

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-1976-01	STANDARDS FOR MEDICAL ASSISTANCE DENTAL PROGRAM	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Policy of the Minnesota Dental Association regarding Dental Care Programs, Administration, Content and Quality Assessment as provided by the Minnesota Department of Public Human Services.</p> <ol style="list-style-type: none"> <li>1) Prior authorization should be limited to determining eligibility of the patient and the extent of liability of the program.</li> <li>2) Dental services shall be allowed in accordance with the following priorities:                             <ol style="list-style-type: none"> <li>a) Dental services for children as required under Title XIX.</li> <li>b) Treatment of injuries, relief of pain and infection, and necessary diagnostic procedures for all eligible recipients.</li> <li>c) Comprehensive dental care for children up to age 18.</li> <li>d) All other dental services for adults in the following order of priority:                                     <ol style="list-style-type: none"> <li>1. Preventive services</li> <li>2. Treatment of diseases of the bone and soft tissue with restoration of decayed or fractured teeth.</li> <li>3. Replacement of missing teeth.</li> <li>4. Other dental services.</li> </ol> </li> </ol> </li> </ol>					
DOP-1976-04	HOUSE OF DELEGATES MANUAL	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2008: RESOLVED, that the House of Delegates Manual and Reports will be available to all MDA members electronically. The availability of this manual should be known by publication in Northwest Dentistry.</p>					
DOP-1978-03	FLUORIDATION	Barriers to Care Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2008: RESOLVED, that the MDA support the mandatory fluoridation of all municipal water supplies and, further, support fluoride rinse programs for those children not receiving systemic fluoride from a municipal water supply. RESOLVED, that the MDA support the appropriate use of topical and systemic fluorides to provide therapeutic benefit to those persons for whom a clinical risk assessment indicates such use.</p>					
DOP-1983-05	USE OF GENDER NEUTRAL TERMINOLOGY IN MDA DOCUMENTS AND COMMUNICATIONS	Publications Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association endorse the use of appropriate gender references, or the use of neutral gender references, in all documents and communications.</p>					
DOP-1983-06	ATHLETIC MOUTH GUARDS	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the MDA recommend the use of mouthguards for all participants in contact sports.</p>					
DOP-1984-01	LEGISLATIVE CONTACT PROGRAM ON MEDICAL ASSISTANCE ISSUES	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2021 RESOLVED, that the Minnesota House of Delegates direct the officers and members of the Board of Trustees to provide direction, assistance and resources to existing committees to:</p> <ol style="list-style-type: none"> <li>1) Strengthen the contact dentist program to be sure all legislators are properly informed.</li> <li>2) Provide information to individual dentists to inform legislators, county welfare personnel, county commissioners, and welfare patients.</li> </ol>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-1986-01	CONFLICT OF INTEREST FOR MDA REPRESENTATIVES	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that those individuals, Boards, or committees of the Minnesota Dental Association, or its component societies, who have the responsibility to appoint, nominate, recommend or hire individuals for positions of authority and those dentists accepting those positions, should give careful consideration to possible conflicts of interest before these selections are made or accepted. BE IT FURTHER RESOLVED, if such conflicts of interest should arise after such positions have been accepted, then those persons involved should seek to have the appropriate representatives of the Minnesota Dental Association notified so that any concerns regarding possible conflicts of interest may be promptly, strongly, and impartially resolved.					
DOP-1986-06	DENTAL AUXILIARY PERSONNEL	Dental Education Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association continue to be involved in assuring dental practitioners adequate access of dental assistants and hygienists by the following measures: 1) Monitor geographical regions for supply and demand of dental personnel. 2) Encourage a variety of educational programs such as, but not limited to, 4 year B.A. hygiene, 2 year non B.A. hygiene, part time and reentry programs for expired licenses. 3) The MDA and the educational institutions maintain ongoing communication to ensure the educational institutions are able to provide the quality and quantity of graduates to meet the employment demands of the various geographic regions of the state.					
