1 2	Resolution Number: 200-2024
3 4	Title: High Point University Workman School of Dental Medicine
5	Reference Committee Assignment: Membership
6 7	Encourted 2022 24 Evenutive Committee
8	Sponsor(s): 2023-24 Executive Committee
9	Financial Impact: None
10	
11	Board of Trustees Comments: The Board recommends a yes vote.
12	
13	Reference Committee Comments : The Reference Committee recommends a yes vote and to be placed
14	on the Consent Calendar.
15	
16 17	Background: Per the Standing Rules of the House of Delegates, new ASDA chapters must be approved by the House of Delegates. High Point University Workman School of Dental Medicine has received
18	initial accreditation from the Commission on Dental Accreditation (CODA) to open in 2024. Approving
19	the creation of a chapter at this new program will allow national ASDA to put resources towards
20	supporting the formation of an ASDA chapter during the 2024-25 school year.
21	
22	RESOLUTION
23	
24	Resolved, that High Point University Workman School of Dental Medicine be recognized as an ASDA
25	chapter pending completion of the requirements as stated in the Standing Rules of the House of
26	Delegates and confirmation by the Board of Trustees.
27	
28	Action: The Chair moves resolution 200-2024 with the recommendation of a yes vote and to be placed
29 30	on the consent calendar.
30 31	House Action: Adopted.
J T	nouse Action. Adopted.

1 2	Resolution Number: 201-2024
3 4	Title: Ponce Health Science University School of Dental Medicine
5 6	Reference Committee Assignment: Membership
7 8	Sponsor(s): 2023-24 Executive Committee
9 10	Financial Impact: None
11 12	Board of Trustees Comments: The Board recommends a yes vote.
13 14 15	Reference Committee Comments : The Reference Committee recommends a yes vote and to be placed on the Consent Calendar.
16 17 18 19 20 21	Background: Per the Standing Rules of the House of Delegates, new ASDA chapters must be approved by the House of Delegates. Ponce Health Science University School of Dental Medicine has received initial accreditation from the Commission on Dental Accreditation (CODA) to open in 2024. Approving the creation of a chapter at this new program will allow national ASDA to put resources towards supporting the formation of an ASDA chapter during the 2024-25 school year.
21 22 23	RESOLUTION
24 25 26 27	Resolved, that Ponce Health Science University School of Dental Medicine be recognized as an ASDA chapter pending completion of the requirements as stated in the Standing Rules of the House of Delegates and confirmation by the Board of Trustees.
28 29 30	Action: The Chair moves resolution 201-2024 with the recommendation of a yes vote and to be placed on the consent calendar.
31	House Action: Adopted.

1 2	Resolution Number: 202-2024
3 4	Title: Universidad Ana G. Méndez School of Dental Medicine
4 5 6	Reference Committee Assignment: Membership
7 8	Sponsor(s): 2023-24 Executive Committee
9 10	Financial Impact: None
10 11 12	Board of Trustees Comments: The Board recommends a yes vote.
13 14 15	Reference Committee Comments : The Reference Committee recommends a yes vote and to be placed on the Consent Calendar.
16 17 18 19 20 21	Background: Per the Standing Rules of the House of Delegates, new ASDA chapters must be approved by the House of Delegates. Universidad Ana G. Méndez School of Dental Medicine has received initial accreditation from the Commission on Dental Accreditation (CODA) to open in 2024. Approving the creation of a chapter at this new program will allow national ASDA to put resources towards supporting the formation of an ASDA chapter during the 2024-25 school year.
22 23	RESOLUTION
23 24 25 26 27	Resolved, that Universidad Ana G. Méndez School of Dental Medicine be recognized as an ASDA chapter pending completion of the requirements as stated in the Standing Rules of the House of Delegates and confirmation by the Board of Trustees.
28 29 30	Action: The Chair moves resolution 202-2024 with the recommendation of a yes vote and to be placed on the Consent Calendar.
30 31	House Action: Adopted.

1 2	Resolution Number: 203-2024
3 4	Title: Introduction of task force to reduce national conference fees
5	Reference Committee Assignment: Membership
6	Sponsor(s): Kenny Tran, Alternate Delegate, Midwestern Arizona,
7	Emily Tarr, First Delegate, Midwestern Arizona,
8	Natasha Boyce, Second Delegate, Midwestern Arizona,
9	Adam Yang, Alternate Delegate, Harvard,
10	Zaki Minas, Trustee District 10, ASDOH
11	
12 13	Financial Impact: None
14 15 16 17 18	Board of Trustees Comments: As fiduciaries of the organization, the Board recognizes the importance of keeping costs reasonable for its members. To reduce the financial burden on chapters and students, the Board modified the Standing Rules of the Board to ensure meetings are held in more affordable cities and venues as well as implemented a scholarship program to promote attendance.
19	Since COVID-19, several factors have impacted the rise in cost. Areas include:
20	- Overall inflation (site rise in rates)
21 22	 Supply chain issues that drive up prices Limited venue availability due to COVID-19 venue closures and rebooking of events cancelled
23	during the pandemic.
24	We also recognize that these implications listed above may be impacting a chapter's ability to
25 26	fundraise to attend national conferences. Therefore, the Board recommends a yes vote.
20	Reference Committee Comments: The Reference Committee recommends a yes vote and to
28	be placed on the Consent Calendar.
29	
30 21	Background: The cost of attending ASDA's national conferences, The National Leadership Conference (NLC), and Annual Session have steadily risen these past years. ASDA's NLC, for
31 32	example, has climbed from \$505 in 2021 to \$599 in 2022 and \$630 in 2023. While these prices
33	are partly due to economic factors and varying levels of sponsorships, steps should be taken to
34	reduce the burden on students at the chapter level.
35	
36 37	Measures that could be implemented to ensure that costs remain more stable and affordable for respective chapters to attend. These measures could include changing the location of
38	ASDA's conferences to more cost-effective venues, seeking keynote speakers that are local to
39	the location, and offering fundraising opportunities to support the event, such as selling ASDA
40	merchandise. These efforts could help struggling chapters send more students to national
41	events and thus reach dental students who previously could not attend. On behalf of the dental
42	students, we request National ASDA to create a task force chartered with implementing ways to
43 44	reduce costs for attendees and create more pathways for struggling chapters to reach national conferences. A body should be created to determine what cost-saving matters could be
44 45	implemented and recommend these to the conference planning committees.

46	
47	Therefore, be it
48	
49	RESOLUTION
50	
51	Resolved, that The American Student Dental Association will introduce a task force appointed
52	by the 2024-25 Board of Trustees that will seek ways to reduce the cost of attendance for its
53	members to national conferences, including The National Leadership Conference and Annual
54	Session.
55	
56	And be it further:
57	
58	Resolved, that the task force present their findings at the 2025 House of Delegates.
59	
60	Action: The Chair moves resolution 203-2024 with the recommendation of a yes vote and to be
61	placed on the Consent Calendar.
62	
63	House Action: Adopted.

