extenuating circumstances, including for example but not by way of limitation the lack of an experienced replacement, the FDA President may recommend to the BOT that the term limit be extended no more than two successive one-year terms.

COMMUNICATIONS

**Electronic Communication Use by Non-FDA Employees
HOD, 2001H-025, 1/12/2002**

RESOLVED, that the following policy – FDA Policy on Electronic Communication Use by Non-FDA Employees – be adopted and distributed to all current and future leaders

**FDA Email Policy
HOD, 2018H-021, 1/26/2019**

RESOLVED, that the FDA's House of Delegates approve the updates to the FDA's email policy.

COMPONENT AND AFFILIATE DENTAL ASSOCIATIONS

**Components and Affiliates, Membership in
BOT, 4033 BOT, 1/12/1985**

RESOLVED, that it be the policy of the FDA that it shall be the option of the affiliate dental association to determine the qualifications of its members; however, non-membership in an affiliate dental association shall not preclude membership in the component dental association in which the affiliate exists.

**Date Determination of Membership Numbers
HOD, 2014H-053, 6/12/2015**

RESOLVED that Page 5, lines 14-16, of the House of Delegates Manual be amended to read as follows:

--- = deletion

___ = addition

"The allocation of delegates among the component dental associations is made proportionately on the basis of membership as of ~~March~~ December 31st of the preceding membership year as reported by the ADA in its End-of-Year Membership Statement." And, be it further

RESOLVED that page 3, lines 17 – 19, of the Board of Trustees Manual be amended to read as follows:

--- = deletion

___ = addition

"Each of the component dental associations is to elect no more than two (2) Trustees and no more than two (2) Alternate Trustees based on a ratio of one (1) Trustee and one (1) Alternate Trustee per 500 voting members or fraction thereof. The number of voting members in each delegate shall be determined as of December 31st of the preceding membership year as reported by the ADA in its End-Of-Year Membership Statement."

**Full-time Faculty Members, Reduction in Component Dues
HOD, 2010H-037, 1/1/2011**

RESOLVED, that the FDA encourages the six (6) respective district components of the FDA to enact a fifty percent (50%) dues reduction for full-time faculty at one or more accredited dental and dental hygiene schools that would otherwise be considered full-dues paying members at the component level. For the purposes of this section, a dentist shall be considered "full-time faculty" only if the individual is considered by his/her employing institution of higher learning as "full-time faculty."

**Officers and Trustees, Reports from
BOT, 2TGAR-82, 8/28/1982**

RESOLVED, that the FDA Board of Trustees encourage the elected officers and trustees from each component dental association verbally to report to each affiliate dental association in the component dental association they represent no less than once each administrative year and to submit a written report to the Board of Trustees outlining the issues and concerns of the membership.

**Support for Dentists Called Into Active Military Duty
HOD, 2005H-076, 6/15/2006**

RESOLVED, that component and affiliate dental societies in Florida be urged to develop networks of volunteer dentists to help maintain the practices of member dentists who are temporarily called into active military service; and, be it further RESOLVED, that, as a means of helping to maintain the practices of member dentists who are temporarily called into active military service, volunteers would treat the patients of deployed dentists during their active military service; and, be it further

RESOLVED, that this information be communicated to Florida's component and affiliate societies through FDA print and electronic publications so Florida's societies may implement this program at the district and affiliate levels.

CONFLICTS OF INTEREST

**Conflict of Interest Disclosure Policy
HOD, 92H-022, 1/9/1993**

RESOLVED, that individuals serving as delegates, alternate delegates, officers, trustees, alternate trustees, council or committee members shall, at all times, exercise diligent care and unbiased judgment in assuring that no detriment to the FDA results from conflicts between their personal or business interests and those interests of the FDA. And, be it further,

RESOLVED, that agendas at all official meetings of FDA agencies contain a declaration of conflicts of interest at which time the presiding chairperson will ask all members of that body to express the conflict. And, be it further,

RESOLVED, that if an individual believes that he or she or a member of his or her immediate family may have a conflict of interest, whether personal or business in nature, which pertains to an ownership, contractual, financial or fiduciary interest, then the individual shall promptly and fully disclose the possible conflict to the president of the association and/or chairperson of the body for which the individual serves. And, be it further,

RESOLVED, that failure to disclose a material conflict of interest may be the basis for reconsideration of the question on a given issue according to parliamentary procedure at any further time.

CONTINUING EDUCATION

Discontinuation of Online CE on FDA Paid Platform HOD, 2016H-030

RESOLVED that the FDA discontinue providing online CE to members on the FDA paid platform.

RESOLVED, that the FDA not renew the contract with Abila (formerly Peach New Media) and seek other opportunities to partner with companies that have free online CE platforms.

Mandatory Continuing Education for Controlled Substances HOD, 2017H-055, 6/23/2018

RESOLVED, that the Florida Dental Association (FDA) support the requirement of a 2-hour continuing education (CE) course on the safe and effective prescribing of controlled substances, and be it further

RESOLVED, that the FDA support requiring 2-hour CE on controlled substances as part of the 30 hours requirement for licensure renewal.

Today's FDA, CE in BOT, 2009B-008, 7/1/2009

RESOLVED, that the Editor is authorized to offer up to one (1) credit hour of continuing education credit to member-readers of appropriate scientific articles in Today's FDA, not to exceed a total annual offering of six (6) credit hours. And, be it further RESOLVED, that up to \$1000 is hereby allocated from the contingency account to purchase web-based software to allow member-readers to earn such credits.

Verification Form, Course BOT, 9/14/1985

RESOLVED, that the Board of Trustees adopt a standardized voucher form for use in continuing-education programs.

COUNCILS

Council Meetings, Visitors at BOT, 5/21/1983

RESOLVED, that the Board of Trustees recommend that the only visitors allowed to be present at council meetings are those visitors invited by the council chairperson.

**Council on Ethics, Bylaws and Judicial Affairs, Duties of
HOD, 2003H-515, 6/17/2004**

RESOLVED, that, effective immediately, the principal responsibilities of the Council on Ethics, Bylaws and Judicial Affairs are as follows: • assisting the Speaker of the House in reviewing the clarity and legality of all initiatives before the House of Delegates which propose the establishment of or changes to Association policy or bylaws; • routinely comparing the reported actions of the Board and association officers with established Association policy and recommend measures to (a) clarify inconsistencies and (b) assure that each standing policy of the organization adequately addresses all aspects of an existing or foreseen issue so that, in the future, decision makers will have adequate policy guidance from which to govern their conduct; • administering the FDA's peer review and ethics review program; • recommending revisions to the FDA's Code of Ethics; • monitoring interim actions taken by the Board of Trustees and committees of the Board and providing recommendations to the House with respect to modifications to Association policy, when needed, in response to such actions; and • monitoring the legal affairs of the FDA.

**Council Terms, Staggering of
HOD, 2010H-067, 6/11/2011**

RESOLVED, that in order to create staggering of appointments within the councils and components beginning with the 2011-2012 fiscal year, and for this fiscal year alone, the following schedule will be followed; Council on Membership: all council members from all six components, regardless of whether the current term has expired, will be appointed. Members from ACDDA, SFDDA and NEDDA will serve standard two year terms. Members from the following respective components will have initial terms of one year: CFDDA, NWDDA, and WCDDA. All subsequent appointments will be for two year terms consistent with the bylaws.

**Student Consultants on FDA Councils, Committees
HOD, 2015H-020, 1/23/2016**

RESOLVED, that the House of Delegates create non-voting student consultant positions with a representative from each of the Florida dental schools on the following FDA councils and committees:

- Council on Dental Education and Licensure
- Leadership Development Committee

DELEGATION TO ADA

**Florida Delegation to the ADA, Appointment of Consultant to
6006a, 1/17/1987**

RESOLVED, that the FDA establish policy that the Florida Delegation to the ADA may request the president to appoint one consultant when the need for special assistance can be demonstrated, such as technical qualifications and/or geographical advantages essential to the fulfillment of a specific task or program.

**Florida Delegation to the ADA, Biographical Background for Candidates
HOD, 96H-067s, 1/11/1997**

RESOLVED, that any nominations for ADA Delegate and Alternate Delegate, which are forwarded to the FDA House of Delegates by the FDA Board of Trustees, should be accompanied by a standardized biographical sketch of their qualifications developed by the Florida delegation to the ADA. And, be it further,

RESOLVED, that a complete listing of these biographical sketches be provided of those incumbent delegates who, by

virtue of their office or uncompleted terms, will also be serving on the delegation for the current year. And, be it further, RESOLVED, that biographical sketches of candidates nominated on the floor of the House of Delegates will be provided by the nominator, using the standardized form.

**Manuals, Revisions to FDA Manuals
HOD, 2017H-036, 1/27/2018**

RESOLVED that the HOD ratifies the following changes made by the delegation to its manual:

#1: The delegation adopted the following changes to the manual, page 6, "Composition of the Component-Designated Delegates and Alternate Delegates

#2: The delegation adopted the following changes to the manual, page 8, "Selection of Members of the Delegation," second paragraph.

#3: The delegation adopted the following changes to the manual, page 8, "Selection of Members of the Delegation," second paragraph.

#4: The delegation adopted the following changes to the manual, on all pages, so as to change the name of the delegation's "Nominating & Credentialing Committee" to "Search Committee" and amend page 13, on "Nomination and Election of Officers," paragraphs 1 – 4.

**Manuals, Revisions to FDA Manuals
HOD, 6/23/2018**

RESOLVED, that the 17th District Delegation Manual be amended to include: When a Component-Designated delegate position or a Component-Designated alternate delegate position is prematurely vacated, the vacated term will be considered a complete term of service if the unexpired portion of the term is at least half of the term length. The successor, either Component-Designated or Component-Designated alternate, will go through the regular selection process and be elected at the next House of Delegates. Vacated positions of Component-Designated delegates and Component-Designated alternates that require an interim delegate, will be filled as previously stated in the manual.

**Manuals, Revisions to FDA Manuals (Administerial to be done by BOT)
HOD, 2018H-015, 1/26/2019**

RESOLVED, that the 17th District Delegation Manual be amended to state:
Nomination and Election of Officers: (see Delegation Manual, rev. January 2019, pgs. 14-15 or 2019 January HOD minutes pgs. 4-5.

**Manuals, Revisions to: Addition of Delegation Job Description as an Appendix
HOD, 2018H-032, 6/29/2019**

RESOLVED, that the following Florida Delegation to the ADA job description be included in the Delegation Operations Manual as an appendix item.

