



POLICY MANUAL

TEXAS DENTAL ASSOCIATION

(Updated May 2017)

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ADA

Tripartite Core Values

85-2004-H

Resolved, the Texas Dental Association accept the American Dental Association Tripartite Core Values which are as follows:

TRIPARTITE CORE VALUES

We always remember – MEMBERS are our shared purpose.

These core values guide how we aspire to work together as a tripartite organization.

Trust

- It all begins with respect
- Be supportive not suspicious
- It's OK to disagree – openly
- Share credit

Collaboration

- 1+1+1=ONE...is our formula for success
- Recognizing our unique talents, values, and strengths, we complement each other
- See each other as partners
- Weed out "turf" problems
- Deliberately seek to add value to one another

Open Communications

- Share information and involve others early – rather than late
- When in doubt, go to the source (do not assume)
- Before embarking on a new initiative, ask, "How will this benefit the member, and impact the constituent, component, and the ADA?"
- Don't find fault – find remedy

Annual Session

Child Care at Annual Session

36-1989-H

Resolved, That because of the liability factor involved, childcare service cannot be provided by the Texas Dental Association or by the Auxiliary to the Texas Dental Association at the Annual Session.

Compensation to Associated Component Society

71-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it shall be the policy of the Texas Dental Association (TDA) that, when an annual meeting is held, the TDA shall compensate the associated component society; the amount to be determined by the TDA Board of Directors.

Critique

4-1978-H

Resolved, That the Council on Annual Session meet for the purpose of a critique of the Annual Session no later than June following the Annual Session.

Fees

72-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it shall be the policy of the Texas Dental Association (TDA) that the Council on Annual Session be authorized to establish fees, with approval of the Board of Directors, for all Texas Meeting Sessions including those to support accurate assignment of meeting rooms/classroom space and the quality of the program.

Events

109-2013-H (as amended by RCB)

Resolved, that the Council on Annual Session explore incorporating target market specific events beginning in 2014 at the Texas Meeting.

Exhibits (SEE ALSO APPENDIX A)

E-Mail Addresses of Texas Meeting Registrants

22-2014-RCBS-H (as amended)

Submitted by: 2014 House Reference Committee B

Resolved that e-mail addresses for Texas Meeting registrants be made available to exhibitors for a fee or as part of a sponsorship package, and be it further

Resolved, that the Texas Meeting registration form will require a yes/no option to share the registrant's email address(es) with exhibitors for a fee or as part of the sponsorship package.

Exhibitors, For Profit Referral Programs

47-1995-H (See Appendix A)

Resolved, That no for-profit referral program shall be promoted by any exhibitor at the TDA Annual Session or be an advertiser in any publication of the TDA; and be it further

Resolved, That no dental care benefit program shall be promoted by an exhibitor at the TDA Annual Session or be an advertiser in any publication of the TDA unless such program provides a covered person with Freedom of Choice as defined by TDA policy.

Exhibitor Guidelines

134-1994-H (See Appendix A)

Resolved, That the Board of Directors approve the following Exhibitor Guidelines as a screening mechanism for prospective exhibitors to determine if they are consistent with the Mission Statement and Strategic Plan of the Texas Dental Association.

Non-Exhibitor Sponsors

53-1995-H (See Appendix A)

Resolved, That a non-exhibitor of the TDA be allowed to sponsor an official TDA Annual Session event at a minimum \$2,000.00. These sponsors shall be held to all present TDA Annual Session Exhibitor Guidelines and the policies of the TDA.

Host Societies

80-1978-H

Resolved, That host dental society or societies for the Annual Session be nominated by the Council on Annual Session and affirmed by the Board of Directors four years in advance of the specified Annual Session.

Identification

144-2013-RCB-H (in lieu of 132-2013-B)

Resolved, that the Council on Annual Session have the registration company print on the dentist attendee's badge that the dentist is a Texas Dental Association member and include his or her division, and be it further

Resolved, that this begin no later than the May 2014 Annual Session.

Invitations

60-1983-H (Amended by 166-2002-H)

Resolved, That the Texas Dental Association invite all dental students in Texas to attend the Texas Dental Association Annual Session and to apply for membership in the Texas Dental Association upon graduation, and be it further

Resolved, That the local societies be encouraged to invite dental students to their meetings.

93-2010-BS-H

Submitted by: Council on Annual Session

Resolved, that the following persons be sent invitations to the VIP Reception at the Annual Session: Texas Dental Association (TDA) Alliance President & spouse, clinicians and spouses, ADA officers and spouses, ADA President-elect candidates and spouses, ADA trustees and spouses; constituent society presidents and executive directors and spouses, TDA Councils and Committees and spouses, TDA past presidents and spouses, TEXAS Meeting scouts and spouses, TEXAS Meeting clinician hosts and spouses, TDA staff and spouses working the Annual Session; TDA component society executive directors and presidents and spouses; TDA legal counsel and spouse, TDA House of Delegates and Alternates and spouses, TDA Board of Directors and spouses, TDA Smiles Foundation Board of Directors and spouses, and be it further

Resolved, that the following be given complimentary breakfast and lunch passes for the Texas Meeting VIP Hospitality Lounge: clinicians and hosts, ADA officers and trustees, Texas Meeting scouts, constituent society presidents and executive directors, TDA component society executive directors, TDA staff, TDA Legal Counsel, TDA Board of Directors, TDA Annual Session Council, Host Society volunteers, student volunteers (admission is provided on the day that volunteers have assignments), and be it further

Resolved, that other complimentary ticket requests be approved and budgeted to the appropriate agency by the TDA Board of Directors as the requests are made .

98-2010-H

Submitted by: Council on Annual Session

Resolved, that faculty from the dental schools continue to be invited to participate as clinicians at the Texas Meeting and be it further

Resolved, that faculty from the dental schools provide input on current and timely topics for continuing education sessions at the Annual Session.

Manual

10-1978-H

Resolved, That the Manual for the Annual Session of the Texas Dental Association be adopted.

Programs and Clinicians

Responsibility for Programs

7-1978-H

Resolved, That the Council on Annual Session be responsible for the preparation and coordination of the program of the Annual Session with approval of the Board of Directors.

Schedule, Annual Sessions

148-2015-H

Resolved, that the following schedule, recommended by the TDA Council on Annual Session, beginning with the 146th Annual Conference of the Texas Dental Association, the 2016 Texas Meeting, be revised as follows:

THURSDAY

8:00am – 5:00pm Continuing Education Classes

8:00am – 12:00pm Opening of the House of Delegates

9:00am – 6:30pm Exhibit Hall Open

12:30pm -- Reference Committee Meetings (Staggered Starts)
6:30pm – 8:30pm TEXAS Party

FRIDAY

8:00am – 5:00pm Continuing Education Classes
8:00am – 11:00am OPEN
9:00am – 6:30pm Exhibit Hall Open
11:00am – 12:30pm ADA/TDA Leadership Forum
1:00pm – 4:30pm House of Delegates
4:30pm – 5:30pm New Dentists Party
5:30pm -6:30pm District Caucus Meetings
6:30pm – 8:00pm VIP Reception

SATURDAY

8:00am – 2:00pm Continuing Education Classes
8:00am – 12:00pm House of Delegates
1:00pm – 5:00pm House of Delegates

Smoking Policy

99-2010-H

Submitted by: Council on Annual Session

Resolved, that there be no smoking in all official meetings of the Texas Dental Association, including social functions.

Awards

Awards of the Association (See Appendix D)

- Certificate of Merit
- Excellence in Patient Advocacy Award
- Fifty Year Members Certificate & Lapel Pin
- Friend of Dentistry Award
- Gold Medal for Distinguished Service (presented as a surprise to the recipient)
- Good Fellows Certificate & Lapel Pin
- Host Society Chair(s)
- Incoming President's Award
- Life Members Certificate & Lapel Pin
- New Dentist Leadership Award
- Outgoing Council Members (includes those members whose terms have expired and are reappointed)
- Outgoing Past President's Award (for the past president)
- Outgoing President's Award
- Outgoing Vice Presidents
- Outstanding Senior Dental Student Award (presented by the dental schools at the schools)
- Past President's Lapel pin
- President's Award(s) (chosen by the incumbent president; presented as a surprise to the recipient(s))
- Service Recognition Award to President of the Alliance of the Texas Dental Association
- Service recognition Awards

Board of Directors

Certification of Membership

82B-1999-H

Resolved, that the Association annually certify current membership of active, retired and active life members by issuing a static-cling sticker suitable for attachment to the membership certificate, the sticker to be distributed with the membership card, and be it further

Resolved, certificates of membership and the method of annual certification of current membership shall be approved by the Board of Directors.

Conflict of Interest

93-2006-Task Force on Charitable Foundations-H

Resolved, that no member of a committee, Council or Board of Directors of this Association shall serve on the Board of any firm or organization endorsed by or doing business with the TDA; Financial Services, Inc.; TDA Member Benefits Ltd.; or Paid Dental Benefits, Inc. that would involve or imply a conflict of interest with this Association; and be it further

Resolved, that no TDA Board member may serve simultaneously on any TDA subsidiary board, any subsidiary of TDA Holdings, Inc. or charitable, non-profit corporation affiliated with TDA provided that this prohibition will not apply to the Board of TDA Holdings, Inc.

(TDA Holdings Dissolved Dec. 31, 2015)

81-2017-H

Resolved, it is the policy of the Texas Dental Association (the "Association") that its officers, directors, members of councils and committees, and employees be loyal to, and further the interest of, the Association while working for or serving the Association. The persons subject to this policy should, therefore:

- A. Faithfully pursue the Association's interests rather than the person's own interests;
- B. Act in good faith with the care that an ordinary, prudent person in a like position would exercise under similar circumstances, and in a manner that is believed to be in the Association's best interest;
- C. Act at all times in a manner that is loyal to the Association's governing principles and its members;
- D. Follow the Association's constitution, Bylaws, and policies;
- E. Comply with governmental laws and regulations applicable to the Association;
- F. Treat the Association's members and employees with respect, dignity, and fairness;
- G. Maintain confidential information about the Association in a confidential manner; and
- H. Fully disclose any conflicts of interest or potential conflicts of interest.

and be it further

Resolved, that each person who is subject to the Association's conflict of interest policy shall complete and sign the current Texas Dental Association Conflict of Interest Statement at least annually after reviewing the Association's policy. Each nominee for a position subject to the conflict of interest policy shall also complete and sign this statement after reviewing the Association's policy.

Evaluation of Dental Vendor Solicitations

149-2006-H

Resolved, that the Executive Committee, together with the Executive Director and Legal Counsel will serve as the entity to evaluate and review competing proposals concerning dental vendor solicitations, and also to determine appropriate funding upon request.

“Give Kids a Smile” Participation

68-2003-H

Resolved, that the members of the Board commit to devoting their best personal efforts to facilitating successful "Give Kids A Smile" events in their home districts, constituent and component societies, including:

- Encouraging colleagues to participate in “Give Kids A Smile”;
- Helping to organize and participating in local “Give Kids A Smile” events; and
- Encouraging their caucuses to endorse and support “Give Kids a Smile” at the 2002 ADA House of Delegates.

Minutes

92-2016-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it is the policy of the Texas Dental Association (TDA) that the official record of all meetings of the TDA House of Delegates, Board of Directors, councils, and committees be referred to as the “minutes” of said meetings. Such minutes shall contain a record of all actions taken during the meeting along with the pertinent background discussion leading to each action taken along with summaries of all other presentations made to and discussions conducted. Discussions that occur during executive session or attorney-client session shall not be reflected in the minutes, and be it further

Resolved, that Resolution 77-2012-H be rescinded.

Distribution of Board Minutes

164-2011-RCAS-H

Resolved, that when the *House Book* becomes available that the minutes of the TDA Board of Directors and the reference committee assignment reports be posted on the member’s side of the TDA website and available to the general membership.

Minutes of Executive Committee

78-2012-H

Submitted by: Council on Constitution and Bylaws

Resolved, that the minutes of the Executive Committee become a permanent part of the records of this Association and are to be distributed with the minutes of the Board of Directors, and be it further

Resolved, that Resolution 17-1972-H be rescinded.

Reallocation of Surplus Line Item Funds

69-1980-H

Resolved that the Board of Directors shall have the authority to reallocate surplus line item funds as it deems necessary during the fiscal year.

Recall of Elected Officers

103-1989-H

Resolved, that the *Procedures for Recall of Members of the Board of Directors and Elected Officers* of the Texas Dental Association be approved.

Relief Fund (Grants to Charitable Dental Organizations)

119-2001-H

Resolved, that legal counsel make the necessary legal changes in any and all Relief Fund documents to implement Relief Fund grants to other charitable tax-exempt dental organizations. The total sum of such grants would be limited to the amount of interest earned on the account in the prior fiscal

year. All funding of grants would cease if the corpus of the relief fund should drop to less than \$500,000.00, and be it further

Resolved, that use of the Relief Fund for grants to charitable tax-exempt dental organizations is contingent upon IRS approval in which the Texas Dental Association Relief Fund retains its tax-exempt status.

Relief Fund (Grants to Charitable Dental Organizations)

BACKGROUND STATEMENT

Chapter VII, FINANCES, Section 50, Relief Fund, Subsection A clarifies that “*all money, property or securities received from any source by the Fund shall be placed in a separate account to be known as the Texas Dental Association Relief Fund, to be supervised, administered and prudently invested by the Board of Directors.*” Except for \$1,000, restricted by explicit donor stipulation, the Relief Fund remaining net assets are unrestricted and therefore are not subject to donor-imposed stipulations.

In the wake of the resulting destruction of the Saturday evening tornadoes in North Texas on December 26, 2015, basic information on ADA Foundation (ADAF) Disaster relief was provided to members. Unlike the ADAF, the Texas Dental Association does not currently have a program for immediate assistance.

One authorized purpose of the Relief Fund is to provide assistance to TDA members; however, there is not a formal application or funding program for disaster assistance. Currently, the Relief Fund supports other charitable organizations delivering dental services. The Directors of the TDA Board comprise the TDA Relief Fund Work Group and review applications from 501(c)(3) organizations to receive contributions from the Relief Fund account. Board policy could be amended to address natural disaster relief, and use the existing work group as the means to distribute funds; therefore, be it

74-2016-H

Resolved, that the Texas Dental Association (TDA) Board of Directors authorize the TDA Relief Fund Work Group to develop a program to distribute up to \$1,500 from the TDA Relief Fund per single disaster in a 12 month period, per member contingent on gubernatorial declaration of a disaster, available funds, and equal and fixed amounts per recipient, and be it further

Resolved, that the program, as a condition of allocating the disaster relief funds, must require component societies to submit to the Texas Dental Association (TDA) the names of at least three component society members who may verify the disaster conditions, and agree to communicate the imposed deadlines to members for making application, and list criteria used to review requests including, but not limited to:

- TDA membership status
- Statement of need for immediate assistance for food, clothing, shelter

and be it further

Resolved, that names and addresses of recipients of disaster relief funds be provided to the TDA Finance Department for purposes of remitting payments in accordance with applicable Internal Revenue Service Code.

Sunset Review Guidelines

140-2001-H

Resolved, that the report entitled, "Guide to the Texas Dental Association Sunset Review Process" be accepted as the process by which the Sunset Review Committee will be operated.

Budget

President's Reception Line Item

30-1995-H

Resolved, That a line item be created in the Annual Session Budget Package for the President's Reception under Social/Athletic Events; and be it further

Resolved, That the amount spent for the President's Reception shall not exceed \$1,575.00 for 1996; and be it further

Resolved, That future year increases shall not exceed 5% of the previous year's budgeted amount. Additional expenses, if incurred, will be charged to the President's line item.

Salaries of Executive Level Employees

17-1984-H

Resolved, that all executive level salaries be submitted by the Executive Director to the Budget Committee for approval through regular channels by the House of Delegates.

Central Office

Administrative and Secretarial Services

44-1979-H

Resolved, that administrative and secretarial services of DenPac emanate from the Texas Dental Association Central Office, and be it further

Resolved, that these efforts be monitored by our legal counsel.

Mailing Labels and Lists

Policy for the Use of Mailing List

49-1972-H

Resolved, That the following policy be established for the use of the TDA mailing list:

1. Mailing lists are to be used only by members of the TDA, affiliated agencies, and the ADA unless approved by the Board of Directors.
2. The mailing must be in the interest of organized dentistry.
3. The mailing must be in keeping with the policies of the TDA.
4. The mailing must be of no expense to the TDA.

Sale of Mailing Labels to Exhibitors

29-1985-H

Resolved, That the Texas Dental Association sell mailing labels to commercial exhibitors in good standing who have currently purchased a booth(s), and be it further

Resolved, That the labels be sold at half the price of the current standard member fee.

Use of Titles

19-1995-H

Resolved, That the official policy of the Texas Dental Association be to use the title "Doctor" rather than the earned or bestowed degree(s) which merit the title on all mailing address labels and badges used or marketed by the TDA and/or its subsidiaries; and be it further

Resolved, That this policy become effective immediately as is its implementation.

Stationery

40-1987-H

Resolved, That the Texas Dental Association stationery will be used for official TDA purposes only and will not be given to other groups for correspondence and/or mass mailings unless expressly approved by the TDA Board of Directors.

Titles for Meeting Attendees

201-1996-H

Resolved, That since minutes, reports, manuals, and any other materials serve as a formal record of Texas Dental Association business, all persons attending Board, Councils, and Committee meetings shall be referred to in print by their title and proper name.

Commissioned Works

179-2011-H

Resolved, that any and all reports, recommendations and other written documents requested by, received or accepted by the Texas Dental Association, or developed under the auspices of the Texas Dental Association, which contain statements of proposed policies of the Association, shall not be sanctioned and shall not be published by the Association nor considered policy of the Association until any and all proposed policy recommendations are approved by the House of Delegates of the Association or in situations provided in the *Bylaws* of the Association, the Board of Directors of the Association.

Communications

Blast E-Mails and/or Faxes

122-2013-H

Submitted by: Communications Committee

Resolved, that blast emails from the Texas Dental Association (TDA) to its members be limited to important/critical/urgent information that TDA leadership feels the members must receive quickly and/or for which action by the membership is desired. Email messages shall be succinct but can include multiple subjects from different entities within the Association; and be it further

Resolved, that the number of multi-subject blast messages shall be one per week or less. This provision may be overridden at the direction of the Texas Dental Association leadership for situations in which the urgency of communication would require more frequent messaging; and be it further

Resolved, that responsibility for monitoring/logging blast communication activity shall rest with the Director of Member Services under the direction of the Communications Committee

54-2016-H

Resolved, that the TDA Board of Directors approve the use of TDA member email addresses for use by TDA Financial Services, Inc. (TDA FSI, TDA Perks Program) to present member-benefit offerings, with an unsubscribe option, and be it further

Resolved, that this approval is conditioned upon TDA FSI management's presentation of information security measures to ensure confidentiality of TDA member email and other personal information to the Executive Director of the TDA, and be it further

Resolved, that this provision is effective beginning August 21, 2015 through December 31, 2016.

INTERIM POLICY

49-2017-B

Resolved, that the TDA Board of Directors approve the continued use of TDA member email addresses for TDA Financial Services, Inc. (TDA FSI, TDA Perks Program) to present member-benefit offerings, with an unsubscribe option, and be it further

Resolved, that this approval is conditioned upon TDA FSI management's presentation of information security measures to ensure confidentiality of TDA member email and other personal information to the Executive Director of the TDA, and be it further

Resolved, that this provision is effective beginning January 1, 2017 through December 31, 2017.

Communication

125-2011-H

Resolved, that the policy of the Texas Dental Association is to use the term dentist or doctor in all communications when referring to the head of the dental team.

Approval of Communications with Membership

71-2000-H

Resolved, that reports of activities of the TDA Board of Directors, of TDA Councils and Committees, and of governmental entities as well as other reports of importance to TDA component officers and members to be distributed within the membership of this Association, must be approved by the Executive Director and the President, and by Legal Counsel at their discretion, prior to distribution.

Privacy and Confidentiality

64-2002-H

Resolved, that e-mail addresses of Texas Dental Association members collected by the Texas Dental Association are considered private, confidential, and proprietary, and be it further

Resolved, that e-mail addresses be for member-to-member, member to Association, and Association to member use, and be it further

Resolved, that these e-mail addresses not be released to any entity outside the Association, other than our affiliates, and all affiliates will be bound by all provisions of this resolution, and be it further

Resolved, that regardless of the collection method of member e-mail addresses, this policy shall govern their release.

TDA Today

58-2001-H

Resolved, that, beginning with the October 2000 issue, *TDA Today* be distributed to senior dental students at the three Texas dental schools.

Legislative Communication with Component Societies

193-2001-H

Resolved, that the Texas Dental Association provide appropriate communication with component societies regarding legislation which may affect dentists and patients in those component societies and to seek input from those component societies.

List Serve

4-2003-H

Resolved, that as policy of the Texas Dental Association the people directly involved with the business of the board, and each council and committee are to be included on the list serve for the particular entity, which would include the members of the entity, appropriate staff, and board liaison, and be it further

Resolved, that the list serve is for communication purposes for only those directly involved with the business of the entity.

Public Statements

67-1991-H

Resolved, that any member who is representing this Association in an official capacity when speaking publicly or to the media or by written communication shall make no statement contrary to the policy of this Association.

63-2015-B1-H

Submitted by: Council on Constitution and Bylaws

Resolved, that the following defined modalities be used in the communication with a legislative body or regulatory agency when offering comment or testimony on a proposed new rule, regulation or legislation or an amendment to the same.

- Policy Statement: a simple and straightforward declaration of an existing TDA policy.
- Policy Paper: contains background information and discussion in order to provide an understanding of an issue and is based on existing TDA policy.
- Position Paper: a recommendation for a course of action or a statement of beliefs that reflects the TDA's stance regarding an issue supported by existing TDA policy.
- Joint Statements: a statement of beliefs held and supported that are written in collaboration with another external organization.
- TDA Supported Statements: statements written by an external organization with expertise in the issue which are officially supported by the TDA.
- Information Paper: a communication that provides balanced, expert information on an issue without espousing a specific policy.

and be if further

Resolved, that written communication with regulatory agencies when offering comment or testimony on a proposed new rule, regulation or legislation or an amendment to the same, shall be in the form of a Policy Statement or Policy Paper when official TDA policy exists. Such document shall be approved by the Board of Directors and signed by the current President of the TDA prior to transmission, and be it further

Resolved, that Joint Statements and/or TDA Supported Statements may be used to communicate with regulatory agencies when external organizations with similar interests have policies congruent with those of the TDA, and be it further

Resolved, that when testimony is required regarding a proposed new rule, regulation or legislation or an amendment to such, and there is no existing TDA policy, *and* time constraints do not allow a thorough study to develop an applicable TDA policy, TDA staff, committees and or Councils may issue an Information Paper detailing and describing the positive or negative impact of such proposed

regulation. The information contained in the Information Paper shall be based on scientific or citable fact. The Information Paper shall not make a statement that can be construed as TDA policy if such policy does not exist and shall state as such. The Information Paper shall be signed by the chairman of the Council or committee issuing it and shall be approved by the Board of Directors prior to transmission. The entity issuing such an information paper shall further study and develop an applicable policy, if necessary, for approval by the Board and/or the House of Delegates by the next Annual Session.

Resolved, that when prepared oral testimony is required before a legislative or regulatory body regarding a proposed new rule, regulation or an amendment to such, and there is no existing TDA policy, and time constraints do not allow a thorough study to develop an applicable TDA policy, TDA staff, committees and or Councils may provide oral testimony detailing and describing the positive or negative impact of such proposed regulation. The information contained in the prepared oral testimony shall be based on scientific or citable fact. Such prepared oral testimony shall not make a statement that can be construed as TDA policy if such policy does not exist and shall state as such. The text of such oral testimony shall be approved by the TDA legal consultant and the chairman of CLRA prior to the oral testimony being presented. The entity issuing such testimony shall further study and develop an applicable policy, if necessary, for approval by the Board and/or the House of Delegates by the next Annual Session.

Publication of Board Actions

151-2004-H

Resolved, that a synopsis of Board actions affecting Texas Dental Association policy be published on the association's Web site and/or in TDA Today as soon as possible after each meeting of the Board of Directors.

Review of Letters of Opinion or Information

49-1997-H

Resolved, that all letters of information or opinion that are generated by the Texas Dental Association or subsidiaries (e.g. Paid Dental or Financial Services, Inc.) or the Texas Dental Foundation shall be directed to the executive director and the President for the consideration of review by legal counsel prior to being mailed.

