

1
2 Officer Resolution
3 From: Dr. Rodney B. Wentworth, President
4 To: House of Delegates
5 September 2012
6

7 **HD-01-2012**
8 **Rules for the House of Delegates – September 2012**
9

10 RESOLVED, that the following shall be adopted as the Rules for the House of Delegates
11 at its annual meeting held in Walla Walla, Washington, September 13-15, 2012:
12

- 13 1. The House of Delegates shall be organized and operated as outlined in the
14 memorandum entitled “Organization and Operation of the House of Delegates”
15 adopted in December 1960 and amended from time to time by the House of
16 Delegates.
17
- 18 2. All resolutions and reports mailed to the members of the House of Delegates prior
19 to the annual meeting may be read in part at the time of their introduction in the
20 House, and such reading shall stand for reading the material in full.
21
- 22 3. If desired, at the request of the majority of the members of this House, any
23 material shall be read in part or in full and amended or discussed at the time of
24 the first reading.
25
- 26 4. Resolutions and reports not pertaining to amendments of the Bylaws may be
27 acted upon by the House at the time of the first reading unless the House by
28 majority vote, or the presiding officer, requests that the resolution or report be
29 referred to a reference committee for further study and recommendations back to
30 this House.
31
- 32 5. Except by majority consent of the members of the House of Delegates, debate on
33 either side of a subject by one individual shall be limited to not more than two
34 speeches, neither of which shall exceed five minutes.
35
- 36 6. The agenda for this House shall be the agenda as established by the Rules and
37 Order Committee and submitted to the House of Delegates. New business not
38 previously submitted and placed on the agenda by the Rules and Order
39 Committee shall be considered only by two-thirds majority consent of the House
40 of Delegates. Any business not receiving such two-thirds majority approval shall
41 be referred to the next session of the House of Delegates by the presiding officer.
42 The bylaws amendment resolution pertaining to dues, HD-05-2012, and any
43 increases, decreases or other amendments thereof, shall be in order for
44 consideration by this House near the end of its final business session.
45
- 46 7. In voting by written ballot for elective office, each member voting shall cast one
47 vote for each office to be filled for such ballot to be valid.
48
- 49 8. To expedite the actions of the House, a list of referrals of known business shall be
50 prepared by the Rules and Order Committee prior to the opening of the House of
51 Delegates and presented to the members of the House at their opening session.
52

53 end

1 Officer Resolution

2 From: Dr. Rodney B. Wentworth, President

3 To: House of Delegates

4 September 2012

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6
7 **HD-02-2012**

8 **Committees and Parliamentarian for**
9 **Annual Meeting of House of Delegates - September 2012**

10
11 RESOLVED, that the following appointments by the President are confirmed by the
12 House of Delegates as committees for the annual meeting of the House of Delegates,
13 September 2012:

- 14
15 **A. Credentials Committee** -- Responsible for being present 30 minutes prior
16 to the opening of each session of the House of Delegates, taking roll,
17 verifying alternate delegates, and serving as tellers for all votes

18
19 Dr. Douglas L. Coe, Chair
20 Mr. Yonaton Ahdut
21 Dr. Steven M. Haws
22 Dr. Patrick E. Taylor
23 Dr. Thomas F. Tilson

- 24
25 **B. Rules and Order Committee** -- Responsible for preparing Agenda and
26 ruling on procedure; will be advised by Parliamentarian:

27
28 President, Dr. Rodney B. Wentworth, Chair
29 President-elect, Dr. Danny G. Warner
30 Vice President, Dr. David M. Minahan
31 Secretary-Treasurer, Dr. Bryan C. Edgar
32 Immediate Past President, Dr. Douglas P. Walsh
33 Speaker of the House, Dr. Lawrence R. Lawton

- 34
35 **C. Reference Committee on Financial and Membership Affairs** –
36 Responsible for reviewing all reports and resolutions, and any resolutions
37 that may develop at the House, participating in the hearing, and producing
38 the final report of recommendations to the delegates