**Manuals, Revisions to: Selection of ADA Representatives to Delegation
HOD, 2018H-042, 6/29/2019**

RESOLVED, that the section in the 17th District Delegation Operations Manual on page 15, lines 27-31 be amended to read:

xx = deletion

xx = addition

Other representatives to ADA bodies: In accordance with the FDA Bylaws, the Board of Trustees may recommend

candidates for appointment or election as 17th District representatives to councils, committees and commissions of the American Dental Association to the ~~shall be recommended by the Board of Trustees for consideration by the 17th District Trustee who shall confer with the officers of the delegation prior to making his or her final selection.~~

DENTAL ASSISTANTS

DENTAL BENEFITS & CARE

Dental Hygiene Services in County Public Health Units, Billing of HOD, 93H-023a, 1/8/1994

RESOLVED, that the FDA oppose the billing of dental-hygiene services as separate "encounters" by public-health-care units unless such services are supported by a dentist in accordance with requirements of law.

Disallowed Clauses, Preventing Third Party Payers from Using HOD, 2018H-011, 1/26/2019

RESOLVED, that the FDA support legislation to prohibit a dental plan from using disallowed clauses.

Insurer's Recovery of Overpayment to Providers in Florida HOD, 2018H-012, 1/26/2019

RESOLVED, that the FDA support legislation to shorten the period in which an insurer can recover an overpayment to a provider in Florida to 12 months.

Lead Aprons, Use of CDH, 457s, 6/22/1984

RESOLVED, that the FDA continue to encourage its members to use lead shield devices on patients when taking X-rays.

Pit and Fissure Sealants, Insurance Reimbursement for 90-0199/15/1990

RESOLVED, that the FDA encourage insurance companies to include in their fee schedules payment for pit-and-fissure sealants because this is a proven method of caries prevention.

Type of Payment to Providers by Third Party Payers HOD, 2018H-010, 1/26/2019

RESOLVED, that the FDA support legislation to ensure third party payers cannot require a provider to accept an electronic payment or virtual credit card instead of a physical check; require the third party payer to inform providers they have the ability to choose whether to receive an electronic payment or physical check; and ensure the default payment method from a third party payer to a provider is a physical check.

DENTAL EDUCATION

Non-Patient Based Exam for Dental Licensure HOD, 2020H-023, 6/26/2021

RESOLVED, that the FDA support the use of the non-patient (high fidelity restorative CompeDont™ human tooth simulation) ADEX exam as administered by the CDCA for licensure in the state of Florida.

Programs Overview, Dental Assisting
HOD, 2010H-045, 1/1/2011

RESOLVED, that the FDA support legislation that creates an annual re-certification process in which Board-approved expanded duties programs for dental assisting verify that the program maintains standards consistent with those required for initial approval.

Special Needs Dentistry Programs
HOD, 2010H-088, 6/11/2011

RESOLVED, that if additional courses are needed that CDEL discuss expanding the programs offered by the two dental schools and also consider having a yearly presentation at the Florida Dental Convention and, be it further

RESOLVED, the FDA Council on Dental Education and Licensure survey the current number and content of special needs continuing education courses offered by the University of Florida College of Dentistry, Nova-Southeastern University College of Dental Medicine and in the marketplace and, be it further

RESOLVED, that as dentists are trained through CE courses to treat persons with special needs, the FDA will request UFCD and NSUCDM course presenters to recommend that all FDA members update their profiles on SmileFlorida.org indicating that they treat special needs patients. And, be it further,

RESOLVED, that the Council on Dental Health work with the Dental Lifeline Network to assist it with identification of possible funding sources for a statewide coordinator for the Donated Dental Services program.

Study on the Need for a New Dental School
HOD, 2006H-062, 6/14/2007

RESOLVED, that the FDA does not actively support the creation of a new state funded dental school.

Study on the Need for a New Dental School at FAMU
BOT, 2/24/2010

RESOLVED, that the FDA supports Florida A&M University's efforts to obtain legislative funding for a well-designed feasibility study relating to the creation of a new dental school administered by FAMU.

Support for UF IEDP
HOD, V2007H-062, 6/1/2008

RESOLVED, that the Florida Dental Association will continue to support the IEDP at the only public dental school, the University of Florida College of Dentistry, and be it further, RESOLVED, that the FDA be urged to use its lobbying efforts to obtain the necessary funds from the Florida Legislature to restore this most valuable program at the University of Florida College of Dentistry.

Teaching Permits, FDA Policy on
HOD, 2012H-044rc/s, 1/26/2013

RESOLVED, that the Florida Dental Association support and approve the Florida Board of Dentistry in (a) requiring

teaching permit holders and clinical instructors to have passed the Florida Laws and Rules portion of the Florida Licensure Examination or its equivalent; (b) requiring permit holders to complete the same mandatory continuing education as is required of Florida licensed dentists and renew their permits every biennium; (c) requiring foreign-trained dentists applying for teaching permits or working as clinical instructors to successfully complete the National Boards Parts I and II, or its successor examination(s), excluding those that are graduates of a Commission on Dental Accreditation approved specialty programs; (d) grandfathering in any existing teaching permit holders or clinical instructors from the requirement of completing National Board Parts I and II, or successor examination(s), provided such holders are hired and are on staff at an accredited dental school within one year of this law becoming effective.

DENTAL HEALTH

Carbonated and Sweetened Drinks, Effect on School Age Children, Dentistry's Position HOD, 2003H-033

RESOLVED, that the Florida Dental Association support the formation of state and local coalitions of dental, medical and other health organizations and agencies to focus attention on the detrimental oral- and general-health effects of the over-consumption by school-age children of carbonated soft drinks and sweetened drinks.

RESOLVED, that the FDA oppose contractual arrangements, including pouring-rights contracts, that influence consumption patterns that promote increased access to "soft drinks" for children.

Coordination of Care for Medication-Related Osteonecrosis of the Jaw HOD, 2014H-071, 6/12/2015

RESOLVED, that the FDA accept and support the American Association of Oral and Maxillofacial Surgeons (AAOMS) Position Paper on Medication-Related Osteonecrosis of the Jaw – 2014 Update.

Dental Exams, Mandating School Based HOD, 2011H-031b/s, 1/21/2012

RESOLVED, that the FDA support legislation to mandate school based dental charting (also known as dental screening under the ADA Code of Dental Terminology) for children prior to entering kindergarten in Florida.

Florida's Action for Dental Health HOD, 2014H-036, 1/23/2015

RESOLVED, that the Florida Dental Association approves Florida's Action for Dental Health and directs staff to implement its policy objectives and strategies.

Give Kids a Smile Public-Awareness Campaign, FDA Support of HOD, 2001H-140, 6/20/2002

RESOLVED, that the House of Delegates urge FDA members to commit to giving their best personal efforts to facilitate successful "Give Kids a Smile" events through their component and/or affiliate dental societies.

Give Kids a Smile! Public Awareness Campaign, FDA's Ongoing Support of ADA's HOD, 2002H-225, 6/12/2003

RESOLVED, that the House of Delegates continue its support and commitment to facilitate a Project: Dentists Care annual "Give Kids a Smile!" events.

**Medicaid Managed Care, FDA Policy on
HOD, 2012H-026rc/s, 1/26/2013**

RESOLVED, that the FDA supports legislative efforts to maintain the fee-for-service payment methodology in the Medicaid program for dental services as the state transitions to managed care; and, be it further

RESOLVED, that the FDA supports the Agency for Health Care Administration having a Florida-licensed dentist provide ongoing reviews of dental contracts; and, be it further

RESOLVED, that the FDA strongly encourages the state to enforce the terms of its contracts with dental plans to ensure fair and equitable treatment of all participating providers; and, be it further

RESOLVED, that the FDA supports having a periodic evaluation of the managed care delivery system for dental services that specifically provides information that includes data pertaining to actual treatment and care rendered; and be it further

RESOLVED, that the ADA Seventeenth Trustee District delegation shall lobby the ADA to perform a study of the relative effectiveness of treating access to care populations under a managed-care Medicaid system versus a fee-for-service Medicaid system.

**Public Health Settings, Encounter Fees in
HOD, 013H-040b/s, 1/25/2014**

RESOLVED, that as the state transitions all Medicaid services to managed care, the FDA encourage the Agency for Health Care Administration (AHCA) to investigate the reliance on the encounter fee by public health facilities and urges AHCA to evaluate the effectiveness and efficiency of dental treatment under this reimbursement system.

RESOLVED, the FDA urges directs the Agency for Health Care Administration (AHCA) to revise the Florida Medicaid County Health Department (CHD) Clinic Services Coverage and Limitations Handbook to authorize and encourage County Health Departments to accurately report and appropriately bill for the dental services being provided. And, be it further

RESOLVED, that the FDA urges the AHCA to revise the Federally Qualified Health Center (FQHC) Services Coverage and Limitations Handbook to authorize and encourage FQHCs to accurately report and appropriately bill for the dental services being provided. And be it further

RESOLVED that the FDA urges AHCA to review and evaluate the treatment being rendered at CHDs and FQHCs.

**School District Resource Dentists
HOD, 2005H-03Hrc/S-1, 1/7/2006**

RESOLVED, that the FDA request its component and affiliate dental associations to establish a volunteer network of dentists to serve as resource persons for county school districts to coordinate oral health prevention and care programs.

DENTAL HYGIENISTS

**Additional Delegable Duty, Possible Rule Change
HOD, 2010H-098, 6/11/2011**

Oral cancer evaluation is an essential part of a comprehensive oral evaluation and clinical exam and, as such, is the sole responsibility of the dentist.

Charting Services
HOD, 2005H-047rc/S-1, 1/7/2006

RESOLVED, that the FDA supports state legislation allowing dental hygienists to provide dental charting services and, be it further

RESOLVED, Dental charting shall be defined in this context as recording visual observations of clinical conditions of the oral cavity without the use of x-rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth and suspicious areas. Charting may include probing of periodontal pockets only following clearance by a Florida licensed dentist or physician.

Examination By Dentist Prior to Hygienists Treatment
BOT, BOT-36, 3/10/1979

RESOLVED, that the dentist be required to provide an oral examination on all new patients before and after the dental hygienist provides treatment and on regular patients the dentist must re-examine and check the patient following the treatment by the dental hygienist.

Foreign-trained Dentists Who Are Hygienists, Disciplinary Action Against
BOT, 92B-084, 12/5/1992

RESOLVED, that the FDA encourage the Board of Dentistry to amend its rules and regulations to provide a provision to automatically revoke the dental-hygiene license of any foreign dental-school graduate who obtained such license and who was found in violation of the dental practice act, Chapter 466.028 (z), F.S., by "Practicing or offering to practice beyond the scope permitted by law." And, be it further,

RESOLVED, that the Board of Dentistry fine, reprimand and/or place on probation any Florida licensed dentist who permits a foreign dental-school, who has obtained a dental-hygiene license, to practice beyond his or her scope of duties as a dental hygienist.

Hygiene Response Team
HOD, 2010H-040, 1/1/2011

RESOLVED, that the Florida Dental Association consider development of the dental hygiene response team concept. And be it further,

RESOLVED, that a special committee consisting of a member of the FDA Council on Dental Health, FDA Council on Dental Education and Licensure, FDA Government Affairs Committee and consultants from the Board of Dentistry, Florida Dental Hygiene Association, Florida Academy of Pediatric Dentistry, Nova Southeastern University College of Dentistry and the University of Florida College of Dentistry be appointed to study and develop the a proposal to implement this concept through the Florida Legislature and Board of Dentistry as necessary in 2012, and report back to the June 2011 House of Delegates.