Component Societies

Component Governance

e

Submitted by: Task Force on Governance

Resolved, that the following list of suggestions be forwarded to the component dental societies with the recommendation that the component societies strive to incorporate the concepts into their governance structure and operational procedures:

- designated position on the component board of directors for a new dentist
- designated position of delegate or alternate delegate for a new dentist
- standing New Dentist Committee
- develop and utilize an “interest survey form” to discover new member's interests
- develop and utilize a mentorship program for new members
- develop and utilize a new member orientation/welcome meeting
- component society president initiate personal contact with new members
- consider term limits for ADA delegates and alternate-delegates to allow newer dentists to become involved in the process

Component Use of Membership E-mail Database

61-2004-H

Resolved, that the release of the Texas Dental Association’s list of members e-mail addresses to component societies may be initiated by the component filing the following form which must be re-filed annually by the component society for continued use of the list and its updates.

Resolved, that the following form be used for implementation:

By signing the request below, the component society agrees to adhere to both the spirit and practice of maintaining the confidentiality of the list. It may be used to communicate only the following: continuing education opportunities, alerts to specific media or political situations, and meeting announcements. It is not to be used for the marketing of products or services other than those mentioned above. The list may not be released to any other entity and must be maintained securely.

The component society may send e-mails to members on the list up to four times per year without obtaining additional permission from the TDA Board of Directors.

As judged by the TDA Board of Directors, failure to comply with the conditions for use of the list will result in the rescinding of permission to use the list and loss of privilege to get updated lists.

Form: Request for E-Mail Addresses

The Board of Directors of the (Name) District Dental Society formally requests from the Texas Dental Association a list of e-mail addresses for TDA members to be used for one year from (date) through (date). This list will be used for:

1. _____
2. _____
3. _____
4. _____

This list will not be provided, sold, or loaned to any other entity, organization, or individual.

The TDA Executive Committee members, Executive Director, and Director of Communications will be copied on all e-mails sent by this component society.

The (Name) District Dental Society will not use the e-mail list to advertise any products or services other than those listed above.

The Board of Directors of the (Name) District Dental Society fully realizes that the Texas Dental Association may deny approval of future requests for updated lists based on adherence to the conditions above.

Signed: (Name)
 President, (Name) District Dental Society

Forwarding Proposed Policy Resolutions to Component Officers

46-2007-H

Resolved, that as soon as the Secretary-Treasurer and the Executive Director review them for accuracy and content, all Policy Resolutions of the Texas Dental Association, along with Board Actions, shall be forwarded to the Presidents and Presidents-elect of Component Societies and the Delegates and Alternate Delegates of the upcoming House of Delegates via email.

Incorporation of Component Societies

23-1977-H

Resolved, that the Texas Dental Association strongly recommends that all component societies incorporate under the laws of the State of Texas if they have not already done so.

Membership E-mail Database

62-2004- H

Resolved, that the Texas Dental Association request that component societies send member e-mail address updates to the Texas Dental Association Membership Department semi-annually.

Reimbursement of TDA Delegate and Alternates

61-1989-H

Resolved, That the TDA encourage all component societies to consider the reimbursement of their delegates and alternates for any portion of their expenses incurred during attendance at the TDA Annual Session or any called session of the House of Delegates.

Review of Component Bylaws (Amended by 166-2002-H)

60-1985-H (Amended by 166-2002-H)

Resolved, that all component societies annually review their *Bylaws* in the areas of membership and judicial procedures to insure that they are not in conflict with the *Bylaws* of the Texas Dental Association or the American Dental Association.

Continuing Education

Online Continuing Education

106-2010-BS-H

Submitted by: Communications Committee

Resolved, that the Texas Dental Association approve the offering of online continuing education to its members and their teams on the dentist side of the website and free peer-reviewed health-related information to the public on the public side of the website, and be it further

Resolved, that the Communications Committee and staff facilitate the offering of continuing education on the TDA website in consultation with the appropriate councils, committees, and entities of the Texas Dental Association, and that such continuing education may include, but not be limited to scientific dental subjects, practice management, and jurisprudence, and be it further

Resolved, that all online continuing education content be appropriately reviewed and professionally presented, and that the administration thereof follow the guidelines of the American Dental Association's Continuing Education Recognition Program (CERP), and be it further

Resolved, that TDA online CE courses be offered initially in one of the following three Formats: (1) read an article and complete a multiple-choice Scantron examination about content; (2) watch a PowerPoint presentation accompanied by audio dialog and complete an online examination about content; or (3) view a DVD or VHS video of a previously filmed CE course, and complete a multiple-choice examination about content, and be it further

Resolved, that a fee structure be developed, with consideration to the current market and reviewed annually, to support production and development costs and to provide additional non-dues revenue to the Association.

Contracts

Bids (Building Committee)

168-1995-H

Resolved, that the Building Committee must establish a policy in which contracts should be put out for bid a minimum of every three years.

Contracts with Outside Organizations

60-1980-H

Resolved, that the Finance and Audit Committee be authorized to review, on an annual basis, all contracts with outside organizations doing business for the TDA.

Signing of Contracts

41-1991-H

Resolved, that all contracts entered into in the name of this Association shall be signed by the President and/or the Executive Director at the President's discretion on each contract offered.

Councils and Committees

Annual Review of Bylaws

112-1992-H

Resolved, that each council of this Association review its duties as stated in the *Bylaws* and submit resolutions as needed to bring them into compliance with current policies and activities.

Appointments

85-2000-H

Resolved, that prior to [appointing] recommending a new Council/Committee member, the Texas Dental Association President-elect advise potential Council/Committee nominees of the following via written communication:

- Mission and goals of the Council/Committee;
- Terms of appointment;
- Chairman, existing members and staff liaison for the Council/Committee;
- Anticipated obligations and responsibilities;
- Approximate number of meetings per year;
- Amount of time and travel required; and
- TDA covered expenses.

and be it further

Resolved, that each TDA Council and Committee submit the required information to the President-elect and Executive Director by December 1; and be it further

Resolved, that the required information be updated annually.

20-1989-H

Resolved, that an annually updated list of qualified young dentists be provided by the Committee on the New Dentist to the President-elect of the TDA for his/her consideration when making appointments to council and committees, and be it further

Resolved, that an annually updated list of qualified dentists be provided by the component presidents to the President-elect of the TDA for his/her consideration when making appointments to councils and committees.

115-1992-H

Resolved, that the following criteria for selection of TDA council chairs and members be included in the Board of Directors Manual:

1. Consideration given to Division representation

2. Experience in the field of concern of the particular council
3. Willingness to work; commitment of time
4. Excellent communication skills
5. Leadership abilities
 - A. Cooperative; compatible nature
 - B. Diplomacy
6. Knowledge of TDA structure, function and willingness to work toward the strategic plan of the TDA.

Genesys Protocol Orientation

68-2007-H

Resolved, that Texas Dental Association Board, Councils, Committees, Workgroups, and staff members be oriented in Genesys protocol at each member's initial time of service and that the members be directed to use ".pdf" format in their electronic communications whenever possible

Justification

87-1977-H

Resolved, that each committee or council each year justify its budgetary expenditures and existence in accord with the zero base budgeting principle.

Meetings

25-1979-H

Resolved, that no council meeting shall be held at the same time as a meeting of the Board of Directors without prior approval of the Executive Committee.

Minutes of Councils and Committees

50-1987-H

Resolved, that the official minutes of all council and committee meetings are privileged information and the property of that respective council or committee and the Board of Directors of the Texas Dental Association, and be it further

Resolved, that copies of all minutes of council or committee meetings are to be forwarded to the Secretary of the Texas Dental Association and such minutes shall not be given to persons other than the respective council or committee members without the expressed consent of the TDA Board of Directors.

90-2011-H

Resolved, that if a Texas Dental Association Council or Committee has not met or conducted business, the annual report should so state.

New Dentist Committee

Ex-Officio Member

133-1994-H

Resolved, That the member representing the Standing Committee on the New Dentist from the American Dental Association Fifteenth Trustee District, Texas, be made an ex-officio member, without the power to vote, of the TDA New Dentist Committee.

Meetings

13-2001-H

Resolved, that the Texas Dental Association Committee on the New Dentist be permitted to meet up to three times in a calendar year for the purpose of planning and implementation of committee goals, effective immediately.

Service on More than One Council

163-1999-H

Resolved, that no member shall serve on more than one Council. Members of the Board of Directors shall not be eligible for membership on any Council except the Council on Legislative and Regulatory Affairs. When a member of any other Council is elected to the Board of Directors, the member shall resign from that council.

Subsidiary Boards of Directors, Composition

144-1998-H

Resolved, that no more than ¼ of any Texas Dental Association subsidiary board be made up of committee or council members.

Training

71-2008-H

Resolved, that all councils, committees and affiliates of the Texas Dental Association (TDA) should hold their initial meeting in conjunction with the Texas Dental Association's annual Council, Committee and Affiliate Training, and be it further

Resolved, that all members of these councils, committees and affiliates should attend the TDA Council, Committee and Affiliate Training.

Dental Assistants

Continuing Education for Dental Assistants

16-2003-H

Resolved that it is the policy of the Texas Dental Association to support continuing education for dental assistants in areas including jurisprudence, infection control, office emergencies, and other areas of clinical requirements.

Permitted Duties

83-1990-H

Resolved, that permitted duties of dental assistants be under the Rules and Regulations of the Texas State Board of Dental Examiners.

Preventive Dental Auxiliary

28-1997-H

Resolved, that the Texas Dental Association opposes the concept of a “preventive dental auxiliary;” and be it further

Resolved, that this resolution be sent to the American Dental Association 15th District Trustee, Dr. Robert M. Anderton, and to the American Dental Association caucus in September 1996.

Training Programs for Laboratory Technicians and Assistants

124-2008-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that the Texas Dental Association support a change in law and regulations to allow Texas licensed dentists to delegate to a dental assistant, who holds a pit and fissure sealant certificate, the placement of pit and fissure sealants under direct supervision.

125-2008-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that the Texas Dental Association support a change in law and regulations to allow Texas licensed dentists to delegate to a dental assistant, under direct supervision, who holds a coronal polishing certificate, the removal of plaque and extrinsic stain from exposed natural and restored tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and polishing agent.

126-2008-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that a Texas licensed dentist may delegate to a properly-trained dental assistant interim treatment of an emergent dental condition, under general supervision, providing that the treatment is rendered to a patient of record and that the dentist has been contacted and has delegated treatment prior to treatment being rendered. Interim treatment is that which is considered reversible and does not require cutting hard or soft tissue.

127-2008-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that the Texas Dental Association support a change in law and regulations to allow a Texas licensed dentist to delegate the performance of radiologic procedures to a properly-trained, registered dental assistant under general supervision.

Dental Care Programs

Centers for Medicare and Medicaid Services

181-2004-H

Resolved, that the Texas Dental Association continue to support the Centers for Medicare and Medicaid Services of the Department of Health and Human Services regarding dental residency programs in non-hospital settings or underserved areas, and be it further

Resolved, that the Texas Dental Association take into consideration specific regional issues and geographical dental needs before submitting letters of support for any program.

Compensation of Providers

Hold Harmless Clause

67-1974-H

Resolved, That the Texas Dental Association opposes the inclusion of the "hold harmless" clause in any third party contract.

Information on Benefits

71-1975-H

Resolved, That the Council on Dental Care Programs take whatever steps are necessary to have dental insurance carriers accurately inform their beneficiaries of their benefits.

Least Expensive Alternative Treatment Clauses

57-1993-H

Resolved, That all policies of insurance or plans offering dental benefits based on least expensive alternative treatment shall disclose in bold type, ten-point or greater, that

"The benefit offered is limited to the benefit amount of the least costly alternative treatment:

- 1) On the first page of any explanation of policy or plan benefits to be delivered to an insured, employee, or plan beneficiary in contemplation of purchase or enrollment in a plan, or is delivered to purchasers or beneficiaries of such policies or plan and,
- 2) On the first page of any explanation of acceptance or rejection of claim notices, or estimation of benefits available from such policy of insurance or plan.

Notice of Acceptance or Rejection of Claims

59-1993-H

Resolved, That the TDA support legislation that the "notice of acceptance or rejection of claim" letters required by law shall include only that information solely related to whether the claim will be accepted or rejected based on the coverage as provided by the policy of insurance or the employee benefit plan; and further, comments to insured, employees, or beneficiaries of such insurance policies or employee benefit plans other than acceptance or rejection, whether oral or written, shall be prohibited, as such comments are irrelevant and immaterial to a determination of acceptance or rejection of the claim and in practice may adversely affect a patient's dental care; and be it further

Resolved, That any determination, predetermination, preauthorization, explanation or estimation of benefits communications from third party payers or benefit plan administrators with insureds or plan beneficiaries, whether oral or written, shall include only that

information solely related to the amount of benefits to be paid per submitted procedure based on the policy of insurance or the employee benefit plan, along with the total of such benefits; and comments to insureds, employees, or beneficiaries of such policies of insurance or employee benefit plans other than those amounts shall be prohibited as such comments are irrelevant and immaterial to a determination of the amount of such benefits; and be it further

Resolved, That all information related to the benefits available to an insured or plan beneficiary by an insurance company or benefit plan administrator as to whether benefits are available and the amount of such benefits that is provided to an insured or plan beneficiary shall be the same or identical information provided to the health care practitioner, or vice-versa; and be it further

Resolved, That any written or oral comments made to insureds, employees, or beneficiaries of dental benefits under a policy of insurance or an employee benefit plan, which pertain in any way to a dentist's practice patterns, fees, and/or diagnosis, treatment, or proposed treatment shall be a violation of Texas law.

Predetermination of Benefits Based on Least Expensive Alternative Treatment

58-1993-H

Resolved, That any determinations, pre-determinations, pre-authorizations or estimation of benefits based on least expensive alternative treatment include the following statement: "Your benefit is restricted to the benefit to be paid for the least expensive alternative treatment available to you. The least expensive alternative treatment decision may have been made by an agent of our insurance company or a plan administrator paid by our company, and this person may not be a licensed dentist. Your dentist may not have been involved in determining what is the least expensive alternative treatment. This determination of "least expensive alternative treatment" may not be a treatment that is professionally acceptable or adequate. This is a determination of the amount of benefit coverage available to you, and not a recommendation that such treatments are indicated. Discuss this with your dentist."

Dental Care Reimbursements

UCR- Usual, Customary and Reasonable Fee

Table of Allowance

47-1976-H

Resolved, That the current method of using only a UCR fee determination be eliminated from the Guidelines of Acceptability of the TDA and the Association also support those programs which have a table of allowances.

UCR (Usual, Customary and Reasonable)

192-1995-H

Resolved, To ensure the full and proper benefits for the patient, the TDA pursue legislation that would promote more equitable methods of determining usual and customary fees than presently used; and be it further

Resolved, That the insurance companies be required to disclose to the patient the methods used in determining the usual and customary fees.

Usual, Customary and Reasonable Fees as Basis for Dental Benefit

69-1993-H

Resolved, That the Texas Dental Association seek legislation to require every company or employee benefit plan that issues, delivers, awards, or renews and individual or group policy of accident or health insurance that provides dental benefits and bases payment for those benefits upon "usual, customary and reasonable fees" shall disclose:

- (1) The frequency of the determination of the usual, customary and reasonable fee.
- (2) A general description of the methodology used to determine usual, customary and reasonable fees.
- (3) The percentile that determines the maximum benefit that the company will pay for any dental procedure, if the usual, customary and reasonable fee is determined by taking samples of fees submitted on actual claims from licensed dentists and then determining the benefit of selecting a percentile of those fees.
- (4) That the usual, customary and reasonable fee is contractually bound to the premium paid if such is the case.

Direct Reimbursement

ADA Financial Support

77-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it shall be the policy of the Texas Dental Association to support the continuation of the American Dental Association Direct Reimbursement publicity campaign

As Form of Dental Benefits in the State of Texas

70-1996-H

Resolved, That the Texas Dental Association endorse, support and provide the direction through its Council on Dental ~~Care Programs~~ Economics to establish direct reimbursement as a form of dental benefits in the state of Texas; and be it further

Resolved, That the Texas Dental Association recommend component societies to be advocates through a direct reimbursement benefits committee who will seek participants for direct reimbursement plans and who will be the liaison with the consultants/agents who sell direct reimbursement.

Sale of Direct Reimbursement

56-1990-H

Resolved, That the TDA Board of Directors support the concept of Direct Reimbursement by instructing the Executive Director to designate a TDA Employee to sell direct reimbursement and flexible spending account concepts to prospective employers.

Equal Compensation of Providers

Discipline of Provider Concept

122-1982-H

Resolved, That the Texas Dental Association pursue legislation to extend a discipline of provider concept that prevents insurance companies from discriminating among health care providers in reimbursement for health care to all third party entities.

Discrimination by Degree of Provider

127-1992-H

Resolved, That the TDA support the ADA's action in Congress to amend ERISA to prohibit self-funded health administrators from discrimination by degree of provider and from denying patient freedom.

Estimate/Explanation of Benefits (EOB)

Differences in Benefits and Fees

109-1991-H

Resolved, That the terms usual, customary and reasonable be deleted in any communications from payers with patients regarding benefits or benefit determination on the basis that they are false and misleading, and be it further

Resolved, That in all communications from a third-party payer or other benefits administrator which attempt to explain the reason(s) for a benefit difference, the following statement should be included:

"Differences in your benefits and the fees charged are based upon contractual arrangements with this insurance company and your employer. and be it further,

Resolved, That Resolution 109-1991-H be referred to the 1991 Texas delegation to the American Dental Association for further study and action.

Estimate of Benefits (EOB)

70-1991-H

Resolved, That in preparing an estimate of benefits (EOB), all dental benefits insurance carriers that allow for EOB's, give the estimate on all procedures and codes listed. The carriers should include wording stating how these benefits can be limited by yearly maximums, deductibles, treatment by previous dentists, and any other limitations.

Freedom of Choice

187-1994-H

Resolved, That the TDA support this concept of Freedom of Choice: The right of a person to freely choose a doctor, without incurring economic penalty or coercion from any employer, dental benefit plan, insurance or governmental agency, and be it further

Resolved, That the delegates to the ADA introduce the concept of this resolution in the ADA House of Delegates.

Health Maintenance Organizations

111-1989-H

Resolved, That the Texas Dental Association, while protecting the rights of its membership to participate in any delivery program, in no way encourages or supports the HMO concept.

Medically Necessary Treatment

196-1995-H

Resolved, That the TDA seek legislation that would require health insurance companies to cover the hospital and anesthesia costs associated with medically necessary dental treatment rendered in a hospital or ambulatory surgical center in a manner similar to the coverage provided for other medical surgeries.

Policy on Oral Health Care

62-2010-H

Submitted by: Task Force on the “Building Better Oral Health: A Dental Home For All Texans” Report

Strategic Plan Goal: Public Image

Resolved, that it is the policy of the Texas Dental Association to support innovative communications initiatives that raise the public’s awareness about the importance of oral health especially in relation to systemic health.

66-2010-H

Submitted by: Task Force on the “Building Better Oral Health: A Dental Home For All Texans” Report

Resolved, that the Texas Dental Association (TDA) supports access to oral health care for all Texans and is committed to making access to care a priority for organized dentistry. To that end, TDA encourages its members to participate in Medicaid, the Children’s Health Insurance Program, and other programs that provide needed dental care for adults and individuals with special health care needs. While encouraging participation in public health programs, TDA will advocate for protecting the sanctity of the doctor patient relationship and preserving the dentist’s ability to make clinical decisions based on the patient’s needs.

Pre-Payment Program Guidelines (See Also Appendix B)

Policy Statement

29-1966-H

Resolved, That the following is a statement of policy of the Texas Dental Association regarding prepaid dental programs and dental insurance plans:

“In 1965 the House of Delegates endorsed a set of "Principles of Acceptability for Prepayment Programs" which were published in the July 1965 issue of the Texas Dental Journal.

It is the responsibility of each individual to determine his participation in prepayment programs including dental insurance plans.

Members of the Texas Dental Association are advised that they should not enter into contracts to supply dental treatment to groups of individuals or government programs without first seeking the advice of legal counsel.

The Texas Dental Association does not approve of closed panels."

Principles of Acceptability for Prepayment Programs

20-1965-H (See Appendix B)

Resolved, that the following Principles of Acceptability for Prepayment Programs be accepted.

Submission of Claim

121-1975-H

Resolved, That a prepaid program will be deemed unacceptable if it requires that charges be fragmented into overhead items, (e.g. salaries, rent, materials, time, laboratory costs, etc.). The third party is not expected to request a breakdown of fees which apply to overhead costs such as laboratory costs. In other words, all claims submitted will be for professional services.

Technique Requirements

122-1975-H

Resolved, That a prepaid program may be deemed unacceptable if procedural requirements in technique, either in the dental office or commercial dental laboratory are required by the third party.

Publicly Funded Dental Care

EPSDT - Title XIX Funding

156-1990-H

Resolved, That the Texas Dental Association support the Texas Department of Human Resources in its efforts to improve the dental care provided for those qualified children of the State of Texas through the EPSDT program; and be it further

Resolved, That the funding levels for EPSDT dental services be continually monitored by the appropriate Association agency to assure fairer fees-for-service to participating dentists, and be it further

Resolved, That the appropriate agency of this Association aggressively seek to attain fairer fees for participating dentists.

National Health Insurance

93-1976-H

Resolved, That the TDA is opposed to National Health Insurance.

Third Parties

Abuse by Third Parties

37-1984-H

Resolved, That the Texas Dental Association legal counsel develop directives for dentists and patients who feel that they have suffered from the improper actions of an insurance carrier and directs the Council on Dental Care Programs to implement and inform the membership of these directives.

Assignment of Benefits

151-1998-H

Resolved, that the Texas Dental Association seek legislation that will preserve the right of the patient to assign benefits to the treating doctor (or doctor's office or practice) without changing the provider status of the treating doctor, or the doctor's practice with regards to the relationship with the third-party payer.

111-1991-H

Resolved, That the Texas Dental Association supports the right of each dentist to accept his/her assignment of benefit payments if the dentist agrees to accept said assignment and to have the agreement honored by the dental benefits plan administrator/payer, and be it further

Resolved, That when a dental benefits payer submits payment directly to the patient, contrary to the patient's stated assignment preference, it is the responsibility of the third-party payer to submit the correct payment to the dentist and reclaim the erroneously submitted payment from the patient, and be it further

Resolved, That the Texas Dental Association is opposed to the practice of denying or reducing payment to a beneficiary to which he/she is normally entitled, solely on the basis of lack of pre-authorization, and be it further

Resolved, That the Texas Dental Association pursue enactment of legislation that prohibits systematic non-disclosure of waiver of patient co-payment/overbilling by a dentist.

107-2014-H

Submitted by: Council on Legislative & Regulatory Affairs

Resolved, that the Texas Dental Association support necessary legislation or regulatory changes to require primary and secondary insurers to coordinate benefits so that the secondary insurer pays the remainder of a dental claim up to, but not exceeding, 100 percent of the amount of the claim.

Bulk Payments

97-1992-H

Resolved, That third party bulk payments in settlement of dental claims should include but not be limited to the following minimal information on the bulk payment check:

1. Subscriber (employee) name;
2. Patient name (first and last since this name may differ from subscriber);
3. Dates of service to which payment applies;
4. Specific treatment reported on the submitted claim to which payments apply, identified by ADA procedure code number and nomenclature;

5. Total fee charged;
6. Total covered expense;
7. Total benefit paid;
8. In instances where benefits are reduced or denied, an explanation of the reason(s) that the total covered expense differs from the total fee charged, consistent with Association policy on Explanation of Benefits Statements; and be it further

Resolved, That the dental benefit plans should not withhold funds from current bulk benefit payments as a means of settling disputes over prior claims experience with the dentist, and be it further

Resolved, That bulk benefit payments should be issued to dentists at intervals of not longer than every 10 (ten) business days, and be it further

Resolved, That TDA seek legislation to require dental benefit plan bulk payments to conform to these guidelines, and be it further

Resolved, That the 1991 Texas Delegation to the American Dental Association requests action to seek legislation to require dental benefit plan bulk payments to conform to these guidelines.

Treatment of Dentist's Relatives

112-1991-H

Resolved, That the Texas Dental Association seek legislation to ensure that every participant in a dental plan is treated equally and that individual participants are not denied benefits simply because they are related to the providing dentist.

Dental Education/Dental Schools

98-2017-RCC-H

Resolved, that it is the policy of the Texas Dental Association (TDA) to support the mission of state funded university-based dental schools which is to educate students to serve their patients and communities, and continue to grow in skill and knowledge over their lifetime in practice, and be it further

Resolved, that with the creation of any new dental school, the historical legislative support, including financial support, should be maintained for the existing dental schools in Texas.

Accreditation of Dental Schools

24-2011-H

Resolved, that it shall be the policy of the TDA that the Commission on Dental Accreditation (CODA) should accredit only dental schools in the United States and its Territories.