39
40 Dr. C. R. Anderegg, Jr., Chair
41 Dr. Bruce P. Kinney
42 Dr. Eric J. Kvinsland
43 Dr. J. D. Troy
44 Dr. Sue Weishaar

- 45
46 **D. Reference Committee on Legislative and Administrative Affairs**

47
48 Dr. John C. Lo, Chair
49 Dr. Marissa N. Bender
50 Dr. Dennis L. Bradshaw
51 Dr. Jeffrey D. Pruiett
52 Dr. James W. Reid

53
54 RESOLVED, that Association General Counsel, Alan Wicks, is appointed
55 Parliamentarian for the 2012 House of Delegates.

56
57 end

1
2 Committee Resolution
3 From: Committee on Budget and Finance
4 To: House of Delegates
5 September 2012
6

7 **HD-03-2012**
8 **Acceptance of WSDA Audit**
9 **for the Year Ending September 30, 2011**

10
11 RESOLVED, that the House of Delegates does accept the audit of the Washington
12 State Dental Association for the year ending September 30, 2011, prepared by Clark
13 Nuber, Certified Public Accountants.

14
15 end

1
2 Committee Resolution
3 From: Committee on Budget and Finance
4 To: House of Delegates
5 September 2012
6

7 **HD-04-2012**
8 **WSDA 2012/2013 Budget**
9

10 RESOLVED, that the attached shall be adopted as the Washington State Dental
11 Association Budget for 2012/2013.

12
13 Attachment: Proposed Budget
14

15 end

1
2 Committee Resolution
3 From: Committee on Budget and Finance
4 To: House of Delegates
5 September 2012

6 **HD-05-2012**
7 **WSDA Dues for 2013**
8 (Bylaw Amendment)
9

10 Background. In 2009, the House of Delegates increased the base dues amount by
11 \$125, from \$549 to \$674, to be used for “building fund allocation/rebuilding
12 reserve fund...defray the expense of possible building acquisition, improvement, or
13 cost of lease termination or sublease.” This increase was for a three-year period
14 ending in 2012. The dues statement also included an additional \$75 for a DentPAC
15 contribution and operating costs with an option to designate a WSDA issues fund
16 not to be used for political contributions.
17

18 The current dues statement has a \$674 base amount and \$75 for DentPAC/political
19 activities for a total of \$749. As of September 30, 2012, \$125 will come off. The
20 budget proposes a \$75 dues increase. If passed, the dues statement will reflect
21 base dues of \$624 plus \$75 for DentPAC/political issues for a total of \$699, a net
22 decrease on the statement of \$50.
23

24 Therefore, be it

25
26 RESOLVED, that Bylaw, Section II, Dues, Item C. Schedule of Dues (first two
27 paragraphs) be as follows:
28

29 The annual dues of active or associate members shall be ~~\$674~~\$624, plus an
30 additional amount of \$75 designated for political activity support. This \$75 amount
31 shall be remitted to DentPAC for State or local political campaign contributions and
32 operating expenses of DentPAC; provided, however, a member may elect that the
33 amount instead be allocated to a WSDA Issues Fund for political purposes other
34 than direct campaign contributions to candidates.
35

36 ~~For three fiscal years (2009-2012), the dues base amount (\$674) shall include \$125~~
37 ~~building fund allocation/rebuilding reserve fund each year to be earmarked to~~
38 ~~defray the expense of possible building acquisition, improvement, or cost of lease~~
39 ~~termination or sublease. After this three year period, the building fund allocation~~
40 ~~would not apply. The base dues amount would return to \$549 or such other level~~
41 ~~as may be hereafter established.~~
42

43 end

1
2 Task Force Resolution
3 From: Task Force on Nominations
4 To: House of Delegates
5 September 2012
6

7 **HD-06-2012**
8 **Nominations for Elective Office**
9

10 Background Statement. The following elective positions are to be filled at the 2012
11 WSDA House of Delegates meeting:
12