Hygienist Delivery of Interim Restorative Services
HOD, 2011H-047rc/s, 1/21/2012

RESOLVED, that beginning with the 2012 legislative session, the FDA support statutory permission for dental hygienists to perform IRT but only after completing an IRT program from one of Florida's licensed dental schools; being

certified by the Board of Dentistry as successfully completing the course and carrying medical malpractice insurance in amount approved by the Board of Dentistry; and be it further

RESOLVED, that such a dental hygienist can perform IRT under general supervision; and be it further RESOLVED, that patients receiving IRT from a dental hygienist must see a dentist within 13 months of the IRT being performed and that the patient, or guardian as applicable, must receive a written notice that the patient should see a dentist as soon as a visit can be arranged and must see a dentist within 13 months of the IRT services; and be it further

RESOLVED, that true dental emergencies must be referred to a dental home within 24 hours; and be it further

RESOLVED, that the disclosure contain a statement that the IRT restoration is temporary and is not designed to substitute for an amalgam, composite or other restoration performed by a licensed dentist; and be it further

RESOLVED, that the hygienist will be working under general supervision of a dentist and using the title of Public Health Dental Hygiene Response Team (PHDHRT) in public health settings such as WICK and Community Centers, in addition to nursing / assisted living facilities; and be it further

RESOLVED that the PHDHRT will be front and center in the education of high risk patients working in conjunction with the dental and medical teams including pediatrics, obstetrics, geriatrics, and public health dentistry; and be it further

RESOLVED that any legislation supported by the FDA authorizing hygienists to perform IRT include a sunset review provision within five years of the statute's enactment. And, be it further

Procedure: RESOLVED, that a representative of the Council on Dental Care be appointed as a liaison to represent the FDA to each accredited Florida dental college as a consultant to develop the teaching needs for this program.

Laser Use by Allied Dental Personnel
BOT, 92B-035a, 9/19/1992

RESOLVED, that the FDA strongly support the Board of Dentistry's position against the use of lasers or laser devices by any person other than a licensed dentist.

Medicaid Billing Numbers for Dental Hygienists
HOD, 2011H-043, 1/21/2012

RESOLVED, that the FDA oppose the request and suggest instead that a collaborative agreement protocol, where the dentist or physician authorize the hygiene services, be pursued as an alternative to issuing a separate billing number to dental hygienists.

Moratorium on Additional Dental Hygiene Schools
5132s, 1/11/1986

RESOLVED, that the FDA rescind any policies and positions that support a moratorium on the establishment of state funded dental-hygiene-training programs in Florida wherever and whenever there is an indicated need.

Proposed Changes to CODA Standards for Hygienists, FDA Opposition of
HOD, 2017H-059, 6/23/2018

RESOLVED, that the FDA oppose the CODA proposed changes to definition of terms used in Dental Hygiene Accreditation Standards and Standard 2-8d and 2-13.

**Regional/National Hygiene Exam
HOD, 2010H-030, 1/1/2011**

RESOLVED, that the Florida Dental Association supports, as an interim position, that the Florida hygiene and dental clinical exam remain on a parallel track in regard to development and administration of clinical licensure examinations whether these Florida specific exams should move to a regional and/or national clinical exam.

**Separate Board, FDHA Proposal for
449 RC, 1/14/1984**

RESOLVED, that it is the policy of the FDA to oppose formation of a Board of Dental Hygiene and recommend to the Governmental Action Committee that it oppose any effort within the legislature to create one.

**Standardization of Curriculum
HOD, 93H-100, 6/9/1994**

RESOLVED, that the FDA support the standardization of dental-hygiene programs with a community-college level commensurate to an associate of science degree.

**Supervision Level of Hygienists on Delegable Duties BOD Rule Change
HOD, 1/27/2017**

RESOLVED, that the Florida Dental Association oppose the recent changes made by the BOD within Rule 64B5-16.006 and 65B5-16.007, and take such steps as appropriate, up to and including, a challenge of the proposed Rule.

DENTAL LABORATORIES

**Dental Laboratory Safety
88-073, 1/14/1989**

RESOLVED, that the FDA shares the FDLA's concern for the safety of dental-laboratory personnel and accepts that enhanced regulation of the dental-laboratory workplace may be needed to protect laboratory personnel. And, be it further,

RESOLVED, that while the two associations share a concern for workplace safety, the FDA does not support limiting future entry into the dental-lab business to only Certified Dental Technicians as a means of accomplishing workplace safety because: 1. CDT training is not deemed necessary to adhere to OSHA- or CDC-type workplace safety standards. 2. Access to quality dental-laboratory services may be unnecessary if restricted.

DENTAL OFFICE OWNERSHIP & MANAGEMENT

**Dental Practice, Proprietorship of a
HOD, 94H-021, 1/7/1995**

RESOLVED, that the FDA reaffirms its support of the conviction that the health interests of patients are best protected when dental practices and other private facilities for the delivery of dental care are owned and controlled by Florida licensed dentists; and, be it further,

RESOLVED, that the FDA oppose legislation attempting to weaken the current statutory prohibition against non-Florida licensed dentists employing a dentist or controlling the use of dental equipment.

DENTURISM

Denturism
HOD, 95H-038, 1/13/1996

RESOLVED, that the FDA oppose legislative, regulatory and other efforts to allow dental-laboratory technicians and other non-dentists to repair existing dentures and advertise their services to the public.

DIRECT ASSIGNMENT / DIRECT REIMBURSEMENT

Freedom of Choice
BOT, 341 BOT, 1/14/1984

RESOLVED, it is the policy of the FDA to support the patient's right to freely choose a treating dentist in all pre-paid dental-benefit plans.

DRUGS

Prescription Drug Abuse
89-044, 1/13/1990

RESOLVED, that the FDA seek legislation that provides dental providers with civil immunity in instances when the provider submits a patient's name to appropriate law-enforcement authorities in good faith and based upon the suspicion that the patient has or is committing prescription drug fraud.

ENDORSEMENTS

Dental Laboratories
HOD, 90H-087, 1/12/1991

RESOLVED, that it be the policy of the FDA to refrain from endorsing any dental laboratory.

ETHICS

Ethics, Violations of Advertising Provisions
HOD, H31, 5/2/1979

RESOLVED, that the Florida Dental Association and each component and affiliate dental association shall not take enforcement action against a member dentist for violating the advertising provisions of the FDA or component and affiliate dental association Code of Ethics without first consulting with the association's office for legal advice.

Pre-dental and Pre-clinical Students Utilization on Dental Mission Trips
HOD, 2009H-102, 6/1/2010

RESOLVED that the FDA encourage and support the ASDA chapters at Nova and UF to work with their respective

administrations and any other Florida licensed dentist to end the practice of utilizing pre-dental students and unsupervised preclinical students to perform irreversible dental procedures worldwide; and be it further

RESOLVED that the FDA support the universal upholding of the ASDA student code of ethics and the ADA principles of ethics and code of professional conduct; and be it further,

RESOLVED that the 17th District Delegation to the ADA HOD is encouraged to support ASDA national effort to end such practices.

EXAMINATION & LICENSURE

Alternate Licensure Procedure HOD, 93H-107, 6/9/1994

RESOLVED, that, if necessitated by legislative developments, the FDA authorize the Board of Trustees to introduce legislation in future sessions that would provide alternative licensing mechanisms for applicants who apply for a license pursuant to Chapter 466, F.S. And, be it further,

RESOLVED, that the FDA oppose the inclusion of dentistry in the standardized licensing of foreign-trained professionals

Clinical Licensure Exam (ADLEX) HOD, 2010H-033, 1/1/2011

RESOLVED, that the FDA supports amending the current Florida clinical exam's use of live patients to require a minimum of one periodontal procedure and two restorative procedures on live patients; and be it further

RESOLVED, that the FDA hereby adopts the following strategy concerning Florida's clinical licensure process: 1. After (a) review by a committee of dentists selected by the Board of Dentistry, and composed of dentists who serve as both ADLEX and Florida examiners, (b) the ADLEX and Florida exams are determined to be identical by the committee, and (c) the Board of Trustees determines that Florida law should be revised to facilitate joining ADLEX or (d) the Board of Dentistry so requests the FDA's assistance in doing such, the FDA's Governmental Action Committee shall seek to amend Florida statutes to allow compliance with ADEX bylaws in accordance with established statutory guidelines (i.e., Florida recognizes results of ADLEX exams administered in other states after XX/XX/201X, the date at which the exams are determined to be equivalent); 2. Florida joins ADEX; 3. Florida maintains the DOH as the exam's "administrative agency" and maintains Florida examiners, such that the ADLEX administered in Florida will use only Florida licensed dentists; 4. Candidates for Florida licensure will be required to pass the ADLEX exam given on or after XX/XX/201X, (the date at which the exams are determined to be equivalent), as well as Florida's current diagnostic skills examination, Laws and Rules, and other examination requirements; 5. Candidates must apply for licensure in Florida within one year of passing ADLEX; and 6. Dentists who took the ADLEX exam given on or after XX/XX/XXXX (the date at which the exams are determined to be equivalent) but did not apply for Florida licensure within one year, may apply for licensure with additional requirements as established in law and consistent with FDA policy.

Dentistry, Definition of 1/12/1985, 418 SC,

RESOLVED, that the FDA create policy pertaining to the definition of dentistry as follows: 1. It is FDA policy to support broadening the definition of dentistry to include procedures adjunctive to oral and maxillofacial surgery. 2. It is FDA policy to support incorporating the definition of dental hygiene (educational preventive and therapeutic services) into the larger definition of dentistry and to reinforce the requirement for supervision and authorization of hygiene services.

3. It is FDA policy to support changing the definition of dental hygiene in the Dental Practice Act to read: Dental hygiene means that part of dentistry rendering educational preventive and therapeutic dental services.

**Examiners Licensed Outside of Florida
HOD, 2015H-047, 6/18/2016**

RESOLVED, that the language in section 466.006, Florida Statutes, requiring that the practical or clinical examination given in Florida be graded by dentists licensed only in this state be revised to allow non-Florida-licensed dentists to act as examiners. And be it further

RESOLVED, that language be added to Rule 64B5-2.020(3) to encourage the department to solicit Florida licensed dentists from the pool of examiners first before using out-of-state dentists as examiners.

**Florida Statute and Rules on Licensure, Revision of
HOD, 2015H-048, 6/18/2016**

RESOLVED, that section 466.006, Florida Statutes, and Rule 64B5-2.0150, Florida Admin. Code, be revised to delete obsolete language since Florida now uses the American Board of Dental Examiners (ADEX) exam as administered by the Commission on Dental Competency Assessments (CDCA) and no longer administers its own dental licensure examination.