Control of TDA Parenteral Conscious Sedation Course

21-2002-H

Resolved, that the Texas Dental Association maintain control of the Texas Dental Association Parenteral Conscious Sedation Course by the use of a licensing fee to any agency that wishes to present the course, and be it further

Resolved, any agency that presents the course must follow the following guidelines: (1) the presenting agency must use the Texas Dental Association copyrighted course outline and exams, (2) the licensing fee shall be determined by the Texas Dental Association on an individual basis, (3) the licensing fee will be granted for one presentation only, (4) the presenting agency shall be responsible for the associated cost of the materials, supplies, and course instructors, (5) any profit made by the presenting agency shall be the presenting agency's profit, and be it further

Resolved, the Texas Dental Association Conscious Sedation Administrative Workgroup administer the presentation of the Parenteral Conscious Sedation Course at the Texas Dental Association Annual Session and one other dental meeting each calendar year.

Class Size

117-1989-H

Resolved, That the Texas Dental Association continue to take an active role in monitoring the class sizes of the three Texas dental schools by direct consultation with the schools.

Ethics, Teaching of

76-1985-H

Resolved, That the appropriate council of this Association encourage dental schools in Texas to communicate with each other concerning the design and implementation of courses relating to professional ethics, obligations and responsibilities within the curriculum.

Extramural Dental School Clinics

212-1996-H

Resolved, that the Texas Dental Association opposes the establishment of dental school operated fee for service clinics outside the confines of the dental school without the expressed approval and endorsement of a majority of the members of the local component dental society; and be it further

Resolved, That the Deans of the dental schools be urged to communicate openly, candidly, and in a timely manner with the Texas Dental Association and local dental societies concerning the development, implementation and operation of any dental treatment facility or program.

Funding for Texas Dental Schools

102-1992-H

Resolved, That the TDA urge the Texas Legislature to provide adequate funds for the Texas Dental Schools based on qualitative performance standards by shifting the burden of responsibility for funding to outcome-based qualitative issues and not simply pre-doctoral quantitative enrollment.

Intramural Practices

30-1996-H

Resolved, That the policy of the TDA in regard to intramural practice plans in state supported schools is that such plans should meet the following guidelines:

1. The school should not allow the intramural practice plan to interfere with or detract the clinical faculty from their primary responsibilities as educators, i.e. education of students and research.
2. The state should not unfairly compete with the private sector for private service patients. The school should not advertise its intramural practice services. The intramural practice should be referral based from other health care providers.
3. The intramural practice should be for full-time Texas licensed clinical faculty. The school should not enter into any agreement for the delivery of any dental care with any third party payer that limits freedom of choice (as that term is defined in TDA Policy). The school is unfairly postured with its financial support from the state and would have a significant economic or financial advantage to the detriment of the private practice community.

Loan Repayment

98-1995-H

Resolved, That the Texas Dental Association seek legislation to authorize a state student loan repayment program for dentists as recommended by the Texas Department of Health provided, however, that the Department of Health secures a fiscal note.

Meetings with Deans

180-1996-H

Resolved, That an annual meeting be held through invitation between the Deans of the three (3) dental schools and the Texas Dental Association Board of Directors. Additionally the President, President-elect and the Chairman of the Council on Dental Education, Trade and Ancillaries of the Texas Dental Association shall through invitation meet annually with the Deans of each Texas dental school individually; and be it further

Resolved, That the Council on Dental Education, Trade and Ancillaries continue to include the Deans or their representatives as consultants to that Council.

Mission of Dental Education

40-1996-H

Resolved, That the mission of dental education is to educate students to serve their patients and communities well and prepare students to continue to grow in skill and knowledge over their lifetime in practice; and be it further

Resolved, That research is an important adjunct to the mission of a dental school; and be it further

Resolved, That patient care is not a distinct mission, but a vehicle to fulfill the mission of educating students.

Pre-Dental Requirements

119-1975-H

Resolved, That the Council on Education of the Texas Dental Association recommends that the dental schools of the State of Texas suggest that courses pertaining to business and economics be included by dental school applicants as a part of their elective undergraduate studies.

Quality Dental Education

65-1982-H

Resolved, That the TDA supports (1) maintaining the critical mass of faculty within the Texas dental schools to ensure a complete and quality dental education program for Texas dental students, (2) an improved student-to-faculty ratio, (3) greater research and other scholarly endeavors by the Texas dental school faculty, and (4) maintaining an active post-graduate education program including participatory programs.

Select Program

66-1990-H

Resolved, That the ADA Select program information be disseminated to the TDA component society presidents.

Teaching of Procedures Not Allowed Under Texas Law

24-1974-H

Resolved, That procedures that are not permitted under the laws of the State of Texas or the existing Rules and Regulations of the Texas State Board of Dental Examiners should not be included in the regular teaching programs of the institutions concerned with dental education in the State of Texas, and be it further

Resolved, That the institutions, agencies and/or individuals concerned with dental education in the State of Texas be so notified and that the legislators, House and Senate of the U.S. Congress be advised that the policy of the Texas Dental Association is against grants which require teaching of duties contrary to the laws of the State of Texas.

Use of Animals in Research

100-1990-H

Resolved, That the Texas Dental Association supports the humane use of animals for education and research in Texas dental institutions and research facilities, and be it further

Resolved, That the Texas Dental Association supports legislation that is favorable to biomedical research at local and state levels and opposes restrictive legislation.

Dental Hygienists

Application for Dental Hygiene License

198-1999-H

Resolved, that the TDA supports the current Dental Practice Act which allows a graduates of a recognized school or college of dentistry to apply for a dental hygiene license.

Dental Hygiene Advisory Committee

47-1999-H

Resolved, that the Texas Dental Association supports the continuation of the Dental Hygiene Advisory Committee of the State Board of Dental Examiners.

Educational Programs

206-1999-H

Resolved, that the Texas Dental Association support accredited dental hygiene education programs and alternative systems for educating dental hygienists which would maintain or improve quality

education and clinical standards by utilizing such methods as institutionally based didactic course work, in office clinical training and/or electronic distance education as approved by the TSBDE; and be it further

Resolved, that the Texas Dental Association supports the changing of the Dental Practice Act and the rules of the Texas State Board of Dental Examiners to allow graduates from alternative training programs approved by the State Board to apply for licensing.

Legislation Supporting Dental Hygiene Education

Financial Incentives for Hygiene Students

104-1995-H

Resolved, That legislation be supported for tuition reimbursement or other incentives as is for medicine, for students to attend dental hygiene schools and then be obligated to practice in a dental practice that is located in an under-served area.

Funding for Hygiene Programs

103-1995-H

Resolved, That legislation be supported for appropriate funds on behalf of the dental hygiene programs in need.

Promotion of Non-traditional Accredited Programs

11-2001-H

Resolved, that the Texas Dental Association promote to existing dental hygiene programs, in addition to their current curriculum, the concept of non-traditional, accredited dental hygiene programs, such as night classes, alternate facilities and distance learning.

Protocol for Funding Start-Up Dental Hygiene Programs

61-1999-H

Resolved, that the Texas Dental Association (TDA) accept the following proposed protocol for funding start-up dental hygiene programs:

The following is the protocol for funding startup dental hygiene programs:

1. Upon request for information or notification that there is interest in beginning a dental hygiene program, the TDA, through the Council on Dental Education, Trade and Ancillaries, will offer to assist in the process.
2. A file shall be developed and maintained discussing the issues and processes for developing this program and shall be furnished if requested to any TDA member or community college.
3. If requested by the college and/or local TDA members, the TDA will remunerate a consultant with expertise in this area to facilitate the process.
 - The consultant must have had experience in establishing educational programs in Texas through the Texas Higher Education Coordinating Board.
 - The consultant should have experience on faculty or staff of an institution of higher education in Texas.
 - The consultant may not be associated with the institution establishing the program.

- The consultant shall not be a member of TDA.
- The TDA President, with counsel from the Chair of the Council on Dental Education, Trade and Ancillaries will appoint one dentist-member of that Council as the coordinator with an initial assignment of establishing links to the local components and dentists supporting the proposed development.
- Upon initiating the formation process for a new dental hygiene program, the consultant will be reimbursed mileage expenses or the cost of a coach class ticket for travel incidental to furthering this program.
- The maximum reimbursable expenses to be incurred by the consultant will be \$500.
- The TDA, upon acceptance of the first class of hygiene students by the school with which the authorized consultant has worked, shall pay a fee of \$2000 to that consultant.
- The maximum fees expended by TDA on any one hygiene program will be \$2500.

and be it further

Resolved, that the Council on Dental Education, Trade and Ancillaries be directed to develop a Request For Proposal (RFP) and notify community colleges in Texas of the need for hygiene programs and the availability of this service.

Support of Accredited Education Programs

48-1999-H

Resolved, that the Texas Dental Association supports accredited dental hygiene education programs.

Input on Appropriate TDA Task Forces

49-1999-H

Resolved, that the Texas Dental Association (TDA) request input from dental hygienists on appropriate TDA task forces.

Injection of Local Anesthesia By Dental Hygienists

Opposition Statement

69-1997-H

Resolved, that the Texas Dental Association opposes dental hygienists administering local anesthesia by injection.

Position Paper (TDA)

109-1997-H

Resolved, that the following position paper be accepted as the policy of the Texas Dental Association regarding Injection of Local Anesthesia by Dental Hygienists:

Position Paper
Injection of Local Anesthesia by Dental Hygienists

In the interest of delivering the highest quality of dental care to the citizens of Texas, the Texas Dental Association (TDA) opposes the injection of local anesthetics by dental hygienists.

The TDA supports and endorses a team approach to patient care and expanded duties for dental auxiliary personnel, but also feels there are certain duties that should not be delegated. The TDA feels that the injection of anesthetic agents into the head and neck region is invasive and irreversible and therefore a duty not to be delegated to dental hygienists. Our Association feels this is a duty requiring the scientific background, experiential knowledge and clinical skills attained only through a professional doctoral level dental education.

Patient safety is the ultimate concern of every doctor. Unlike some clinical functions which reversible, injections of anesthetic into the highly vascular head and neck region are not reversible; complications can and do occur. Dealing with these dangers requires a background in physiology, anatomy, pharmacology, and emergency medicine. These complications can be severe, especially when experienced by a medically compromised patient. Problems include syncope, hematomas, nerve paralysis, paresthesia, needle fracture and trismus. Tachycardia, systematic toxicities, allergic reaction, idiosyncratic reactions and overdose can cause serious complications. Operator error can cause intravascular, intramuscular or intraglandular injections. Intra-oral local anesthetic injections can lead to levels comparable to intravenous injections in regards to drug absorption and rapid serum blood levels of the drug. When adverse systemic reactions occur, they can do so very quickly. Failure to recognize the symptoms of anesthetic complications could result in office emergencies with very serious consequences.

Educationally, pre-dental students have three to four years of university level science education, many have graduate level science backgrounds. After passing the dental admissions test, they then have four to eight more years of graduate level work, both didactic and clinical. After introductory and rotational experiences, dental students are able to apply their new anesthesia skill for two to five years under the direct supervision, mentorship, and tutelage of highly trained doctorate level faculty. All but three of the dental hygiene education programs in Texas are on non-dental school campuses.

While hygienists are very well trained to perform the tasks set forth under the Texas Dental Practice Act, their scientific course work is at the introductory level and does not compare even minimally with pre-doctorate undergraduate course work taken by D.D.S. candidates. For example, hygiene students are not required to undergo hands-on anatomical instruction, including dissection. This dissection is an integral part of the learning experience for the student injecting into the highly vascular and complex tissues of the head and neck.

The quality of care we provide dental patients in the State of Texas is unmatched. Delegation of injecting local anesthetics to persons other than dentists could put the patient at risk and lower the standard of care.

Marketing of Career Opportunities to High School Seniors

101-1995-H

Resolved, That an effort be made by dental hygiene programs, the Texas Dental Association and practicing dentists of Texas to market career opportunities for dental hygiene to high school seniors and any other qualified individuals.

Supervision of Dental Hygienists

80-1990-H

Resolved, That the supervising dentist may direct a hygienist verbally or by written authorization to perform any function the hygienist has been duly licensed to perform under the dentist's supervision and responsibility and be it further

Resolved, That the supervising dentist must examine the patient at the time dental hygiene procedures are performed unless the patient has been examined by the dentist during the previous twelve months.

81-1990-H

Resolved, That all treatment by a dental hygienist must be performed in an office of the supervising dentist or under his/her supervision in an alternate setting such as, but not limited to, a nursing home or the patient's home.

Dental Practice

Aids Testing

86-1991-H

Resolved, that the TDA stated policy is to fully support the stated policies of the ADA and AMA, which oppose mandatory universal HIV testing of healthcare providers, and be it further

Resolved, that the TDA fully support the stated policies of the ADA and the AMA regarding recommendations for HIV seropositive providers to refrain from performing invasive procedures or inform patients of their HIV status and obtain written informed consent prior to performing invasive procedures, and be it further

Resolved, that the TDA support legislation requiring HIV seropositive patients to fully inform healthcare providers of their HIV status.

Botox and Other Dermafillers

154-2010-RCDS-H

Resolved, it is the policy of the Texas Dental Association that any properly trained and Texas-licensed dentist may use Botox and other dermafillers for cosmetic and therapeutic applications, within the scope of the dental practice act, and be it further,

Resolved, that the Texas Dental Association pursue legislation enabling all licensed Texas dentists the use of Botox and dermafillers as deemed appropriate for both therapeutic and cosmetic purposes, within the scope of the dental practice act, and contingent upon appropriate education and training.

Dental Necessity (Definition)

190-2001-H

Resolved, that the Texas Dental Association adopt the following definition of “Dental Necessity”: Dental Necessity for a dental service or product is based on whether a prudent dentist, acting in accordance with generally accepted practices of the professional dental community and within the Parameters of Care of the American Dental Association, would provide the service or product to a patient to diagnose, prevent, or treat orofacial pain, infection, disease, dysfunction or disfiguration, and be it further

Resolved, that the Texas Dental Association forward this to the 15th District American Dental Association Delegation for discussion and consideration before presenting it to the American Dental Association.

Histories and Physicals by Dentists in Hospitals

110-1980-H

Resolved, that the Task Force to Study the Dental Practice Act support amendments in the Texas Dental Practice Act to grant history and physical privileges to qualified dentists, as defined by the American Dental Association or the Joint Commission on Accreditation of Hospitals, with the final wording to be approved by the Texas Dental Association Board of Directors.

Hospital Staff Privileges

62-1977-H

Resolved, That the Guidelines for Hospital Staff Privileges, approved by the Houston District Dental Society and reported in Board Resolution 85-1977-B, be adopted as standardized guidelines for hospitals throughout the state.

Identification of Manpower Shortage Areas

70-1982-H

Resolved, That the Texas Dental Association will continue to take positive steps to identify those areas of the state with an inadequate number of dentists and assist responsible public and private groups in those areas in the acquisition of dental manpower required to meet their needs.

99-1997-H

Resolved, that the policy of the TDA in regards to dental manpower in the State of Texas is to continually monitor the number of dentists needed to meet the demand for dental care services, the ratio of dental specialists to general dentists and to identify dental manpower shortages and/or imbalances. This data shall be provided to dental schools in Texas to assist them in the determination of class size and the numbers of students entering specialty training.

Infection Control

64-1988-H

Resolved, that the following policy statement on infection control and testing as it relates to AIDS be approved:

The Texas Dental Association continues to recommend that in accordance with infection control criteria set previously by the American Dental Association, dentists and their treatment room staff routinely wear masks, gloves and protective eye-wear for all procedures posing risk of infection.

The Texas Dental Association continues to support voluntary testing. The American Dental Association has provided free testing at its annual session, and these types of programs should be continued.

Legal Representation

62-2015-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it is Texas Dental Association policy to not represent an individual member dentist in legal or regulatory matters including, but not limited to, Texas State Board of Dental Examiners actions; complaints or actions by federal, state or local agencies; or personal lawsuits.

Management Corporations

93-1988-H

Resolved, That the TDA Board of Directors, through appropriate agencies or legal counsel, notify all TDA members of legal and professional implications when considering entering into contractual relationships with management corporations for the purpose of practicing dentistry. This information should also be included in the new member packets, and be it further

Resolved, That the appropriate agencies and legal counsel develop, if necessary, state regulations for management corporations of dental practices.

Needle Stick Injury

174-2001-H

Resolved, that the Texas Dental Association Statement of Policy on Needle Stick Injury Prevention as developed by the Committee on Communications be adopted.

Needle Stick Injury Prevention

The U.S. Congress in November 2000 approved and the President signed into law HR 5187 that changes the blood borne pathogens standard (Part 1910) of the Occupational Safety and Health Administration Act of 1970. This bill, which becomes effective in 2001, reinforces the current OSHA directive instructing dentists to evaluate and implement appropriate and effective commercially available medical devices designed to eliminate or minimize occupational exposure to blood borne pathogens acquired via needle stick injuries.

Based on the American Dental Association's analysis of the legislation, HR 5187 does not mandate that dentists adopt new injection technologies until they decide, based on their professional judgment, that a new device is safe, effective and appropriate for their practices.

The Texas Dental Association supports efforts to prevent needle stick injuries. However, regulations and technology developed for other health care settings have not been proven safe and effective in dental offices and may actually increase the threat of accidental needle sticks.

Whereas: None of the “safety “ needles marketed as appropriate for dental use has been approved for intra-oral use.

No clinical studies have demonstrated increased efficacy of re-engineered needles in preventing needle stick injuries in a dental setting. In fact, a clinical study conducted by the University of Pacific revealed an initial increase of needle stick injuries after conversion to re-engineered systems.

There remain some medical/dental procedures for which safer alternatives have yet to be found. Therefore, it is the policy of the Texas Dental Association to encourage all dentists to employ all means possible to prevent needle stick injuries and to use their professional judgment in deciding whether new injection technologies are safe, effective, and appropriate.

Placement of National Health Service Corps Dentists (See Also Appendix C)

47-1978-H

Resolved, That the Texas Dental Association exercise its rights by federal regulation and all legal means to decrease the number of National Health Service Corps placements in Texas where they do not meet all the prescribed criteria.

Practice of Dentistry – Ownership of Dental Practices

99-2017-RCC-H

Resolved, that the Texas Dental Association supports the ownership of dental practices consistent with Texas Occupations Code Sec.251.003 (a)(4), PRACTICE OF DENTISTRY, that reads as follows: (a) For purposes of this subtitle, a person practices dentistry if the person: (4) owns, maintains, or operates an office or place of business in which the person employs or engages under any type of contract another person to practice dentistry.

Practicing Dentistry Without a License

119-2008-H

Submitted by: District 18, Panhandle District Dental Society

Resolved, that the Texas Dental Association is opposed to the bleaching of teeth in a non-dental setting without a dentist’s supervision, and be it further

Resolved, that the Texas Dental Association shall provide guidance to components of this Association in pursuing all legal remedies including prosecution of such practices, petition the Texas State Board of Dental Examiners to follow through with cease and desist orders against establishments performing non-dental bleaching of teeth, and encourage enforcement of the Texas Dental Practice Act by the State of Texas through its attorneys general, district attorneys, and/or county attorneys.

Sleep Disorders, Treatment of

88-2015-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that the Texas Dental Association (TDA) adopt the following policy statement regarding the dental treatment of sleep disorders.

Dental Treatment of Sleep Disorders

It is within a dentist's scope of practice to diagnose and provide surgical and adjunctive treatment, operation or prescription for a disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, oral cavity, alveolar process, gums, jaws, or directly related and adjacent masticatory structures.

Dentists should evaluate and screen patients for symptoms of sleep related breathing disorders including obstructive sleep apnea (OSA) as part of a detailed medical and dental history. The severity of sleep related breathing disorders must be established in order to develop appropriate treatment approaches. Validated questionnaires and portable monitoring devices, as well as physician-interpreted polysomnography are useful tools to help establish a diagnosis and determine the need for medical referral.

Dentists may independently diagnose, treat and monitor any dental comorbidity related to benign snoring or OSA. A dental comorbidity may include, but is not limited to, periodontal disease, bruxism, occlusal disorders, temporomandibular joint disorders, and deformities of the soft palate, tongue and uvula.

OSA is classified as a medical diagnosis within the International Classification of Sleep Disorders and the diagnosis and treatment of OSA is the practice of medicine. Referral to a Texas licensed physician to diagnose or rule out OSA is consistent with the standard of care. Although the diagnosis of OSA is the practice of Medicine, oral appliance therapy (OAT) for OSA is within the scope of practice of dentistry.

Dentists may initiate OAT, construct and fit an oral appliance, and are responsible for the proper calibration of the device to determine at what point the patient's symptoms are mitigated. Dentists managing patients with OAT must be competent in the assessment, diagnosis, and management of temporomandibular disorders and craniofacial pain disorders. OAT appliances should only be fabricated and fitted by qualified dentists who are trained and experienced in dental sleep medicine. The treating dentist must provide appropriate monitoring of the device to assess the stability of occlusion and health of the orofacial musculoskeletal system. Once optimal fit is obtained and efficacy shown, follow-up every six months is recommended for the first year, and at least annually thereafter.

Dentists treating patients for sleep disorders must comply with the Dental Practice Act and rules of the Texas State Board of Dental Examiners including required continuing education in the area of sleep disorders.

Sterilization and Waste Disposal

114-1989-H

Resolved, that the Texas Dental Association is supportive of those sterilization and waste disposal techniques required to protect its members and the public from infection of all types; but actively and aggressively opposes third party regulations that are ineffective and unnecessary for the control of infection in the dental office.

Waterlines (Dental Unit)

175-2001-H

Resolved, that the Texas Dental Association Statement of Policy on Dental Unit Waterlines as developed by the Committee on Communications be adopted.

Dental Unit Waterlines

Dental unit waterlines, like all water systems, harbor a variety of microorganisms. Accumulations of these microorganisms on the walls of waterlines are known as *biofilms*. Biofilms have not been proven to cause health problems.

The FDA has approved several products to improve the quality of water used in dental treatment. Although there is no direct scientific evidence that dental waterline biofilm causes any health problems, the Texas Dental Association supports the efforts of the scientific community to investigate methods of improving the quality of water delivered to patients. Modalities that presently may be of value in this regard include:

- Independent water reservoirs
- Chemical treatment regimens
- Daily draining and air purging regimens
- Point-of-use filters

The dental profession has a long, proactive record of protecting the health and safety of patients.

It is the policy of the Texas Dental Association that dentists continue to monitor scientific research directed at reducing or eliminating biofilms in dental unit waterlines and that dentists critically evaluate and implement, in accordance with their professional judgment, procedures and/or products, which are safe, effective, and appropriate.

X-Ray Maintenance Checks

185-1995-H

Resolved, That the Texas Dental Association request a rule change by the Bureau of Radiation Control that would delete the Dental X-ray Maintenance checks.

Dental Practice Act

Amendments

173-1997-H

Resolved, that the TDA be prepared to address the directions of the House of Delegates pertaining to amending the Dental Practice Act should the Dental Practice Act be opened by any other organization.

Anesthesia Rules

Parenteral Conscious Sedation Course

Licensure (By TDA)

104-2001-H

Resolved, that the Texas Dental Association maintain control of the Parenteral Conscious Sedation Review Course by granting a license to present the course and by charging a course fee.

Requirement for Certification

39-1999-H

Resolved, that the Texas Dental Association (TDA) supports the requirement of the Parenteral Conscious Sedation Review Course as prepared by the TDA Supported Work Group for certification and/or recertification in conscious sedation; and be it further

Resolved, that the course and the addendum satisfy the requirements for certification/recertification for Deep Sedation-General Anesthesia.

Supervision (By TDA)

62-2001-H

Resolved, that the Texas Dental Association maintain an active voice in the content, administration, and management of its copyrighted course, *Parenteral Conscious Sedation Review Course*.

Confidentiality of TSBDE Investigative Files

170-1994-H

Resolved, That the Texas Dental Association supports the provision of the Dental Practice Act which provides that the Texas State Board of Dental Examiners' investigative files remain confidential except to those persons being investigated upon completion of said investigation.

Dental Specialists

18-1995-H

Resolved, That the Dental Practice Act of the State of Texas be amended to include the scope of practice of the recognized specialties of the American Dental Association as being the current recertification definition for that American Dental Association specialty

Dentist as “Head of the Dental Team”

56-2011-RCBS-H

Resolved, that the policy of the Texas Dental Association (TDA) is that the dentist is the “Head of the Dental Team”, and be it further

Resolved, that the appropriate councils and committees of the Texas Dental Association (TDA) be directed to formulate criteria to ensure that the dentist is the “Head of the Dental Team.”