- 13 ❖ **President-elect:** One year and three-year term as ADA Delegate
- 14
- 15 ❖ **Vice President:** One year and one-year term as ADA Delegate
- 16
- 17 ❖ **Board of Directors:** Four positions, three-year terms
- 18
- 19 ❖ **Committee on Budget and Finance:** One position, four-year term
- 20
- 21 ❖ **Committee on Government Affairs:** One position, three-year term
- 22
- 23 ❖ **Delegates to the ADA House:** Two positions, three-year terms
24 beginning January 2013
25

26 Nominations were solicited from all component dental societies.
27

28 Therefore, be it
29

30 RESOLVED, that the names listed below shall be placed in nomination for the offices
31 indicated, with the understanding that further nominations may be made from the
32 floor.
33

34 **President-elect and ADA Delegate** (three-year term)
35

36 Dr. David M. Minahan
37

38 **Vice President and ADA Alternate Delegate** (and Secretary for ADA House current
39 year of election)
40

41 Dr. Gregory Y. Ogata
42 Dr. Laura Williams
43

44 **Board of Directors** (four positions, three-year terms)
45

46 Dr. Dennis L. Bradshaw
47 Dr. Ronald D. Dahl
48 Dr. Christopher Delecki
49 Dr. Cynthia R. Pauley
50 Dr. Lorin D. Peterson
51 Dr. Ashley L. Ulmer
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35a

Committee on Budget and Finance (one position, four-year term)

Dr. Mostafa Norooz

Committee on Government Affairs (one position, three-year term)

Dr. John C. Lo

ADA Delegate (two positions, three-year terms starting January 2013)

Dr. Randall H. Ogata

Dr. Douglas P. Walsh

end

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Committee Resolution
From: Committee on Budget and Finance
To: House of Delegates
September 2012

HD-07-2012
Location of the 2015 House of Delegates

RESOLVED, that the 2015 WSDA House of Delegates be held in Spokane, Washington,
at The Davenport Hotel, September 17-19.

end

1
2 Committee Resolution
3 From: Committee on Government Affairs
4 To: House of Delegates
5 September 2012
6

7 **HD-08-2012**
8 **WSDA Legislative Agenda for 2013**
9

10 Background Statement. HD-08-2000 directs the Committee on Government Affairs to
11 annually submit to the House of Delegates “relevant legislative positions of the WSDA
12 for House approval.”

13
14 Therefore, be it

15
16 RESOLVED, that WSDA supports state revenue policies that are fair to dentistry and
17 opposes tax and fee increases that negatively affect dentistry;

18
19 And be it further

20
21 RESOLVED, that WSDA supports the preservation and extension of funding for dental
22 Medicaid, dental residency programs, Federally Qualified Health Center dental clinics,
23 loan repayment programs, and other state funded initiatives which reduce barriers to
24 dental care without compromising patient safety;

25
26 And be it further

27
28 RESOLVED, that WSDA opposes any legislation which expands the scope of practice
29 of denturists or the unsupervised practice of dental hygiene.

30
31 And be it further

32
33 RESOLVED, that WSDA reaffirms the following policy in determining its annual
34 legislative agenda:

35
36 The Committee on Government Affairs in consultation with the Board of Directors will
37 apply the following core principles and the existing political climate of the Legislature
38 to any given legislative position to determine its advocacy strategy.

- 39
- 40 1. It is in the best health and safety interest of the public at large and dental
 - 41 providers.
 - 42 2. It maintains and protects the diagnostic authority of the dentist.
 - 43 3. It is cost effective for the public.
 - 44 4. It is cost effective for the dental profession.
 - 45 5. It addresses those in need of dental services and provides adequate
 - 46 reimbursement to the provider of the dental service.
 - 47 6. It maintains the integrity of the dental delivery system.