**Non-accredited Dental Schools, Graduates of
4011 CGA, 1/11/1985**

RESOLVED, that it is the policy of the FDA to oppose the State of Florida conducting accreditation/evaluation of foreign professional schools as a basis for admitting candidates for licensure examination but that should the state be granted such authority that: 1. The FDA should support use of standards, criteria and methodology in evaluating foreign dental schools equal to those used by the ADA Commission on Accreditation. 2. The FDA support existing provisions of the Dental Practice Act regarding credentials, approval, examination and reexamination. 3. The FDA support vesting the BOD with all policy decisions requiring professional dental judgment. 4. The FDA support policy that would require all costs to be borne by foreign schools or candidates.

**Raising Florida's Dental Licensure Fee Cap
HOD, 2005H-081, 6/15/2006**

RESOLVED, that the FDA encourage the Board of Dentistry to decrease the renewal fee for dental hygiene licensure to more closely reflect the actual costs of regulating dental hygienists.

**Regional/National Hygiene Exam
HOD, 2010H-030, 1/1/2011**

RESOLVED, that the Florida Dental Association supports, as an interim position, that the Florida hygiene and dental clinical exam remain on a parallel track in regard to development and administration of clinical licensure examinations whether these Florida specific exams should move to a regional and/or national clinical exam.

FDA OFFICE MANAGEMENT

**Antidiscrimination Policy
401 EC, 9/8/1984**

RESOLVED, that the Board of Trustees direct all members, officers and staff of the FDA not to discriminate, based upon consideration of age, sex, race, religion or national origin.

**Outside Legislative Consultants, Funding for Hiring
HOD, 2013H-026, 1/25/2014**

RESOLVED, that the FDA include in its budget a line item to possibly hire an outside lobbyist(s)/consultant firm (with funds allocated for this effort) and place as encumbered funds.

FDA SERVICES, INC.

**FDA Wholly Owned Subsidiary Corporation, Formation of
89-114a, 6/28/1990**

RESOLVED, that formation of the subsidiary corporation is hereby affirmed as a necessary and appropriate mechanism for assuring the continued strength and financial stability of the FDA by using the profits generated from FDAS in supporting the budget of the FDA. And, be it further,

RESOLVED, that the FDAS Board of Directors is requested to provide the House of Delegates, Board of Trustees and presidents of component and affiliate dental associations throughout the state with a comprehensive Annual Report of then Shareholder, which includes information concerning business performance, budget, an explanation about who monitors the affairs of the subsidiary's existence, along with answers to typical questions from FDA members. And, be it further,

RESOLVED, that once the presidents of the component and affiliate dental associations receive that report, they state the content of the report with their constituents through local newsletters and at appropriate membership meetings. And, be it further, RESOLVED, that the report be printed in Today's FDA each year.

**FDAS, Protocol for Making Recommendations to
BOT, 90B-06, 12/8/1990**

RESOLVED, that the proper protocol for a council or committee to make a recommendation to FDAS is to make the recommendation to the FDA Board of Trustees sitting as the sole shareholder of FDAS.

FINANCIAL MATTERS

**Affiliate Dental Association Rider on Liability Insurance
BOT, 3/19/1977**

RESOLVED, that the FDA include all the affiliate dental associations in any special rider to the current FDA liability policy at their own expense.

**Campaign Funding, Direction of
HOD, 2014H-079s, 6/13/2015**

RESOLVED, that starting Fiscal Year 2015-2016, the FDA create an ADA Campaign Fund (a board-designated net assets fund) to provide financial assistance to FDA members running for ADA elective office and who are approved as candidates by both the 17th District Delegation and the FDA House of Delegates and that \$8,500 each fiscal year be budgeted for the ADA Campaign Fund until such time as funding totals the sum of \$34,000.

**ADA Election Unused Campaign Funds
HOD, 2019H-010, 1/25/2020**

RESOLVED, that any FDA member who received FDA funds in order to run for an ADA elected office return to the FDA any unused funds up to the amount the FDA provided the candidate. And be it further

RESOLVED that each candidate be encouraged to make a general donation to the FDA Foundation of any remaining excess campaign funds after the candidate returns funds to the FDA.

**Dues, Reimbursement
474a EC, 6/22/1984**

RESOLVED, it is the policy of the FDA to reimburse all dues paid before Jan. 1 of the dues year by a deceased member, both annual and quarterly payments.

**Expenditures in Excess of Budget, Itemization on Membership Dues Statement
HOD, 97H-101s**

RESOLVED, that, whenever the House of Delegates approves a membership assessment which is, by its nature, separate and apart from the amount of the membership dues, the amount of the assessment and its stated purpose shall be separately noted on the membership's annual dues statement.

**FDA Officers, Remuneration for
HOD, 90H-090, 1/12/1991**

RESOLVED, that any officially appointed FDA representative to an outside agency who receives compensation for serving on the agency shall be permitted to retain the remuneration.

**FDA Representatives, Travel Advances for
HOD, 92H-014, 1/9/1993**

RESOLVED, that it is the policy of the FDA that travel advances to FDA members on official association business be made at the discretion of the president on an individual basis and be limited to cases of extreme hardship or emergency.

**FDA Reserve Ratio
HOD, 2018H-006, 1/26/2019**

RESOLVED, that the FDA implement a target reserve ratio of 35% defined as Board Designated reserves of the FDA divided by the operating expense budget of FDA less depreciation.

**FDAF Sustaining Membership Category, Addition on the FDA Dues Statement of
BOT, 98B-019, 9/12/1998**

RESOLVED, that the Florida Dental Association direct staff to add a category of the Florida Dental Association Foundation "sustaining member" \$56 amount to the annual dues statement beginning with the 1999 billing cycle. And, be it further

RESOLVED, that this action shall be reviewed by the Board of Trustees in one year to determine the impact that it may have had on the other categories of voluntary contributions which are included on the FDA's annual dues statement.

**Foundation Relief Fund Committee, Formation from Dissolution of FDA Charitable Relief Fund
HOD, 2003H-814**

RESOLVED, that the Florida Dental Association Foundation at its June 2004 meeting be requested to formally accept the FDA Relief Fund as a temporarily restricted fund and accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules documents, pending receipt of amended documents from FDA and ADA staff that have the applicable change in entity and agency terminology, procedures, etc. And, be it further

RESOLVED, that, as a condition of the FDA's contribution herein, the Florida Dental Association Foundation shall create a separate Relief Fund Committee, composed of six FDA member dentists (the Chair to be authorized to review and approve relief grant applications for the constituent), one from each component of the FDA, with said committee having oversight of the cash and investments, Indenture of Trust, investment policy and interaction with the ADA Foundation Relief Fund Committee with respect to this separate temporarily restricted fund of the Foundation and that this committee shall provide an annual report of the reassigned Relief Fund to the FDA Council on Association Affairs. And, be it further RESOLVED, that the interest or net investment earnings derived by the Foundation from the relief fund also be recorded as temporarily restricted assets and net assets. And, be it further RESOLVED, that, consistent with the restricted nature of this transfer, the FDA Board of Trustees is hereby authorized to approve the future utilization of the Foundation relief fund derived investment earnings for other charitable programs by the Florida Dental Association Foundation, if the Board of Trustees deems that the investment earnings are not needed by or will not adversely impact the relief fund. And, be it further

RESOLVED, that, during June of 2004, the FDA charitable Relief Fund entity be dissolved and the entire asset balance (cash, investments and accounts receivable) be transferred as a charitable contribution to the Florida Dental Association Foundation, Inc., to be held as temporarily restricted fund (assets & net assets {surplus}). And, be it further

RESOLVED, that the FDA Treasurer authorize the purchase or exchange by the FDA Reserve Fund of cash for two FDA Relief Fund bonds at market value and hold them until their maturity dates (4/15/2005 and 2/1/2006). And, be it further

RESOLVED, that FDA accounting and legal staff amend the Relief Fund Indenture of Trust as applicable for terminology (agency and entity name, etc.) and as used by the Florida Dental Health Foundation. And, be it further

RESOLVED, that the Foundation Relief Fund Committee is urged to periodically publicize the existence of this fund via Today's FDA, the FDA Web site and other ways. And, be it further

RESOLVED, that the membership staff of the FDA and components shall publicize the existence, purpose and application form/procedures to FDA members, especially to any FDA member who is inquiring or applying for a dues hardship or disability waiver.

**Investment Policy of FDA
BOT, 97B-030**

RESOLVED, that the Florida Dental Association, Inc.'s "Statement of Investment Policy, Objectives and Guidelines" is hereby approved.

**Investments Control
472a EC,6/22/1984**

RESOLVED, it is the policy of the FDA that the treasurer is responsible for investments of the association, under the policy direction of the Board of Trustees.

**Leadership Discipline Policy
HOD, 2019H-016, 1/25/2020**

RESOLVED, that the proposed updates to the FDA Leadership Discipline Policy be approved by the FDA House of Delegates.

**Non-dues Related Income
89-113, 6/28/1990**

RESOLVED, that whenever possible the development and use of non-dues sources of revenue through prudent and responsible business management by authorized FDA and subsidiary officers and directors is found to be an appropriate and desirable alternative to increasing membership dues to assure the continuation of the FDA as a strong and effective professional association.

FLORIDA DENTAL ASSOCIATION FOUNDATION

**Dues, Florida Dental Association Foundation
BOT, 2000B-020, 9/9/2000**

RESOLVED, that the Florida Dental Association hereby approves that the voluntary contribution to the Florida Dental Association Foundation's annual sustaining membership campaign be increased from \$56 to \$125 on the 2001 dues statement with the stipulation that it continues to be clear on the dues statement that the contribution is voluntary.

**Florida Dental Association Foundation, Establishment of
HOD, H-25, 5/15/1980**

RESOLVED, that the FDA adopt the Articles of Incorporation and Bylaws of the Florida Dental Association Foundation.

**Florida Dental Association Foundation, FDA Sponsorship of
HOD, 2001H-077, 6/20/2002**

RESOLVED, that the FDA Board of Trustees hereby approves an amendment to the Florida Dental Association Foundation's bylaws to provide that, at all times, (a) a simple majority of all FDAF Board members be designated by the Florida Dental Association's Board of Trustees, and (b) that, at all times, all directors of the Florida Dental Association Foundation's Board act in a manner which is wholly consistent with the Foundation's charitable purpose. And, be it further

RESOLVED, that, in addition to the above-referenced changes, the Florida Dental Association Foundation's Bylaws are further amended to clarify that the FDA Board of Trustees' approval authority over the Foundation's budget be limited only to the extent that the Foundation's final approved budget and all planned expenditures therein must remain wholly consistent with the Foundation's charitable purpose. And, be it further

RESOLVED, that the FDAF is encouraged to establish criteria for the solicitation, review and granting of funds for projects and programs which ensures that such process, and its resultant financial support, only extend to causes that are wholly consistent with the Foundation's charitable purpose. And, be it further

RESOLVED, that the FDAF is further encouraged to ensure that all grants for the financial support of projects and programs be subject to a written contract between the Foundation (as grantor) and the grantee (including the FDA when applicable) which requires the full accounting of expenditures as well as the submission of interim and final progress reports as appropriate to ensure that, at all times during the life of a FDAF-funded project and program, the undertaking remains wholly consistent with the Foundation's charitable purpose. And, be it further

RESOLVED, that, all FDAF grants for the financial support of projects and programs and their corresponding contract with grantees (including contracts with the FDA when applicable) reserve the Foundation's right to define and, as needed, clarify program parameters at least to the extent that such direction may be necessary to ensure that program goals and effects remain wholly consistent with the Foundation's express charitable purpose. Conversely, provided such contract parameters establish sufficient guidance to ensure that a project or program will indeed be administered in a manner that is wholly consistent with the Foundation's charitable purpose (including contracts with the Florida Dental Association as applicable), such contracts may delegate other aspects of program design and decision-making to the grantee subject to periodic reports and/or auditing as shall be further specified in such grants and their associated contracts.