Resolution Number: RC204-2024 1 2 3 Title: Reference Committee Substitute, Amendment to the Standing Rules of the House of 4 Delegates, Section 3. Order and Schedule of Business 5 6 Reference Committee Assignment: Membership 7 8 Sponsor(s): Membership Reference Committee 9 10 Financial Impact: None 11 12 **Board of Trustees Comments:** 13 14 Reference Committee Comments: The reference committee believes that 204-2024 and 204S1-15 2024 both have a similar mission and end goal which is transparency and accountability. Based 16 on the verbal and written testimony received, the members of the House of Delegates made it 17 clear that it is imperative to create a task force. Creating a task force to investigate when more information is needed is standard practice as ASDA has done this in the past with the 18 19 redistricting task force and licensure task force. 20 In regards to 204-2024, the reference committee feels a task force is best equipped and most 21 22 appropriate to evaluate everything presented in sections A through E. They will dedicate the 23 time, expertise, and efficiency to evaluate this with the best interests of the organization in 24 mind. 25 26 Based on verbal testimony, the ADA is still evaluating how this information gets shared. This 27 shows that other organizations are looking into this and we should do the same. 28 29 A task force is necessary to properly vet the following: 30 How materials are distributed to credentialed delegates 31 • The information required in the presentation 32 The timing and process for delegates to ask questions 33 How to make changes to the financial information presented 34 Proper parliamentary procedure appropriate to financial discussions 35 36 The reference committee looked at both of the resolutions as well as the comments made 37 regarding the task force. The reference committee is recommending the task force consist of 38 three chapter presidents, one 2024-25 Board member, one 2024-2025 EC member, and one 39 2023-2024 EC member. This will ensure that the voices of the people you elected as the House 40 of Delegates are represented. 41 42 Based on testimony that was shared, this will be a directive not put into the governing 43 documents. This is because governing documents are meant to be timeless. 44 45 Background: Based on the verbal and written testimony received during the hearing, the 46 reference committee is proposing RC204-2024.

47	
48	
49	
50	Therefore, be it:
51	
52	
53	RESOLUTION
54	
55	Resolved, that the 2024-25 Board of Trustees appoint a task force comprised of three chapter
56	presidents, one 2024-25 Board member, one 2024-2025 EC member, one 2023-2024 EC
57	member, and a staff liaison to research financial information that should be shared with House
58	of Delegates members based on their role by reviewing association best practices and financial
59	reporting conducted by other dental associations.
60	
61	The task force research will include, but is not be limited to, the following:
62	A. Distribution of Financial Report Materials
63	B. Detailed Financial Reporting Requirements for Financial Presentation
64	C. Financial Discussion
65	D. Formal Requests for Additional Financial Items
66	
67 67	and be it further:
68	Reached, that the task faces are certain findings to the 2025 House of Delegator
69 70	Resolved, that the task force present their findings to the 2025 House of Delegates.
70	
71 72	Action: The Chair moves RC204-2024 in lieu of 204-2024 and 204S1-2024 with the
72	recommendation of a yes vote.

73 House Action: Defeated.

1 2	Resolution Number: 204S1-2024
2	Title: Board Substitute, Amendment to the Standing Rules of the House of Delegates, Section 3.
4	Order and Schedule of Business
5	
6	Reference Committee Assignment: Membership
7	Reference committee Assignment. Membership
8	Sponsor(s): 2023-24 Board of Trustees
9	
10	Financial Impact: None
11	
12	Board of Trustees Comments: The Board recommends a yes vote.
13	,
14	Reference Committee Comments : The Reference Committee has considered all the testimony
15	and is putting forth RC204-2024.
16	
17	Background: Because the ASDA Board of Trustees is responsible for the oversight and
18	management of the Association budget, the Board believes more investigation is required
19	before such detailed budgetary modifications to the financial report are outlined in the
20	Standing Rules of the House of Delegates.
21	
22	The Board appreciates the sponsors' request for additional financial information. Since this has
23	never been requested by delegates in the past, ASDA should investigate further. The Board
24	believes it is prudent to thoroughly vet this request to determine the appropriate financial
25	information that should be provided to delegates given their duties as outlined in ASDA's
26	governing documents.
27	
28	Creating a task force to investigate this request allows the organization to dedicate the time
29	needed to ensure all aspects of financial reporting are considered. It's possible there are
30	financial items not included in the request that should be included in the financial report. A task
31 32	force allows ASDA the time to look at this request from all angles.
32 33	The Board believes including local presidents on the task force will ensure their unique
33 34	perspective is considered when vetting financial information that should be presented to the
35	House. Therefore, be it:
36	
37	
38	RESOLUTION
39	
40	Resolved, that the 2024-25 Board of Trustees appoint a task force comprised of two chapter
41	presidents, two 2024-25 Board members, two 2023-24 Board members and a staff liaison to
42	research financial information that should be shared with House of Delegates members based
43	on their role by reviewing association best practices and financial reporting conducted by other
44	dental associations.
45	
46	and be it further:
47	

- **Resolved,** that the task force present their findings to the 2025 House of Delegates.
- 50 House Action: Defeated.

1 2	Resolution Number: 204-2024
2	Title: Amendment to the Standing Rules of the House of Delegates, Section 3. Order and
4	Schedule of Business
5	
6	Reference Committee Assignment: Membership
7	
8	Sponsor(s): Adam Yang, Alternate Delegate, Harvard
9	Kenny Tran, Alternate Delegate, Midwestern-Arizona
10	Emily Tarr, First Delegate, Midwestern-Arizona
11	
12	Financial Impact: None
13	
14	Board of Trustees Comments: Received after the deadline for Board comment.
15	
16	Reference Committee Comments: The reference committee has considered all the testimony
17	and is putting forth RC204-2024.
18	
19	Background: In the Standing Rules of the House of Delegates, specific requirements regarding
20	the presentation of financial information from the Executive Committee are notably absent.
21	Consequently, the presentation of ASDA's financial report to the House of Delegates has been
22	characterized by a degree of ambiguity, primarily relying on pie charts, bar graphs, and general
23	summaries without specific numerical values or percentages. Financial information is offered as
24	courtesy by the Executive Committee rather than a clearly defined requirement.
25	
26	While delegates are not directly responsible for making specific budgetary decisions, they play a
27	crucial role in determining membership dues, as outlined in ARTICLE III MEMBERSHIP Section 4.
28	Membership Dues of the Bylaws. It is important to note that the American Student Dental
29	Association (ASDA) operates as a 501(c)6 organization, and a significant portion of its financial
30 24	information is publicly available through the IRS-required Form 990. However, the accessibility
31 22	of this information does not always translate into a comprehensive understanding of the
32 22	organization's financial health.
33 34	This resolution sime to address the need for clarity and transparency by requiring that essential
34 35	This resolution aims to address the need for clarity and transparency by requiring that essential financial materials be provided to delegates in advance of the Annual Session and presented in
36	a digestible manner. Delegates, armed with such information, will be better equipped to actively
30 37	engage in financial discussions, seek timely responses from the Executive Committee or staff
38	during the Annual Session, and ultimately enhance financial transparency and maintain
39	accountability throughout the organization; therefore, be it
40	
41	RESOLUTION
42	

43 44	Resolved, that the Standing Rules of the House of Delegates, Section 3 Schedule and Order of Business be amended as follows:			
45				
46		eaker and secretary of the House of Delegates (executive director) are responsible for the		
47	•	-day business of the House, including the order of business, the agenda and the		
48	•	ncing of resolutions. The House of Delegates business meeting schedule is determined by		
49		the Committee on Sessions, but may be subject to change. Under extenuating circumstances,		
50		onal meetings of the House of Delegates during an Annual Session may be called by		
51	majori	ty vote of the House.		
52				
53		isiness meeting schedule should include a financial presentation and discussion and		
54		ution of materials as noted below to ensure greater transparency and accountability in		
55		s financial matters, allowing delegates to review financial materials, ask questions, seek		
56	clarific	cation, and engage in discussions to promote informed decision-making and oversight.		
57				
58	Α.	Distribution of Financial Report Materials		
59				
60		Materials regarding the financial report shall be distributed to credentialed delegates		
61		via email at least two weeks before the first day of the annual session.		
62				
63	В.	Detailed Financial Reporting Requirements for Financial Presentation		
64				
65		The financial report presented at the Annual Session must include the following		
66		information in numerical value, percentage, year-to-year percentage change:		
67		a) Total membership and past and projected trends		
68		b) Revenues in total and by category		
69		c) Expenses in total and by category		
70		d) Financial trends of revenues, expenses, and contribution to net assets over the		
71		past 10 years		
72				
73	С.	Team		
74		The Board of Trustees shall appoint a team consisting of three chapter presidents, one		
75		Board member, one current Executive Committee member, and one immediate past EC		
76		Member and a staff liaison to research financial information that should be shared		
77		with House of Delegates members based on their role by reviewing association best		
78		practices and financial reporting conducted by other dental associations.		
79				
80	D.	Financial Discussion		
81				
82		Following the presentation of the financial report by the Executive Committee, along		
83		with the reasons for any updates or corrections, the Speaker of the House shall lead a		
84		discussion lasting at least 10 minutes during the second House of Delegates Business		
85		Meeting, allowing delegates to ask questions, seek clarification, voice any concerns		