48
49 end

HD-09-2012 Committee on Pacific Northwest Dental Conference
HD-10-2012 Committee on Government Affairs
HD-11-2012 House of Delegates
HD-12-2012 Vice President

Governance Revisions

Background. One of the Board's ongoing responsibilities is to be ever-vigilant of the WSDA's relevance to the community at-large and most especially our members. In the Fall of 2010, the Association's relevance was the sole focus of the Board Retreat. At that retreat, two major areas of discussion were identified for immediate attention. First, the need to focus on the business needs of our members; and second, improve the governance structure to insure the WSDA remains effective, efficient and nimble; in short, able to react quickly and intelligently with a streamlined organization.

We began to address the first issue, member needs, with the rollout of the Business Resource Center—*The Source*. A web-based approach to packaging the benefits available to our members, it covers everything from banking to accounting; credit cards to practice management. There is also an outreach aspect which will include regional visitations.

As part of the evaluation of the governance structure, the Board read Race for Relevance by Harrison Coerver and Mary Byers. In the last year, this book has been read and acted upon by hundreds of associations. It is highly recommended by the American Society of Association Executives and is the basis for many of the Board's recommended changes to the governance structure. Copies have been distributed to the House of Delegates in order to more clearly focus the debate.

The WSDA has already taken significant steps to update its technology capabilities. The focus is two-fold: first to enhance our data gathering; and second to translate the results into improved communication between the WSDA and its members. Our ability to better understand what our members want us to do is important but it is equally important to know what they don't want us to do or what they don't need. These technology enhancements will better able the Board to take a proactive positions on member services and philosophical positions.

The resolutions before you address four areas: the Committee on Pacific Northwest Dental Conference; the Committee on Government Affairs; the House of Delegates, and the Vice President.

As part of this process, the Board reviewed the three standing committees: Pacific Northwest Dental Conference; Government Affairs; and Budget and Finance.

Budget and Finance, it was determined, would stay the same: four members elected by the House of Delegates for one four-year term and the Secretary-Treasurer.

The Committee on the Pacific Northwest Dental Conference was evaluated with a view toward the relative makeup of the attendees. The vast majority of those attending the conference are staff; and while the Board felt the committee did a good job in selecting staff programs, an addition of an at-large member which could be a staff person would help keep the PNDC on the cutting edge.

55
56
57 The Committee on Government Affairs is arguably the most critical committee in WSDA.
58 With the myriad of legislative initiatives, such as midlevel providers and the decimation
59 of the Medicaid safety net, it is imperative that we have members who are committed to
60 the political process on the committee. The current makeup is eleven members: five
61 officers; the DentPAC chair; an ASDA representative; the Legislative Director; and three
62 members elected by the House of Delegates for a maximum of two, three-year terms.
63 The Legislative Director is a throwback to the days when there was no legislative staff.
64 The Director's only duty was to attend meetings of Government Affairs, and it will be
65 eliminated.

66
67 The need for the position of Vice President has been debated often. With a clear lack of
68 specificity in duties, it seems its only purpose is to have one more officer. Elimination of
69 the position, it was determined, would have no real impact on the organization and will
70 reduce the officer commitment by one year. The recommendation to hold off elimination
71 for one year was to allow for those individuals that had made plans to run in 2013 to do
72 so without penalty.

73
74 The last recommendation is to reduce the size of the House of Delegates from the
75 current 77-80 (depending on membership distribution) to 57. Using the same statistical
76 application with a base number of 50, and allowing each component and ASDA a
77 minimum of one delegate, the total is 54 based on 2011 membership distribution.

78
79 There are several advantages to reducing the size of the House of Delegates. The overall
80 cost to both the WSDA and components will be less. Less travel, less housing and lower
81 food costs, with potential savings annually of \$15,000. In addition, far more locations
82 will be available because of the smaller numbers. We are currently limited by the
83 number of hotel rooms available, with a bigger choice, there will be more competition for
84 our business, resulting in more competitive rates.