**Foundation and PDC Merger
BOT, 2008B-039, 12/1/2008**

RESOLVED, that, in the best interest of the public and the FDA, FDAF absorbs all Florida dental charitable activities under its corporate umbrella; and, be it further

RESOLVED, that, the FDAF Board is encouraged to apply for a group exemption with the IRS to provide an umbrella for those PDC affiliates who wish to take advantage of FDAF's tax-exempt status with expenses associated with the application being paid from the PDC's Hybrid Endowment Fund Account # 40-5-030-8157; and, be it further
RESOLVED, that, the FDAF Board is encouraged to include three members from the current PDC Board as Class II members of the FDAF Board; and, be it further

RESOLVED, that, the FDAF Board if reconstituted as requested to include three members from the PDC Board shall serve in tandem as both PDC and FDAF Boards until such time as final action is taken by the IRS on FDAF's group exemption letter application; and, be it further

RESOLVED, that, should the IRS approve the FDAF group exemption letter, the PDC, Inc. shall be dissolved and the FDHF Board as reconstituted shall assume responsibility for all PDC activities under the FDAF banner; and, be it further

RESOLVED, that, should the IRS not approve the FDAF group exemption letter, the PDC, Inc. shall return to its same status prior to initiating the group exemption letter; and, be it further

RESOLVED, that, FDAF should apply for an appropriate protection for the permanent protection of PDC's brand, with the expense being paid from the PDC Hybrid Endowment Fund Account # 40-5-030-8157

**Transfer of Relief Fund to Foundation
HOD, 2003H-814, 6/17/2004**

RESOLVED, that the Florida Dental Health Foundation at its June 2004 meeting be requested to formally accept the FDA Relief Fund as a temporarily restricted fund and accept the current FDA Relief Fund Indenture of Trust and ADA Relief Fund Rules documents, pending receipt of amended documents from FDA and ADA staff that have the applicable change in entity and agency terminology, procedures, etc. And, be it further

RESOLVED, that, as a condition of the FDA's contribution herein, the Florida Dental Health Foundation shall create a separate Relief Fund Committee, composed of six FDA member dentists (the Chair to be authorized to review and approve relief grant applications for the constituent), one from each component of the FDA, with said committee having oversight of the cash and investments, Indenture of Trust, investment policy and interaction with the ADA Foundation Relief Fund Committee with respect to this separate temporarily restricted fund of the Foundation and that this committee shall provide an annual report of the reassigned Relief Fund to the FDA Council on Association Affairs. And, be it further
RESOLVED, that the interest or net investment earnings derived by the Foundation from the relief

fund also be recorded as temporarily restricted assets and net assets. And, be it further

RESOLVED, that, consistent with the restricted nature of this transfer, the FDA Board of Trustees is hereby authorized to approve the future utilization of the Foundation relief fund derived investment earnings for other charitable programs by the Florida Dental Health Foundation, if the Board of Trustees deems that the investment earnings are not needed by or will not adversely impact the relief fund. And, be it further

RESOLVED, that, during June of 2004, the FDA charitable Relief Fund entity be dissolved and the entire asset balance (cash, investments and accounts receivable) be transferred as a charitable contribution to the Florida Dental Association Foundation, Inc., to be held as temporarily restricted fund (assets & net assets {surplus}). And, be it further

RESOLVED, that the FDA Treasurer authorize the purchase or exchange by the FDA Reserve Fund of cash for two FDA Relief Fund bonds at market value and hold them until their maturity dates (4/15/2005 and 2/1/2006). And, be it further

RESOLVED, that FDA accounting and legal staff amend the Relief Fund Indenture of Trust as applicable for terminology (agency and entity name, etc.) and as used by the Florida Dental Health Foundation. And, be it further

RESOLVED, that the Foundation Relief Fund Committee is urged to periodically publicize the existence of this fund via Today's FDA, the FDA Web site and other ways. And, be it further RESOLVED, that the membership staff of the FDA and components shall publicize the existence, purpose and application form/procedures to FDA members, especially to any FDA member who is inquiring or applying for a dues hardship or disability waiver.

**Transfer Portion of Relief Fund to Disaster Fund
HOD, 2005H-084, 6/15/2006**

RESOLVED, that the FDAF is hereby granted budget authority by the FDA House of Delegates (as original grantor of the restricted FDA Relief Fund in June 2004) to transfer 50% of the Relief Fund's current balance into the FDAF Disaster Fund with said transferred funds to be available if needed to qualified Florida dentist applicants for disaster grants and loans.

FLORIDA DENTAL CONVENTION

**"No Compete" Policy for FDC Convention
BOT, 98B-004, 9/12/1998**

RESOLVED, that the FDA Board of Trustees approve as a written policy, the restriction of groups, companies and organizations from holding functions or meetings that compete with or dilute the effectiveness of the FDC program as determined by the Committee on FDC. And, be it further

RESOLVED, that the restriction should apply to the speaker program, social functions, suite assignments and matters related to the exhibit hall and/or exhibitors, including solicitation of exhibitors contracted with the FDC. And, be it further RESOLVED, that allied and specialty dental groups and organizations who provide private meetings in conjunction with the FDC, and specifically limit attendance at these meetings to their membership, must require all participants to register for the FDC. And, be it further

RESOLVED, that component organizations be requested not to schedule meetings that conflict with the dates chosen for the FDC.

**Attendance of General Chairperson and Manager to Attend National Meeting
BOT, 96B-048a, 12/7/1996**

RESOLVED, that the FDA Board of Trustees approve the travel of two future FDC program chairpersons and the FDA Meetings Manager each to attend up to one meeting as designated by the FDA committee for the purpose of consulting with their program committee and developing future FDC programs.

**Audiotaping Scientific Sessions
87-061, 12/5/1987**

RESOLVED, that the FDA Board of Trustees approve incorporating as a permanent service the audio taping of scientific sessions at the FDC.

**Committee on FDC, Staggered Terms for Membership on
BOT, 97B-061**

RESOLVED, that, for the purpose of implementing staggered terms on the FDC committee, the component districts' members terms shall initially expire as follows: * In 1999, the term of one member from the East Coast, Central, Northwest and Northeast component districts shall expire. * In 2000, the term of one member from the Atlantic Coast, West Coast, South Florida and Northwest component districts shall expire. * In 2001, the term of one member from the Central, Northeast, West Coast and Atlantic Coast component districts shall expire.

RESOLVED, that the terms of committee members shall conclude at the end of the FDC meeting in the year that their term expires.

**Exhibitors Policy
HOD, 93H-087s, 6/9/1994**

RESOLVED, that the exhibit hall at the FDC be filled with dental-related materials, equipment, and services that may include practice management and computer systems. And, be it further,

RESOLVED, that the FDA amend its policy on acceptance of exhibitors at the FDC, as follows: " That the exhibitor warrants in the FDC exhibit contract that the product or service to be exhibited has not been proved unsafe or ineffective by the appropriate council of the ADA or the Food and Drug Administration and that the product or service is safe and effective." And, be it further,

RESOLVED, that the appropriate changes be made to the FDC exhibit contract. And, be it further,

RESOLVED, that, in instances where the safety or effectiveness of a product or service remains in question, the FDC Committee be given the authority to determine whether to allow the product to be exhibited at the FDC. And, be it further, RESOLVED, that any FDC exhibitor whose advertising is in conflict with FDA policy may not be approved.

**FDC Committee Objectives and Duties
CFNDC, 1/1/2011**

OBJECTIVES: The Committee on FDC is obligated to continually evaluate, analyze, improve and upgrade scientific programs, social events and exhibits to the highest level of professionalism. DUTIES: The Committee on FDC shall make recommendations as to the selection of site and meeting dates to the FDA Board of Trustees. Site selections and meeting dates should be ongoing, five to 10 years in advance, according to contractual agreement. The committee shall primarily develop the scientific program, including the selection of scientific and topical speakers. Programs are

planned three years in advance. In addition, the committee shall be active in the development of exhibits, entertainment, protocol, registration and special events. The FDC Committee shall ensure that association members and ancillary personnel have the opportunity of receiving qualified courses to assist in complying with state requirements for continuing education for re-licensure. The committee shall further establish a mechanism for recording continuing-education credits in compliance with the Board of Dentistry rules and regulations. All features concerning income, expenditures, proceeds and projected attendance shall be presented in the budget and reviewed by the committee before being forwarded to the FDA Board of Trustees.

**FDC Committee, Additional Meeting of
BOT, 97B-041**

RESOLVED, that a third meeting of the committee be held in August of each year for the purpose of critiquing the recently conducted FDC meeting, orientation of new members, appointment of new subcommittees and strategic long-range planning

**FDC Standardized Honorarium Schedule
HOD, 2012H-014rc/s, 1/26/2013**

RESOLVED, that the FDC committee be vested with the authority to develop internal guidelines for honorarium for speakers and remunerate speakers according to these guidelines provided that the total honoraria expenses are within the fiscal year budget as set forth by the BOT. In addition, these guidelines will be reviewed on a periodic basis.

**Florida Dental Association Foundation, Relationship with
BOT, 96B-083C, 5/3/1997**

RESOLVED, that the Florida Dental Association Foundation work in cooperation with the Committee on the FDC to provide visual presence at future meetings at the expense of the Foundation.

**Mandatory Courses for Re-licensure
BOT, 96B-084, 5/3/1997**

RESOLVED, that the Committee on FDC continue to provide state mandated continuing-education courses at the Florida Dental Convention meetings, effective with the 1998 FDC meeting. And, be it further,

RESOLVED, that the state mandated continuing-education courses be evaluated yearly and continued as part of the FDC program at the discretion of the Committee on the Florida Dental Convention.

**Registration Fees, Non-member Fees Applied to FDA Membership Dues
BOT, 1/1/1995**

Summary: [Staff Note: original wording of resolution amended to comply to legal counsel's opinion.]

RESOLVED, that upon approval of active membership, the \$350 non-member registration fee will be applied toward FDA membership dues on applications received during FDC or within 30 days after the session.