86		regarding the provided financial material, and receive timely responses from the
87		Executive Committee or staff during such session. The duration of this session can be
88		extended or concluded by a simple majority vote called by a House delegate.
89		
90	Ε.	Formal Requests for Additional Financial Items
91		
92		During financial report presentation and discussion session, delegates may formally
93		request additional financial items by amending this section of the Standing Rules of
94		the House of Delegates through a supermajority three-quarters vote called by a House
95		delegate. The requested financial items must be documented by the secretary of the
96		House of Delegates and included in the following year's financial report presentation
97		and materials provided to House delegates.
98		
99		
100	House	Action: Adopted.

1	Resolution Number: 205-2024			
2				
3	Title: Feasibility Study for Council on Wellness			
4				
5	Reference Cor	mmittee Assignment: Membership		
6 7	Spancari	Hakeem Alhady, Vice-Chair of Wellness Chapter, Tufts '26;		
8	Sponsor:	Emely Vidal, Chapter President, Tufts '25;		
9		Tareina Rogers, District One Trustee, Tufts '25		
10		Talella logers, District One Trustee, Turts 25		
11	Financial Impa	act: none		
12				
13	Board of Trust	tees Comments: The Board of Trustees agrees with the sponsors' assessment of the		
14		wellness. ASDA's current wellness efforts to address barriers and concerns faced by all		
15	•	, , , , , , , , , , , , , , , , , , ,		
16				
17	Reference Com	mittee Comments: The Reference Committee recommends a yes vote and to be placed		
18	on the Consent	Calendar.		
19				
20		As students within an extremely stressful field focused on the care of the communities		
21		e necessity to provide a focus on physical, mental, and spiritual wellness grows. Though		
22		ally on chapter and district levels, have been and are currently being considered to		
23		improve the care of student leaders, we ask for ASDA's consideration on establishing a		
24	Council on Wellness to help continue producing more widespread initiatives to promote opportunities			
25		vellbeing. With dentists, and dental students reporting higher than average rates of		
26		hysical health issues – establishing a safe place for students to convene, promote, and		
27 20	obtain resourc	ces grows ever more important.		
28 29	Currently the	Five Dimensions of Health and Wellness are the primary focus for National ASDA, with		
30	•	ts being provided by Chapter and District level committees. However, there appears to not		
31		ly focused counterpart for those efforts. Following the ADA's Health and Well-Being		
32		he push for improving Wellness in Dentists. Our recommendation would be to continue		
33		ADA's vision of empowering the dental community in prioritizing their well-being and turn		
34	-	for Wellness inwardly toward our current and future members; therefore, be it		
35				
36		RESOLUTION		
37				
38		t the 2024-2025 Board of Trustees be tasked with investigating the feasibility of a Council		
39		nat focuses on the needs, barriers and concerns faced by all dental students and student		
40	leaders; and b	e it further		
41				
42		t the board report back to sponsors the week following the 2024 Fall Council Meeting and		
43	report back to	the 2025 House of Delegates.		
44 45	Action The Ch	pair moves resolution 205, 2024 with the recommendation of a vesticate and to be placed		
45 46	on the consen	nair moves resolution 205-2024 with the recommendation of a yes vote and to be placed		
46 47	on the consen	נ למוכוועמו.		
47 48	House Action:	Adopted		
.0	House Action.			

1	Resolution Number: 206-2024
2 3	Title: Empowering Multi-District Advocacy Events
4	
5	Reference Committee Assignment: Membership
6	
7	Sponsor(s): Adam Yang, Council on Advocacy Chair, Harvard
8	Parker Norman, Districts 1-3 Legislative Coordinator, Pennsylvania
9	
10	Financial Impact: None
11	
12	Board of Trustees Comments: The Board appreciates the sponsor's passion for advocacy-
13	related events. ASDA's national councils are designed to represent dental students nationally.
14	This means that the National Council on Advocacy works on behalf of all chapters across the
15	country, not focused on specific districts. Additionally, ASDA's Board of Trustees does not have
16	the authority to mandate how districts choose to collaborate, or not collaborate, with each
17	other. This is because districts are separate legal entities that make their own decisions.
18	Advocacy leaders across chapters and districts are welcome and encouraged to collaborate.
19	However, the National Council on Advocacy should maintain its work on behalf of all dental
20	students nationally. Therefore, the Board recommends a no vote.
21	Defense Comments Decoder the worked and written testiments received the
22 23	Reference Committee Comments : Based on the verbal and written testimony received, the
23 24	reference committee does not believe that the Council on Advocacy should be tasked with this initiative, as there are currently no policies or guidelines stating that the districts cannot host
24 25	joint district advocacy events. Based on verbal testimony shared, there is currently an existing
26	multi-district conference being successfully held organized by district leadership. This speaks to
20	the fact that districts are interested and capable of coordinating themselves. If this were to be
28	tasked to the Council on Advocacy, this could undermine the district legislative liaisons whose
29	purview it falls under. The reference committee reviewed the mission of the Council on
30	Advocacy and believes that national ASDA should focus its resources on national efforts.
31	Therefore, the reference committee recommends a no vote.
32	
33	Background: The Council on Advocacy plays a pivotal role in advancing ASDA's advocacy efforts.
34	However, its current scope is limited, preventing it from organizing events involving multiple
35	districts, as such events are categorized as non-national. This limitation has been further
36	exacerbated by ASDA's withdrawal from the organization of the DC Lobby Day with the ADA,
37	leading to a reduction in the Council on Advocacy's responsibilities. It is worth noting that
38	Council on Advocacy members already represent more than one district, and their collective
39	expertise can be harnessed for the benefit of all districts; therefore, be it
40	
41	RESOLUTION
42	
43	Resolved, that the 2024-2025 Board of Trustees be tasked with investigating ways to empower
44	the Council on Advocacy to a) encourage and guide collaboration of multiple districts and
45	empower exchange of ideas with district advocacy chairs, chapter legislative liaisons, and other
46	equivalent positions and b) help districts and chapters engage in advocacy within their local and
47	state dental societies and allied professions, and be it further
48	

- 49 **Resolved,** that the Board be tasked with investigating the feasibility of removing terms, like
- ⁵⁰ "non-national events", in the bylaws that limit the Council on Advocacy's ability to plan,
- 51 execute, lead, and/or support events that encompass multiple district and be it further
- 52
- 53 **Resolved,** that the Board shall provide a progress report to the sponsors and the Council on
- 54 Advocacy chair and members following the 2024 Fall Council Meeting. In the event that the
- 55 Council on Advocacy's duties are not expanded to coordinate interdistrict events, the Board
- shall present alternative proposals and provide explanations to the 2025 House of Delegates.
- 57
- 58 **Action**: The Chair moves 206-2024 with a recommendation of a no vote.
- 59
- 60 House Action: Adopted.