85
86 The second major reason is fairness. It is fundamentally more equitable to all
87 components. The arbitrary minimum of two delegates was clearly not even close to being
88 proportionately representative (see attached chart for comparisons). While the
89 minimum of one delegate is not absolutely proportional, it is as close as you can get
90 allowing minimal representation from each component. Alternate delegates could be
91 used to provide training for future delegates.

92
93 The overall message in Race for Relevance is to reduce size in order to become more
94 efficient, more nimble, and more engaged. It is also to maximize the competencies of
95 your volunteers and staff to better focus on and respond to membership needs and
96 desires. The Board of Directors has incorporated this thinking into all the proposed
97 improvements.

98
99 **HD-09-2012**

100 **Committee on Pacific Northwest Dental Conference**
101 **(Bylaw Amendment)**

102
103 RESOLVED, that the Committee on Pacific Northwest Dental Conference reduce the
104 number of dentist members from six to five. And be it further,

105
106 RESOLVED, that an at-large member be selected by the President from a pool of
107 dentists and staff, hygienists, front office, and assistants for a four-year term. And be it
108 further

109
110
111 RESOLVED, that the Board of Directors is directed to ensure that all appropriate
112 changes are made to the Articles of Incorporation, Bylaws, and Standing Rules to reflect
113 this action.

114 end

115
116 **HD-10-2012**
117 **Committee on Government Affairs**
118 **(Bylaw Amendment)**
119

120 RESOLVED, that the Legislator Director be eliminated in 2013, and be it further

121
122 RESOLVED, that the president appoint an at-large member of the Committee on
123 Government Affairs for a two-year term, and be it further

124
125 RESOLVED, that the president appoint, in 2014, an at-large member for a two-year
126 term to replace the eliminated Vice President position, provided the House adopts that
127 change, and be it further

128
129 RESOLVED, that the Board of Directors is directed to ensure that all appropriate
130 changes are made to the Articles of Incorporation, Bylaws, and Standing Rules to reflect
131 this action.

132 end

133
134 **HD-11-2012**
135 **House of Delegates**
136 **(Articles of Incorporation Amendment)**
137

138 RESOLVED, that the formula for determining the size of the House of Delegates be
139 applied to a base number of 50 to determine component and ASDA representation, with
140 each component and ASDA having at least one delegate. And be it further,

141
142 RESOLVED, that the Board of Directors is directed to ensure that all appropriate
143 changes are made to the Articles of Incorporation, Bylaws, and Standing Rules to reflect
144 this action.

145
146 end

147
148 **HD-12-2012**
149 **Vice President**
150 **(Bylaw and Articles of Incorporation Amendment)**
151

152 RESOLVED, that the position of Vice President be eliminated effective with the 2014
153 nominations. And be it further,

154
155 RESOLVED, that the President-elect will take on the additional title of Corporate Vice
156 President for legal reasons.

157
158 RESOLVED, that the Board of Directors is directed to ensure that all appropriate
159 changes are made to the Articles of Incorporation, Bylaws, and Standing Rules to reflect
160 this action.

161
162 end

1
2 Board Resolution
3 From: Board of Directors
4 To: House of Delegates
5 September 2012
6

7 **HD-13-2012**
8 **Alternative to Dental Midlevel Providers**
9

10 Background Statement. After extensive review and analysis, the Board proposes that
11 WSDA introduce alternative midlevel provider legislation which meets the core principles
12 defined and reaffirmed by the House of Delegates and other parameters articulated in
13 this resolution. Sample legislative language will be provided for delegates to review.
14

15 Furthermore, the Board proposes that this midlevel provider legislation expand the
16 scope of practice for Expanded Function Dental Auxiliaries. EFDAs have a proven track
17 record of delivering care in a cost effective way and the Association has supported
18 EFDAs development since helping to create them in 2007.
19