118-2012-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that it shall be the policy of the Texas Dental Association that in the rendering of all oral treatments, the Texas licensed dentist rendering care is the Head of the Dental Team and assumes the ultimate responsibility for determining, on the basis of his or her examination, the specific treatment the patient will receive and which aspects of treatment will be delegated to qualified allied personnel.

97-2016-H

Submitted by: Committee on Access, Medicaid & CHIP

Resolved, that the Texas Dental Association seek legislation amending Chapter 533 of the Government Code to define “main dentist” in statute. Main dentist is the individual dentist relationship between a Texas-licensed general or pediatric dentist and the child or adult patient in which the dentist provides preventive, diagnostic, urgent, therapeutic, initial, and primary care to the patient, maintaining the continuity of patient care, and initiating referral for care as needed.

Disposal of Dental Practices

25-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that upon the death of a practicing dentist, the heirs of the deceased dentist should be permitted to conclude the affairs of the practice including the sale of any remaining assets.

Forgiveness of Co-Payment

172-1994-H

Resolved, That the Texas Dental Association support the Dental Practice Act that makes it illegal for a dentist to systematically over bill and thereby forgive the co-payment without disclosing the fact to the insurance company.

Graduation from Accredited Programs

43-1994-H

Resolved, That the wording in the Dental Practice Act relating to education shall require that a dentist or dental hygienist must have graduated from a program approved by the Commission on Dental Accreditation of the American Dental Association.

Notification of Changes in Drug List (Amended by 166-2002-H)

87-1990-H (Amended by 166-2002-H)

Resolved, that the Texas State Board of Dental Examiners start to notify the dentists of the State of Texas on an annual basis of any medications which will automatically cause the prescribing dentist to come under examination by the Board for prescribing such medications, and be it further

Resolved, That any time a new drug is placed on the list of drugs that dentists cannot write prescriptions for, the dentists of the State of Texas be notified immediately, and be it further

Resolved, That the Texas State Board of Dental Examiners notify each newly licensed dentist in the State of Texas, upon receipt of their license, of the drug list and provide each new licensee with a copy of the list of medications.

Notification of Discontinuance of Practice

166-2015-RCDS-H

Resolved, that it is the policy of the Texas Dental Association that a dentist leaving a practice for any reason notify all active patients in a timely manner as to the location and process for accessing their dental records. Notification methods may include but not be limited to mail, electronic mail, newspaper announcement, and signed patient acknowledgement.

Physicians Practicing Dentistry

74-1990-H

Resolved, That physicians, who hold themselves out to the public as practicing dentistry, must be examined by and licensed by the Texas State Board of Dental Examiners and subject to the provisions of the Dental Practice Act.

Practicing without a License

111 -1982-H

Resolved, That the Dental Practice Act be amended to provide that any person convicted of practicing dentistry without a license be guilty of a third degree felony.

Regulation of Dental Auxiliaries

84-1990-H

Resolved, That the regulation of dental auxiliaries in the Dental Practice Act be written: This act shall be so construed that: A person licensed to practice dentistry shall have the authority to delegate to any qualified and properly trained person or persons acting under the dentist's supervision any dental act which a reasonable and prudent dentist would find is within the scope of sound dental judgment to delegate if, in the opinion of the delegating dentist, the act can be properly and safely performed by the person to whom the dental act is delegated and the act is performed in its customary manner, not in violation of any other statute, and the person does not hold himself out to the public as being authorized to practice dentistry. The delegating dentist shall remain responsible for the dental acts of the person performing the delegated dental acts. The Board may determine whether or not an act constitutes the practice of dentistry, not inconsistent with this Act, and may determine whether any dental act may or may not be properly or safely delegated by dentists. The individual dentist should be given the greatest opportunity to exercise his best independent professional judgment in deciding what dental acts can be safely delegated. Therefore, the rules of the Board regulating delegation should have the purpose of promoting such exercise of professional judgment and decision by not containing, except as absolutely necessary, global prohibitions or restrictions on delegation of dental acts; and be it further

Resolved, That the Texas State Board of Dental Examiners consider that a reasonable and prudent dentist would not delegate to his/her auxiliary any of the following cubes:

1. Comprehensive examination or diagnosis and treatment planning.
2. Surgical or cutting procedures on hard or soft tissues.
3. Prescribing drugs, medications and work authorizations.
4. Taking impressions for final restorations, appliances or prostheses.
5. Making intraoral occlusal adjustments.
6. Performing direct pulp capping, pulpotomy and other endodontic procedures.
7. Final placement and intraoral adjustments of fixed and removable appliances.
8. Placement of any final restorations.
9. Administering of local anesthesia, parenteral or inhalational sedative agents and/or general anesthetic agents.
10. For dental assistants only, the removal of calculus, deposits of accretions from the natural and restored surfaces of exposed human teeth and restorations in the human mouth or the smoothing and polishing of roughened root surfaces.

Diversity

158-2011-RCBS-H

Resolved, that it shall be the policy of the Texas Dental Association (TDA), in principal and in practice, to value and seek diverse and inclusive participation within the Association.

Documents and Manuals

List of Documents and Manuals (See Also Appendix E)

89-2014-H (as amended)

Resolved, that the list of governing documents as listed in the Texas Dental Association Policy Manual be revised as follows:

The following list comprises the Governing Documents of the Texas Dental Association, who is responsible for maintaining, frequency of full revision, and entity for approval of revisions.

<u>GOVERNING DOCUMENT</u>	<u>RESPONSIBILITY</u>	<u>FREQUENCY</u>	<u>APPROVAL</u>
Charter (Articles of Incorporation)	Legal Counsel	5 years	HOD
Constitution	Council on Constitution & Bylaws	5 years	HOD
Bylaws	Council on Constitution & Bylaws	5 years	HOD
Peer Review Manual	Peer Review Council	5 years	HOD
Judicial Manual	Ethics and Judicial Council	5 years	HOD
Recall Manual	Ethics and Judicial Council	5 years	HOD
TDA Principles of Ethics and Code of Professional Conduct	Ethics and Judicial Council	5 years	HOD
Association House Policies of Governance	Council on Constitution & Bylaws & TDA Staff	5 years	HOD
Association Board Policies of Governance	Board & TDA Staff	5 years	BOD
House of Delegates Manual	Credentials Rules Order	5 years	HOD
Board of Directors Manual	Board	5 years	BOD
Minutes of the House of Delegates	Minutes Approval Committee	1 year	HOD
Minutes of the Board of Directors	Minutes Approval Committee	Ongoing	BOD
Caucus Procedures, Campaigns, Nominations and Elections Manual	Credentials Rules Order	5 years	HOD
Reference Committee Manual	Credentials Rules Order	5 years	HOD
Secretary-Treasurer Manual	Secretary-Treasurer	5 years	E
Speaker of the House Manual	Speaker	5 years	BOD
Editor's Manual	Editor	5 years	HOD

Amendments to Peer Review and Judicial Manuals

139-1999-H

Resolved, that any proposed changes made to the Peer Review and the Judicial Manuals are to be submitted to the Texas Dental Association (TDA) Board of Directors, Council on Constitution & Bylaws, and the TDA Legal Counsel prior to being submitted to the TDA House of Delegates.

77-2016-H

Submitted By: Council on Constitution and Bylaws

Resolved, that the proposed revisions to the Judicial Manual, as submitted by the Council on Ethics and Judicial Affairs and reviewed by the Council on Constitution and Bylaws, be approved.

Dues & Assessments

Dues Structure

91-2017-H (as amended)

Resolved, that the **DUES STRUCTURE** of the Texas Dental Association shall be as follows:

A. ACTIVE MEMBERS.

a. The annual dues of ACTIVE MEMBERS of this Association shall be 100% of the base dues as set forth in Chapter I, Section 70, A of the Bylaws of the Texas Dental Association plus the approved annual dues of the component society and the American Dental Association, due January 1 each year.

b. An ACTIVE MEMBER of this Association temporarily on active duty with a federal dental service on a non-career basis, and who pays American Dental Association dues through the regular channels (component and this Association) shall be exempt from payment of dues and assessments to this Association during such military duty but not to exceed a period of three years.

c. A member of the *Order of Good Fellow*, having permanently retired from active practice, due to unfortunate circumstances and who is unable to pay his/her dues, may be extended the privileges of Life Membership-Retired upon notification in writing to the Secretary-Treasurer of this Association, provided the component society having jurisdiction has taken similar action by waiving component society dues.

d. The payment of dues *and assessments* of component societies and of this Association for the first five years of active membership immediately following graduation from dental school or completion of an advanced training course of not less than one academic year's duration or residency program which was commenced upon graduation from dental school or interruption of active membership to return to Student Member-Graduate status to be as follows for applicants who were Student Members.

(1) For the remainder of the year of graduation and the following first full calendar year – exempt from dues and assessments.

(2) Second year, twenty-five percent (25%) of the base dues and any current assessments.

(3) Third year, fifty percent (50%) of the base dues and any current assessments.

(4) Fourth year, seventy-five percent (75%) of the base dues and any current assessments.

(5) Commencing with the fifth year and thereafter, one hundred percent (100%) of the base dues and any current assessments.

Eligibility for the foregoing schedule of reduced dues and assessments is based upon continuous membership. A dentist who accepts classification as a Student Member-Graduate while enrolled in an advanced training course of not less than one year's duration or residency program, after having previously paid dues and assessments as an active member under the foregoing schedule of reduced dues and assessments for active members, will again commence payment of dues and assessments for active members upon completion of such programs at the next period-in-time level of the foregoing schedule.

(6) Year of and/or first full year after graduation or completion of an advanced training course or residency program by an applicant for membership who did not maintain student membership, fifty percent (50%) of the base dues and any current assessments and then in following years, 100% of the base dues and any current assessments.

(7) On a one-time basis, a licensed dentist applying for membership who has never been an active member of the American Dental Association and is not otherwise eligible as a new graduate under this Section of the Bylaws, shall pay reduced dues and assessments at the rate of 50% of the base dues and any current assessments in the first year, and shall pay 100% of the base dues and any current assessments in the second year and each year thereafter. Student membership in the American Dental

Association or any other student dental organization does not disqualify the applicant for this reduction of dues and assessments.

B. LIFE MEMBERS.

a. LIFE MEMBERS-PRACTICING shall be subject to the same dues structure as those of the American Dental Association. The dues and assessments of practicing life members shall be one-half (1/2) of the annual base dues and any current assessments of members of this Association.

b. LIFE MEMBERS-RETIRED shall be exempt from payment of dues and assessments.

C. STUDENT MEMBERS.

a. Student Members: STUDENT MEMBERS shall be exempt from payment of dues and assessments to this Association.

b. Student Members-graduate. ACTIVE MEMBERS making application for STUDENT MEMBER-GRADUATE and fulfilling all other requirements for this category of membership shall pay no dues or assessments to this Association.

c. Student membership terminates on December 31 after graduation or upon completion of a residency or graduate work.

d. Dentists who have been STUDENT MEMBERS and who are making application for the first time or former ACTIVE MEMBERS who have been STUDENT MEMBERS-GRADUATE and are resuming active membership, all in the calendar year of their graduation or completion of residency or graduate work, fulfilling all other requirements for membership, may be accepted without payment of additional dues or assessments for the current year.

e. For ACTIVE MEMBERS qualifying under the subsection above, the dues and assessments for succeeding calendar years shall be as provided in subsection A,d above plus the required dues of the American Dental Association.

D. HONORARY MEMBERS. HONORARY MEMBERS shall be exempt from payment of dues.

E. ASSOCIATE MEMBERS. The dues of ASSOCIATE MEMBERS shall be fifty percent (50%) of the base dues and any current assessments of members due January 1 of each year.

F. RETIRED MEMBERS. The dues and assessments of RETIRED MEMBERS shall be fifty percent (50%) of the base dues and any current assessments of members or in accordance with Subsection A,c. above.

G. TEAM MEMBERS. The annual dues of TEAM MEMBERS of this Association shall be ten dollars (\$10.00) due January 1 each year.

H. LOSS OF MEMBERSHIP AND REINSTATEMENT.

a. If a member has been dropped from the membership rolls for non-payment of dues then reinstatement of membership may be secured on the payment of dues and assessments of this Association in accordance with Subsection A above, and on compliance with the pertinent bylaws and regulations of the component society involved.

b. A former active member of this Association upon being reselected or reinstated to active membership shall be required to pay the full year's dues and assessments.

I. ACCEPTANCE OF BACK DUES AND SPECIAL ASSESSMENTS. For the purpose of establishing continuity of active membership in order to qualify for Order of Good Fellow, life membership and the Fifty Year Award, back dues and special assessments, except as otherwise provided, shall be accepted for not more than the three years of delinquency prior to the date of application for such payment. The rate of such dues and special assessments, except as otherwise provided, shall be in accordance with Subsection A above.

J. MEMBERS SELECTED AFTER JULY 1 AND OCTOBER 1. Those new members, except recent graduates as provided for in section A. d above, selected to active, practicing life, retired or associate membership in this Association after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty percent (50%) of the current year's dues and fifty percent (50%) of any special assessment(s) then in effect, and those selected after October 1, shall be exempt from the payment of the current year's dues and any special assessment(s) then in effect on a one-time only basis.

K. DUES REDUCTION. The Board of Directors may authorize limited dues reduction, up to

seventy-five percent (75%) of the base dues and any current assessment for the purposes of promoting active membership in target markets of potential new members through marketing campaigns recommended by the Council on Membership. This reduction of active member dues and any special assessments shall be on a one-time only basis for these potential new members.

L. REFUNDS. There shall be no refunding of dues and assessments of this Association except as otherwise provided , except that dues of a deceased member may be refunded to the family if the Secretary-Treasurer receives notification prior to the time dues are forwarded to the American Dental Association.

M. MEMBERS SUFFERING HARDSHIP. Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and assessments may be excused from the payment of fifty percent (50%), seventy five percent (75%) or all of the current year’s dues as determined annually by the component society and this Association. This Association shall provide the same proportionate waiver of dues and assessments as that determined by the component society.

N. TEXAS DENTAL JOURNAL SUBSCRIPTION FEE

a. The amount of annual dues received from each dues paying member, which shall be credited to the operation of the publications of the Texas Dental Association, as a subscription fee, shall be determined by the Board of Directors of this Association.

b. Except for life members-retired, non-dues paying members of this Association may receive the *Texas Dental Journal* by subscription only at the regular subscription rate.

and be it further

Resolved, that the section of the Manual of the House of Delegate of the Texas Dental Association titled “Order of Business” under Rules of the House of Delegates, be amended as follows

ORDER OF BUSINESS: The order of business shall be:

- Roll Call - Quorum
- Reading of minutes - Introductions
- Reports
- Unfinished business
- New business
- Election of Officers
- Installation of Officers
- Announcements

The Speaker of the House of Delegates is authorized to rearrange the order of the agenda as deemed necessary in order to expedite the business of the House of Delegates (55-1991-H). The order of business shall be that order of business adopted by the House of Delegates in conformity with Section 110A and Section 150 of this Chapter; except that a proposed amendment of these Bylaws or TDA policy effecting a change in the dues of active members shall be considered after all other resolutions with financial implications have been disposed of (36-2005-CS3-H).

Extended Payment Plan

164-2015-RCBS-H

Resolved, that the Extended Payment Plan piloted with Districts 8 and 20 be offered to all TDA new dentists 10 years or less from graduation.

Resolved, that the Extended Payment Plan be a TDA payment option that allows members to pay their Tripartite dues (national, state and local) in 10 equal installments from January to October of the current membership year. Dues and voluntary contributions you choose to add are deducted automatically from a checking account of your choice. There are no additional fees or charges to participate in this program.

BACKGROUND STATEMENT

At their September 2, 2016 meeting, the TDA Council on Membership learned that beginning with the 2017 membership year, new payment and renewal options are available online through Aptify, the ADA's association management software. The Director of Member Services presented the Council with an overview of these new options and data on existing payment plans. TDA now has the ability to allow all members to take advantage of the existing Extended Dues Payment (EDP) program online through the Aptify system. Currently EDP is only offered to new dentist members out of school less than 10 years. Within the membership software, there is no way in which to segregate the option for new dentists only. After reviewing the data provided, the Council agreed that the Extended Dues Payment plan should be offered online to all members providing additional payment options and potentially resulting in greater member retention; therefore be it

33-2017-H

Resolved, that beginning with the 2017 membership year, the existing Extended Dues Payment program be broadened to include all TDA members providing additional payment options for every member and greater member retention.

ESTIMATED FINANCIAL IMPACT: Based on the percentage of new dentists currently using the Extended Dues Payment program, TDA staff estimates an additional 280 members will take advantage of the plan, affecting \$138,600 in TDA dues revenues. Where dues are typically collected in full by May of each year, this plan extends the receipt of dues an additional five months (June through October). This extension will result in \$69,300 (50% of the \$138,600) being collected after May. Based on historical expense patterns, this shift in revenue collections will not adversely affect Association operations.

Incremental Payment Plan for Recent Graduates

93-2000-H

Resolved, that the Council on Membership institute and promote an incremental payment plan for membership to recent dental school graduates.

Reduction of Dues for New Members

107-1998-H

Resolved, that the component societies of the Texas Dental Association be encouraged to alter their bylaws to allow individuals accepted for active membership who have never been members of the Texas Dental Association in the past and who do not qualify for the reduced dues structure afforded new dental graduates to pay 50% of active membership dues during their first year of membership.

Ethics, Judicial Affairs and Peer Review

Advertising/Referral Agencies and Referral Schemes

193-1995-H

Resolved, That the President of the TDA communicate as soon as is practical to the State Board of Dental Examiners the desire of the TDA that the existing rules of the SBDE pertaining to advertising and dental referral sources be rigorously enforced.

126-2013-H (as amended by RCD)

Resolved, it is the policy of the Texas Dental Association that a licensed dentist and/or their representative should not offer give, dispense, distribute or make available directly to a potential patient, or aid or abet another so to do, any cash, gift, premium, chance, reward, ticket, item, or thing of value for securing or soliciting the potential patient.

Charges to Non-Members for Peer Review

83-1989-H

Resolved, that a fee can be charged to non-members for peer review services up to the amount of tripartite dues, and be it further

Resolved, that the amount to be charged to non-members for peer review services is to be determined by the Board of Directors of the component society.

Legislative Protection for Peer Review and Judicial Members

174-1994-H

Resolved, That the Texas Dental Association supports legislation to protect members of the Peer Review Council and the Council on Ethics and Judicial Affairs, as well as component society Peer Review Committees, Judicial Committees and Patient Relations Committees from civil actions resulting from the performance of their official duties.

Records of Peer Review Cases

147-1990-H

Resolved, that a record of the initial complaint or request and final report of every peer review case be maintained for three years from receipt and a copy of such material be forwarded to the Central Office.

Registration for Training

76-2001-H2

Resolved, that all new Peer Review and Ethics and Judicial Committee Members must pre-register for training through their local chairman and the Texas Dental Association prior to attending a mandatory training session before assuming their duties on the local component level.

Resolved, that the training of new Component Judicial Committee members include training in mediation skills.

46-1996-H

Resolved, That component societies are urged to have at least one yearly meeting or publication to update their members on changes, utilization, and current trends in their own Judicial and Peer Review Committees and extol the value of the two committees as valuable member benefits.

Value of Peer Review & Ethics and Judicial Committees

46-1996-H

Resolved, That component societies are urged to have at least one yearly meeting or publication to update their members on changes, utilization, and current trends in their own Judicial and Peer Review Committees and extol the value of the two committees as valuable member benefits.

Fifteenth Trustee District

ADA Correspondence

10-1996-H

Resolved, That any correspondence to the ADA entity also be sent to the Fifteenth District Trustee.

Attendance Requirement at Delegation Meetings

157-2006-H

Resolved, that in the event that a delegate or alternate delegate from the American Dental Association Fifteenth Trustee District accepts any responsibility which precludes them from fully participating in all meetings of the delegation at the American Dental Association Annual Session, that individual must relinquish their position as delegate or alternate delegate for the years in which there is a conflict.

Resolutions Committee

108-1996-H

Resolved, that the Texas Dental Association Board of Directors establish a standing Resolutions Committee whose function is to ensure that resolutions coming from the TDA House of Delegates to the ADA shall be properly formatted. This committee consisting of the President of the TDA, the Speaker of the House, the Fifteenth District Trustee and the Parliamentarian of the TDA shall maintain the intent of said resolutions; and be it further

Resolved, that Resolution Committee expenditures, if any, be charged to the TDA Delegation budget, and be it further

Resolved, that the 15th District Trustee serve as chairman, and be it further

Resolved, that the Resolution Committee expenditures, if any, be charged to the TDA Delegation budget, and be it further

Resolved, that the TDA Council on Constitution and Bylaws make any changes necessary to the Constitution and Bylaws and Manuals of the Association.

Texas Reception at ADA Annual Session

121-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it is the policy of the Texas Dental Association that the Texas Reception be facilitated annually at the American Dental Association Annual Session

Finances

General Operating Fund

99-1998-H

Resolved, that all non-dues income received from Financial Services, Inc. is to be placed in the general operation fund of the TDA.

Legislative Account

67-2015-H

Resolved, that funds transferred to the Reserve Savings Account from the Legislative Account on August 13, 2014, retain their designated purpose of funding expenses related to legislative and regulatory affairs, being so named Legislative Affairs monies, and be it further

Resolved, that the amount of monies available from the former Legislative Account shall be equal to the amount of the August 13, 2014 transfer, continue to be adjusted for debits made to the balance by the approval of the TDA Board on or after the date of the transfer, and be it further

Resolved, that the expenditure of Legislative Affairs monies are made only at the request of the Legislative Council, currently named the Council on Legislative and Regulatory Affairs, and be it further

Resolved, that the Texas Dental Association Board of Directors must continue to formally approve any use and expenditure of the monies, such approval or denial being made by the TDA Board of Directors within 3 business days of the requested expenditure, and be it further

Resolved, that reports of the legislative related balance in the Reserve Savings Account, revenues, and expenditures shall be included in the financial reports provided to the TDA Board of Directors.

Reserve Fund

138-2012-RCAS-H

Resolved, that it is the policy of the Texas Dental Association to maintain a Reserve Division of the General Fund, and be it further

Resolved, that the Reserve Division maintain an amount of \$2,000,000 or 35% of the proposed annual budget whichever is the lesser, and be it further

Resolved, that the value of the Reserve Division amount be determined on a cost basis rather than a market valuation, and be evaluated and amended by the TDA Board of Directors for approval by the House of Delegates at the end of each fiscal year, and be it further

Resolved, that in the event that the reserve division of the general fund falls below the prescribed level, the proposed TDA annual budget for the next fiscal year shall include a minimum \$50,000 repayment to the reserve division of the general fund and shall continue in this manner for consecutive proposed budgets until the prescribed amount has been met, and be it further

Resolved, that Resolution 124-2004-H which reads:

124-2004-H

Resolved, that the Texas Dental Association maintain a Reserve Fund, and be it further

Resolved, that beginning with the 2005 budget, at least \$50,000 per year be deposited in the Reserve Fund until it reaches a level of \$1,500,000 or 35% of the annual budget whichever is greater, and be it further

Resolved, any deficiency in the fiscal year operating account be listed as negative reserves, and be it further

be rescinded.

39-2016-B

Resolved, that it is the policy of the Texas Dental Association (TDA) Board of Directors that the TDA President, TDA President-elect, TDA Secretary-Treasurer, and TDA Executive Director are authorized to sign on TDA reserve division investment accounts on behalf of TDA.

Future Focus

Policy Resolutions Application to Strategic Plan

100-2009-H

Submitted by: Future Focus Committee

Resolved, all policy resolutions brought before the Texas Dental Association be tied back to the Strategic Plan and indicated as such as part of the language required on all policy resolutions.

Strategic Plan

147-2015-H

Resolved, that the Texas Dental Association Strategic Plan 2020 be approved.

Government, Governmental Agencies and Political Action

DENPAC

29-1968-H

Resolved. That a membership statement for DENPAC be included with the statements for dues for the component society, Texas Dental Association and American Dental Association with the notation that DENPAC contributions are not deductible.

Endorsement of Candidates for Public Office

64-2015-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it is the policy of the TDA to not endorse any candidate for elected public office in the name of the Texas Dental Association. This policy shall not prevent the TDA from issuing a letter of support for proposed candidates for appointment to a public board, committee, or commission when such entity has a direct impact on the practice of dentistry or the safety or welfare of dental patients. This policy shall not prevent the personal endorsement of a candidate for political office by any member, officer or employee of the Texas Dental Association.

Partnership for a Healthy Texas

93-2012-H

Submitted by: Council on Legislative and Regulatory Affairs

Resolved, that it is the policy of the Texas Dental Association to maintain membership in the Partnership for a Healthy Texas.