1 2	Resolution Number: 207-2024
3 4	Title: Prohibition of Concurrent Opinion Submission on Resolutions
5 6	Reference Committee Assignment: Membership
7 8	Sponsor(s): Sina Shahrood, MWU - AZ
9 10	Financial Impact: None
11 12	Board of Trustees Comments: Received after the deadline for Board comment.
13 14 15 16 17 18 19 20	Reference Committee Comments : The purpose of the advance comments is to provide guidance for delegates. The Board of Trustees holds meetings and drafts comments based on historical context, expertise, and consultation with experts – all in an effort to make the business of the House of Delegates more efficient and to uphold the best interests of the association. Whether it is part of the resolution or shared during the hearing, the comments would remain the same. Not including them on the resolution would take longer for all the testimony to get shared.
21 22 23 24 25 26 27	As defined by the American Institute of Parliamentarians, which is ASDA's parliamentary authority, the primary duty of a reference committee is to receive and evaluate opinions and information so that it may present a well-informed recommendation to the House of Delegates. This can be done best by evaluating all resolutions referred to the committee, by basing recommendations on the best information and advice available, and by making decisions in the best interest of the public, the association, and the dental profession.
28 29 30 31 32	The Reference Committee comments are meant to guide the House of Delegates and takes into account all of the information that gets shared. The Reference Committee does not provide personal recommendations, but rather synthesizes the testimony from the House. Therefore, the Reference Committee recommends a no vote.
33 34	Background:
35 36 37 38	Whereas, the American Student Dental Association (ASDA) encourages members to submit resolutions to the reference committee for feedback and review prior to presentation at annual sessions;
39 40 41 42	Whereas, it has become common practice for the reference committee to include their recommendation for a "yes" or "no" vote on resolutions within the resolution text, alongside their comments;
43 44 45	Whereas, this practice unfairly influences the audience's perception of the resolution and potentially sways votes before open debate and discussion;

46 47 48 49	Whereas, allowing ASDA entities, such as the reference committee or Board of Trustees, to provide their opinion on a resolution within the same document undermines the democratic process of debating and deciding on resolutions at annual sessions;
50 51 52 53	Whereas, while the Board of Trustees may offer valuable insights, their opinions can be adequately discussed and considered during the debate of the resolution at the annual session; Therefore be it
54 55	RESOLUTION
56 57 58 59 60 61	Resolved, that the American Student Dental Association hereby places the opinions or recommendations from ASDA entities after the background and resolution itself including opinions or recommendations from ASDA entities within the resolution text, whether it be the reference committee, Board of Trustees, or any other ASDA entity, in order to ensure fair and unbiased consideration of resolutions during annual sessions.
62 63 64 65	Further resolved, that all resolutions presented at ASDA annual sessions shall stand on their own merit and be subject to open debate and discussion by delegates without the influence of pre-determined opinions or recommendations from ASDA entities.
66 67 68 69	Further resolved, that the Board of Trustees shall encourage robust discussion and debate of resolutions during annual sessions, ensuring that all voices and perspectives are heard and considered equally.
70 71 72 73 74 75 76	Further resolved, that Section 6B of the standing rules of the House of Delegates is hereby amended to include the following provision: "No recommendation or opinion regarding the way a vote should go shall be made in conjunction with the review, posting, or distribution of resolutions by the Board of Trustees, reference committees, or any other ASDA entity. Resolutions shall be presented and considered solely based on their content and merit during Annual Session proceedings."
77 78	Action: The Chair moves resolution 207-2024 with a recommendation of a no vote.

79 House Action: Defeated.

1	Resolution Number: 300-2024
2 3	Title: Licensure Portability
4	nue. Electione i of tability
5 6	Reference Committee Assignment: Licensure and Education
7 8	Sponsor(s): 2023-24 Governance Committee
9 10	Financial Impact: None
11 12	Board of Trustees Comments: The Board recommends a yes vote.
13	Reference Committee Comments: The Reference Committee acknowledges that the verbal
14	testimony provided was a point of inquiry and that it is addressed in the exiting language of the
15	resolution. Written testimony was submitted to the Reference Committee supporting the
16	resolution. The Reference Committee recommends a yes vote and to be placed on the Consent
17	Calendar.
18	
19	
20	Background: Current challenges with the dental licensing process make it difficult for graduating
21 22	students and practitioners to move freely among states to practice dentistry. Due to a lack of national or universally accepted license, graduating dental students and practitioners are often burdened with
22 23	severe financial, administrative, and clinical requirements to receive a dental license in multiple states.
23	Sometimes students attend school in a state different from where they intend to practice five or ten
25	years in the future. Other times, practitioners move for family or other reasons such as the case for
26	military spouses. ASDA supports licensure portability efforts that facilitate free movement between
27	states while continuing to practice dentistry. Dental compacts ease some of these burdens by allowing
28	eligible practitioners to practice in multiple states. This is a benefit for both the practitioner and public,
29	for it improves continuity of care and expands patient access to qualified dentists. Therefore, be it
30	
31	
32	
33	RESOLUTION
34	
35	Resolved, that the American Student Dental Association supports efforts to increase licensure
36	portability. ASDA supports the ability for licensed dental professionals to practice in other states without
37	needing to obtain an additional license despite differences in state licensure requirements. ASDA
38 39	encourages dental boards to support interstate dental compacts that allow for increased mobility for dentists to deliver care, assist in reducing barriers to care, and support military members and their
39 40	families.
40 41	
42	Action: The Chair moves resolution 300-2024 with a recommendation of a yes vote and to be
43	placed on the Consent Calendar.
44	
45	House Action: Adopted.

1 2	Resolution Number: 301-2024
3 4	Title: Licensing Fees in Cost of Attendance
5 6	Reference Committee Assignment: Licensure and Education
7 8	Sponsor(s): 2023-24 Governance Committee
9	Financial Impact: None
10 11	Board of Trustees Comments: The Board recommends a yes vote.
12 13 14 15 16	Reference Committee Comments : The Reference Committee recognizes that there was verbal testimony in favor of the resolution. The Reference Committee recommends a yes vote and to be placed on the Consent Calendar.
17 18 19 20 21 22 23 24 25 26 27 28	Background: Every dental school is required to calculate and report a cost of attendance to attend the school. This information is used to determine how much money students are eligible for in both federal and private student loans. Cost of attendance includes, but is not limited to, tuition and fees, books, supplies, living expenses, etc. The higher the cost of attendance, the more money in student loans applicants may be eligible for. Currently, some dental schools include the costs associated with obtaining initial dental licensure in their cost of attendance calculations, but other schools do not. These costs can range from hundreds to thousands of dollars. By encouraging all dental schools to include the cost of initial dental licensure in their cost of attendance calculations, students will have a more complete understanding of expected costs to attend the school and will receive appropriate student loan eligibility evaluations. Therefore, be it
29 30	RESOLUTION
31 32 33 34 35 36	Resolved, that the American Student Dental Association encourages all U.S. CODA-accredited dental schools to include the cost of obtaining initial dental licensure in their cost of attendance as defined by the Free Application for Federal Student Aid (FAFSA). This could include, but is not limited to, the cost of relevant clinical exams and the Integrated National Board Dental Examination (INBDE).
37 38 39	Action: The Chair moves resolution 301-2024 with a recommendation of a yes vote and to be placed on the Consent Calendar.
40	House Action: Adopted.