20 Therefore, be it

21
22 RESOLVED, that the WSDA is authorized to introduce legislation for a dental midlevel
23 provider which meets the parameters of this resolution and expands the scope of
24 Expanded Function Dental Auxiliaries (EFDAs). (If this resolution fails to be adopted,
25 the previously adopted core principle resolutions would no longer apply).
26

27 And be it further

28
29 RESOLVED, that the scope of Expanded Function Dental Auxiliaries be expanded to
30 include administration of local anesthesia, supragingival scaling, gross debridement,
31 and oral prophylaxis and removal of deposits and stains of the teeth under the close
32 supervision of a dentist and placement of temporary restorations, placement of
33 temporary crowns, dressing changes, and suture removal under the general supervision
34 of a dentist.
35

36 And be it further

37
38 RESOLVED, that the practice setting for a dental midlevel provider will be limited to
39 federally qualified health centers (FQHCs) approved by DQAC.
40

41 And be it further

42 RESOLVED, that a limit be placed on the number of dental midlevel providers that
43 a dentist may supervise.

44 And be it further

45 39c

46
47 RESOLVED, that the dental midlevel provider will only be authorized to perform
48 functions under these parameters:

- 49 • The dentist is the sole oral health professional authorized to diagnose and
50 prescribe treatment for patients.
- 51 • **A supervising dentist can allow a dental midlevel provider to perform some**
52 **or all of the following procedures under close supervision:** tissue
53 conditioning; administration of local anesthetic; administration of nitrous oxide;
54 placement and removal of space maintainers; cavity preparation; direct
55 restorations of primary and permanent teeth; preparation and placement of
56 preformed crowns; pulpotomies on primary teeth; indirect and direct pulp
57 capping on primary and permanent teeth; extractions of primary teeth with class
58 II or class III mobility; brush biopsies; permanent recementing of permanent
59 crowns; final impressions; limited authority to dispense and administer: non-
60 narcotic analgesics, anti-inflammatories, preventive agents, and antibiotics; and
61 extractions of periodontally diseased permanent teeth with class III mobility if the
62 teeth are erupted, are not impacted, are not fractured, and do not need to be
63 sectioned for removal.
- 64 • **A supervising dentist can allow a dental midlevel provider to perform some**
65 **or all of the following procedures under general supervision:** oral health
66 instruction and disease prevention education, including nutritional counseling
67 and dietary analysis; preliminary charting of the oral cavity; making radiographs;
68 mechanical polishing of restorations; application of topical preventative or
69 prophylactic agents, including fluoride varnishes and pit and fissure sealants;
70 pulp vitality testing; application of desensitizing medication or resin; placement of
71 temporary restorations; dressing changes; placement of temporary crowns;
72 temporary recementing of crowns; suture removal; oral prophylaxis and removal
73 of deposits and stains from the surfaces of the teeth; supra-gingival scaling; and
74 gross debridement.

75
76 And be it further

77 RESOLVED, that the proposal have the following education and licensure requirements:

- 78 • Before entering training to become a dental midlevel provider, an individual must
79 demonstrate successful completion of a dental assisting program approved by
80 DQAC, an EFDA program approved by DQAC, or a dental hygiene program
81 approved by the secretary of health.
- 82 • Successful completion of a dental midlevel provider program approved by DQAC
83 with a minimum length of two years.
- 84 • Successful completion of a preceptorship under the close supervision and control
85 of a dentist approved by DQAC.
- 86 • Successful completion of clinical and written examinations approved by DQAC
87 that are equivalent to the testing for dentists.

88
89 And be it further

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39d

99 RESOLVED, that the proposed legislation give authority to DQAC to regulate and
discipline dental midlevel providers; to approve education programs; and to
establish prerequisites for admission to education programs.