Reorganization OF Licensing Boards and Agencies

84-1992-H

Resolved, That the Texas Dental Association recommends that the following be considered in the passage of any legislation concerning reorganization of licensing boards or agencies:

- I. Urge that the present (health care licensing) boards maintain their current make-up and composition and that appointments to said boards continue to be made by the Governor.
2. Insist that final authority regarding rule-making, licensing, disciplinary and regulatory actions remain with the individual boards,
3. Ask that individual boards be permitted to establish minimum standards for personnel who conduct investigations and/or inspections,
4. Request that peer review programs and procedures for individual professions continue as is;
5. Suggest that caps or ceilings on fees for licensees of individual boards not exceed current statutory limitations without legislative authorization, and
6. Suggest that the Comptroller's recommended policy regarding the Texas Department of Licensing and Regulation, board's periodic evaluation of the *need for* the level of regulation of each profession be "advisory only to the Legislature."

State Board of Health Appointment

60-2001-H

Resolved, that the President of the Texas Dental Association, when appropriate, write the Governor of Texas requesting him to appoint a Texas Dental Association member dentist to the Texas Board of Health.

Texas Civil Justice League

89-1988-H

Resolved, That the Texas Dental Association continue to be a member of the Texas Civil Justice League for an annual contribution not to exceed \$6000.00.

Texas Environmental Advisory Council

2-1993-H

Resolved, That the TDA endorses the Texas Environmental Advisory Council's statement of purpose:

"To work with local, state and federal regulatory officials on matters of common concern relating to the protection of the environment and to share information among such officials and among the Texas business community and the citizens of Texas to insure the enactment of laws and regulations which are fair and equitable for a continuation of a safe and healthy environment for everyone, and be it further

Resolved, That the TDA contribute \$50 to their efforts.

House of Delegates

Agenda

3-1983-H

Resolved, that the Speaker of the House of Delegates be authorized to rearrange the order of the agenda of the House of Delegates as deemed necessary in order to expedite the business of the House of Delegates.

121-2014-H (As amended)

Resolved, that ADPAC and DENPAC be allowed time on the agenda at the opening session of the Texas Dental Association House of Delegates (HOD) for the purpose of giving the HOD members an update on the fundraising activities and to solicit member dentists in support of the PACs, and be it further

Resolved, that the presentations be submitted to the Speaker of the House of Delegates prior to the opening session for approval, and that neither presentation endorse any candidates on the state or national level.

122-2014-H (As amended)

Resolved, that a dentist who is in good standing with the Texas Dental Association and either a member of the Texas House of Representatives or Texas Senate, or who is a member of the United States Senate or House of Representatives may be allowed to address the Texas Dental Association House of Delegates.

Audit Report In House Book

85-1993-H

Resolved, that the most current audit report of the Texas Dental Association be included in the annual House Book.

Candidates for Political Office

161-2015-H

Resolved, that when candidates for political office, or currently serving elected or appointed officials, are invited to address the TDA House of Delegates, the following notice will be given to the members of the House of Delegates when such individuals are introduced:

“The Texas Dental Association is honored to have (candidate’s or office holder’s names) address this House of Delegates. While the Texas Dental Association does not endorse views or political affiliations, it does recognize the importance of knowledge, understanding, and discussion of issues related to the welfare and future of our patients, communities, and State. For that reason we are privileged to have with us today, ___(name)___, ___(office)___.”

Constitutional Amendments, Disposition of

64-2003-H

Resolved, that the policy of the Association shall be that constitutional amendments properly submitted to the House of Delegates shall be referred to a Reference Committee for consideration and discussion.

Disposition of Resolutions

57-2000-H

Resolved, that a new section entitled “Origin and Disposition of Recommendations and Resolutions” be added to the *Manual of the House of Delegates* to read:

Origin and Disposition of Recommendations and Resolutions

Recommendations and resolutions which involve Association policy come to the House of Delegates from several different sources: the President of the Association; the Board of Directors; the councils, committees, and component societies of the Association; the delegates of the House of Delegates; and, occasionally, from other sources at the discretion of the Speaker. In these various ways, the House of Delegates receives many recommendations and resolutions for consideration each year and its task is to act on them in the best way to meet the changing needs of the Association, the profession and society.

All policy resolutions from any of the above sources other than the Board of Directors, Reference Committees, and resolutions presented by delegates at the opening meeting of the House of Delegates shall be sent to the Secretary of the Association for consideration and mandatory action by the Board of Directors. The resolutions along with Board action shall be transmitted to the House of Delegates in their original form and language along with any amended Board substitute resolutions. Resolutions received after the Board’s final meeting of the year shall carry an attached notation that no Board action was taken because of time restraints.

Resolutions empowered to the Board of Directors in Chapter V, Section 40 of the Bylaws shall be declared “non-policy” and do not become the property of the House of Delegates. ((See Chapter IV, Section 40))

Financial Implication of Resolutions

45-1990-H

Resolved, that immediately following the adjournment of the 1990 Session of the House of Delegates, all resolutions to be considered by the TDA Board of Directors and House of Delegates shall state the financial implication involved in the implementation of the resolution.

Financial Reports in House of Delegates Book

Audit Report

176-1997-H

Resolved, that the Consolidated Financial Audit Report be used instead of the Functional Accounting Report in the House of Delegates Book.

Statement of Assets and Liabilities

53-1990-H (Amended by Resolutions 166-2002-H and 60-2003-H)

Resolved, that the most currently available statement of assets and liabilities and the most currently available income and expense statement be printed each year and included in the TDA House of Delegates Book.

House of Delegates Book

72-2007-H

Resolved, that beginning with the 2009 Annual Session of the Texas Dental Association House of Delegates, all House Books will be available on the member’s only side of the Texas Dental Association website and in “.pdf” format whenever possible.

91-2014-H (as amended)

Resolved, that the Texas Dental Association House of Delegates use electronic data transfer beginning with the 2015 TDA House of Delegates for communication purposes and eliminate use of paper as much as possible.

Invocations

165-2002-H

Resolved, that at any official event of the Texas Dental Association the invocation should be as ecumenical as possible to reflect the diversity of the membership.

Photographs of Delegates and Alternates

210-1996-H

Resolved, That each component society submit a 2” X 2” black and white, non-returnable photograph of reproducible quality of their TDA Delegates and Alternates to the TDA Central Office no later than March 1st of each year for inclusion in the delegates’ book.

Resolutions Committee

108-1996-H

Resolved, that the Texas Dental Association Board of Directors establish a standing Resolutions Committee whose function is to ensure that resolutions coming from the TDA House of Delegates to the ADA shall be properly formatted. This committee consisting of the President of the TDA, the Speaker of the House, the Fifteenth District Trustee and the Parliamentarian of the TDA shall maintain the intent of said resolutions; and be it further

Resolved, that the 15th District Trustee serve as chairman, and be it further

Resolved, that the Resolution Committee expenditures, if any, be charged to the TDA Delegation budget, and be it further

Resolved, that the TDA Council on Constitution and Bylaws make any changes necessary to the Constitution and Bylaws and Manuals of the Association.

Resolutions Referring to Previous Resolutions

74-1991-H

Resolved, that all resolutions referring to previous resolutions have the previous resolutions printed in their entirety within the body of the pending resolution.

Idemnification

Deductible Responsibility for Components and Non-Profits

47-1996-H

Resolved, that all officers and directors of any for-profit subsidiary of a component society will be covered of the TDA Directors and Officers Insurance Policy without cost to the society or the subsidiary until such time that the TDA Board of Directors should see the need to assign a proportionate share of any future premium cost, and be it further

Resolved, that the payment of the applicable per incident deductible be the responsibility of the for-profit subsidiary or component society which generated the claim and each for-profit subsidiary and component society shall be notified of this coverage and potential liability immediately.

99-2011-RCBS-H

Resolved, that it be the policy of the Texas Dental Association (TDA) that the TDA will cover the premium costs of the individual policies as recommended by the Texas Dental Association (TDA) Board of Directors, provided the component societies elect to have Directors and Officers insurance.

Definition of “Agents of the Association”

26-1976-H (See Also Resolution 42-1990-H)

Resolved, that each elected officer, director, committee member, delegate at the Annual Session of this Association and other elected agents of a component society of this Association is and shall be considered an agent of this Association, and as an agent, the right of indemnification shall inure to such elected component society officer, director, committee member, delegate at the Annual Session of this Association or other elected agent as provided in Chapter XIV of the *Bylaws*.

Direct Reimbursement in Texas, Inc.

13-1999-H

Resolved, that Direct Reimbursement of Texas, Inc. be covered by the Directors and Officers liability insurance and that Direct Reimbursement of Texas, Inc.'s share of the premium not exceed Paid Dental, Inc.

Directors of the Texas Dental Foundation, Inc.

42-1990-H (See also: Resolution 26-1976-H)

Resolved, that for the purposes of indemnification pursuant to Chapter XIV of the *Bylaws* of the Texas Dental Association, the Directors of the Texas Dental Foundation, Inc. shall, when carrying out the business of the Foundation, be agents of the Texas Dental Association.

Indemnification of Component Peer Review and Judicial Committees

65-2004-CEJA-BS-RCES-H (Amended by 113-2005-PR-BS-H)

Resolved, that in order for a component society and its Peer Review and Judicial Committees to be indemnified in relation to peer review and judicial activities, the chair of the Component Peer Review and Judicial Committees must have attended a training session by the Texas Dental Association, and the chair shall certify annually to the Texas Dental Association that all Peer Review and Judicial Committee members have been trained by the Texas Dental Association. All component committee members shall be provided information on changes in the manuals as such changes are adopted according to the most recent Peer Review and Judicial Committee Manuals, and be it further

Resolved, that each component chair must have attended a TDA training session within the last four years and component committee members must have attended a TDA training session within the last eight years.

Indemnification of DENPAC Board of Directors and Representative

54-1991-H

Resolved, that each member of the DENPAC Board of Directors and each DENPAC Component Society Representative shall be agents of the Texas Dental Association (TDA) and thereby entitled to indemnification against certain claims and liabilities pursuant to Chapter XIV of the TDA Bylaws, and be it further

Resolved, that the TDA Errors and Omissions insurance policies for Officers, Directors and other agents of the Association be amended by endorsement to include each member of the DENPAC Board of Directors and each DENPAC Component Society Representative as an insured pursuant to terms of said policies.

Umbrella Policy

50-1997-H

Resolved, that TDA purchase an umbrella policy for \$2 million coverage at the cost of \$750.

Waiver for Smiles Foundation

98-2007-H

Resolved, that the Texas Dental Association Smiles Foundation payment portion of the Directors & Officers Policy be waived.

Journal and Publications

Advertising

Dollar Amount Ban

156-1995-H

Resolved, that the Editor of the *Texas Dental Journal* accept no ad briefs for publication, or any form of advertising in the *Journal* in which any dollar amount of income is quoted.

Members Only

102-2016-H

Resolved, it is the policy of the Texas Dental Association that the Texas Dental Journal accepts advertisements from members and non-member dentists of the American Dental Association (ADA) tripartite organization; and be it further

Resolved, it is the policy of the Texas Dental Association that the Texas Dental Journal charges non-member dentists with a placement fee to be determined by the editor, and be it further

Resolved, that Policy Resolution 24-1985-H be rescinded.

Referral Program Ban

47-1995-H

Resolved, that no for-profit referral program shall be promoted by any exhibitor at the TDA Annual Session or be an advertiser in any publication of the TDA; and be it further

Resolved, that no dental care benefit program shall be promoted by any exhibitor at the TDA Annual Session or be an advertiser in any publication of the TDA unless such program provides a covered person with Freedom of Choice as defined by TDA policy.

Dental School Distribution of ADA News

40-1998-H

Resolved, that the American Dental Association provide each accredited dental school with the bi-weekly publication of the ADA News, with the total number of copies being not less than 25% of the total dental school enrollment; and be it further

Resolved, that this resolution be submitted to the American Dental Association.

Digital Version of Texas Dental Journal

88-2014-H

Resolved, that the annual TDA membership dues 2015 statement include an option to elect to receive the Texas Dental Association (TDA) Journal in electronic form by visiting the TDA website and suspend receipt of the TDA Journal in printed form.

Distribution of TDA Publications to Students

103-2016-B

Resolved, that the Texas Dental Journal be distributed electronically to senior students at the three Texas dental schools, and that printing copies for the senior students be ceased.

83B-1999-H

Resolved, that a copy of the semi-annual newsletter, *The Scoop*, prepared by the Council on Membership be mailed to each out of state student member; and be it further

Resolved, that a copy of the membership issue of the *Texas Dental Journal* be mailed to each out-of-state student member in his/her senior year.

Excess Cost of Journal Inserts

97-1997-H

Resolved, that on a continuing basis the Managing Editor inform the Secretary-Treasurer of the cost of *Journal* inserts that exceed the *Journal* budget for such inserts and that the Secretary-Treasurer charge the excess amount to the affected agency of this Association.

Membership Directory

101-2016-H

Resolved, that the TDA cease the annual production of the membership directory in September and instead produce a traditional issue of the Texas Dental Journal, resulting in a cost savings of approximately \$30,000 to the Texas Dental Journal annual budget; and be it further

Resolved, that Policy Resolution 101-2008-H and Policy Resolution 102-2008-H be rescinded.

Paid Advertising Goals

105-2008-H

Resolved, that Resolution 98-1997-H be amended by the deletion of the phrase “(or 50% of total pages)”, the amended resolution to read:

Resolved, that a goal of a minimum of 25 pages of paid advertising be established for the *Journal*, and that the maintenance of this standard be the primary responsibility of the managing editor.

Publication of New Dentist Leadership Award Recipient

76-2000-H

Resolved, that the Awards Committee publish the Texas Dental Association's (TDA) New Dentist Leadership Award recipient, as well as the list of District nominees submitted to the TDA, [together with the criteria used for selection of the award recipient,] in the *Texas Dental Journal*.

TDA Today- Distribution, Format, Frequency of Publication

Distribution

58-2001-H

Resolved, that, beginning with the October 2000 issue, *TDA TODAY* be distributed to senior dental students at the three Texas dental schools.

Frequency of Publication

149-2004-H (Communications Committee)

Resolved, that the Association newsletter, *TDA Today*, be published monthly except for December beginning in 2005 and that its size be reduced to four pages per issue beginning with the January, 2005, issue.

Waiver of Smiles Foundation Charges

108-2008-H

Resolved, that the TDA Smiles Foundation be exempt from charges for the placement of up to eight pages per calendar year in the *Texas Dental Journal* in accordance with the guidelines of the managing editor.

Legislation

Changing Access to Care Barriers

94-2006-CLRA-BS-H

Resolved, that the Texas Dental Association shall advocate in the Texas Legislature for changing state policy to address barriers to improving oral health and to increasing access to dental care in Texas, so long as those policy changes are not in conflict with policies of the Texas Dental Association.

Council on Legislative and Regulatory Affairs Responsibilities **(Name and Composition of Council Amended by 157-1999-H)**

87-1994-H

Resolved, that the following recommendations be referred to the Council on Governmental Affairs to develop guidelines as part of their Council responsibilities.

1. The Council on Government Affairs shall develop a minimum two year legislative plan of action to be evaluated after each legislative session of the Texas legislature.

2. The legislative plan shall be an action plan based on the results of the last state legislative session and the TDA House of Delegates, and a preliminary plan shall be presented to the TDA Board of Directors by the June Board meeting each year.

3. An integrated action plan shall be developed for all bills which would affect TDA members, positively or negatively.

4. The Council on Governmental Affairs shall conduct research to determine who will be affected positively or negatively by a proposed piece of legislation and be prepared to counter opponents to the proposed legislation and to report the results of these findings to the TDA Board of Directors through the Council liaison.

5. A legislative affairs calendar will be developed and kept current by TDA staff, to post all activities related to political interest showing who, when, and how each of the following groups should be involved:

- a. Council on Governmental Affairs.
- b. Contact dentists.
- c. Component legislative chairs.
- d. DENPAC and their Component representatives.
- e. Professional Affairs and Public Awareness Committee.
- f. TDA staff.
- g. Executive Committee.
- h. Other TDA Committees that may be appointed relating to legislative issues.
- i. TDA Board of Directors.

6. Each component dental society shall be encouraged to develop an active legislative committee to become a vital component of the grassroots effort.

Dental School Faculty Salary

171-2000-H

Resolved, that the Council on Legislative and Regulatory Affairs provide and promote a legislative agenda which includes supporting increased salaries for dental school faculties in Texas.

Dental School Funding

163-2004-H

Resolved, that the Texas Dental Association's legislative agenda include support for adequate funding for the three dental schools in Texas.

Legislative Day- Conference and Training Program

124-1975-H

Resolved, that the proper councils of the Texas Dental Association hold a legislative conference in Austin in conjunction with each regular session of the Texas Legislature.

28-1994-H

Resolved, that the Council on Governmental Affairs sponsor a program, either at the state or component level, to train members in grass roots lobbying and to encourage more members to become involved in TDA political legislative activities.

Medically Necessary Treatment

196-1995-H

Resolved, that the TDA seek legislation that would require health insurance companies to cover the hospital and anesthesia costs associated with medically necessary dental treatment rendered in a hospital or ambulatory surgical center in a manner similar to the coverage provided for other medical surgeries.

Opposition to Cross Border Health Plans

54-2007-RCDS-H

Resolved that TDA Council on Dental Economics do the following to address the issue of Texas dentists performing corrective dental care on patients who received substandard dental care from dentists in Mexico and whose claim for the corrective treatment was denied because U.S. insurers and third-party payors had already paid a claim for that treatment to the dentist in Mexico:

1. To develop a repository detailing patient problems with dental treatment received in Mexico
2. Identify, in consultation with the ADA, other TDA councils and committees, and Texas-Mexico border dentists in Texas, the insurers and third party administrators paying claims submitted by dentists in Mexico; and
3. Develop an approach for bringing this issue to the attention of high-level officials with the Texas Department of Insurance for the purpose of assessing if the issue needs to be addressed through a regulatory or legislative solution.

127-2007-H

Resolved, that the Texas Dental Association oppose legislation or other proposals to authorize health plans, including cross border health plans, that fail to provide enrollees with the following protections:

1. The high standard of care commensurate to that provided by licensed Texas dentists;
2. Government regulation of all dentists commensurate to that established by the Texas State Board of Dental Examiners; and
3. Access to meaningful legal remedies for substandard care or other problems.

34-2008-H

Resolved, that the appropriate entity of the Texas Dental Association be directed to investigate possible solutions to problems associated with dental tourism.

State Employee Health Benefits

154-1997-H

Resolved, that the Council on Governmental Affairs seek legislation to remove Employees Retirement System approval of health benefits being offered by state organizations.

Licensure

Freedom of Movement

119-1989-H

Resolved, That the Texas Dental Association supports a policy of freedom of movement of dentist from state to state which does not prohibit any individual State Board of Dental Examiners from requiring a clinical examination involving diagnosis and treatment of a patient, and be it further

Resolved, That any individual state may allow licensure by credentials at the discretion of its State Board of Dental Examiners

Licensure by Credentials/ Criteria Inclusion in Dental Practice Act

31-1994-H

Resolved, That the criteria for licensure by credentials as passed by the 1992 ADA House of Delegates be included in the Dental Practice Act.

Reciprocity

46-1994-H

Resolved, That the Texas Dental Association opposes reciprocity as a licensing mechanism.

Membership

Affiliate Membership, Application for

164-2000-H

Resolved, it is the policy of the Texas Dental Association that for review and recommendation of affiliate membership applicants in adjacent countries to TDA component societies be as follows:

The ADA 15th District Trustee will contact both the component and constituent Board of Directors for their recommendation. The trustee will then offer this recommendation to the ADA Board of Trustees for final approval.

Universal Membership Application

INTERIM POLICY

BACKGROUND STATEMENT

Following the 2016 House of Delegates the Council on Membership received Resolution 118-2016-H for review. The Council reviewed the resolution, TDA's Membership Application and the ADA's Universal Membership Application (UMA). The Council does not agree with all of the proposed revisions listed in Resolution 118-2016-H, as some create barriers for prospective members.

However, the Council does agree that utilizing the ADA's UMA accomplishes some of the considerations for revision proposed in Resolution 118-2016-H which are 1) requesting the status of the applicant's dental licenses from all states, 2) requesting disclosure of past adjudicated disciplinary action and 3) requesting disclosure of felony convictions of the applicant.

Additionally, when a prospective member completes the UMA online, their Aptify membership record is automatically updated with the current data provided on the application.

The Council on Membership is recommending that the TDA Board approve the use of the ADA's Universal Membership Application in place of the TDA Membership Application beginning in January of 2017; therefore be it

40-2017-H

Submitted by: Council on Membership

Resolved, that beginning with the 2017 membership year, the Texas Dental Association will use the ADA's Universal Membership Application as the official membership application for prospective members.

ESTIMATED FINANCIAL IMPACT: None

Membership Benefits

DDR Trust

28-1989-H

Resolved, That the Texas Dental Association approve the DDR Trust as a membership benefit with limited non-financial support from the TDA Central Office Staff.

Services for Non-Members

90-1991-H

Resolved, That the Texas Dental Association charge all non-members for all services and/or publications the rate charged to TDA members plus an amount up to the maximum legal surcharge. The amount of surcharge shall be determined by the appropriate agency of the Association.

Membership Recruitment

Annual Training Session

119-2000-H

Resolved, that the Recruitment and Retention training session scheduled for the 2000 TEXAS Meeting be cancelled; and be it further

Resolved, that future component Recruitment and Retention training sessions be held at the discretion of the Council on Membership.

Associate Membership

27-1997-H

Resolved, that when the executive director of the Texas Dental Association receives a request from the American Dental Association for approval of a candidate for associate membership in the American Dental Association who resides in Texas, the executive director will request that the component Board of Directors and the Texas Dental Association Board of Directors give their approval prior to responding to the American Dental Association.

Benefits Brochure for Student Members

36-1999-H

Resolved, that the Texas Dental Association and Financial Services, Inc., collaborate on a benefits brochure geared specifically towards student members; and be it further

Resolved, that two-thirds of the cost be borne by FSI and the remaining one-third by the Council on Membership.

Disability Insurance Coverage for Dental Students

154-2006-H

Resolved, that the Texas Dental Association authorizes TDA Financial Services, Inc. to purchase on Texas Dental Association's behalf a long term group disability policy for the 3rd and 4th year dental student of the three Texas dental schools.

Freshman Day Presentation

177-1997-H

Resolved, that the Texas Dental Association provide lunch for the invited students and guests in conjunction with the Freshman Day presentations at the three Texas Dental schools.

Membership Goals

130-2004-H

Resolved, that the Texas Dental Association set a goal of increasing membership to 75% of active licensed dentists by 2009 (baseline 6200 in January 2004), and be it further

Resolved, that the Texas Dental Association set a goal of increasing the membership retention rate to at least 93% by 2005, and be it further

Resolved, that the Texas Dental Association set a goal to increase the number of dentists actively participating in the Texas Dental Association by 1% a year (as measured by a variety of means: attendance at the Texas Meeting, attendance at component meetings, involvement in public awareness program, writing articles, etc), and be it further

Resolved, that the Council on Membership be charged with developing a plan for implementation and report back to the Texas Dental Association Board of Directors by its August 2004 Board of Directors meeting.

Membership Growth and Retention Program

67-2016-H

Resolved, that the Texas Dental Association (TDA) Board of Directors fully supports the TDA Membership Growth and Retention Program.

Membership Issue (Journal)

83B-1999-H

Resolved, that a copy of the semi-annual newsletter, *The Scoop*, prepared by the Council on Membership be mailed to each out of state student member; and be it further

Resolved, that a copy of the membership issue of the *Texas Dental Journal* be mailed to each out-of-state student member in his/her senior year.

Non-Member Lists

143-1990-H

Resolved, That the TDA continue to send a list of non-member dentists who are practicing in the State of Texas to the components on an annual basis for the purposes of recruitment.

Packets (New Member) for Components

200-2002-H

Resolved, that the Texas Dental Association Membership Department send out packets containing a new member application form, the Texas Dental Association Constitution and Bylaws and the Principles of Ethics and Code of Professional Conduct for the American Dental Association for local component societies to give to prospective members. The local society will add their own society constitution and bylaws to the packet.

Reception for Junior Dental Students

137-2001-H

Resolved, that the Council on Membership establish an informal reception for Junior dental students beginning the Fall of 2001. A council member and members of the appropriate component societies will be present to promote membership in organized dentistry.

Recruitment Material

182-1998-H

Resolved, that the Texas Dental Association produce a comprehensive booklet that will serve as a resource guide for new graduates entering into the profession. This booklet will be distributed to all fourth year dental students at the end of the academic year.