1 2	Resolution Number: 302-2024
3 4 5	Title: Amendment to the <i>Current Statements of Position or Policy</i> B-6 Domestic Abuse and Neglect
6 7	Reference Committee Assignment: Licensure and Education
8 9	Sponsor: Mikaela Gisch, 2023-24 District 6 Trustee, Case Western '24
10 11	Financial Impact: None
12 13	Board of Trustees Comments: The Board recommends a yes vote.
14 15 16 17	Reference Committee Comments: The Reference Committee recognizes that there was verbal testimony in favor of the resolution. The Reference Committee recommends a yes vote and to be placed on the Consent Calendar.
18 19 20	Background: Dental providers are in a unique position to be able to recognize signs and symptoms of Intimate partner violence (IPV), human trafficking, and domestic abuse.
21 22 23 24 25	Intimate Partner Violence is defined as Violent behavior within an intimate relationship, this behavior can occur between individuals who may or may not live in the same home. There are four main types of IPV: physical violence, sexual violence, stalking, and psychological aggression. Human trafficking is defined as the unlawful act of transporting or coercing people in order to
26 27 28	benefit from their work or service, typically in the form of forced labor or sexual exploitation. Domestic violence: is defined as violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner. This however can include parent, sibling, and
29 30	roommate abuse.
31 32 33 34 35 36	Studies have shown that victims of IPV, human trafficking, or domestic violence will cancel appointments with their primary care physicians out of fear that the physician will recognize signs/symptoms of abuse (bruising, lacerations, etc). However, they will keep dental appointments because they believe that dental providers will not be as attentive to these signs/symptoms.
 37 38 39 40 41 42 43 44 	A thorough head and neck examination by a dental provider can mean the difference between life and death for these victims. However, despite the importance of the physical examination, it is equally as important to be able to provide concrete and comprehensive resources for victims on where to get help and how to escape their situation. Because of the unique position dental professionals are in to help victims, it is of the utmost importance that dental students receive adequate training to be able to know what to look for during an examination and how to respond.
44 45 46	RESOLUTION

- 47 **Resolved,** that B-6 Domestic Abuse and Neglect be amended as follows:
- 48
- 49 It is the position of the American Student Dental Association that dental students should
- 50 recognize their legal and ethical responsibilities regarding the early detection and reporting of
- 51 *the following:* child, spousal or elder abuse cases; domestic abuse, intimate partner violence
- 52 or human trafficking., and that ASDA strongly supports the incorporation of domestic
- 53 **violence, intimate partner violence and human trafficking** domestic abuse recognition courses
- 54 *in the existing curriculum.*
- 55
- 56 Action: The Chair moves resolution 302-2024 with a recommendation of a yes vote and to be
- 57 placed on the Consent Calendar.
- 58
- 59 House Action: Adopted.

1	Resolution Number: 303-2024
2	
3	Title: Dental Students Experiencing Intimate Partner Violence
4	
5	Reference Committee Assignment: Licensure and Education
6	
7	Sponsor: Mikaela Gisch, 2023-24 District 6 Trustee, Case Western '24
8	
9	Financial Impact: None
10	
11	Board of Trustees Comments: The Board recommends a yes vote.
12	bourd of frastees continents, the bourd recommends a yes vote.
13	Reference Committee Comments: The Reference Committee recognizes that there was verbal
14	testimony in favor of the resolution. The Reference Committee recommends a yes vote and to be placed
15	on the Consent Calendar.
16	
17	Background: Intimate partner violence (IPV) is defined as "behavior within an intimate
18	relationship that causes physical, sexual or phycological harm, including acts of physical
19	aggression, sexual coercion, psychological abuse and controlling behaviors, this definition
20	covers violence by both current and former spouses and partners." The four main types of IPV
21	are physical violence, sexual violence, stalking, and psychological aggression. 1 in 4 women and
22	1 in 9 men experienced some form of severe IPV. Women between the ages of 18-24 are most
23	commonly abused by an intimate partner.
24	
25	Dental students experiencing IPV are often left feeling alone in their situation and are often left
26	without the proper guidance and resources to escape. The path to leaving the vicious cycle of
27	abuse is often extremely difficult for dental students who fall victim to IPV, especially if that
28	student is experiencing the abuse at the hands of another student. Abusers repeatedly go to
29	extreme lengths to prevent their victim from leaving the relationship, often by manipulating
30	them emotionally.
30 31	RESOLUTION
32	RESOLUTION
33	Resolved, that the American Student Dental Association encourages dental school
33 34	administrations to develop and promote resources for dental students experiencing intimate
35	
	partner violence.
36	If you are a intimate wante and intimate wanted and the standing destal school. ACDA an accurate
37	If you experienced intimate partner violence while attending dental school, ASDA encourages
38	you to report it to your administration through the appropriate channels; and be it further
39	Resolved, that ASDA place appropriate resources on its website to assist dental students
40	experiencing intimate partner violence.
40	
41	Action: The Chair moves resolution 303-2024 with a recommendation of a yes vote and to be
42	placed on the Consent Calendar.
43	
44	House Action: Adopted.
• •	

1	Resolution Number: 304-2024
2	Titles Land Asknowladson ont Desclution
3	Title: Land Acknowledgement Resolution
4 5	Reference Committee Assignment: Licensure and Education
6	Reference committee Assignment. Licensure and Education
7	Sponsor(s): Sina Shahrood, Advocacy Committee Member, MWU-AZ; Colby Dean, Member,
8	Tufts University
9	
10	Financial Impact: None
10	
12	Board of Trustees Comments: The Board recommends a yes vote.
13	
14	Reference Committee Comments: The Reference Committee recognizes that there was verbal
15	testimony in favor of the resolution. The Reference Committee recommends a yes vote and to be placed
16	on the Consent Calendar.
17	
18	Background: Throughout history, numerous dental schools have been established on land that
19	was originally inhabited by Indigenous peoples, acknowledging the ancestral territories on
20	which institutions are built (Native Land Digital). The acknowledgment of this historical reality is
21	crucial for promoting awareness, understanding, and reconciliation in alignment with the
22	principles outlined in the United Nations Declaration on the Rights of Indigenous Peoples
23	(UNDRIP, 2007). Recognizing the rights and contributions of Indigenous communities is
24	fundamental to fostering an inclusive and culturally sensitive environment within the dental
25	profession (AALD, 2021). This resolution aims to affirm ASDA's support for the practice of land
26	acknowledgments as a means of honoring Indigenous peoples and fostering a more inclusive
27	and respectful environment within dental education. This resolution seeks to demonstrate
28	ASDA's commitment to acknowledging historical realities, promoting inclusivity, and fostering
29	cultural sensitivity within dental education by supporting the practice of land
30	acknowledgments.
31	
32	RESOLUTION
33	
34	Resolved, that ASDA supports the practice of ancestral land acknowledgments at dental schools
35	to recognize the Indigenous peoples, raise awareness about historical injustices, and promote
36	respectful relationships with the indigenous populations to further the reach of oral health
37	care.
38	
39	Further resolved, that ASDA encourages dental schools to incorporate educational initiatives
40	that highlight the history, culture, and contributions of Indigenous peoples within the
41	curriculum, fostering an environment of cultural competency and sensitivity.
42	
43	Action: The Chair moves resolution 304-2024 with a recommendation of a yes vote and to be
44	placed on the Consent Calendar.
45	
46	House Action: Adopted.
47	

- 48 Sources:
- 49
- 50 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). (2007). Retrieved
- 51 from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-
- 52 indigenous-peoples.html
- 53
- 54 Native Land Digital. (n.d.). Indigenous territories. Retrieved from https://native-land.ca/
- 55
- 56 American Association of Colleges of Dentistry (AALD). (2021). Diversity and Inclusion Toolkit.
- 57 Retrieved from https://www.aacd.com/education/

- 1 Resolution Number: 400-2024
- 2

Title: Inclusion of Dentistry as a part of STEM (Science, Technology, Engineering, Math) Designated
 Degree Program.