DOP-1988-05	DISTRIBUTION OF HOUSE OF DELEGATES MANUALS	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the House of Delegates Manual be sent so that it will be received by the Delegates and Alternates a full two weeks prior to the meeting of the House to afford those involved proper time to review the material the manual covers and take whatever action they deem suitable.					
DOP-1989-02	DEFINITION OF DIRECT REIMBURSEMENT	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that "direct reimbursement" be defined as follows: Direct reimbursement is a self-funded program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-1989-07	STATEMENT ON DENTAL CONSULTANTS	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	<p>ADA 1989:542</p> <p>Some clear distinctions must be made between dental consultants and dental claims reviewers. Dental claims reviewers are, to all intents and purposes, clerical staff and work under supervision. They do not necessarily have, or need, clinical background, and are trained specifically by the third-party payer to review dental claims that are uncomplicated and require straightforward processing. Dental consultants are licensed dentists who, even if not currently practicing, have many years of experience in practice and can and should:</p> <ol style="list-style-type: none"> <li>1) Offer a professional opinion regarding complicated dental treatment;</li> <li>2) Request consultations from specialists for certain specialty-related cases, when necessary;</li> <li>3) Provide advice to third-party payers regarding the merit and value of dental benefits plan designs;</li> <li>4) Educate plan purchasers regarding the impact an alternative, less costly treatment may have on the life of a tooth, overall oral health, etcetera;</li> <li>5) Alert third-party payers when dentists' treatment patterns are changed by cost containment strategies to the detriment of the patients;</li> <li>6) Provide guidance to third-party payers regarding the importance of the dentist/patient relationship;</li> <li>7) Inform third-party payers, plan sponsors and subscribers about the availability and value of the profession's peer review system;</li> <li>8) Initiate dialogue with organized dentistry regarding questionable treatment modalities;</li> <li>9) Inform the dental profession of those treatment procedures on which questions of judgment between the dentist and dental consultant are most likely to result in area of disagreement;</li> <li>10) Discuss treatment decisions with dentists on a professional level;</li> <li>11) Explain clearly to practicing dentists the provisions of particular contracts and the benefit limitations of those contracts; and</li> <li>12) Demonstrate knowledge of contract interpretation, and laws and regulations governing dental practice in those jurisdictions affected by their consulting activities, as well as accepted standards of administrative procedure within the dental benefits industry.</li> </ol> <p>Dentists have a fundamental obligation to serve the best interests of the public and their profession. This obligation can never be abrogated for any reason. In order to maintain independent thought and judgment regarding dental matters, the MDA believes that dental consultants should be practicing dentists for a minimum of 50% of their time, thus ensuring familiarity with current clinical procedures and practice through such mechanisms as continuing education, or have been in practice for a minimum of ten years immediately preceding employment as a dental consultant, and remain involved in the continuing dental education process in order to stay current with clinical procedures and changing technology.</p> <p>It is strongly recommended that dental consultants be members of the American Dental Association.</p>					
DOP-1989-10	MDA DEFINITION OF "NEW DENTIST"	New Dentist Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA's definition of "new dentist" be changed to include any dentist in practice less than ten years.					
DOP-1989-11	SELECTION OF MEETING SITES	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2010:</p> <p>RESOLVED, that the MDA shall schedule its Annual House of Delegates Meeting with the intent of alternating the location between the Twin Cities/Metro area and an outstate district location.</p>					
DOP-1990-05	INCLUSION OF INFORMATION IN HOUSE MANUAL ON NOMINEES FOR BOARD OF DENTISTRY	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that future House of Delegates manuals include a Curriculum Vitae on each candidate recommended for appointment to the Minnesota Board of Dentistry. BE IT FURTHER RESOLVED, that these Curriculum Vitae be sent to the Governor.					