Senior Student Applications for Membership

46-1989-H

Resolved, That during the spring quarter of the senior year, senior dental students be encouraged to complete the Texas Dental Association approved application form, and be it further

Resolved, That the Young Professional Committee, working with the respective component society, be responsible for encouraging and assisting these students in the completion and submission of the membership application.

Student Application for Membership

25-2000-H

Resolved, That the Texas Dental Association (TDA) provide a welcome letter along with a student membership card and a TDA decal once the student's application is processed.

Student Services

178-1996-H

Resolved, That the Texas Dental Association establish a Freshman Day at the dental schools during Orientation Week of the 1998 school year (similar to the TDA Senior Day), in order to embrace and educate the incoming freshman at a time when first impressions have a lasting impact; and be it further

Resolved, That the San Antonio, Dallas and Houston District Dental Societies, in conjunction with the TDA, be requested to establish a Student outreach Program similar to that utilized by the Texas Optometry Association (see information sheet); and be it further

Resolved, That the TDA Senior Day be reformatted as a complement to the Freshman Day and District Dental Society Student Outreach programs to insure a smooth transition from Student membership to New Dentists membership.

The Scoop

83B-1999-H

Resolved, that a copy of the semi-annual newsletter, *The Scoop*, prepared by the Council on Membership be mailed to each out of state student member; and be it further

Resolved, that a copy of the membership issue of the *Texas Dental Journal* be mailed to each out-of-state student member in his/her senior year.

Minutes & Reports

Approval for Distribution

71-2000-H

Resolved, that reports of activities of the TDA Board of Directors, of TDA Councils and Committees, and of governmental entities as well as other reports of importance to TDA component officers and members to be distributed within the membership of this Association, need to be approved by the Executive Director and the President, and by Legal Counsel at their discretion, prior to distribution.

Board Minutes

77-2012-H

Submitted by: Council on Constitution and Bylaws

Resolved, that the Secretary-Treasurer shall maintain, secure and distribute the official reports that will accurately reflect the pertinent background discussion leading to each Board action taken along with summaries of all other presentations made to and discussions conducted by the Board, (Executive sessions excluded).

164-2011-RCAS-H

Resolved, that when the *House Book* becomes available that the minutes of the TDA Board of Directors and the reference committee assignment reports be posted on the member's side of the TDA website and available to the general membership.

Councils and Committees

50-1987-H

Resolved, that the official minutes of all council and committee meetings are privileged information and the property of that respective council or committee and the Board of Directors of the Texas Dental Association, and be it further

Resolved, that copies of all minutes of council or committee meetings are to be forwarded to the Secretary of the Texas Dental Association and such minutes shall not be given to persons other than the respective council or committee members without the expressed consent of the TDA Board of Directors.

90-2011-H

Resolved, that if a Texas Dental Association Council or Committee has not met or conducted business, the annual report should so state.

Executive Committee Minutes

17-1972-H

Resolved, that the minutes of the Executive Committee become a permanent part of the records of the Association, that they be distributed to the Board of Directors and be published at least annually with the agenda of the House of Delegates.

House Minutes

81-2004-H

Resolved, that the House of Delegates minutes be reviewed and approved for distribution no later than the August meeting of the Board of Directors.

156-2011-H

Submitted by: District 3

Resolved, that the policy of the TDA, be that the draft *Minutes* of the most recent Annual Session of the House of Delegates be posted on the Association's web site no later than September 1, each year.

Use of Proper names and Titles

201-1996-H

Resolved, that since minutes, reports, manuals, and any other materials serve as a formal record of Texas Dental Association business, all persons attending Board, Councils, and Committee meetings shall be referred to in print by their title and proper name.

Public Health & Welfare

Access to Care

141-2000-H

Resolved, that it is the policy of the Texas Dental Association that access to care is critical to the success of the Texas Healthy Steps (Medicaid) program. The Texas Dental Association is committed to making access to care a priority for organized dentistry. The Texas Dental Association understands the responsibility to promote to its members the need to increase access to care for the citizens of Texas and the need for the State to make oral health care in Medicaid a priority. The Texas Dental Association believes that all parties involved in Texas Healthy Steps (Medicaid) must work to accomplish our mutual goals and commit to work to effect solutions so that Texas Healthy Steps (Medicaid) is an efficient and successful program.

95-2013-H (as amended by RCC)

Submitted by: Council on Dental Economics

Resolved, that the Texas Dental Association believes that the component societies should be encouraged to create an oral health officer position within their societies that is tasked with responding to local issues that involve community oral health including community water fluoridation, oral health planning, preventive dentistry, nutrition issues, working with local health organizations and special interest groups, and increasing patient access to the benefits of cooperative dental-medical management. The component societies should also be encouraged to work with the Council on Dental Economics and to have an active role in responding to these issues.

Access to Care for All Texans

74(b)-1998-H

Resolved, that the Texas Dental Association Board of Directors establish a charitable nonprofit corporation based conceptually on the following Council on Dental Care Programs and Community Oral Health recommendation --- A Conceptual Proposal for a Texas Dental Association Charitable Nonprofit Corporation to Assure Access to Dental Care for All Texans, a document dated November 21, 1997; and be it further

Resolved, that no TDA Board member may serve simultaneously on another TDA subsidiary Board or on a Board of any firm or organization endorsed by or doing business with the Texas Dental Association. This policy does not include TDA charitable, non-profit corporations.

Amalgam Wastewater- State Action Plan

68-2005-CDCP-H

Resolved, that the Texas Dental Association accept the State Action Plan for Amalgam Wastewater in Texas which reads:

State Action Plan

1. Send TDA representative to ADA training “Train the Trainer” workshop on Amalgam Wastewater Management
2. Request study “Assessment of Mercury in the Form of Amalgam in Dental Wastewater in Texas”
3. Council on Dental Care Programs & Community Oral Health or a Task Force to prepare recommendations on Best Management Practices (BMP)
4. List of Certified amalgam recyclers or push regulators for waste collection sites.
5. Educate DDS & staff of Texas on BMPs Make Sense and Are The Right Thing To Do (not the standard of care). (Need a plan to disseminate info to Texas dentists)
 - Programs
 - Placards, labels (Grant \$ for this?)
 - Articles

6. Contact the Regulators to discuss and educate them on issues on Usage, discharge and our BMP efforts.
 - Waste collection sites
 - Performance based standards (BMPs)
 - No regulations---Partnerships instead
 - BMPs require no staff on the regulators
 - Very effective
 - No cost to regulate
 - Try to get amalgam classified as a universal waste—not a hazardous waste
7. Contact the Legislators to discuss and educate them on issues on Usage, discharge and our BMP efforts. Maintain the philosophies of
 - This is to complete or obligation for 10 Years
 - No testing
 - No certifying
 - No separators
8. Contact recycle supply companies to discuss wastewater issues and the BMPs that the ADA & TDA recommend.

Charitable Non-Profit Corporation to Assure Access to Dental Care for All Texans

74(b)-1998-H

Resolved, that the Texas Dental Association Board of Directors establish a charitable nonprofit corporation based conceptually on the following Council on Dental Care Programs and Community Oral Health recommendation --- A Conceptual Proposal for a Texas Dental Association Charitable Nonprofit Corporation to Assure Access to Dental Care for All Texans, a document dated November 21, 1997; and be it further

Resolved, that no TDA Board member may serve simultaneously on another TDA subsidiary Board or on a Board of any firm or organization endorsed by or doing business with the Texas Dental Association. This policy does not include TDA charitable, non-profit corporations.

Children's Health Insurance Program (CHIP)

Coalition

107-2001-H

Resolved, that the Texas Dental Association remain a member of the Children's Health Insurance Program Coalition.

Endorsement

102-1998-H

Resolved, that the Texas Dental Association communicate to the appropriate governmental agencies its support for providing oral health services to the children of Texas through funding from the Texas Children's Health Insurance Program (CHIP) and by including dental benefits in the Texas Healthy Kids benefits plan.

Oppose Proposed Funding Cuts

185-2002-H

Resolved, that as a member of the CHIP Coalition, the Texas Dental Association join other health care providers and children's advocacy organizations in urging state officials to reject proposed cuts in CHIP and to seek expanded benefits and increased funding for the program.

Participation

46-1999-H

Resolved, that the Texas Dental Association actively pursue participation in the Children's Health Insurance Program (CHIP) and seek inclusion in the Texas CHIP Coalition, which is composed of groups representing consumers and health professionals.

46-2013-H

Resolved, that the Texas Dental Association shall prepare information for its members on the current Medicaid services provided to children, and be it further

Resolved, that the Texas Dental Association shall provide information to its members on its actions regarding the Medicaid issues, and be it further

Resolved, that the Texas Dental Association (TDA) staff and legal counsel shall continue to discuss with state and federal officials TDA concerns on how Medicaid-eligible children may continue to receive ongoing dental treatment.

Civil Immunity for Dentists

161-1999-H

Resolved, that the Texas Dental Association pursue civil immunity for Texas licensed dentists providing charitable care as part of its legislative agenda.

Community Dental Health Coordinator Project

135-2008-HR-RCCS-H

Resolved, that the appropriate entity of the Texas Dental Association be directed to investigate the CDHC concept with a report to the TDA Board in March 2009.

72-2008-RCDS-H

Resolved, that the Texas Dental Association express its support for Federally Qualified Health Centers (FQHCs) and other Community Health Centers as a vital part of our state's "dental safety net" and as important allies in the Association's ongoing efforts to increase access to oral health care; and be it further

Resolved, that the appropriate agencies of the Association be directed to evaluate the costs and benefits of expanding the availability of dental services at existing FQHCs in Texas; and be it further

Resolved, that the Texas Dental Association work with the Texas Association of Community Health Centers to encourage and promote efforts by FQHCs in Texas to contract with local dentists to provide oral health care to FQHC clients; and be it further

Resolved, that the Texas Dental Association continue to support the National Health Service Corps (NHSC) program administered by the federal Health Resources and Services Administration and the Dentist Education Loan Repayment Program (DELRP) administered by the Texas Higher Education Coordinating Board; and be it further

Resolved, that the Texas Dental Association urge the Texas Legislature to increase funding for the DELRP by appropriating General Revenue funds for that purpose, rather than requiring the dental schools to set aside additional tuition revenue; and be it further

Resolved, that the Texas Dental Association investigate the possibility of increasing funding for the DELRP by using state General Revenue funds for that purpose, rather than requiring the dental schools to set aside additional tuition revenue; and report back to the August 2008 Board of Directors meeting, and be it further

Resolved, that the Texas Dental Association ask the Texas Legislature to consider creating an additional, new state loan assistance program to help comply with the Frew agreement by recruiting more dentists through, but not limited to, loan forgiveness for dentists who treat Medicaid patients in FQHCs and underserved areas in general; and be it

Resolved, that the Texas Dental Association investigate the possibility of creating an additional, new state loan assistance program to help comply with the Frew agreement and report back to the August 2008 Board of Directors meeting.

Dental Care for Nursing Home Residents

Complete Examination Upon Admission

195-1995-H

Resolved, That the TDA support legislative efforts to mandate a complete oral examination within 45 days of admission to a nursing home and an annual examination thereafter by a licensed dentist for each resident in Texas nursing facilities.

Daily Oral Care Requirement

154-2000-H2

Resolved, that the Texas Dental Association seek legislative and/or regulatory action to mandate and inspire consistent minimal daily oral care by nursing home staff persons; and be it further

Resolved, that residents of nursing home care facilities receive a dental examination twice a year by a Texas licensed dentist; and be it further

Resolved, that the effective penalties be defined for nursing homes failing to comply with those guidelines established to meet minimal daily oral care standards, and be it further

Resolved, that these resolutions be referred to the appropriate agencies and ask that they report to the 2001 House of Delegates meeting.

Guidelines

88-1989-H

Resolved, That the Texas Dental Association supports the following suggestions as a means of improving dental care to residents of nursing homes in Texas:

1. Require annual in-service training for nursing home staff in oral health care.
2. Require nursing homes to maintain an inventory of oral health aids

- for sale (at cost) to residents who are physically unable to leave the facility to purchase such items.
3. Require that nursing homes contract for mandatory availability of a dentist consultant.
 4. Require that residents' removable prostheses must be permanently marked (identified) and that they must be cleaned daily.

Dental Care Requirement in Texas Family Code

192-2001-H

Resolved, that the Texas Dental Association support a change in the Texas Family Code to include dental care as a requirement in legal cases affecting the parent-child relationship.

Dental Health Education for Teachers

Health Education for Teachers

44-1983-H

Resolved, That the Texas Dental Association endorses the concept of health education for preparing teachers which would include dental health.

Guide for Teachers

153-1990-H

Resolved, That the Texas Dental Association officially endorse, support and encourage a dental health guide for teachers of Texas.

Dental Home

64-2010-H

Submitted by: Task Force on the "Building Better Oral Health: A Dental Home For All Texans" Report

Resolved, that a dental home is the ongoing relationship between the dentist who is the Primary Care Provider and the patient which is parent/legal guardian directed and includes comprehensive continuously accessible oral health care, ideally beginning no later than age one, and be it further

Resolved, that the policy of the Texas Dental Association is that every Texan should have a dental home .

51-2008-H

Submitted by: Committee on Access, Medicaid and CHIP (CAMC)

Resolved, that the Texas Dental Association support in concept the "Lighthouse" project to create a dental provider network that primary care providers can access when referring children to a dentist to establish a dental home, and be it further

Resolved, that prior to any action regarding the implementation of the "Lighthouse" project, a detailed plan of action be submitted to the January 2008 meeting of the Texas Dental Association Board of Directors.

Free Mobile Dental Clinics

142-2012-RCBS-H

Resolved, that it is the policy of the TDA that mobile dental clinics adhere to the following guidelines. All dentists responsible for such operations will:

1. Advise the component society of intentions in writing at least 60 days before operation.
2. Provide the society with:
 - a. A schedule of operations and locations;
 - b. Permanent addresses of all dental personnel;
 - c. A permanent address from which the mobile units originate.
3. Comply with all Texas State laws and Texas Dental Association Principles of Ethics, and provide the same standard of care as would be expected by the public of a provider housed in a fixed structure.
4. Remain in area for sufficient length of time to provide adequate post-operative care or arrange for local dentist to provide such care.
5. Limit dental treatment to qualified indigent families.

and, be it further

Resolved, that Resolution 151-1995-H which reads:

151-1995-H

Resolved, that the TDA endorse the following guidelines in the operation of free mobile dental clinics. All dentists responsible for such operations will:

- 1. Advise the State Board of Dental Examiners of intentions in writing at least 60 days before operation.*
- 2. Advise the component society of intentions in writing at least 60 days before operation.*
- 3. Provide the society with:*
 - a. A schedule of operations and locations;*
 - b. Permanent addresses of all dental personnel;*
 - c. A permanent address from which the mobile units originate.*
- 4. Comply with all Texas State laws and Texas Dental Association Principles of Ethics.*
- 5. Contact the liaison officer from the component.*
- 6. Remain in area for sufficient length of time to provide adequate post-operative care or arrange for local dentist to provide such care.*
- 7. Limit dental treatment to qualified indigent families.*

be rescinded.

Indigent Dental Care (See Also: “Indigent Dental Care in Texas” at TDA Central Office)

Indigent Dental Health Care

157-1990-H (amended by 37-2016-H)

Resolved, That the Texas Dental Association supports the concept of indigent care and that the use of legislature appropriated public funds for the delivery of dental services should be limited to those financially unable to pay for dental service themselves, and be it further

Resolved, That if any legislation is introduced into the Legislature to include dental benefits under any part of Medicaid, the advantage to subscribers of a dental benefit plan that allows the patient freedom-of-choice of dentists and provides the dentist with voluntary enrollment and fee-for-service compensation; and that, with these provisions, the Texas Dental Association supports the inclusion of dental benefits in Medicaid, and be it further

Resolved, it is the policy of the Texas Dental Association to support program(s) that include dental coverage to ensure adults, including the elderly, with inadequate financial resources, have access to oral health care delivered by a dentist.

Limitation of Public funds

17-1980-H

Resolved, That the use of legislatively appropriated public funds for the delivery of dental services should be limited to those financially unable to pay for dental services themselves.

Rural Counties

43-1978-H

Resolved, That the Texas Dental Association recommends the extension of the state dental health programs to rural counties as well as metropolitan areas for dental care service to the indigent.

Taskforce Report (See Also: “**Indigent Dental Care in Texas**” at TDA Central Office)

164-1997-H

Resolved, that the Report of the TDA Task Force on Indigent Dental Care in Texas be accepted and kept on file by the Council on Dental Care Programs and Community Oral Health for future reference. (Also see report- “**Indigent Dental Care in Texas**” in TDA Central Office Files.)

Tracking and Reporting Indigent Programs

162-1997-H

Resolved, that the Council on Dental Care Programs and Community Oral Health be directed to develop a method for tracking and reporting all public and private indigent dental care programs and activities in Texas; and be it further

Resolved, that the Council on Dental Care Programs and community Oral Health determine the specific activities and volunteer efforts (such as hours of donated time, estimated dollar amount of treatment rendered, supplies and equipment used, number of patients treated and types of treatment) that should be recorded, reported and analyzed and finally, the proposed use of this collection information.

Mouthguards

76-2014-B

Submitted by: Committee on Access, Medicaid & CHIP (CAMC)

Resolved, that it is the policy of the Texas Dental Association (TDA) to support the use of properly fitting mouthguards as a means of reducing the incidence and severity of sports-related dental injuries, and be it further,

Resolved, that the TDA encourage dentists to raise awareness about the importance of protecting against dental and facial injuries during sports activities, and guide patients about mouthguard types, protective properties, costs and benefits.

Partnership with Organizations Sponsoring Child Identification Programs

98-2005-CS7-H

Resolved, that the Texas Dental Association and its component dental societies investigate and establish, where feasible, partnerships with organizations sponsoring child identification programs that include scientifically demonstrated valid dental-related components.

Promotoras and Community Health Workers

73-2014-H

Submitted by: Council on Dental Education, Trade & Ancillaries

Resolved, that the Texas Dental Association pursue legislation amending Texas Health and Safety Code Chapter 48 — *Promotoras and Community Health Workers* Subchapter B Section 48.052 *Certification Program for Promotoras and Community Health Workers* — to require training in oral health education.

Snack Food for Children

40-1978-H

Resolved, That the Texas Dental Association go on record as being against the sale of confections in the public schools of the State of Texas. This could be accomplished by educating the school children in dental health, proper nutrition and encouraging the availability of alternate nutritious snack foods.

Telehealth Policy Statement

60-2002-H

Resolved, that the Texas Dental Association Telehealth Policy Statement be adopted.

Telehealth Policy Statement

Texas Dental Association

August 17, 2001

“Telehealth” is the use of computers and advanced telecommunications technology to provide health care services to patients in remote locations. Telehealth has been used in medicine for some time, showing both the promise and the limitations inherent in the technology. To date, there have only been a few studies and pilot programs. The most notable pilot program involving Dentistry was conducted by the U.S. Army. The Army study identified peer-to-peer consultation as the most promising use of telehealth. Other studies focused on the use of telehealth for post-operative examinations. In these studies, dentists at one location “examined” patients at another location to determine if their surgical sutures could be removed by an auxiliary. In this instance, the duties ultimately authorized by the dentist were duties already delegated to the auxiliary. Using telehealth

eliminated the need to transport the patient back to the surgical facility. All of the telehealth studies recognized the necessity of establishing a doctor-patient relationship prior to providing care.

This research suggests that telehealth can be useful in cases where a complete and comprehensive health history has been taken and work up is confirmed by the results of a telehealth exam. In some cases, this is all that is needed to make a diagnosis. In Dentistry, however, more than a visual examination is required to make a thorough diagnosis of our patients. Clinicians combine the use of instruments and their tactile sensation to detect surface anomalies in the tooth enamel. Although new diagnostic instruments such as the “Diagnodent” may offset the loss of tactile recognition, at this time, telehealth technology cannot provide the tactile sensation a dentist needs to determine the presence of surface anomalies. A good example would be an examination to determine if dental sealants should be placed. Dental sealants can be an effective preventive procedure. Placing sealants on a decayed tooth, however, diminishes the efficacy of the procedure. While the research literature reveals conflicting opinions on the results of sealing decayed teeth, clinical experience establishes that placing sealants over decay results in more extensive decay over time, more cost to restore, and possibly more discomfort to the patient.

Telehealth offers the practitioner the ability to tap the expertise of a specialist whenever he or she wishes to do so. In areas where specialists are not available, this technology offers the general practitioner additional diagnostic support. There are two kinds of telehealth consultation: “real time” and “store and forward”. In the former, the patient is present while his or her image is transmitted and the dentist to specialist consultation occurs at the same time. In the latter, the patient may not be present when consultation occurs. Whichever method is used, the most critical issue, especially for patients with limited access to care, is whether the dentist can or will be able to see that patient again. If the dentist determines that pathology is present and the patient is no longer on site, can he or she be contacted and brought back for further examination or treatment?

Other ethical and legal issues also arise. For example, telehealth patients must understand the technology’s limitations and provide written consent before treatment. Other issues include record maintenance and transfer, abandonment, continued care, confidentiality, access to patient information, and legal and regulatory jurisdiction when consultation or treatment occurs across state borders. Several states have enacted laws requiring healthcare practitioners involved in telehealth to be licensed in the state where the procedure is performed, even if they are located in another state. In addition, the Texas Dental Association believes that health care professionals involved in telehealth should adhere to state laws governing scope of practice.

The Texas Dental Association believes that telehealth can play a role in expanding the delivery of healthcare. At this time, however, there is insufficient evidence available to completely define what role telehealth should play. Additional research and more extensive pilot programs should be undertaken to determine that role. The advantages and shortcomings of this technology must be fully understood to effectively utilize telehealth in Dentistry.

Tobacco Use-Smoking and Smokeless

Smoking

152-1995-H

Resolved. That the Texas Dental Association call upon and encourage its members to proceed with educational efforts to inform their patients of the health hazards of the use of tobacco and, especially with young people, to caution against acquiring the habit or addiction to cigarette smoking; and be it further

Resolved, That the TDA officially endorse programs of teaching these dangers to health from smoking to the junior and senior high school-level youth of our state, and that a copy of this resolution be sent to the Commissioner of Education for the State of Texas; and be it further

Resolved, That we acknowledge the role of cigarette smoking as a public health problem affecting the smoker, the non-smoker and the young; and be it further

Resolved, That we use our influence to eliminate cigarette smoking from all health related facilities, e.g. hospitals, clinics, private offices, etc.; and be it further

Resolved, That we actively promote smoking cessation among our patients by demonstrating our concern for their well-being and reinforcing their efforts to stop cigarette smoking by counseling, by provision of educational materials, by instructing all personnel to refrain from smoking and by serving as exemplars; and be it further

Resolved, That we use our influence to enact legislation within our local communities; and be it further

Resolved, That we will use our influence with other health related professionals to gain their cooperation in anti-smoking efforts.

39-2013-H

Submitted by: Committee on Access to Dental Care in Medicaid and CHIP

Resolved, that the Texas Dental Association become a sponsoring organization for Smoke-Free Texas.

Smokeless Tobacco

42-1985-H

Resolved, That the Texas Dental Association hereby declares that snuff dipping and tobacco chewing are hazardous to oral health and are certainly not a safe alternative to smoking, and be it further

Resolved, That dentists make every effort to discourage the use of smokeless tobacco.

115-1994-H

Resolved, That the TDA supports efforts to educate the public on the hazards of smokeless tobacco use and furnish information to component societies on the available resources to be utilized in their efforts.

Water Fluoridation

18-2012-H

Submitted by: Council on Dental Economics

Resolved, that it is the policy of the Texas Dental Association to support community water fluoridation within the recommended therapeutic levels as determined by the appropriate federal agencies, and be it further

Resolved, that Resolution 88-1972-H which reads:

88-1972-H

Resolved, that the Texas Dental Association recommends that for a community to be entitled to the designation "Approved Water Supply," the accepted range of fluoride content must be from the optimum range as determined by the temperature (0.7 - 0.8 ppm) and not to exceed twice this figure.

be rescinded.

36-1961-H

Resolved, That the Texas Dental Association reaffirm its policy of endorsing the policy of fluoridation of municipal water supplies as the most practical and economical method for the control of dental caries, and be it further

Resolved, That the Texas Dental Association urge the dentists and citizens of cities that do not have the advantage of fluoridation of their municipal water supplies to make a definite and concerted effort to make available to the citizens this proven method of prevention of dental caries.

