

SUBMITTING RESOLUTIONS TO THE HOUSE OF DELEGATES

- Resolutions may be submitted by: officers of the Association, Board of Trustees, regions, component societies, individual delegates or reference committees.
- Proposed resolutions to be considered by the House of Delegates should be presented in typed or printed form. Resolutions should be clearly worded, should contain only a *single* topic and should be preceded by an appropriate background statement.
- A *background statement* precedes the resolution and explains the reason the resolution was introduced. Information in the background statement should be complete and accurate. An informative background statement helps delegates understand what they are voting on. This additional wording that has no legal effect, but supports the idea(s) proposed in the resolution. The background statement is not part of the policy.
- Resolutions should not reaffirm or restate existing policy or acknowledge achievements. Methods of commending or memorializing individuals or organizations are available through appropriate committees, or the Board of Trustees.
- MDA staff is available to assist in formatting and providing information that may be needed to assist in writing the background.

1 **Sample Resolution Urging Board Action**

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3 **Background:** An EFDA is a highly trained and skilled dental assistant or dental hygienist who
4 receives additional education to enable them to perform reversible, intraoral procedures,
5 which may be legally delegated by a licensed supervising dentist. The EFDA practices under
6 direct supervision with patient connection to a dental home with access to comprehensive
7 restorative care to eliminate pain and restore function.

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9 Utilization of EFDA’s can contribute to increased capacity for the existing dental workforce. This
10 capacity could be further impacted if EFDA’s could perform advanced remedial intra-oral dental
11 tasks such as the placement of amalgam and composite restorations as allowed in the state of
12 Ohio following the passage a dental board designated examination for EFDAs .

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14 Darling states in the *Journal of Public Health Dentistry 2015: “Potential Utilization of Expanded*
15 *Function Dental Auxiliaries to Place Restoratives”* that many dentists are willing to delegate
16 reversible restorative procedures. Increasing the scope of practice for auxiliaries may increase
17 the capacity of the existing dental workforce and improve access for underserved populations.
18 Expanding the scope of practice for dental auxiliaries offers a viable mechanism to rapidly
19 increase the states dental capacity in response to the rising demands for dental care including
20 insured Medicaid populations.

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22 Inclusion of an EFDA in the dental office as part of the dental team has the potential to increase
23 access to care for the underserved citizens of Michigan.

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25 **Resolution**

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27 **09. Resolved,** that the House of Delegates urges the MDA Board of Trustees to form a
28 work group to investigate “Expanded Function Dental Auxiliaries” potential impact on
29 access issues in the state of Michigan.

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1 **Sample Resolution to Amend or Adopt New House Policy**
2 **(Bylaws, Code of Ethics, House Policies)**

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4 **Background:** The MDA Bylaws currently state that the time and place of the Annual Session be
5 selected by the Board at least one year in advance. Chapter X, Continuing Education Program,
6 Section 2 reads as follows:

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8 Chapter X, Continuing Education Program, Section 2. - Time and Place
9 The continuing education program shall be held during the Annual Session of
10 the Association at a time and place selected by the Board of Trustees. Such
11 selection shall be made at least one (1) year in advance.

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13 The Cavity District Dental Society believes that the MDA should select its venue for the Annual
14 Session at least two years in advance so that the membership has the dates well in advance of
15 the meeting.

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17 **Resolution**

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19 **Resolved,** that Chapter X, Continuing Education Program, Section 2. - Time and Place of
20 the MDA Bylaws be amended to read as follows:

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22 The continuing education program shall be held during the Annual Session of the
23 Association at a time and place selected by the Board of Trustees. Such selection shall
24 be made at least ~~one (1) year~~ two (2) years in advance.

Sample Resolution Urging the Board to Adopt Policy

Background: Dental applications for Computer Tomography Scan technology (CT Scan) began in the 1980's, with use increasing through the 90's and into the 21st Century. A Certificate of Need Commission (CON) was established in each state to regulate the number of hospital beds a community could have based on need. This Commission has evolved over the years to now regulate certain equipment and technology purchases for Hospitals and private physician/dental offices. [Attached is a list of current medical equipment](#) that requires Certificate of Need Commission approval. Before a hospital can expand or add certain new technology to its program it must apply for and meet the requirements to obtain a CON. Because the Dental CT Scan technology has the words CT in its name, the CON statues in Michigan cover the purchase and use of this equipment by dentists including those in private practice. Not all states have a CON Commission or CON regulations. Of the states which do have a CON, Michigan and Connecticut are the only two states whose CONs statues control purchase of these FDA approved devices.

In the Resort District, we are lucky enough to have access to one of the fourteen Dental CT Scanners in the state, and have come to appreciate this technology's value in providing detailed three dimensional imaging of the head and neck. The Resort District believes that all appropriately trained dentists in Michigan should have unfettered access to purchase and use this technology, so that they may provide for their patients, the highest quality care when advanced cases indicate a need for more detailed information of the anatomy of the head and neck. Further, the Resort District believes that appropriately trained dentists should be fairly compensated and should advocate with insurance companies for the coverage of this imaging procedure as insurance companies presently do not provide coverage for this imaging technique.

While the MDA has tried to work with the CON in Michigan, it has been with limited success. To receive permission to purchase this technology, a dentist must still submit an extensive application (in the Case of Dr. Lints it was over one inch thick), including documentation showing proof that the dentist can generate 250 exposures a year to qualify to provide this level of care to their patients in their private practice. (The limited success being that the CON originally demanded that 400 images a year be the threshold of need.)

The Resort District believes that the MDA's approach to tackle this issue as an isolated issue is a mistake and is concerned that when the next technology becomes available, Michigan dentists will once again be found in a position of being unable to provide to their patients the highest quality care until the MDA again battles for many years to have the tentacles of the CON removed from the private practice of dentistry for a new device or technique.

The Resort District believes to help their member dentists succeed, the Policy of the MDA should be to have all FDA approved dental devices and techniques, removed from the regulation of CON and any other governmental agency other than the State Board of Dentistry, and offers the following resolution for the 2010 House of Delegates to consider.

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Resolution

19. Resolved, that the House of Delegates urges the Board of Trustees to approve the following as policy of the Michigan Dental Association:

Resolved, that it shall be the Policy of the Michigan Dental Association to support all devices and techniques approved by the FDA for use in dentistry, unfettered by agencies unrelated to the Board of Dentistry, and be it further

Resolved, that the MDA shall seek legislation to remove from the Certificate of Need Commission the regulatory oversight of all dental devices and techniques to be used in private dental practice settings outside of a Hospital, and be it further

Resolved, that the MDA shall advocate for their members, fair use and compensation for these devices and techniques.