DOP-1990-13	SELECTION OF MEETING SITES	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association's Board of Trustees be mindful of the costs to individual delegates and alternate delegates of participating in the House of Delegates meeting when selecting a site and arranging for the House of Delegates meeting, and be it further,</p> <p>RESOLVED, that the delegates and alternate delegates be financially responsible for their personal expenses, such as travel, room and board, with all other expenses of the House of Delegates meeting being borne by the Minnesota Dental Association.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-1993-01	GUIDING PRINCIPLES FOR HEALTH CARE REFORM	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association adopt the following Guiding Principles for health care reform:</p> <ol style="list-style-type: none"> <li>1) Promote and maintain dentistry as a health care service that is an integral part of our society's total health care.</li> <li>2) Broaden access of dental care to those persons who are not receiving dental care.</li> <li>3) Maintain the advantages and efficiencies of the general dentist as the primary care manager for dentistry.</li> <li>4) In order to improve patient access and quality of care, insure that dentists have a vote in the design of delivery systems and a voice in reimbursement policies.</li> </ol>					
DOP-1993-02	PEER REVIEW	Peer Review Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association Peer Review process will not accept cases that involve non-member dentists.					
DOP-1993-03	CRITERIA FOR PRESENTERS ON MDA PROGRAMS	Scientific Session Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association recommend that all eligible dentists presenting programs at Minnesota Dental Association events be members in good standing of the American Dental Association.					
DOP-1994-01	ANY WILLING PROVIDER	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2022:</p> <p>RESOLVED, that the Minnesota Dental Association support the concept of "Any Willing Provider" in the dental marketplace.</p>					
DOP-1994-02	MEDICAL ASSISTANCE PARTICIPATION PRE REQUISITE FOR LICENSURE	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association oppose any attempt to mandate participation in Medical Assistance as a condition for dental licensure.					
DOP-1995-01	COMPREHENSIVE DENTAL MARKETPLACE STRATEGY	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2016:</p> <p>RESOLVED, that the Minnesota Dental Association pursue a comprehensive dental marketplace strategy that will seek to influence the direction of the dental marketplace by:</p> <ol style="list-style-type: none"> <li>1) Responding to purchaser demand for dentistry to be included in large networks. This will be accomplished by Dental Marketplace Committee activities which will identify new products and plans; measure the penetration of different products and plans in the dental marketplace; and provide information to dentists, businesses, brokers, and consultants regarding marketplace developments.</li> <li>2) Informing and influencing the media, the public, and key marketplace players through an ongoing public relations program that is developed and overseen by the Board of Trustees.</li> <li>3) Informing legislators about the dental marketplace and about how dentistry is different from medicine and by sponsoring legislation that will help to maintain effectively provided quality dental care in Minnesota.</li> </ol>					
DOP-1996-03	DENTAL PATIENT BILL OF RIGHTS	Public Relations Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2023:</p> <p>RESOLVED, that the Minnesota Dental Association endorse the "Dental Patient Bill of Rights" and be it further  RESOLVED, that the "Dental Patient Bill of Rights" should clearly show that it is endorsed by the Minnesota Dental Association whenever it is published or displayed, and be it further  RESOLVED, that the MDA Board of Trustees is authorized to make changes to the wording on the "Dental Patient Bill of Rights" if deemed appropriate.</p>					

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DOP-1997-02	STATE X-RAY RULES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2018: RESOLVED, that the Environment and Safety Committee continue to review the ionizing radiation rules on an annual basis and when necessary meet with the Department of Health to negotiate amendments to the rules.					
DOP-1998-01	MDA POLICIES REVIEWED ANNUALLY	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Board of Trustees shall assign all policy resolutions to an MDA committee or to itself. BE IT FURTHER RESOLVED, that MDA committees shall annually review the policies assigned to them by the Board of Trustees and recommend to the House change or revision of a policy when it is warranted.					