- 5
- 6 Reference Committee Assignment: Professional Issues
- 7

Sponsor(s): Advanced Standing Committee: District 11 – Shweta Annaldasula, Vijay Sah, Varun
 Sehgal, Viraj Ketkar, District 9- Mohita Sharma, District 2- Sonaj Vardhaman.

10

12

11 Financial Impact: None

- 13 **Board of Trustees Comments:** The Board recommends a yes vote.
- 14

Reference Committee Comments: The Reference Committee recommends a yes vote and that it
 be placed on the Consent Calendar.

1718 Background:

19 Optional Practical Training (OPT) is a temporary employment that serves to allow international

20 students on an F-1 Student visa to work for 12 months following their graduation. The

- 21 introduction of the STEM OPT extension in 2008 for STEM graduates aims to retain talent and
- 22 adoptive innovation, yet its exclusion leaves international dental students concerned about
- 23 prospects since Dentistry is not a part of STEM yet. The omission disregards dentistry's
- 24 substantial scientific knowledge and fails to align with its inherent STEM attributes, raising

25 questions about the STEM Classifications. According to the Standard Occupation Classification

- 26 (SOC) Policy Committee recommendation to OMB, attachment A, dental occupations are
- 27 classified under the domain of Science- and Engineering-Related Domain in the Health
- 28 Occupations subdomain. The students who are studying under STEM Eligible subjects are
- 29 granted the option of Optional Practical Training (OPT) employment extension, which is a 24-
- 30 month extension after the initial 12 months. However, since Dentistry is not considered a STEM 31 degree by USCIS, foreign-trained dentists are given only a 12-month window after graduation to
- degree by USCIS, foreign-trained dentists are given only a 12-month window after graduation to secure a work visa which is lottery-based and works on probability. If their classification were to
- shift to STEM, these students would then be eligible for a longer 24-month period i.e., an extra
- 2 years. This distinction is important because it increases the likelihood that well-educated
- 35 professionals will be eligible for advanced visas, such as the specialty work (H-1B) visa, and
- 36 gives them more time to find stable employment opportunities. For this reason, incorporating
- 37 dentistry into STEM could improve conditions for international dental graduates and enhance
- 38 the U.S. healthcare system, therefore, be it
- 39

40 **RESOLUTION**

- 41
- 42 **Resolved**, that...
- 43 The American Student Dental Association endorses the inclusion of dentistry as a STEM-
- 44 designated degree program. It is the position of the American Student Dental Association to

- 45 actively engage in efforts to encourage relevant federal authorities to officially recognize
- 46 dentistry as a STEM degree.
- 47
- 48 **Action:** The Chair moves 400-2024 with a recommendation of a yes vote and to be placed on the
- 49 Consent Calendar.
- 50 House Action: Adopted.

1 2	Resolution Number: 401-2024
3 4	Title: ASDA's Position on the future supply of dentists
5 6	Reference Committee Assignment: Professional Issues
7 8	Sponsor(s): Kenny Tran Alternate Delegate Midwestern Arizona
9 10	Financial Impact:
11	Board of Trustees Comments: The Board appreciates the sponsor's observation about new
12	schools opening and what the implications of those new school openings may mean in the
12	
	future. However, the mission of ASDA states that we are an organization that "protects and
14 15	advances the rights, interests and welfare of dental students." Measures that restrict ASDA's ability to support all future dental students does not align with our current mission. Therefore,
	the Board recommends a no vote.
16 17	the Board recommends a no vote.
18	Reference Committee Comments: Based on the verbal testimony shared, the problem of
19	access to care is incentivizing dentists where to go, not about the number of dentists
20	themselves. Based on verbal and written testimony that the Reference Committee received, it's
21	not ASDA's job to take a stance on whether dental schools should open. By not supporting all
22	future dental students, we are not in alignment with our mission. The Reference committee
23	recommends a no vote.
24	
25	Background: According to the HRSA, there is a shortage of 10,877 currently in the United
26	States. However, with multiple new schools being opened, this may change. Accounting for
27	recent graduates from expected school openings, the projected number of dentists per 100,000
28	is expected to rise from 60.8 to 67 in the next 20 years. The ADA Health Policy Institute has
29	noted in recent years that the rate of new graduates and retirees has maintained a 1 to 1 ratio.
30	New dental schools cite a shortage of dentists as a reason why more dental schools are needed.
31	
32	The approach to improve access to care is not opening new schools or increasing class sizes but
33	incentivizing current students and dentists to work in rural areas via more student loan
34	repayment programs. With new schools opening yearly and stagnant dentist wages in major
35	metro areas, action must be taken to protect our profession.
36	
37	Dentistry should be cautious with more schools rapidly opening and prevent an over-saturation
38	of dentists. The Commission on Dental Accreditation (CODA) sets the pace for accreditation of
39	new dental schools. To prevent an over-saturation of dentists, CODA may consider adjusting
40	the timeframe of the accreditation process. This could include increasing the time it takes to
41	receive initial accreditation and increasing the criteria a school needs before applying. These
42	would allow CODA to have further control in the rate at which schools open.
43	ACDA represents success and future dental students success the second state of the sec
44	ASDA represents current and future dental students across the country. Speaking and
45 46	providing input on new dental school openings is necessary to protect our future.
46	

47	Therefore, be it
48	RESOLUTION
49	
50	
51	Resolved, that the American Student Dental Association supports the measured opening of
52	dental schools and class size increases to meet any existing shortages of dentists. With the
53	measured opening of schools and changes in class sizes being defined as: all school openings
54	and class size increases shall not lead to exceed an increase of 1% in graduates per year.
55	
56	Further resolved, the American Student Dental Association board of trustees 2024-2025 is
57	urged to investigate the feasibility of appointing the duty of advocating for measured opening
58	of new dental schools to prevent over-saturation of the profession to the council on advocacy.
59	
60	Further resolved, that the American Student Dental Association executive committee is urged
61	by the House of Delegates to work with the Commission on Dental Accreditation (CODA)
62	leadership regarding measured opening of dental schools and class size increases.
63	
64	
65	Action: The Chair moves 401-2024 with a recommendation of a no vote.
66	
67	House Action: Defeated.
68	
69	
70	
71	Reference: https://adanews.ada.org/ada-news/2023/september/dental-schools-and-the-
72	future-supply-of-dentists/
73	
74	ADA Health Policy Institute research brief, "Projected Supply of Dentists in the United States,

75 2020-2040

1	Resolution Number: 402-2024
2	
3	Title: Ethical Use of AI in Dental Settings
4	
5	Reference Committee Assignment: Professional Issues
6	
7	Sponsor(s): Sina Shahrood, Advocacy Committee Member, MWU-AZ
8	
9	Financial Impact: None
10	
11	Board of Trustees Comments: The Board recommends a yes vote.
12	
13	Reference Committee Comments: Based on testimony shared, the Reference Committee
14	believes most delegates are in favor of the ethical use of artificial intelligence. Questions were
15	raised on whether ethical guidelines already exist. Because the resolution advocates for the
16	development and implementation of ethical guidelines, the Reference Committee does not
17	believe any further action is necessary at this time. The Reference Committee recommends a
18	yes vote.
19	
20	Background: In recent years, the integration of Artificial Intelligence (AI) into healthcare
21	settings, including dental practices, has become increasingly prevalent, holding promise for
22	improved diagnostics and patient care (AMA, 2018). However, the ethical implications of AI use
23	in healthcare, including dentistry, require careful consideration to prevent bias, ensure privacy,
24	and promote transparency (WHO, 2021). Recognizing the potential benefits and challenges
25	associated with AI in dental settings, the American Student Dental Association (ASDA)
26	acknowledges the importance of establishing guidelines for the ethical use of AI.
27	
28	The necessity for such guidelines became evident as AI technologies gained traction in dental
29	education and practice. ASDA is committed to promoting ethical standards within the dental
30	profession, as outlined in the Principles of Ethics and Code of Professional Conduct by the
31	American Dental Association (ADA, 2021). This resolution aims to address the emerging ethical
32	considerations related to AI in dentistry and underscore ASDA's dedication to supporting
33	responsible AI practices among dental students. This resolution seeks to position ASDA as a
34	proponent of responsible and ethical AI use in dentistry, contributing to the establishment of
35	guidelines that prioritize patient welfare, uphold professional standards, and foster innovation
36	within the dental profession.
37	
38	RESOLUTION
39	
40	Resolved, that ASDA officially supports the ethical use of Artificial Intelligence in dental settings
41	and encourages its members to engage in responsible AI practices.
42	
43	Further resolved, that ASDA shall:
44	