And be it further

1
2 Component Resolution
3 From: Seattle-King County Dental Society
4 To: House of Delegates
5 September 2012
6

7 **HD-14-2012**
8 **Dental License Renewal Regulations Change**
9

10 Background statement. The WSDA has documented many instances of members
11 inadvertently allowing their dental license to lapse, as reported in the WSDA News.
12 Several insurance companies, including WDS, maintain an open line to the Department
13 of Health (DOH) and immediately deny reimbursement for claims that are submitted as
14 soon as a license expires. WDS in particular disallows the dentist to bill the patient for
15 their portion also. Some dental practices lose thousands of dollars in collections, even
16 though the dentistry was produced, for a license renewal failure that is sometimes out of
17 the dentist's control. WSDA and some components send e-mail notices to dentists as
18 their birthday approaches reminding them to renew their license. The DOH and WDS
19 do not. In some cases, the dentist is out of town, is sick or just misses these e-mails in
20 the often over-stuffed inbox. Sometimes the post office fails to deliver the renewal check
21 on time to Olympia.
22

23 No member of the WSDA intentionally forgets to renew their license to practice their
24 profession. The DOH, WDS or other insurance companies have no incentive to remind
25 the dentist who is close to having their license lapse. In fact, insurance companies
26 profit from it under this current process.
27

28 If WSDA were to successfully achieve regulatory or legislative relief on this issue, it
29 would be a membership benefit worth tens of thousands of dollars to both members and
30 non-members alike. In order to obtain regulatory relief on this issue, other health care
31 provider professions would need to be included because any changes in DQAC rules
32 would also need to apply to other professions overseen by the DOH. Organizations may
33 want to form an alliance to achieve such success. As always, the Committee on
34 Government Affairs will need to study all potential strategies. One option would be to
35 have the DOH send a certified letter to the practitioner, whose license has not been
36 renewed by their birthday, assessing a penalty of 50% of the license renewal fee in
37 addition to the full-year renewal fee and allowing a 30-day grace period for renewal.
38 This would generate additional revenues for the Department to cover the costs of
39 implementing this program. Another legislative approach might be to require that WDS
40 specifically be allowed to withhold payments during the time when the license was
41 lapsed and then required to pay these withheld fees once the practitioner meets all their
42 credentialing requirements similar to their current policy for late re-credentialing
43 applications.
44

45 Therefore, be it
46

47 RESOLVED, that the WSDA seek regulatory and/or legislative relief for dentists that
48 would result in preventing the Department of Health from suspending a license to
49 practice without a process in place to remedy the missing of a licensure renewal date.
50

51 end

Component Resolution
From: Seattle-King County Dental Society
To: House of Delegates
September 2012

HD-15-2012
Alternative Reimbursement Plans
and Road Map to a Healthy Future in Dentistry

Background Statement. In Washington State, dental insurance coverage levels have continued to deteriorate. Their premiums continue to increase; their coverage and remuneration have stayed stagnant or decreased. Their exclusions, terms and rules have become barriers to ethical clinical judgment. In addition, dentists’ fees have been slashed; and, it has become very challenging to provide a high standard of care under the terms of traditional dental insurance coverage. It is a struggle to treatment plan what is appropriate for the patients and explain the contradictions with the insurance rules. This has created a significant wedge between the doctor and the patient. All indications for the future from the dental insurance industry demonstrate a disregard for dentists and the care provided. In other words, it is fair to say that this state of affairs will worsen.

In the last few years, there have been some patients with non-traditional dental plans like flex savings plans or direct reimbursement plans. These have been much healthier models where patients discuss with their dentist directly their dental concerns without the interference and limitations of their dental insurance.

According to the ADA Principles of Ethics and Code of Professional Conduct Section 3, the dentist “has a duty to promote the patient’s welfare”. As such, this should involve the participation of all dentists.

Therefore, be it

RESOLVED, that the WSDA renews its direct reimbursement campaign for small companies and employers. During the campaign, the emphasis will be on educating members about discussing DR with their patients, and encouraging them to participate.

And be it further

RESOLVED, that the WSDA create a task force to write a white paper on how organized dentistry can partner with member dentists to be liberated from the controls of traditional dental insurance and establish a healthy dental image.

end