**Saturday Night Room Reservations for FDC Committee
BOT, 98B-005, 5/8/1999**

RESOLVED, that, beginning at the 1999 FDC and thereafter, the FDA adopt a policy to provide members of the Committee on FDC with a Saturday evening room night during FDC (convention) meetings., And, be it further

RESOLVED, that this expenditure be approved as an FDC budgeted committee expense beginning in 1999 and thereafter.

**Speaker Contract Waiver
BOT, 95B-023, 12/2/1995**

RESOLVED, that the current clause in the FDC contract restricting participation within Florida six months before and 30 days after an FDC meeting be changed to provide a limited waiver of the clause with respect to any University of Florida College of Dentistry, Nova Southeastern University College of Dental Medicine and Lake Erie College of Medicine (LECOM) School of Dental Medicine faculty member for purposes of allowing the faculty member to provide courses or lectures within the confines of the State of Florida university system.

**Speaker Honoraria
CFNDC, 2/4/1984**

That the Committee on FDC make every attempt to negotiate an all-inclusive honorarium for speaker participation on future FDC programs.

**Speakers, Restrictive Clause - Continuation of FDC
BOT, 92B-065, 12/5/1992**

RESOLVED, that the Board of Trustees approve continuing with the present speaker restrictive clause, whereby speakers are required "not" to appear in Florida during the six months preceding the meeting in which they are participating or 30 days after the meeting without prior approval of the Committee on FDC.

FLUORIDATION

**Establishment of Affiliate Fluoridation Contact Dentists
HOD, 2008H-089, 6/1/2009**

RESOLVED, that the FDA charge the appropriate agency to maintain a fluoridation contact dentist(s) in each affiliate. And be it further RESOLVED, that the appropriate FDA agency maintain up-to-date information about fluoridation on the FDA's web site as an educational resource for affiliate fluoridation contact dentists.

**Fluoridation, Generic Resolution for Transmittal to Local Governments
HOD, 97H-100a, 1/1/2011**

RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support Pensacola's efforts to fluoridate water. And be it further

RESOLVED that the FDA adopt the following "generic" resolution to be transmitted to local governments, with the specific name of the targeted local governmental unit inserted in the blank spaces upon request of the component dental society: RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support (____) efforts to fluoridate water.

**Generic Policy Statement on Fluoridation
HOD, 2007H-007, 1/1/2008**

RESOLVED, that the FDA reaffirms its support for fluoridation and urges local officials to support all efforts to fluoridate community water. And be it further

RESOLVED that the FDA adopt the following "generic" resolutions to be transmitted to local governments as needed: RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges local officials to support [targeted governmental unit's] efforts to fluoridate water systems that are currently lacking optimal levels of fluoride in accordance with Centers for Disease Control guidelines.

RESOLVED, that the Florida Dental Association reaffirms its longstanding support for water fluoridation and urges [targeted governmental unit] officials to continue to support water fluoridation in accordance with Centers for Disease Control guidelines for fluoridation of water systems.

Position Statement, Fluoride
HOD, 2006H-046bs-1, 6/14/2007

RESOLVED, that it is therefore policy of the Florida Dental Association: 1) To wholly and resolutely commit itself to positively pressing for county and municipal governments to require all community water utilities in the state to adjust their water to contain optimal and safe levels of fluoride as recommended by the American Dental Association, the Centers for Disease Control, and the Environmental Protection Agency; 2) To wholly and resolutely commit itself to increasing substantially public awareness of proper oral hygiene procedures and dietary habits; 3) To insist that the State of Florida adequately support and fund secondary and tertiary dental care for the underserved and develop criteria for personal accountability; and 4) To wholly and resolutely commit itself to assisting the state by providing volunteers through the Florida Dental Association's Project: DentistsCare organization to serve the neediest of Floridians, but not as a substitution of the state's responsibility to its own citizens.

GOVERNANCE

Governance Requirements
HOD, 6/26/2021

The House approved the list of performance requirements to be used as a basis for evaluating the FDA's current governance structure as well as making any needed changes to that structure.

GOVERNMENTAL MATTERS

Advertising, Dental Specialty
HOD, 2008H-82/bs-1, 6/1/2009

WHEREAS, the FDA believes the ADA guidelines for first, recognizing dental specialty areas and second, recognizing accrediting organizations in dental specialty areas are valuable programs but largely inconsequential when patients select dental specialists; therefore be it

RESOLVED, that the FDA BOT ask appropriate FDA agencies to seek a national public relations campaign developed by the ADA Council on Communications; and be it further

RESOLVED, that the ADA public relations campaign emphasize to patients what it means to be an ADA member and/or a specialist in an ADA-recognized dental specialty area; and be it further

RESOLVED, that the goal of the ADA public relations campaign is to have the public come to rely on ADA recognition of members, specialties and accrediting organizations consistent with the ADA Code of Ethics.

**AHCA, Agency for Health Care Administration Representative
BOT, 92B-087, 12/5/1992**

RESOLVED, that the FDA designate a long-term representative to serve as liaison to the Agency for Health Care Administration to monitor and attend meetings as requested. And, be it further,

RESOLVED, that the appointment be subject to annual review by the Board of Trustees.

**Allied Dental Personnel, Laser Use by
BOT, 92B-035a, 9/19/1992**

RESOLVED, that the FDA strongly support the Board of Dentistry's position against the use of lasers or laser devices by any person other than a licensed dentist.

**Board of Dentistry, Budget
89-043a(1), 1/13/1990**

RESOLVED, the FDA shall support and encourage legislation designed to give the Board of Dentistry more authority and control over its own budget.

**Board of Dentistry, Role of FDA's Representative to the
BOT, 92B-083, 12/5/1992**

RESOLVED, that the role of the FDA's representative to the Board of Dentistry be changed from one of a "recorder" to that of an advocate before the board.

**Board of Dentistry, Scope of
HOD, 1/1/2011**

RESOLVED, that the FDA reaffirm its policy of support of the regulation of all aspects of dental care and all dental-team personnel by a single Board of Dentistry.

**Delegable Duty, Authority Over Instrumentation
HOD, 95H-078, 6/13/1996**

RESOLVED, that the FDA support the Board of Dentistry's appeal of the hearing officer's final order. And, be it further,

RESOLVED, that the FDA, in concert with the Board of Dentistry, seek to clarify the board's legislative authority to limit the types of instruments and devices that may be used in performing delegable tasks.

**Dental Hygiene, Separate Board of
449 RC, 1/14/1984**

RESOLVED, that it is the policy of the FDA to oppose formation of a Board of Dental Hygiene and recommend to the Council on Governmental Affairs that it oppose any effort within the Legislature to create one.

**Dental Records Retention
HOD, 2011H-032rc/s, 1/21/2012**

RESOLVED, that the FDA Board of Trustees partner with the forensic odontology and the medical examiners communities in support of a statutory change to Section 466.018(5), Florida Statutes, that states that all inactive dental charts and radiographs, when available, be maintained for a period of 7 years rather than 4 years and that pediatric

records be kept for 7 years after the child reaches the age of 18 or is legally emancipated as an adult by a Florida court (whichever is earlier).

**Dentistry, Scope of Practice of
97H-093, HOD**

RESOLVED, that the FDA lobby to ensure that the Board of Dentistry maintains its authority as the sole entity having regulatory jurisdiction to determine the scope of practice of a dentist in Florida.

**Dentists' Day on the Hill, Approval of Issues to Discuss
HOD, 2001H-010RC, 1/12/2002**

RESOLVED, that Dentists Day participants who wish to address an issue with a legislator that falls outside of the priority statements of Dentists Day on the Hill be requested (through confirmation packets and Dentists Day briefings) that he or she should inform the legislator that they are speaking in a personal capacity and not on behalf of organized dentistry.

**Dentists' Day, Official Recognition of
89-121, 6/28/1990**

RESOLVED, that annually Oct. 3 be officially recognized as Dentists' Day.

**Discipline, Professional
87-029-3s, 1/9/1988**

RESOLVED, that it is the policy of the FDA to support the [state's] use of dentist consultants in the process of complaint analysis, and to support the continued use of dentist members of the Board of Dentistry in the Probable Cause Committee of the Board of Dentistry.

**DIY Dentistry Policy
HOD, 2018H-036, 6/29/2019**

RESOLVED, that the FDA strongly discourages the practice of do-it-yourself and direct to consumer dental laboratory services because of the potential for irreversible harm to patients; and be it further

RESOLVED, that the FDA strongly encourage the Florida Board of Dentistry to define what constitutes a patient of record under Florida law; and be it further

RESOLVED, that the FDA strongly encourage the Florida Board of Dentistry to update its rules to incorporate and define supervision levels of scans and impressions taken digitally; and be it further

RESOLVED, that the FDA strongly encourage the Legislature to provide coverage for all regulatory board members to protect them in a anti-trust lawsuit; and be it further

RESOLVED, that the FDA strongly encourage its members, all dentists and their patients to report instances of individuals being harmed by Do-It-Yourself and/or Direct to Consumer Dental Laboratory services to:

The Florida Board of Dentistry: <http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html> or call 850-245-4474

The Unlicensed Activity Bureau at the Department of Health: <http://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/index.html>

The Food and Drug Administration:

<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>

**Electronic Health Records, Participation in FHIO
HOD, 2009H-041, 1/1/2010**

RESOLVED, that the Florida Dental Association hereby agrees to participate in the collaborative, voluntary, nonprofit Florida Health Information Organization as a charter member [See Attachment I]; and, be it further

RESOLVED that, if another entity other than the FHIO is selected by AHCA, the FDA shall seek membership on that organization's board.

**Evidence Based Dentistry
HOD, 2009H-043, 1/1/2010**

RESOLVED, that the Florida Dental Association supports the American Dental Association's policy on the development of evidence-based dentistry protocols which allows for scientific studies that ultimately will assist dentists in clinical decision making and the promotion of disease prevention; and, be it further

RESOLVED, that the FDA maintain a presence at the ADA's Champions Conference to provide input on the development of evidence based dentistry protocols; and, be it further

RESOLVED, that the FDA provide information to its members on developments in evidence-based dentistry protocols in its publications and courses, lectures and workshops at the FNDC and other appropriate venues.

**FDA Agencies, Members Serving on Board of Dentistry and in FDA Leadership
1/9/1992**

RESOLVED, that, based on the Florida Statutes and Board of Dentistry legal-counsel opinion, FDA members may serve on both the Board of Dentistry and FDA councils and committees and the ADA Delegation, but not on decision-making bodies within the FDA.

**FDA Leadership, Attendance at Meetings
88-008a, 5/14/1988**

RESOLVED, that the Board of Trustees direct trustee(s), alternate trustee(s), and/or officer(s) to attend the Board of Dentistry meetings when they are held in their components, with advance notice and briefing being provided by the FDA staff.

**FDAPAC Membership, Contact Dentists
CGA, 11/11/1978**

RESOLVED, because FDAPAC contributions and the dentist delivering contributions to the legislator or legislative candidate are factors long remembered by the legislator; that when making the contact-dentist designations, the members of the council strongly encourage those designees who are not members of FDAPAC to become members.