45	Advocate for the development and implementation of ethical guidelines by the ADA Council on
46	Ethics, Bylaws and Judicial Affairs in collaboration with ASDA for the use of AI in dental
47	education and practice, emphasizing transparency, fairness, and patient privacy.
48	
49	Action: The Chair moves 402-2024 with a recommendation of yes vote.
50	
51	House Action: Adopted.
52	
53	
54	Sources:
55	
56	American Dental Association (ADA). (2021). Principles of Ethics and Code of Professional
57	Conduct. Retrieved from https://www.ada.org/en/about-ada/principles-of-ethics-code-of-
58	professional-conduct
59	
60	World Health Organization (WHO). (2021). Ethics and Governance of Artificial Intelligence for
61	Health. Retrieved from https://www.who.int/ethics/topics/artificial-intelligence/en/
62	
63	American Medical Association (AMA). (2018). Artificial Intelligence in Health Care. Retrieved

64 from https://www.ama-assn.org/system/files/2019-01/ai-2018annual-report.pdf

1 2	Resolution Number: 404-2024
3 4 5	Title: Amendment to ASDA's Current Statement Statements of Position or Policy E-4 Sensitivity to Diversity
6 7	Reference Committee Assignment: Professional Issues
8 9	Sponsor(s): Tareina Rogers
10 11	Financial Impact: None
12 13	Board of Trustees Comments: The Board recommends a yes vote.
14 15 16	Reference Committee Comments : The Reference Committee recommends a yes vote and that it be placed on the Consent Calendar.
17 18 19 20 21 22 23 24	Background: Whereas the American Student Dental Association (ASDA) is dedicated to advocating for the rights and well-being of dental students across the nation. We should recognize the crucial importance of diversity, equity, and inclusion in fostering a vibrant and inclusive dental community. Starting with acknowledging the recent changes with laws in the United States, which poses challenges to achieving equal opportunities for underrepresented students. The first way this could be done by revising our statements of position or policy concerning diversity. There are more that could be attributed to this resolution to remain continuously evolving with the generations; therefore be it
25 26	RESOLUTION:
27 28 29	Resolved, that ASDA's Current Statement Statements of Position or Policy E-4 Sensitivity to Diversity be amended as follows:
30 31	The American Student Dental Association believes dental schools should ensure all students, faculty, staff and administration are sensitive to the diversity of their colleagues and patients.
32 33 34 35	ASDA defines diversity through numerous, intersecting dimensions including but not limited to race, ethnicity, nationality, gender identify, age, physical abilities/qualities, sexual orientation, religious and ideological beliefs, veteran status, citizenship status and personal lifestyle preferences. ASDA recognizes the unique challenges faced by these diverse populations.
36 37 38 39	ASDA believes dental schools should provide a safe and inclusive environment for all students, faculty, staff and administration. Sexist, discriminatory or insensitive language and practices are unacceptable. Practices that systematically exclude and oppress others should be examined and addressed accordingly.
40 41	ASDA supports and encourages the incorporation of diversity training and professional learning regarding cultural competence and cultural humility as part of dental education. ASDA also

- 42 encourages the recruitment and retention of diverse dental student populations otherwise
- 43 underrepresented in organized dentistry.
- 44 ASDA supports and encourages equity for all students within dental education. ASDA promotes
- 45 impartiality, fairness and justice to overcome biases within ASDA procedures and policies,
- 46 educational programming and leadership development. This includes representation,
- 47 involvement, benefits and access for those underrepresented in the field of dentistry.
- 48 Availability of equipment and facility accommodations where appropriate to ensure student
- 49 safety and comfort should also exist.
- 50 ASDA supports reasonable academic accommodations for individual disabilities, religious and 51 cultural observances.
- 52 ASDA is committed to identifying, challenging, and dismantling barriers to involvement for 53 underrepresented students as listed in the dimensions of diversity, while concurrently working 54 to elevate the perspectives of aforementioned students and to educate the membership body 55 on topics related to diversity, equity and inclusion to further the ASDA mission to protect and advance the rights, interests and welfare of dental students. ASDA supports efforts to reduce 56 57 barriers to care for underrepresented and diverse populations. 58 ASDA will advocate for policies that aim to develop alternative methods that promote equal
- 59 opportunities for underrepresented students in dental schools such as but not limited to 60
- 61 programs that increase applicant readiness for those populations.
- 62

63 ASDA will support and encourage collaborations with organizations that prioritize promoting 64 diversity, equity, and inclusion in the dental field, aiming to create a network of support for 65 underrepresented students.

66

67 ASDA will support by promoting initiatives geared toward scholarship programs and

- 68 mentorship opportunities, for underrepresented students in pursuing dental education and 69 presence at dental conferences to ensure their success throughout their dental careers.
- 70
- 71 ASDA will develop and implement educational programs and resources that raise awareness
- 72 about unconscious bias, cultural competency, and the benefits of diversity in the dental
- 73 profession. The implementation and development can be completed by colleagues who
- 74 actively research these issues and would volunteer time to educate dental students.

75

76 ASDA will actively communicate and collaborate with dental schools, dental associations, and 77 policymakers to advocate for the implementation of these resolutions and foster an inclusive 78 environment within the dental profession.

79

80 Action: The Chair moves 404-2024 with a recommendation of a yes vote and to be placed on the

81 Consent Calendar.

82

83 House Action: Adopted.

84

1	Resolution Number: 405-2024
2	Titles Assessment to Compart Statements of Desition on C.2 asking on Destal Dravidare
3 4	Title: Amendment to Current Statements of Position or C-2 policy on Dental Providers
5	Reference Committee Assignment: Professional Issues
6 7 8	Sponsor(s): District 1 Diversity, Equity, and Inclusion Committee: Colby Dean, Akshaya Raviraj, and Natalie Ingram
9 10 11	Financial Impact:
12 13	Board of Trustees Comments: Received after deadline for Board of Trustees comment.
14 15 16 17 18 19 20 21 22 23 24 25 26 27	Reference Committee Comments : The Reference Committee recognizes that there is a shortage of dental professionals and lack of access to care. Based on verbal and written testimony, it was shared that midlevel providers are not the only solution. In addition, there was discussion during the Reference Committee Hearing speaking to the qualifications of dental therapists being equal to a dental student's education, this is not always true due to differing programs in differing states. It was also suggested that a task force be created during discussion, but verbal testimony indicates that a task force is not appropriate. This is because the dental therapy profession varies vastly among states, regarding qualifications and guidelines. Therefore, this discussion should be held at state associations. Based on discussion, this resolution does not align with the current mission statement of ASDA. Written testimony emphasized that we are the American Student Dental Association, and our policies should work to advocate for dental students who are working to become dentists. Therefore, the Reference Committee recommends a no vote.
28 29	Background:
30 31 32 33 34 35	Dental therapists traditionally have a scope of practice that is more preventative and restorative in nature. This allows patients who previously may have struggled to access dental care due to financial or locational restraints to get care. One study suggests the implementation of dental therapists in Minnesota resulted in more low-income patients accessing dental care, (1).
36 37 38	ASDA Previously argued the following points against mid-level providers. Below each bullet point is an updated argument in favor of mid-level providers:
39 40 41 42 43 44 45	 Current ASDA Statement: A midlevel provider is an individual with some dental training, but does not hold a DDS or DMD degree, and may perform irreversible dental procedures on the public. Midlevel providers include dental therapists, dental health aide therapists, and advanced dental therapists. Although a mid-level provider such as a dental therapist, does not hold a DDS or DMD degree, there are currently three CODA accredited dental therapy programs (Ilisagvik Dental Therapy Program in Alaska, Skagit Valley Dental