38-2017-H

Submitted by: Council on Legislative & Regulatory Affairs

Resolved, that the Texas Dental Association pursue legislation that would require entities, whether purchasing or providing fluoridated water, to inform their city council or governing body, customers, local physicians, dentists and the Texas Department of State Health Services at least 60 days prior to the actual date of cessation or reduction of fluoride levels below that recommended by the appropriate public agency for the benefit of oral health or prevention of tooth decay; and be it further

Resolved, that the legislation apply to any entity that provides drinking water service to the public, including but not limited to a municipality, municipal utility district (MUD), water supply corporation, public utility district (PUD), or other entity, political subdivision, jurisdiction or district that sells or provides drinking water service to the public.

Reimbursement of Expenses

ADA Reimbursement

Alternate Delegates

65-1983-H

Resolved, that the ADA alternate delegates be paid the same per diem as ADA delegates.

Air Travel

60-1991-H

Resolved, that parties who are authorized TDA air travel expenses be urged to seek the lowest available coach airfare applicable to the dates such individuals are traveling on TDA business.

72-1999-H

Resolved, that the Texas Dental Association reimburse an extra day's hotel stay excluding per diem if a savings in the airfare gained exceeds the cost of that extra night's stay.

Council Members Attending TDA Sponsored Required Functions

52-1980-H

Resolved that the reimbursement of council members attending TDA sponsored required meetings be taken from the line item "Meetings and Conferences."

Delegate and Alternate Attendance at TDA Annual Session

61-1989-H

Resolved, that the TDA encourage all component societies to consider the reimbursement of their delegates and alternates for any portion of their expenses incurred during attendance at the TDA Annual Session or any called session of the House of Delegates.

Student ADA Delegate or Alternate Delegate

228-1996-H

Resolved, that the student American Dental Association delegate or alternate delegate from a Texas dental school be reimbursed by the Texas Dental Association for travel and lodging expenses incurred while attending the Texas Dental Association House of Delegates and the pre-American Dental Association Caucus of the Texas Delegation according to the current Texas Dental Association reimbursement policy.

Board Manual.

Student TDA Delegates

58-1989-H

Resolved, that the three Texas dental schools be urged to reimburse their student delegation for expenses incurred (lodging, per diem and mileage) during attendance at the TDA Annual Session and at any called special session of the TDA House of Delegates.

Specialty Organizations

Equal Fees for General Practitioners and Specialists

82-1987-H

Resolved, that the Texas Dental Association is unalterably opposed to any type of separate fee schedule for reimbursement to general practitioners and/or specialists for the same or similar services, and be it further

Resolved, that the Texas delegation carry this policy regarding dental benefit reimbursement in the proper form to the 1987 House of Delegates of the American Dental Association.

State Board of Dental Examiners

Continuing Education Requirement for License Renewal

79-1999-H

Resolved, that the Texas Dental Association supports the concept that continuing education requirement for Texas dentists be 12 hours per year with the ability to bank hours.

Testimony

180-2011-H

Resolved, that is the policy of the Texas Dental Association that any current Texas State Board of Dental Examiners' member, or former member of the Texas State Board of Dental Examiners when a particular case was pending before the Board, shall not issue verbal or written opinions or provide testimony in a suit involving a health care liability claim against a dentist for injury to or death of a patient or in any suit involving standard of care or professional malpractice.

Stipends

(See Also: TDA Bylaws, Chapter V, Board of Directors, Section 40B. Duties)

Stipend for TDA Alliance

30-2017-H

Submitted by: Council on Annual Session

Resolved, that the stipend to the Alliance of the Texas Dental Association be eliminated from the Council on Annual Session's budget, and be it further

Resolved, that a \$7,000 stipend be paid to the Texas Dental Assistants Association using Non-Budgeted Contingency funds from the 2017 Texas Dental Association Budget or paid using funds from the Reserve Division.

Stipend Increase for SADDS

135-2003-H

Resolved, that the San Antonio District Dental Society receive an annual stipend of \$12,000.00 for their involvement in supporting the Texas Dental Association Annual Session.

Strategic Planning

(See Future Focus)

21-2015-H

Submitted by: Future Focus Committee

Resolved, that the Mission, Vision and Philosophy of the Texas Dental Association be as follows:

MISSION, VISION AND PHILOSOPHY OF THE TEXAS DENTAL ASSOCIATION

MISSION: The Mission of the Texas Dental Association is to help all Texas Dental Association Members Succeed.

VISION: The Texas Dental Association is the unified body for the dental profession in Texas as the advocate and political force which supports delivery of oral health care and service to the public through its commitment to the preservation of the patient/doctor relationship, quality of care, ethical standards, continuing education, and public service.

PHILOSOPHY: The philosophy of the Texas Dental Association is to unite all Texas dentists in elevating the patient/dentist relationship, where all patients have the right to seek treatment from the dentist of their choice, where all dentists provide appropriate, quality treatment to their patients without unwarranted intervention from outside sources, and where a patient and their dentist together may determine treatment based solely on the needs and the best interest of the patient.

The dentists of Texas may expect that the Texas Dental Association will:

1. Be a unified body and the principle authority of oral health in Texas by representing the dentists of Texas in legislative matters, guiding the profession in promoting dentistry, being the organization which brings together all of its constituents, using its financial resources where they best serve the vision, and bring all its special interest groups under one purpose,
2. Ensure that the public can receive oral health care without outside interference according to what is best for the public in order to preserve the patient/dentist relationship, provide its members with the right to self-determination in accordance with its principles of ethics, and code of conduct,
3. Proactively protect the profession against outside forces which might impact adversely dental education and the right for the patient to choose their provider and the treatment of their choice,

4. Be instrumental in assuring the public that the highest quality of dental education is provided to students, practicing dentists, and other dental health care auxiliaries,
5. Encourage a public relations program which will enhance awareness of the image, prestige and appreciation of the profession by the public, keep the members of the profession informed and involved on the issues facing the profession, and educate other health care providers and the public about the scope, role and capabilities of dentistry,
6. Offer the opportunity and mechanism for promoting dentistry through leadership, volunteerism, and good management for the future of the profession,
7. Monitor the appropriate number of future dental professionals to meet the public need, and
8. Encourage the right to access for dental care.
9. Be the Voice of Dentistry in Texas.

Subsidiary Corporations

Benefits Brochure for Student Members

36-1999-H

Resolved, that the Texas Dental Association and Financial Services, Inc., collaborate on a benefits brochure geared specifically towards student members; and be it further

Resolved, that two-thirds of the cost be borne by FSI and the remaining one-third by the Council on Membership.

Boards of Directors, Composition

144-1998-H

Resolved, that no more than ¼ of any Texas Dental Association subsidiary board be made up of committee or council members.

Compliance with TDA Personnel Policies

186-1996-H

Resolved, that employees of Texas Dental Association, Financial Services, Inc. and Paid Dental, Inc. will be employed utilizing the guidelines established and as presented in the Texas Dental Association Personnel Policies Manual; and be it further

Resolved, That any contractual changes for any employee of Financial Services Inc. or Paid Dental, Inc. from those established by the Texas Dental Association Personnel Policies Manual can be added by addendum or memorandum of understanding if executed by the President of the appropriate subsidiary and the employee under contract with notification to the Executive Director of the Texas Dental Association; and be it further

Resolved, That the Council on Constitution and Bylaws make the necessary changes to the *Constitution and Bylaws* and the manuals of the Association; and be it further

Resolved, That the subsidiaries of the Texas Dental Association make necessary changes to their respective *Constitution and Bylaws*.

Conflict of Interest

93-2006-Task Force on Charitable Foundations-H

Resolved, that any member who serves on a committee, Council, or Board of Directors of this Association be a member in good standing, free from any conflict of interest as defined by the Bylaws and policies of this Association during the member's service in such position; and be it further

Resolved, that no member of a committee, Council or Board of Directors of this Association shall serve on the Board of any firm or organization endorsed by or doing business with the TDA, Financial Services, Inc., TDA Member Benefits Ltd. or Paid Dental Benefits, Inc. that would involve or imply a conflict of interest with this Association; and be it further

Resolved, that no TDA Board member may serve simultaneously on any TDA subsidiary board, any subsidiary of TDA Holdings, Inc. or charitable, non-profit corporation affiliated with TDA provided that this prohibition will not apply to the Board of TDA Holdings, Inc.

(TDA Holdings Dissolved Dec. 31, 2015)

Non dues Income Sources

48-1990-H

Resolved, That it be the policy of the TDA to seek non-dues income from sources including, but not limited to, user's fees, marketing fees, administrative fees and sponsorships.

Services for Non Members

90-1991-H

Resolved, That the Texas Dental Association charge all non-members for all services and/or publications the rate charged to TDA members plus an amount up to the maximum legal surcharge. The amount of surcharge shall be determined by the appropriate agency of the Association.

Sponsorship by Outside Entities

40-1990-H

Resolved, That the sponsorship of any Texas Dental Association activity by an outside entity must be approved by the Board of Directors. (For guidelines, see 51-1990-H)

Voting and Elections

Oath of Office

84-1975-H

Resolved, that the following oath of office be used by the Texas Dental Association to install its elected official each year, and be it further

Resolved, that the component dental societies be encouraged to accept a similar oath:

I, _____, do swear ~~and~~ or affirm that I will faithfully carry out the duties of my office as set forth in the *Constitution and Bylaws* and Policies of the Texas Dental Association, so help me God.

Appendix A

Texas Dental Association Exhibiting Standards

All products and services displayed at the Texas Dental Association's Annual Session must comply with the official published exhibiting standards of the Texas Dental Association.

The Texas Dental Association welcomes exhibitors at its Annual Session because it believes that exhibits constitute an important means of keeping the dentist informed of new and better products and services for the practice of dentistry. such exhibits and the products, back-drops and promotional materials should be attractive, factual, dignified, and calculated to provide useful product and service information.

The appearance of a product at the Texas Dental Association's Annual Session is not a Texas Dental Association endorsement of the product or the claims made for the product by the manufacturer.

General Eligibility Requirements

1. Products or services eligible for exhibiting at the TDA Annual Session shall be germane to and effective and useful in the practice of dentistry.
2. In addition to the requirements stated above, products and services that are offered by responsible exhibitors, and that are of interest to dentists and their families or the dental profession as a whole, are eligible for exhibiting at the Annual Session.
3. By submitting promotional literature, the exhibitor certifies that such copy and the exhibited product(s) are in accord with applicable government laws and regulations (for example, permission to market and other regulations covering new drug applications and prescription drug advertising).
4. Exhibits and promotional materials for dental materials, instruments, and equipment and therapeutic products may be reviewed by the Council on Annual Session and/or the Texas Dental Association's Board of Directors to determine eligibility for exhibiting and use of promotional materials.
5. Complete scientific and technical data, whether published or unpublished, concerning the product's safety, operation, and usefulness is required. The TDA reserves the right to decline space to any exhibitor for any product or service that is under review by, or involved in litigation with a government agency with respect to claims made in marketing of the product or service and for any technique or product that is the subject of an unfavorable or cautionary report by an agency of the American Dental Association. All new promotional material on previously exhibited products or on new products may be reviewed by the TDA and deemed acceptable prior to the Annual Session at which the product is to be shown.
6. Any promotional material describing a product or service may cite, in footnotes, references from dental and other scientific literature, provided the reference is truthfully cited and is a fair representation of the body of literature supporting the claim made.
7. In general, the Association allows use of comparisons in promotional material that is fair and can be substantiated adequately. However, comparative material may be strictly reviewed. TDA reserves the right in its sole discretion to prohibit display or distribution and to direct an exhibitor to withdraw any promotional material in which unfair or unreasonable

- comparisons are made, because of the potential that it may unfairly attack a competitor or mislead the profession or public. Comparative claims must be supported by two independent well controlled studies. Such studies must be conducted among panelists representative of the population for whom the product is intended. All citable comparative studies related to a claim should be taken into consideration. If other comparative studies give conflicting results, claims not reflecting this are unacceptable. Comparative claims may include pricing if the comparison is made in a manner that is not false or misleading.
8. “Institutional-type” exhibitors germane to the practice of dentistry and public service organizations of interest to dentists are eligible for exhibiting.
 9. Exhibits concerning opportunities for employment, purchase or sale of practices, or participation or any other contractual relationship with any dental care delivery system may be reviewed by the Council on Annual Session and/or the TDA Board of Directors to determine eligibility for exhibiting and use of promotional materials. TDA reserves the right in its sole discretion to deny space to any such exhibitors whose products or services contravene TDA policies or require such exhibitors to display appropriate disclaimers about their products or services.
 10. Alcoholic beverages and tobacco products are not eligible for exhibiting.
 11. Special purpose foods and nutritional supplements for low-sugar diets, postoperative diets, and other therapeutic diets are eligible when their uses are supported by acceptable data.
 12. Books related to the practice of dentistry or of interest to the dental profession as a whole will be considered eligible for exhibiting.
 13. An exhibit promoting an educational course will be eligible if the course is conducted by or under the auspices of the Texas Dental Association, one of its constituent or component dental societies, a national certifying board or national society for one of the specialty areas of dental practice recognized by the American Dental Association, an accredited dental or medical school, or any organization specifically referred to in the Bylaws of the American Dental Association. TDA reserves the right to decline a proposed exhibit or promotional material for any course that involves the teaching or use of a produce or technique that is the subject of an unfavorable or cautionary report by an agency of the American Dental Association. Contents of the exhibit must state which of the aforementioned organizations is associated with the course, and, if applicable, the number and type of continuing education credits granted on completion of the course.
The eligibility of an auspices of an organization other than the aforementioned may be reviewed by the Council on Annual Session and/or the TDA Board of Directors to determine eligibility.
 14. Products and services not specifically referred to in the foregoing classifications may be eligible for exhibiting if they satisfy the standards governing eligibility for exhibiting at the TDA Annual Session.

Guidelines for Exhibiting Promotional Material

1. The exhibitor and the product or service being offered should be clearly identified in the promotional material. In the case of promotional material on drugs, the full generic name of each active ingredient shall appear.
2. Unwarranted disparagement or unfair comparisons of a competitor’s products or services will not be allowed.
3. Exhibit promotional material will not be acceptable if it conflicts with the TDA Principles of Ethics and Code of Professional Conduct or its Constitution and Bylaws.

4. It is the responsibility of the exhibitor to comply with the laws and regulations applicable to its products. Acceptance of a company as an exhibitor at TDA Annual Sessions is not to be construed as an assurance that the manufacturer has complied with such laws and regulations.
5. Promotional material or booth backdrops will not be acceptable if they are indecent or offensive in either text or art work, or contain attacks of a personal, racial or religious nature.
6. Promotional material shall not be deceptive or misleading, and claims must be substantiated.
7. The promotional material may feature an authorized statement with reference to an evaluation program of an ADA council if the statement is approved by the appropriate council.
8. The promotional material may include the ADA seal of acceptance or certification if the product has been classified as such, if all claims have been substantiated to the appropriate ADA council, and if use of the seal has been authorized by the appropriate council.
9. In the event that claims made on any promotional material are found to be unacceptable to the TDA, such material shall be deemed ineligible for use at the Annual Session.
10. Exhibits or promotional material concerning investment opportunities must avoid references to a specific security issue.
11. Guarantees may be used in advertisements provided the statements that are “guaranteed” are considered truthful, supportable and could be used whether or not they are guaranteed. However, no guarantee should be used without disclosing its conditions and limitations.
12. Advertisements should not quote the names, statements or writings of any individual, public official, government agency, testing group or other organization without their express written consent.

Products that have been entered into an ADA scientific council program must satisfy the official guidelines of the applicable council, in addition to the standards governing eligibility for exhibiting at TDA Annual Sessions.

CHARACTER OF EXHIBITS

The TDA reserves the right to decline or prohibit any exhibit which, in its judgment, is not suitable to or in keeping with the character of the exhibition. This reservation is all inclusive and concerns persons, things, conduct, printed matter and souvenirs.

Products, literature and copy for booth backdrops for firms requesting exhibit space may be subject to evaluation by the Council on Annual Session and/or the TDA Board of Directors concerning their eligibility to be shown in the technical exhibit area.

All products to be exhibited must be individually listed by brand name and generic name on the application form. All applications must indicate their product or service to be displayed to be considered for space allocation. Any descriptive literature on the products, booth copy, or proposed booth backdrop may be reviewed by the Council on Annual Session and/or the TDA Board of Directors. Because the promotion of new products at this meeting may be contemplated by an exhibitor, it is essential that exhibitors submit new promotional materials in a timely fashion.

Exhibit Review. Staff of the Council on Annual Session will review exhibits before the official Opening to assure compliance with exhibit rules. If there are problems with your exhibit material, the appropriate Council will notify you.

Right of Termination by TDA. TDA reserves the right in its sole discretion to terminate this agreement or restrict or terminate an exhibit at any time upon a determination by TDA that an exhibitor has failed to abide by the TDA Exhibit Rules, Regulations, and Standards or that an Exhibitor intends to promote a product, service, or concept which conflicts with the TDA Principles of Ethics and Code of Professional Conduct, the TDA Constitution and Bylaws, any TDA policies, or applicable law. In the event of such termination or restriction, TDA shall not be liable for any refunds, rentals or any other exhibit expense that was incurred by the exhibitor.

INTERPRETATION OF RULES AND REGULATIONS

The Texas Dental Association shall have full authority to interpret or amend the rules and regulations presented in this prospectus and its decision is final. Exhibitors, by applying for and accepting exhibit space, agree to abide by any rules or regulations that may hereafter be adopted, which shall be as much a part of the prospectus as though originally included. All issues not specifically addressed are subject to the decision of the TDA.

Appendix B

PRINCIPLES OF ACCEPTABILITY FOR PREPAYMENT PROGRAMS

1. An insurance program should include coverage that would provide or permit the greatest possible care in order to maintain the mouth in the best possible state of dental health.
2. An insurance or prepaid plan for purchase of dental care should provide for all phases of dental treatment.
3. An insurance program should in no way interfere with the traditional dentist-patient relationship.
4. There must be complete freedom of choice for both the patient and the dentist.
5. It should be the responsibility of any dental insurance program to encourage, stimulate, and maintain the highest standards of dental treatment and, wherever possible, should include a Texas Dental Association approved patient educational program. Any promotional campaign must meet the requirements of the "Principles of Ethics" of the American Dental Association and the code of ethics of the state and local dental societies involved.
6. There should be no interference with an individual practitioner's right to make an independent diagnosis and treatment plan.
7. There should be no published list of authorized or participating dentists. All ethically and legally qualified dentists must be eligible to take part in the plan.
8. No insurance plan should be instituted until adequate provision has been made for the proper services of the policy holders involved. Prompt and satisfactory settlement of all claims is of prime importance to all concerned.
9. Any insurance company writing dental insurance or contemplating writing dental insurance should maintain constant liaison with the duly authorized committee of the Texas Dental Association. Any dental plan should be developed, maintained and offered to the public only with the advice of authorized representatives of the local and state dental societies.
10. Regarding fees:
 - A. It should be understood that any schedule of allowances should not attempt to fix the value of the services of the attending dentist; nor in any way, relate to, or regulate such value and that the attending dentist is privileged to make his regular charges and that any stipulated amounts should merely apply as credits thereon.
 - B. Allowances or compensations should be paid to the patient and dentist, except where written agreement is made, and in accordance with the established Individual Responsibility Plan as adopted by the Texas Dental Association.

- C. Adequate provisions should be made for handling complaints that might arise between the dentist and the patient. (A special review committee should be created in each local society to insure that such matters as professional standards are handled through regular society procedures.)
- D. Disputed claims not settled by the Local Review Committee should be handled by a board consisting of members of the Texas Dental Association and insurance representatives.

11. Possible endorsement of any dental insurance policy or program by the Texas Dental Association may be awarded only by the Board of Directors of the Texas Dental Association subject to the approval of the House of Delegates.

12. It is recommended that each insurance carrier adopt the same standard claims form for dental services.

Appendix C

CRITERIA TO BE APPLIED FOR COMPONENT SOCIETIES IN CONSIDERING DENTAL SCARCITY AREAS

LOCATION: How far is the proposed site from existing dental care facilities? Is the community self-sufficient insofar as other essential services are concerned...food, fuel, medical care, clothing, etc. ? If not, are residents inclined to combine shopping with medical and dental care appointments in nearby areas where dentists are presently located?

Are there nearby cities in adjacent counties or states which have sufficient dental care facilities but which are not considered by health planners in establishing dentist/population ratios?

ECONOMIC CONDITION OF AREA: What is the per capita retail sales of the area of the proposed site? What is the per capita income of the area of the proposed site? Is the percentage of population eligible for welfare higher or lower than average? What is the percentage utilization of Medicaid-eligible persons in the area of the proposed site?

TRANSPORTATION AVAILABLE: Are there bus lines in service which make public transportation readily available? Does the per capita automobile registration of the area compare favorably with other areas of the state?

ATTITUDES OF COMMUNITY LEADERS AND PUBLIC OFFICIALS: Is the dental "I.Q." of the community leaders average or above? Is the water system fluoridated, or if not, are the community leaders receptive to the idea of fluoridation?

EXISTING PROGRAMS IN THE AREA: Is there a county health department dental clinic operating in the area? Are there other dental care programs for indigents, such as Head start, etc. ? Are there any prevention programs in the local schools? Is the local school system receptive to dental health education in the schools?

PATIENT LOAD OF DENTISTS IN NEIGHBORING CITIES OR TOWNS: Are the dentists in neighboring cities and towns as busy as they desire to be? How long does a person have to wait to get an appointment with a dentist located within a reasonable driving distance?

Are the dentists in neighboring towns and cities producing as much dentistry as they could? In other words, are these dentists using modern equipment and techniques to reduce treatment time and increase productivity? In some areas dentists practice less than full time. How many dentists are in this category in the surrounding area?

LIVING CONDITIONS IN THE AREA AND OPINIONS OF AREA CITIZENS: Is the city or town attractive enough to draw and hold professional men and their wives as residents? Are the schools accredited and progressive?

What are the opinions and attitudes of citizens in the area as to the demand for an additional dentist? (i.e., physicians, pharmacists, educational administrators, city and county officials, civic leaders, etc.) Are the opinions and attitudes documented?

APPENDIX D

AWARDS

Alliance President

75-2011-H

Submitted by: Council on Constitution and Bylaws

Resolved, that it shall be the policy of the Texas Dental Association (TDA) to present annually a service recognition award at the TDA Annual Session to the President of the Alliance of the Texas Dental Association, the form of the award to be determined by the Awards Committee.

Certificate of Merit Award

167-1995-H

Resolved, that starting in the 1996 House of Delegates, a “Certificate of Merit” award be added to the TDA awards list. This award will go to individuals and/or organizations which serve the dental health and welfare of disadvantaged patients in the state of Texas. This “Certificate of Merit” may be given to no more than four recipients in any single year. The candidates for this award must be non-dental individuals or organizations. The nominations for this award will be solicited from all local dental societies in Texas by the TDA central office and must be received no later than January 15 of any given year. The awards will be presented at the next House of Delegates meeting that same year.

Component President’s Award

70-2005-Awards Committee-H

Resolved, that the President of the Texas Dental Association present an award from the Texas Dental Association to each Component President during his or her visit to the Component Society, and be it further

Resolved, that this award begin with the 2004 year, continuing forward, and be it further

Resolved, that this award be reevaluated on a regular basis.

Excellence in Patient Advocacy Award

57-2007-BS-H

Resolved, that the Council on Legislative and Regulatory Affairs shall be responsible for the nomination of the awards for individuals associated with the promotion of TDA’s legislative agenda (Excellence in Patient Advocacy Award)

Approval of the nomination will rest with the Texas Dental Association Board of Directors, with final approval by the House of Delegates, and be it further

Resolved, that any financial implication for this award shall come from the budget for the Council on Legislative and Regulatory Affairs.

Friends of Dentistry Award

142-2000-H

Resolved, that the Texas Dental Association initiate a “Friends of Dentistry” award for distinguished legislative service, and be it further

Resolved, that the guidelines for the award shall be:

- (1) The award shall be presented at the TDA Annual Session in even-numbered years to members of the Texas House of Representatives and the Texas Senate;
- (2) Nominations for the award will be suggested by TDA’s Council on Legislative and Regulatory Affairs and TDA’s outside consultants; and
- (3) Presentation of the awards shall be by the current TDA president at the Opening Session of the TDA Annual Meeting.