**Foreign-trained Dentists Who Are Hygienists, Disciplinary Action Against
BOT, 92B-084, 12/5/1992**

RESOLVED, that the FDA encourage the Board of Dentistry to amend its rules and regulations to provide a provision to automatically revoke the dental-hygiene license of any foreign dental-school graduate who obtained such license and who was found in violation of the dental practice act, Chapter 466.028 (z), F.S., by "Practicing or offering to practice

beyond the scope permitted by law." And, be it further,

RESOLVED, that the Board of Dentistry fine, reprimand and/or place on probation any Florida licensed dentist who permits a foreign dental-school, who has obtained a dental-hygiene license, to practice beyond his or her scope of duties as a dental hygienist.

**Infectious Diseases, Continuing-education Courses on
HOD, 97H-006, 1/1/2011**

RESOLVED, that the FDA support a proposal granting the Board of Dentistry the authority to determine which infectious diseases should be the subject of a continuing biannual education course for a license renewal in lieu of the mandated HIV and AIDS course. And be it further RESOLVED, that HIV and AIDS be one of the infectious disease topics that the Board of Dentistry be required to consider for the continuing-education course on infectious diseases.

**Inoculation by Volunteer Dentists of Florida Citizens in the Event of Bioterrorism
HOD, 2002H-219rc/a, 6/12/2003**

RESOLVED, that volunteer dentists of the Florida dental profession be considered part of the health-care team that could provide mass inoculations in the event of bioterrorism; and, be it further

RESOLVED, that the FDA communicates the dental profession's interest in participating in mass inoculation and surveillance to the Secretary of the Florida Department of Health and the Governor. Furthermore, that the FDA request sovereign immunity be provided to participating volunteer dentists.

**Interdisciplinary Membership and Terms, Structure of
419 SC, 1/12/1985**

RESOLVED, that the FDA create policy pertaining to the Board of Dentistry as follows: 1) Support the existing interdisciplinary membership of the board and that all aspects of dentistry and dental-care delivery continue to be required by a single board. 2) Should other parties propose changes in the Board of Dentistry structure, the association would support increasing the ratio of dentists to non-dentists. 3) Support a limit of service by Board of Dentistry members to two consecutive four-year terms. 4) The chairperson of the board be elected from among the dentist members.

**Investigative Files, Confidentiality of
4015s CGA, 1/12/1985**

RESOLVED, that it is policy of the FDA to support protecting the confidentiality of [state] investigatory files until and unless probable cause is found against the license.

**Investigators and Prosecutors, Board of Dentistry's Ability to Contract With
HOD, 98H-056rc**

RESOLVED, that the FDA work with the Department of Health and the Board of Dentistry to more routinely utilize the contracting provisions of Chapter 455, Florida Statutes, in order to assure the expeditious use of investigative and prosecution services to protect the public; and, be it further

RESOLVED, that, if the contracting authority pursuant to Chapter 455, Florida Statutes, is not routinely utilized or if it is proven to be inadequate, the FDA support legislation authorizing the Board of Dentistry to directly contract for investigative and prosecution services pursuant to Chapters 455 and 466, Florida Statutes.

Legislation, Non-covered Services in Contracts
HOD, 2009H-024, 1/1/2010

RESOLVED, that the Florida Dental Association support legislation that states that no contract between a dental plan and a network provider dentist for the provision of services to covered individuals may require that the dentist provide services to plan subscribers at a fee set by the dental plan unless the services are included in the subscriber agreement. Services would include all procedures reimbursable under the provider agreement subject to contract limitations which would include deductibles, waiting periods, frequency limitations and annual maximums and, be it further

RESOLVED, that the FDA governmental affairs staff draft legislation to amend the state insurance statutes to implement this association policy.

Monitoring of State Bid Proposals
HOD, 2003H-019rc/s, 1/1/2011

RESOLVED, that the legislative and regulatory monitoring activities of the FDA include any bids, request for bids, request for applications (RFA's) and request for proposals (RFP's) for any program that may affect dentistry. And, be it further RESOLVED, that any issues immediately be reported to the Governmental Affairs Committee and the Board of Trustees.

Pharmacists Prescription Authority
303 CGA, 1/14/1984

RESOLVED, that it is the policy of the FDA to oppose authority for pharmacists to prescribe drugs.

Professional Fee Review
304 CGAa, 1/14/1984

RESOLVED, that it is the policy of the FDA to oppose professional fee review or regulation by the Department of (Business) and Professional Regulation and the boards or any other governmental agency. And, be it further,

RESOLVED, that it is the policy of the FDA to support legislation to amend Chapter 455, Florida Statutes, to differentiate between minor technical violations and serious, dangerous or threatening violations of professional practice acts so as to encourage the Department of (Business) and Professional Regulation to devote its resources to serious or repeat violations. And, be it further,

RESOLVED, that it is the policy of the FDA to support the DPR use of dentist consultants in the process of complaint analysis and to support the continued use of BOD members in the Probable Cause Committee of the Board of Dentistry.

Sales-tax Exemption
6071, 12/6/1986

RESOLVED, that it is FDA policy to support state sales-tax exemptions for services and products that meet basic human needs, such as food and health care.

Silent PPOs
HOD, 97H-046

RESOLVED, that the FDA pursue, either regulatory or legislatively, a measure prohibiting Florida licensed insurers from incorporating in their claim forms, checks or other similar documents provisions that limit a non-participating provider to accepting only the fee agreed to by a panel provider, or otherwise known as a silent PPO.

Split Fees and Rebates
2M-83s, 1/14/1984

RESOLVED, that the FDA actively pursue the enforcement and prosecution of those in violation of Florida Statute 466.028 to ensure the practitioner's disclosure to the patient of any financial arrangement that exists between the referrer that would fall into the category of commissions, split-fees, rebates, kickbacks or corporate financial agreements that have a similar effect.

HOUSE OF DELEGATES

Alternate Trustees as Delegates on the House of Delegates
HOD, 2017H-006, 1/27/2018

RESOLVED, that the FDA Bylaws, Chapter VI, House of Delegates, Section 20, Representation, be amended as follows:

Overstrike = Deletion
Underline = Addition

SECTION 20. REPRESENTATION

The HOD has 103 certified delegates: 100 delegates from the components and one student delegate from each of the three accredited Florida dental schools. FDA line-officers, trustees, and alternate trustees may not be delegates or alternates to the FDA HOD.

Bylaws Change: Annual Bylaws Review
HOD, 2018H-032A, 6/29/2019

RESOLVED, that the FDA adopt the updates to the FDA Bylaws recommended by the Council on Ethics, Bylaws, and Judicial Affairs with the following amendment on page 102, line 38:

B. Qualifications

1. Candidates for president-elect, first vice president, second vice president, secretary, treasurer and treasurer-elect must be voting members of the FDA, live or practice within the component which they will represent, and meet other qualifications (if any) stated in these Bylaws and required by the Component.
2. Candidates for trustee must be voting members of the FDA and live or practice within the component of which they are going to represent. and meet other qualifications (if any) stated in these Bylaws and required by the Component.

INFECTIOUS DISEASES

HIV Infection - Right to Know
88-075, 1/14/1989

RESOLVED, that the FDA supports the dentist's right to know if a dental patient has HIV infection or any other disease that may affect dental-treatment decisions.

LEGAL AFFAIRS

Confidential Legal Matters 499 EC, 9/8/1984

RESOLVED, that the FDA establish administrative policy to require the association's legal counsels to include in any agreement to represent the dental groups a provision to share all legal information on the case with the FDA.

Separation of Bylaws and Workgroups Manual HOD, 2018H-003, 1/26/2019

RESOLVED, that the FDA Bylaws and Leadership Manual be split into two separate documents; and, be it further

RESOLVED, that the FDA Leadership Manual be renamed the FDA Governance Manual.

MEDICAID

Encounter Fees in Public Health Settings, Potential for Inappropriate Use of HOD, 2007H-032b/s, 6/1/2008

RESOLVED, that the FDA encourage the Agency for Health Care Administration (AHCA) to investigate and address the efficiency of dental treatment plans for patients receiving care in public health facilities that are reimbursed by encounter fees. And, be it further RESOLVED, that the FDA seek to re-direct any funds recouped from inappropriate use of encounter fees to go directly towards Medicaid dental care services

Fraud and Abuse, Recommendations to Resolve Medicaid HOD, 2007H-030 rc/s, 6/1/2008

RESOLVED, that a Florida licensed dentist be included among the investigators of all dental Medicaid fraud and abuse investigations.

Maintain Dental Services Separate from Medical under Medicaid Reform HOD, 2012H-051, 6/15/2013

RESOLVED that, as the state transitions the entire Medicaid program to managed care, the FDA supports keeping dental services separate from medical services with specific assurances outlined and contract provisions addressed in statute to the greatest extent possible.

Medicaid Litigation 2006H-010rc/s, 6/14/2007

RESOLVED, that the Florida Dental Association pursue all reasonable and prudent avenues of recourse, including legal and legislative action to secure to all infants, children and adolescents in Florida full access to timely, continuous and complete dental health care and services and, be it further,

RESOLVED, that the FDA continuously monitor the data being generated by all state programs involved in providing dental care to the infant, children and adolescent populations in Florida and, be it further,

RESOLVED, that the FDA Council on Dental Benefits and Care investigate alternative types of state funded dental

plan delivery systems to provide the best care possible to the children of Florida and, be it further

RESOLVED, that the Council on Dental Care and Health report yearly at the semi-annual House of Delegates on the progress of these government funded programs.

**Policy on Providers of Medicaid Dental Services
HOD, 2006H-042rc/s1/1/2011**

RESOLVED, that the Florida Dental Association supports that only Florida licensed dentists should be allowed to enroll as Medicaid dental program providers and bill for services to eligible participants, and be it further,

RESOLVED that the Council on Dental Benefits and Care, working in conjunction with the Florida Association of Community Health Centers, further study potential solutions for permitted dentists in community health centers to receive reimbursement for Medicaid services and report back to the June 2007 House of Delegates.

**Pregnant Women, Medicaid Dental Services for
HOD, 2007H-029, 6/1/2008**

RESOLVED, that the FDA supports a change in the state's Medicaid program that would provide dental services to pregnant women in an effort to reduce the potential risk of pre-term labor and low birth weight babies which may increase the costs to the State to treat these potential medical problems under the Medicaid program.

**Support Program to Better Serve Emergency and Basic Dental Services
HOD, 2003H-234rc/s**

RESOLVED, that the FDA support efforts to encourage Congress to craft a new Medicaid program that shall include emergency, preventive and basic restorative dental services according to funding availability and delivered by a system that reflects current standards of care for all populations being served.

MEMBERSHIP

**Dues, Reduced Faculty Members
2009H-101, 6/1/2010**

RESOLVED, a dues reduction for one year of 50% should be offered to all full time faculty who are current members or seek new membership with the FDA pursuant to chapter 1 section 100 of the FDA bylaws. The metrics of this dues reduction program would be reviewed by the council on membership annually to evaluate its effectiveness and determine the continuation of the program.