46		Therapy Program in Washington, University of Minnesota School of Dentistry
47		Dental Therapy Program, and Minnesota State University Master of Science in
48		Advanced Dental Therapy) that allow an individual to earn a dental therapy
49		degree, thus proving they are receiving a qualified education in dental therapy.
50		Minnesota's programs do not allow a dental therapist to practice independently
51		of a dentist, they must either be under direct supervision, or have a signed
52		collaborative practice agreement with a licensed dentist to operate, thus
53		ensuring that all procedures performed are under the supervision of dentist
54		holding a DDS or DMD.
55	•	Currently twelve states have adopted legislation allowing midlevel providers to practice
56		in their state.
57		• The scope of services provided by dental therapists is decided by individual state
58		regulations (2), with therapists typically able to perform around 100 procedures,
59		in contrast to the 500+ procedures that dentists can perform (3). By focusing on
60		restorative and preventive care within the state regulations, dental therapists
61		can help to expand access to oral healthcare, particularly in underserved
62		communities. This distribution of responsibilities enables dentists to focus on
63		more intricate procedures. Thus, working together, dentists and dental
64		therapists can improve the effectiveness and the range of treatments provided
65		to their patients.
66	•	Midlevel Providers were created as a response to barriers to care and the Dental Health
67		Professional Shortage Area crisis.
68		 Two of the four programs were created to meet the needs of our most
69		vulnerable population—American Indians and Alaska Natives. In making these
70		programs, dental therapists are removing barriers to care and serving out
71		vulnerable populations—which are two of ASDA's policies (H-2 and H-13).
72		• Tribes in Alaska were first in the U.S. to use dental therapists, in 2004. Before the
73		dental therapists, many Alaska Native communities had sporadic access to oral
74		health care or no access at all. The Alaska Native Tribal Health Consortium
75		partnered with Ilisagvik College, a Tribal College, to create the Alaska Dental
76		Therapy Education Program. In 2017, 35 dental therapists were serving over
77		45,000 Alaska Natives in 81 communities. 78% of dental therapists serve the area
78		they grew up in. Children in communities served by dental therapists received
79		60% more preventative care. Those children also needed 74% fewer extractions
80		and 31% fewer dental operations under general anesthesia. (4)
81	•	ASDA does not believe midlevel providers are the solution to addressing barriers to care.
82		ASDA believes that the dentist is the only dental provider that should perform the
83		functions outlined in our C-2 policy.
84		 According to a JADA article analyzing studies, "The results of a variety of studies
85		indicate that appropriately trained midlevel providers are capable of providing
86		high-quality services, including irreversible procedures such as restorative care
87		and dental extractions." (5)
88		• In regions like Alaska's Yukon-Kuskokwim Delta, the inclusion of dental therapists
89		has led to an increased improvement in dental health outcomes. A study in the
90		Journal of Public Health Dentistry found that communities that are served by

91	dental therapists have had measurable increases in preventative care and
92	decreases in tooth extractions, suggesting better managed oral health conditions
93	through the implementation of dental therapists. (6)
94	• Alternatives include community dental health coordinators, emergency room referral
95	programs, tele-dentistry, children's health insurance programs, Medicaid expansion,
96	and student loan forgiveness programs for working in rural or underserved areas.
97	• In Minnesota clinics with dental therapists, on average, more than 80 percent of
98	the patients treated by dental therapists have been people with public
99	insurance, like Medicaid." (2)
100	• More than 50 countries have successfully implemented dental therapist into
101	their dentist-led team (2).
102	 According to Policy H-13, ASDA "supports appropriate initiatives and legislation to
103	improve and foster the oral health of vulnerable populations." (2)
104	 "Since the Alaska Native Tribal Health Consortium's DHAT program started,
105	dental therapists have extended care to 45,000 previously underserved people."
106	(2)
107	 In Minnesota, state law requires that dental therapists practice in settings that
108	primarily serve low-income or underserved communities." (2)
109	
110	
111	Resolved, that ASDA's Current Statements of Position or C-2 policy on Dental Providers should
112	be amended to read as follows:
113	
113 114	RESOLUTION
113 114 115	
113 114 115 116	The American Student Dental Association believes that the dentist is the only dental provider
113 114 115 116 117	The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and
113 114 115 116 117 118	The American Student Dental Association believes that the dentist is the only dental provider
113 114 115 116 117 118 119	The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions:
113 114 115 116 117 118 119 120	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning
113 114 115 116 117 118 119 120 121	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations
113 114 115 116 117 118 119 120	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care
113 114 115 116 117 118 119 120 121	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations
 113 114 115 116 117 118 119 120 121 122 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care
 113 114 115 116 117 118 119 120 121 122 123 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications
113 114 115 116 117 118 119 120 121 122 123 124 125 126	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications The American Student Dental Association supports mid-level providers as an evidence-based solution to barriers to care for our vulnerable populations, in alignment with ASDA's established policies delineated in H-2 and H-13.
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications The American Student Dental Association supports mid-level providers as an evidence-based solution to barriers to care for our vulnerable populations, in alignment with ASDA's established policies delineated in H-2 and H-13. Action: The Chair moves 405-2024 with a recommendation of a no vote.
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications The American Student Dental Association supports mid-level providers as an evidence-based solution to barriers to care for our vulnerable populations, in alignment with ASDA's established policies delineated in H-2 and H-13.
 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 	 The American Student Dental Association believes that the dentist is the only dental provider that mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—can perform the following functions: Diagnosis and treatment planning Prescribing work authorizations Performing surgical/irreversible dental procedures preventative and restorative care Prescribing drugs and/or other medications The American Student Dental Association supports mid-level providers as an evidence-based solution to barriers to care for our vulnerable populations, in alignment with ASDA's established policies delineated in H-2 and H-13. Action: The Chair moves 405-2024 with a recommendation of a no vote.

135	1.	https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790249
136	2.	https://familiesusa.org/resources/dental-therapists-can-improve-access-to-dental-care-
137		for-underserved-communities/
138	3.	https://www.americandentaltherapyassociation.org/index.php?option=com_dailyplane
139		tblog&view=entry&year=2023&month=03&day=14&id=19:how-is-a-dental-therapist-
140		different-from-a-dentist-
141	4.	https://www.nihb.org/docs/03252019/TOHI%20Inserts%20FINAL.pdf
142	5.	https://jada.ada.org/article/S0002-8177(14)60574-2/fulltext
143	6.	Catalanotto, F., & Hill, L. F. (2021). Dental Therapists' Impact on Access to Care and Oral
144		Health Equity. Compendium of continuing education in dentistry (Jamesburg, N.J. :
145		1995), 42(5), 256–257.