Gold Medal for Distinguished Service

111-1997-H

Resolved, that the Texas Dental Association Gold Medal for Distinguished Service contain the following requirements and criteria:

1. This is the highest award of the Association.
2. The award shall only be presented when, in the opinion of the Awards Committee, an individual has met the criteria. This award may or may not be given on an annual basis.
3. Nominations for the award will be encouraged from members of the Board of Directors or component societies via confidential proposals to the Awards Committee for consideration. These nominations should be accompanied by supporting documentation of the candidate’s eligibility.
4. Texas Dental Association Gold Medal for Distinguished Service
 - A. PURPOSE — This is the highest award given in recognition of outstanding contributions and service to the Texas Dental Association.
 - B. CRITERIA — Nominees must have made contributions to the Association in more than one area through:
 - i) service in leadership positions, which may include, but not limited to, Officers, Board of Directors, and Council or Committee members;
 - ii) ADA related service, which may include, but not limited to, Officers, Trustees, Committees, and other special groups;
 - iii) contributions to local component activities which played a significant role in State concerns;
 - iv) commitment to organized dentistry through other areas of activity, including education through teaching at the pre-doctoral, advanced or continuing education level;
 - v) service to community; and
 - vi) the recipient must be an Association member.
5. Since this is the highest award of the Association, the presentation ceremony and subsequent events, e.g. *TDA Journal* articles and media releases, should reflect its importance.

108-1999-H .

Resolved, that the Board of Directors’ Manual be amended by the addition of a new section to read:

The President shall be the presenter of the Association’s Gold Medal for Distinguished Service Award. Should the President be selected as the recipient of the award, the Awards Committee shall select an appropriate presenter.

New Dentist Leadership Award

128-1996-H

Resolved, that the former “TDA Young Dentist Award” be renamed “TDA New Dentist Leadership Award” and that the criterion, “Must be under that age of 40,” be revised to read “Less than ten years out of dental school,” in an effort to concur with the criterion mandated by the ADA, as the recipient of this award represents the 15th District in the national competition; and be it further

Resolved, that the TDA honor annually, during the TDA Annual Session, a new dentist; and be it further

Resolved, that the award be called the Texas Dental Association New Dentist Leadership Award; and be it further

Resolved, that guidelines for the selection of the new dentist be as follows:

1. limit of one nominee from each component society;
2. must be less than ten years out of dental school;
3. must be active at component level;
4. must be involved in community/volunteer work;
5. must demonstrate professional growth;
6. must demonstrate ethical conduct; and
7. must attend continuing education program and dental meetings.

and be it further

Resolved, that the guidelines be presented as distributed at the President-elects Conference; and be it further

Resolved, that these guidelines be reviewed by the Council of Membership on a yearly basis at their first meeting following Annual Session, with recommendations to the Awards Committee and with the cost of the award to be borne by the TDA; and be it further

Resolved, that nominations be requested from the components at least ninety days in advance of the Awards Committee deadline; and be it further

Resolved, that the recipient of the TDA New Dentist Leadership Award be the TDA nominee for the ADA New Dentist Leadership Award.

Publication of New Dentist Leadership Award Recipient

76-2000-H

Resolved, that the Awards Committee publish the Texas Dental Association’s (TDA) New Dentist Leadership Award recipient, as well as the list of District nominees submitted to the TDA, together with the criteria used for selection of the award recipient, in the *Texas Dental Journal*.

Senior Student Award (32-1989-H)

32-1989-H

Resolved, that guidelines for selecting recipients of the TDA Senior Dental Student Award be as follows:

1. Current student membership of ASDA.
2. Student leadership.
3. Ethical conduct.
4. Professionalism.
5. Extracurricular or volunteer activities related to the promotion of dentistry.
6. Respected by classmates.
7. Scholastic standing.

and that these guidelines be sent to appropriate representatives of the schools, and be it further

Resolved, that each school's award committee be requested by make recommendations to the TDA Board of Directors in the selection of its recipient based on the above guidelines, and be it further

Resolved, that the cost of the individual awards be borne by the Texas Dental Association.

Appendix E

List of Documents and Manuals

The following list comprises the Governing Documents of the Texas Dental Association, who is responsible for maintaining, frequency of full revision, and entity for approval of revisions.

<u>GOVERNING DOCUMENT</u>	<u>RESPONSIBILITY</u>	<u>FREQUENCY</u>	<u>APPROVAL</u>
Charter (Articles of Incorporation)	Legal Counsel	5 years	HOD
Constitution	Council on Constitution & Bylaws	5 years	HOD
Bylaws	Council on Constitution & Bylaws	5 years	HOD
Peer Review Manual	Peer Review Council	5 years	HOD
Judicial Manual	Ethics and Judicial Council	5 years	HOD
Recall Manual	Ethics and Judicial Council	5 years	HOD
TDA Principles of Ethics and Code of Professional Conduct	Ethics and Judicial Council	5 years	HOD
Association House Policies of Governance	Council on Constitution & Bylaws & TDA Staff	5 years	HOD
Association Board Policies of Governance	Board & TDA Staff	5 years	BOD
House of Delegates Manual	Credentials Rules Order	5 years	HOD
Board of Directors Manual	Board	5 years	BOD
Minutes of the House of Delegates	Minutes Approval Committee	1 year	HOD
Minutes of the Board of Directors	Minutes Approval Committee	Ongoing	BOD
Caucus Procedures, Campaigns, Nominations and Elections Manual	Credentials Rules Order	5 years	HOD
Reference Committee Manual	Credentials Rules Order	5 years	HOD
Secretary-Treasurer Manual	Secretary-Treasurer	5 years	BOD
Speaker of the House Manual	Speaker	5 years	BOD
Editor's Manual	Editor	5 years	HOD

Officers' Manuals

24-1976-H

Resolved, that the House of Delegates request the Secretary/Treasurer, Editor, Speaker of the House and Legal Counsel to prepare manuals covering their respective duties.

Peer Review Manual

59-2009-H

Submitted By: Council on Constitution and Bylaws

Resolved, that the proposed revisions to the Peer Review Manual, reviewed by the Council on Constitution and Bylaws, be approved.

79-2011-H (2/3 Vote Required)

Submitted by: Council on Peer Review

Resolved, that the TDA *Peer Review Manual, Section III B. Matters that are Outside of the Scope of Peer Review* be amended by adding a new subsection 1 and renumbering existing subsections to read:

B. Matters that Are Outside the Scope of Peer Review

The peer review process was not designed to handle every type of situation or problem that may arise between patients, dentists, and third parties. Peer review committees will only handle complaints that fall within one of the four categories identified above and that are made within the time limitations provided herein. Matters that do not fall within one of these categories and/or that are not made within the time limitations provided herein may not be handled through peer review. A non-exhaustive list of matters that do not fall within the scope of peer review are set forth immediately below.

1. Texas State Board of Dental Examiners (TSBDE) Investigation

It is not within the authority of the peer review process to review cases that are also being formally investigated by the TSBDE. A case is considered as being formally investigated if the patient has submitted a complaint to the TSBDE Enforcement Division and the complaint has been accepted and assigned a case number. If the peer review committee learns of a pending case involving a dentist, the committee shall attempt to determine whether the case involves the same issues or subject matter as the peer review case. If the committee determines that the pending case is substantially the same as the peer review case, the peer review case will be closed.

If the peer review process has been initiated and the patient submits a complaint to the TSBDE while the peer review process is proceeding with its investigation, then the case will no longer be within the scope of peer review and will be closed.

It is also not within the authority of the peer review committee to review cases that have been formally investigated by the TSBDE and no violations were found.

It should be noted that the peer review process in no way dissuades patients from utilizing the TSBDE complaint process. The above provisions are included so that member dentists do not have to participate in both processes if the issues being considered are the same. The above provisions do not bar a patient from utilizing the TSBDE complaint process after they have completed the peer review process.

2. ~~4-~~Cases in Litigation/Parties Represented by Counsel

It is not within the authority of the peer review committee to

review cases in litigation. Therefore, a case is ineligible for consideration by a peer review committee if an involved party initiated litigation concerning any aspect of the dental service(s) and/or treatment at issue in peer review. A case is determined to be formally in litigation when a complaint or petition is filed with a Court. A consultation with an attorney does not mean that the case is in litigation and ineligible for review. A party to the peer review process may retain counsel in connection with the matters at issue in peer review as long as counsel does not: (a) represent the party at any hearing, examination, meeting, or other proceeding in the peer review setting; and/or (b) participate in any conversation, interview, communication, hearing, examination, meeting, or other proceeding in the peer review setting. Even if a party is represented by counsel, all communications concerning peer review will be made to the party directly and not to his/her counsel.

Notwithstanding the above, a dentist may participate in peer review even if he/she has initiated litigation against a patient for the collection of fees. In such cases, a component peer review committee should be able to exercise discretion in determining whether peer review would be beneficial. The patient benefits inherent in peer review are not necessarily withdrawn merely because the dentist has initiated legal action for the collection of fees.

3. ~~2.~~ Dentist-to-Dentist Complaints

The current peer review system is not intended to handle a complaint initiated by one dentist against another. Requests submitted by a dentist for review of treatment by another dentist should be channeled to the component judicial committee. Judicial committees have the necessary procedural structure to handle dentist-to-dentist complaints and have been given the specific authority or jurisdiction over such complaints.

4. ~~3.~~ Alleged Fraud and Other Violations of the Dental Practice Act

It is the responsibility of peer review committees to refer cases involving alleged fraud or apparent violations of the Texas Dental Practice Act to the TDA Council on Ethics and Judicial Affairs through the component judicial committee for possible referral to the Texas State Board of Dental Examiners. Peer review committee chairmen, committee members, and dental society staff should be sensitive to the actual issues raised in a complaint submitted for review. Many times a case that appears clear-cut on its face may in fact be difficult or involve unusual circumstances. All complaints received by the component peer review committee that allege ethical violations or professional misconduct (other than complaints involving quality of treatment and/or appropriateness of care complaints) will be forwarded to the TDA Council on Ethics and Judicial Affairs through the component judicial committee.

5. ~~4.~~ Violations of the Principles of Ethics

On occasion, a peer review committee will receive a complaint involving apparent unethical or unprofessional conduct. Violations

of the Principles of Ethics and Code of Professional Conduct are beyond the authority of peer review committees and should be referred to the component judicial committee as appropriate.

6. ~~5~~- Repeated Complaints Against the Same Practitioner

The peer review committee, through the review process, may be made privy to situations that may indicate continual faulty treatment patterns or gross mistreatment, e.g. As such, the peer review process assumes a very special obligation to the public and the profession.

The TDA has established criteria for handling repeated complaints against the same dentist or certain serious cases. Since peer review has no disciplinary authority and cannot impose any type of sanctions or make any determinations about possible violations of the Texas Dental Practice Act, concerns regarding continual faulty treatment, or one very serious case, should be referred out of the peer review process. Specifically, three completed patient complaints against the same dentist within a two-year period of time, a single case of gross mistreatment, or cases involving alleged fraud or billing irregularities must be referred by a component peer review committee to the TDA Council on Ethics and Judicial Affairs through the component judicial committee or as otherwise permitted.

7. ~~6~~- Deceased Dentists

Peer review cannot handle complaints against dentists who are deceased. Deceased dentists no longer hold a license with the Texas State Board of Dental Examiners and are no longer members of the TDA or ADA.

Policy Manual

Notification of Availability

63-2000-H

Resolved, that the Board of Directors, the Chairperson of each Council of the Association, and each component society be notified that the current issue of the Policy Manual is available by request.

Annual Revision

202-2001-H

Resolved, that the Council on Constitution and Bylaws annually update the Policy Manual based upon the actions of Board of Directors and the House of Delegates.

Sunset Review

165-2003-H

Resolved, that the document titled “Sunset Review in the Texas Dental Association” be approved, and be it further

Resolved, that the document titled “Sunset review in the Texas Dental Association” be added to the Association’s list of manuals.

Appendix F

Rescission Catalog

RESOLUTION	RESCINDED BY	COMMENT
4-1992-H	77-2009-H	
4-1993-H	100-1997-H	
5-1978-H	204-1995-H	
6-1959-H	157-2002-H	
6-1978-H	52-1994-H	
6-1993-H	61-1994-H	
7-1975-H	103-1994-H	
7-1993-H	101-1997-H	
8-1993-H	100-1997-H	
9-1993-H	5-1995-H	
10-1993-H	101-1997-H	
10-1994-H	22-2011-H	
11-1993-H	31-1995-H	
11-1994-H	78-2011-BS-H	
13-1979-H	63-1997-H	Also rescinded by 101-1997-H
13-1980-H	100-1997-H	
13-1999-H	85-2012-H	
15-1971-H	42-1991-H	
15-1973-H	100-1997-H	
15-1974-H	110-1994-H	
16-1964-H	152-1995-H	
16-1974-H	82-1991-H	
16-1978-H	152-1995-H	
16-1979-H	100-1997-H	
16-1980-H	100-1997-H	
16-1983-H	52-1994-H	
16-1993-H	101-1997-H	
16-1999-H	55-2014-H	See also Resolution 138-2012-RCAS-H
17-1971-H	44-1991-H	
17-1972-H	78-2012-H	
17-1976-H	101-1994-H	
17-1978-H	67-1991-H	
17-1980-H	85-2012-H	
17-1996-H	14-1998-H	
18-1980-H	144-1997-H	
18-1985-H	144-1997-H	
18-1993-H	100-1997-H	
18-1997-H	156-2000-H	
19-1966-H	100-1997-H	
19-1977-B	47-2014-H	
19-1988-H	144-1997-H	
20-1979-H	144-1997-H	
20-1987-H	100-1997-H	
20-1994-H	157-2002-H	
21-1970-H	22-2011-H	
21-1979-H	157-2002-H	
21-1981-H	77-2012-H	
21-1993-H	144-1997-H	
21-2014-H	37-2015-H	
22-1974-H	101-1997-H	
22-1977-H	Bylaws- Chap. II, Sect. 90	
22-1978-H	163-1999-H	

RESOLUTION	RESCINDED BY	COMMENT
22-2015-B	21-2017-B	
23-1964-H	103-1994-H	
23-1970-H	144-1997-H	
23-1974-H	103-1994-H	
23-1985-H	93-2010-BS-H	
23-1986-H	144-1997-H	
23-2015-H	114-2015-B	
24-1980-H	144-1997-H	
24-1982-H	123-1996-H	Also rescinded by 101-1997-H
24-1985-H	102-2016-H	
24-1994-H	100-1997-H	
24-1998-H	144-1997-H	
25-1985-H	144-1997-H	
25-1997-H	157-2002-H	
26-1959-H	145-1997-H	
26-1981-H	126-1994-H	
26-1986-H	157-2002-H	
27-1986-H	64-1992-H	
27-1991-H	146-2001-H	Implication
28-1978-H	150-1995-H	
28-1983-H	97-2001-H	
28-2010-H	59-2010-H	
29-1968-H	054-1991-H	Implication
29-1969-H	103-1994-H	
29-1989-H	100-1997-H	
30-1974-H	100-1997-H	
30-1978-H	67-1996-H	Also rescinded by 145-1997-H
30-1982-H	42-1994-H	
30-1990-H	33-1992-H	
30-1991-H	100-1997-H	
30-2000-H	157-2002-H	
31-1978-H	67-1996-H	Also rescinded by 145-1997-H
31-1989-H	45-1991-H	
31-1995-H	132-2001-H	
32-1967-H	101-1997-H	
32-1980-H	64-1991-H	
32-1981-H	94-2010-BS-H	
32-1982-H	45-2001-H	
32-1985-H	101-1997-H	
32-1994-H	100-1997-H	
33-1968-H	64-2015-H	
33-1990-H	83-1994-H	Also rescinded by 162-1995-H
33-1995-H	79-2000-H	
33-1979-H	151-2004-H	
34-1962-H	101-1997-H	
34-1976-H	149-1995-H	
34-1980-H	101-1997-H	
34-1981-H	22-2011-H	Also rescinded by 85-2012-H
34-1984-H	101-1997-H	
34-1992-H	101-1997-H	
35-1977-H	103-1994-H	
35-1978-H	101-1997-H	
35-1981-H	75-2012-H	
35-1983-H	101-1997-H	
35-1988-H	157-2002-H	
35-1990-H	62-1995-H	
35-1991-H	Bylaws Amendment	Implication
35-2000-B	147-2003-H	

RESOLUTION	RESCINDED BY	COMMENT
36-1971-H	100-1997-H	
36-1961-H	64-2013-H	
36-1981-H	157-2002-H	
36-1985-H	103-1994-H	
36-1986-H	100-1997-H	Also rescinded by 144-1997-H
36-1990-H	119-2015-B	
37-1981-H	110-1997-H	
37-1992-H	83-1995-H	
37-1995-H	144-2000-H	Also rescinded by 45-2001-H
37-1998-H	116-2012-H	
38-1964-H	103-1994-H	
38-1971-H	57-2003-H	
38-1988-H	39-1991-H	
38-1990-H	100-1997-H	
39-1989-H	144-1997-H	
39-1991-H	157-1994-H	
39-1994-H	22-2011-H	
39-1997-H	45-2001-H	
40-1977-H	100-1997-H	
40-1986-H	100-1997-H	
40-1991-H	101-1997-H	
40-1995-H	143-1998-H	
40-2010-H	29-2012-H	
41-1977-H	121-1994-H	
41-1981-H	52-1991-H	
41-1983-H	64-1992-H	
41-1987-H	144-1997-H	
42-1982-H	100-1997-H	
42-1984-H	144-1997-H	
42-1986-H	101-1997-H	
42-1991-H	101-1997-H	
42-1996-H	104-2008-H	
43-1978-H	85-2012-H	
43-1979-H	144-1997-H	
43-1984-H	144-1997-H	
45-1985-H	22-2011-H	
44-1990-H	144-1997-H	
44-1996-H	064-2007-H	
45-1974-H	101-1997-H	
45-1976-H	121-1994-H	
45-1981-H	52-1994-H	
45-1991-H	128-1996-H	Also rescinded by 144-1997-H
45-1992-H	151-2004-H	
45-1992-H	100-1997-H	
45-1993-H	144-1997-H	
46-1974-H	98-1991-H	
46-1977-H	103-1994-H	
46-1985-H	157-2002-H	
46-1999-H	85-2012-H	
47-1975-H	103-1994-H	
47-1996-H	85-2012-H	
47-2001-H	22-2011-H	
48-1982-H	157-2002-H	
48-1984-H	120-2011-H	
48-1992-H	141-1998-H (Implication) 106-2008-H	
48-1994-H	67-1995-H	
48-2002-H	72-2011-H	

RESOLUTION	RESCINDED BY	COMMENT
49-1970-H	101-1997-H	
49-1982-H	64-1992-H	
49-1984-H	120-2011-H	
49-1991-H	45-1997-H	
49-1993-H	62-1994-H	
50-1982-H	101-1997-H	
50-1986-H	193-1999-H	
50-1989-H	157-2002-H	
50-1991-H	17-2017-B	
50-1993-H	45-1994-H	
50-1996-H	153-1999-H	
51-1980-H	103-1994-H	
51-1982-H	101-1997-H	
51-1983-H	144-1997-H	
51-1987-H	100-1997-H	
51-1990-H	100-1997-H	
52-1974-H	126-1999-H	Implication
52-1980-H	85-2012-H	
52-1981-H	22-2011-H	
52-1988-H	136-1994-H	
52-1990-H	40-1995-H	
52-1995-H	22-2011-H	
52-1999-H	117-2004-H	
53-1975-H	100-1997-H	
53-1992-H	99-1998-H	
53-2002-H	37-2005-H	
54-1979-H	101-1997-H	
54-1982-H	22-2011-H	
54-1986-H	46-1995-H	Implication
54-2010-H	30-2017-H	
55-1976-H	103-1994-H	
55-1992-H	176-1997-H	
56-1979-H	156-1995-H	
56-1984-H	62-1994-H	
56-1992-H	144-1997-H	
56-1993-H	34-1995-H	
56-2005-BS-H	119-2015-B	
57-1972-H	62-1994-H	
57-2000-H	167-2004-H	
58-1983-H	100-1997-H	
58-1991-H	77-2012-H	
58-1997-H	63-1998-H	
58-1998-H	39-1999-H	
58-2013-H	35-2015-B	
59-1977-H	67-1996-H	Also rescinded by 145-1997-H
59-1979-H	95-2010-H	
59-1983-H	157-2002-H	
59-1989-H	147-1995-H	
59-1992-H	144-1997-H	
61-1981-H	101-1997-H	
61-1984-H	100-1997-H	
61-1988-H	121-2011-H	
61-1993-H	100-1997-H	
61-2003-H	22-2011-H	
62-1989-H	11-1993-H	
62-1990-H	128-1996-H	Also rescinded by 144-1997-H
62-2003-H	22-2011-H	
63-1976-H	101-1997-H	

RESOLUTION	RESCINDED BY	COMMENT
63-1985-H	62-1994-H	
63-1986-H	121-1994-H	
63-1996-H	145-1997-H	
64-1976-H	23-2011-H	
64-1989H	64-1992-H	
64-1991-H	100-1997-H	
64-2005-H	96-2010-H	
64-2007-H	97-2010-H	
65-1976-H	100-1997-H	
65-1981-H	30-1996-H	Also rescinded by 101-1997-H
65-1984-H	116-1994-H	
65-1987-H	101-1997-H	
65-1993-H	87-2013-B	
66-1972-H	157-2002-H	
66-1982-H	100-1997-H	
66-1983-H	100-1997-H	
66-1987-H	157-2002-H	
66-2004-H	120-2011-H	
67-1973-H	101-1991-H	
67-1981-H	45-2001-H	
67-1985-H	101-1997-H	
67-1988-H	123-1996-H	Also rescinded by 101-1997-H
68-1985-H	101-1997-H	
68-2006-H	57-2007-BS-H	
69-1972-H	78-2002-H	
69-1979-H	71-2005-H	
69-1987-H	124 2004 H	
69-1996-H	100-1997-H	
69-2013-B	61-2015-B	
70-1993-H	144-1997-H	
70-2000-H	75-2012-H	
71-1989-H	22-2011-H	
71-1993-H	57-2003-H	
71-2007-H	120-2011-H	
72-1973-H	148-1995-H	
72-1976-H	101-1997-H	
72-1983-H	103-1994-H	
72-2000-H	157-2002-H	
73-1977-H	156-1995-H	
73-1987-H	101-1997-H	
73-1993-H	45-1995-H	
74-1977-H	51-1994-H	
74-1981-H	100-1997-H	
74-1984-H	23-2011-H	
74-1989-H	183-1994-H	
74-1993-H	100-1997-H	
74-2006-H	80-2011-H	
75-1978-H	48-2014-H	
75-1983-H	144-1997-H	
75-1987-H	86-1997-H	
75-1990-H	22-2011-H	
75-1991-H	157-2002-H	
76-1989-H	110-1994-H	
76-1991-H	22-2011-H	
6-1998-H	161-1999-H	
77-1974-H	100-1997-H	
77-1977-H	100-1997-H	
77-1997-H	157-2002-H	

RESOLUTION	RESCINDED BY	COMMENT
77-2012-H	92-2016-H	
78-1977-H	101-1977-H	
78-1983-H	100-1997-H	
78-1990-H	178-1994-H	
78-1991-H	67-1996-H	Also rescinded by 145-1997-H.
78-1993-H	100-1997-H	
79-1972-H	64-1992-H	
79-1988-H	100-1997-H	
79-1989-H	100-1997-H	
79-1993-H	58-2000-H	
80-1972-H	120-2011-H	
80-1989-H	65-2004-H	
80-1989-H	113-2005-PR-BS-H	
80-1991-H	100-1997-H	Also rescinded by 145-1997-H.
80-2007-H	117-2016-H	
81-1983-H	100-1997-H	
81-1989-H	100-1997-H	
81-2001-H	78-2011-BS-H	
82-1976-H	67-1996-H	Also rescinded by 145-1997-H.
82-1981-H	100-1997-H	
82-2005-CCB-H	084-2005-CCB-H	Implication
83-1995-H	152-2015-B	
83-1999-H	118-2004-H	
83B-1999-H	85-2012-H	
83-2000-H	78-2011-BS-H	
84-1996-H	111-1997-H	
84-1999-H	130-2001-H	
84-2001-H	102-2008-H	
84-2004-H	69-2013-B	
85-1975-H	147-1995-H	
86-1998-H	22-2011-H	
86-1999-H	78-2011-BS-H	
87-1983-H	116-1994-H	
87-1991-H	103-1994-H	
88-1972-H	18-2012-B	
88-1994-H	109-2008-H	
89-1988-H	85-2012-H	
89-1990-H	176-2001-H	
89-1991-H	90-1992-H	
89-2000-H	157-2002-H	
90-1980-H	101-1997-H	
90-1982-H	100-1997-H	
90-1992-H	62-1994-H	
90-2012-BS-H	98-2013-H	
91-1983-H	100-1997-H	
91-1995-H	98-1998-H	
92-1987-H	144-1997-H	
92-1993-H	100-1997-H	
92-1997-H	130-2001-H	
93-1997-H	22-2011-H	
94-1982-H	67-1996-H	Also rescinded by 145-1997-H
94-1990-H	25-2011-H	
94-2010-BS-H	72-2011-H	
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