**FDA Membership Manual
HOD, 2019H-013,1/25/2020**

RESOLVED, that the COM recommend the House of Delegates adopt the FDA Membership Manual.

**FDA Nonmember Panel/Value Prop Objectives
HOD, 2018H-035, 6/9/2019**

RESOLVED, that the FDA's House of Delegates request that each component hold a nonmember panel discussion; and be it further

RESOLVED, that each component's Board of Trustees member report back to the Board of Trustees, any Value Proposition Objectives that the Components created from the panel.

Membership, Antidiscrimination Policy
401 EC, 9/8/1984

RESOLVED, that the Board of Trustees direct all members, officers and staff of the FDA not to discriminate, based upon consideration of age, sex, race, religion or national origin.

Recruitment, Membership Standardization of Committees Across the State
BOT, 97B-087, 1/1/2011

RESOLVED, that the Florida Dental Association request its component and affiliate dental associations to establish standing membership recruitment committees with chairpersons appointed for at least two-year terms to provide program continuity.

Recruitment, Non-discriminatory Basis
HOD, 90H-085, 12/8/1990

RESOLVED, the policy of the FDA is to recruit all non-member licensed dentists on a non-discriminatory basis. Therefore, be it,

RESOLVED, that the FDA, through its component and affiliate dental societies, make every effort to recruit all non-member dentists.

PATIENT RECORDS

Dental Records, Maintaining
441 CGA, 1/12/1985

RESOLVED, that the FDA create policy pertaining to patient records and the obligations of the dentists of records as follows: 1. It is FDA policy that each dentist shall maintain written dental records and medical history records, which justify the course of treatment of each patient. 2. It is FDA policy that all patient records kept in accordance with Florida law be retained for at least four years and that all such legal requirements be a standardized number of years. The number of years should not be excessive. 3. It is FDA policy that: If the dentist of record is not identified in the record of the patient, as required by statute, it shall be presumed as a matter of law that the dentist of record is the dentist who examined the patient and developed or recommended a treatment plan for the patient. If the dentist of record is not identified in the patient record, and if the record does not identify which dentist examined, planned the treatment and treated the patient, it shall be presumed as a matter of law that the dentist of record is the dentist(s), employer(s), in which the patient was treated. 4. It is FDA policy that patient records be subject to subpoena without written authorization from the patient if the Probable Cause Panel of the Board of Dentistry finds reasonable cause to believe that a dentist has practiced below that level of care, skill and safety required by law. 5. It is FDA policy that the law provide for disposition of patient records in the event of: a. the death of the practitioner; b. the sale of the practice; c. the revocation or suspension of the practitioner's license; d. the relocation of the practitioner to another city, state or country; e. the death of the patient; f. the relocation of the patient and/or the severance of the practitioner/patient relationship. 6. It is FDA policy that the law allow a dentist to charge a reasonable fee for providing copies of patient records to any party legally entitled to such records.

PEER REVIEW

**Manuals, Revisions to FDA Manuals (Administrative to be done by BOT)
HOD, 2018H-020, 1/26/2019**

RESOLVED, that the FDA's House of Delegates approve the changes to the FDA's peer review manual and attachments.

**Peer Review, Compliance by Component and Affiliate Dental Associations
1CDC-82a, 1/8/1983**

RESOLVED, that the FDA directs that if an affiliate/component dental association peer review committee fails to adhere to the operational procedures as set forth in the FDA Dental Care Programs Manual, then the following shall occur: 1. The FDA office will notify the president of the association who will appoint the dentist representative from the Council on Dental Care from the respective component dental association who will conduct an investigation of the committee's operation and issue a report of the findings and any actions taken to correct the infractions; 2. The FDA president will contact the president of the component dental association detailing the committee's failure to adhere to the procedures for peer review and will make recommendations for immediate action to alleviate the problem; 3. If the committee fails to comply with the recommendations, the FDA president may suspend.

POLITICAL ACTION COMMITTEES

**FDA Mailing Labels
5125s, 12/7/1985**

RESOLVED, that the FDA be authorized to sell membership mailing labels to FLADPAC for use on behalf of FLADPAC-endorsed candidates or as in-kind contributions to FLADPAC-endorsed candidates, the ultimate use of which may include solicitation.

**Local Political Action Committees, Formation of
HOD, 91H-075, 1/11/1992**

RESOLVED, that local political action committees be encouraged to be formed to support local candidates who favor issues that enhance the oral health status of the public, such as community water fluoridation and other public-health programs endorsed by organized dentistry.

PROFESSIONAL LIABILITY

**Compulsory Malpractice Insurance
4014s, 1/12/1985**

RESOLVED, that it is the policy of the FDA to support the freedom of individual dentists to make decisions about professional liability insurance.

**General Damage Awards in Malpractice, Statutory Limitation on
5099s, 1/11/1986**

RESOLVED, that the FDA support a statutory limitation on general damages awarded (for pain, suffering, loss of quality of life, etc.) in malpractice cases. And, be it further,

RESOLVED, that the FDA support statutory requirements for structured payment over time rather than lump-sum payment of general damages.

PUBLICATIONS

Advertising Discrimination Policy BOT, B-30, 9/1/1981

RESOLVED, that the FDA prohibit in its publications any advertisement that discriminates on the basis of sex, race or religion or does not meet the standards established for the FDA's publications.

Today's FDA, CE in BOT, 2009B-008, 7/1/2009

RESOLVED, that the Editor is authorized to offer up to one (1) credit hour of continuing education credit to member-readers of appropriate scientific articles in Today's FDA, not to exceed a total annual offering of six (6) credit hours. And, be it further

RESOLVED, that up to \$1000 is hereby allocated from the contingency account to purchase web-based software to allow member-readers to earn such credits.

Today's FDA, Complimentary Subscriptions to BOT, 93B-043

RESOLVED, that the FDA not distribute complimentary copies of Today's FDA to legislators and other officials.

Today's FDA, Distribution to Retired FDA Members HOD, 99H-073a, 6/14/2000

RESOLVED, that retired FDA members be given the choice of receiving (in print) the Today's FDA publication.

Today's FDA, Use One Issue as Recruitment Tool to Non-member Florida Licensed Dentists BOT, 98B-009, 9/12/1998

RESOLVED, that one issue of Today's FDA per year include articles of interest to all Florida licensed dentists, including but not limited to an invitation from the current president to non-members to join the FDA; a story outlining the benefits of belonging to organized dentistry; a listing of names of Florida's component and affiliate societies; and a listing of component and affiliate events; and, be it further

RESOLVED, that this issue be mailed to all Florida licensed dentists; and, be it further

RESOLVED, that this issue will contain pages highlighting membership benefits and FDA Services.

Web Site, Advertising on HOD, 2000H-104, 6/14/2001

RESOLVED, that the communications department staff develop appropriate promotional materials and advertising guidelines consistent with those used for Today's FDA; and be it further

RESOLVED, that the communication department staff, in consultant with Today's FDA's editor, review and approve or reject advertisements consistent with methods used to review and approve or reject advertisements for Today's FDA; and, be it further

RESOLVED, that the FDA offer advertising options on its Web site.

SPECIALTIES, DENTAL

Craniofacial Pain as a Possible Dental Specialty 2005H-023, 1/7/2006

RESOLVED, that the FDA hereby opposes the establishment of an ADA-recognized specialty in craniofacial pain.

Overlap in Scope of Practice Among Specialties 92B-023a, 9/19/1992

RESOLVED, that the FDA submit to the ADA the following language with a request that the ADA incorporate it into an advisory opinion: "When a specialist is presented with a particular condition requiring a procedure that falls within the scope of another specialty, a specialist is required to inform the patient that no other specialty exists in which the accredited educational program is significantly more extensive with regard to the procedure under consideration, and providing the procedure under the circumstances presented by the patient." If the specialist elects not to refer the patient under the circumstances, the specialist assumes the obligation to inform the patient that he or she no longer is rendering care as a specialist and has the obligation to offer the patient the option of seeking such specialty care. Failure to inform the patient is in violation of the ADA Code of Ethics."

Pediatric Dentistry, Definition of HOD, 94H-094, 6/8/1995

RESOLVED, that the House of Delegates adopt the following definition of pediatric dentistry and forward the recommendation to the ADA Council on Dental Education for review: "Pediatric dentistry is an age-defined specialty that provides comprehensive primary, preventive and therapeutic oral care for infants and children through adolescence, including those with special health-care needs."

STRATEGIC PLAN

Strategic Planning Retreat, Board of Trustees to Hold 2003H-542, 1/1/2011

RESOLVED, that, subject to the adoption of an implementing resolution, the Board of Trustees, and not the Executive Cabinet, hold an annual strategic planning retreat.

Strategic Planning Updates to the Semi-Annual House 2011H-058, 1/21/2012

RESOLVED, that the President-Elect prepare and submit a report to each semi-annual session of the House of Delegates on (a) the status of the Board of Trustees' implementation of the FDA's strategic plan to date as well as (b) any recommended updates and/or changes to the strategic plan, if any.

STUDENT LOANS

Student Loans, Increase in Penalty for Non-repayment of 6035, 9/13/1986

RESOLVED, that the Student Loan Provisions (No. 8) be amended as follows to include a 4 percent increase in interest above that charged by the federally insured loan program for all recipients who are in arrears of repayment. And, be it further,

RESOLVED, that any legal costs incurred by the FDA or the debtor in the collection of past due accounts will be the responsibility of the loan recipient

UNLICENSED PRACTICE

Tooth Whitening Administered by Non-Dentists HOD, 2007H-061, 6/1/2008

RESOLVED, the Florida Dental Association supports educating the public on the need to consult with a licensed dentist to determine if bleaching is an appropriate course of treatment, and be it further,

RESOLVED, that the Florida Dental Association consult with dental product and equipment suppliers and manufactures regarding the distribution of regulated dental materials and devices to other than licensed dentists; and be it further,

RESOLVED, The Florida Dental Association supports the Board of Dentistry's interpretation 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 lawfully permitted self-application, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

Unlicensed Practice of Dentistry, Combating the HOD, 99H-049, 1/15/2000

RESOLVED, that the FDA support and implement the following recommendations of the Taskforce on the Illegal Practice of Dentistry: Aid the media in the investigation and the reporting of the dangers of illegal practice. The Florida Dental Association shall present itself as the spokesperson for Public Safety. The issues of cross-contamination, sterilization, appropriate diagnosis, and skilled measured care. Utilize the organization of the Florida Dental Association, to assemble, arrange, and disseminate information on illegal practice to the media to educate the public and motivate law-enforcement officials to pursue investigation and prosecution of fraudulent practitioners. The Florida Dental Association can act as a conduit by assigning member dentists as a repository for information to aid the media as spokespersons and law-enforcement for leads in the investigation and in the design of sting operations for the full prosecution of criminal charlatans who put the public at risk for personal gain.