DOP-1998-03	TOBACCO USE POLICIES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2018 RESOLVED, that the Minnesota Dental Association headquarters building be tobacco-use-free; all Minnesota Dental Association meetings be tobacco-use-free; and the Minnesota Dental Association join and support the Minnesota Coalition for a Smoke Free Society.					
DOP-1999-02	MDA POLICIES ON PRIVATELY FUNDED DENTAL CARE PROGRAMS: 1976-1999	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	<p>The policies reflected in this document represent official policy of the Minnesota Dental Association as adopted by the House of Delegates. All prior policies on dental care programs were rescinded in 1989, except as incorporated into this document as adopted in 1989.</p> <p>In reviewing these policies, it will be noted that in most instances a reference is included in parentheses following the title of the policy statement. These references may contain a year followed by a number both preceded by "ADA". This would indicate that the base policy was derived from an ADA policy adopted by the ADA in the year indicated and can be found in the official Transactions of the ADA House of Delegates on the page indicated.</p> <p>The Association's View of Dental Benefit Plans</p> <p>The Minnesota Dental Association plays an active role in the development and monitoring of all reimbursement mechanisms in order to help protect the patient's freedom of choice of dentist as well as the dentist's right to diagnose and treat his or her patients without interference by a third-party payer. Through the Association's Privately Funded Programs Committee, this role has developed to the point where the Association is regarded by many prospective purchasers and major carriers as an important resource in the development of dental benefits. This development is reflected, in part, by policies adopted by the Association's House of Delegates and the Committee's activities in implementing them.</p> <p>This view of dental benefit plans is intended to provide a narrative description of the Association position with regard to dental care programs. The principal policy actions of the House of Delegates that relate to the Committee are contained in the following sections. Resolutions directing particular action, but not establishing Association positions, are not included.</p> <p>The Statement on Dental Benefit Plans and the Standards for Dental Benefit Plans embody the Association's overall approach to dental benefit plans. These positions are regularly reviewed and modified to express the profession's views with regard to the proper design and administration of dental benefit programs. They are guiding principles for all Committee discussions with purchasers, benefit consultants, and third-party payers. The evolution of alternative concepts in dental benefits plans is manifested in the development of Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and capitation (prepaid) programs.</p> <p>In the Association's view, the patients who are offered benefits through an alternative program should be offered a choice of receiving care from a private practitioner on a fee-for-service basis. In addition, equal premium dollars per subscriber should be made available to each plan to ensure equal benefits.</p> <p>To provide plan sponsors with a choice in cost-containment strategies, the Association provides information on the concept of Direct Reimbursement. Direct Reimbursement programs are self-funded plans that reimburse beneficiaries based on a percentage of dollars spent for dental care, not on services received, and which allow the beneficiaries to go to the dentist of their choice. The Association has long recognized Direct Reimbursement as an efficient, economical, and cost effective method of reimbursing the patient for dental expenses, and has identified it as a preferred dental benefit plan design.</p>					
DOP-1999-03	THIRD-PARTY PAYERS	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2010: RESOLVED, that the MDA support the concept that any statistical analysis performed on health care related data, which is used to affect the delivery of health care, should be made public, subject to peer review process and ultimately focused on improving health care to the patient.					

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DOP-1999-04	POLICY FOR RELEASE OF AUXILIARY EDUCATION PROGRAM GRANTS	Dental Education Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the following serve as a model for disbursement of start up funds that have been appropriated by the MDA House of Delegates for dental assisting or dental hygiene programs. Two thirds of the money will be disbursed when the following two conditions have been met: 1) The program is accreditation eligible; 2) A program director is in place. The remaining one third will be disbursed upon the actual start up of classes.					
DOP-2000-05	REIMBURSEMENT METHODOLOGY AND FEE SCHEDULES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2021: RESOLVED, The MDA supports transparency and clarity in the methodology utilized by 3rd party payors to determine dental reimbursement schedules. The MDA further supports the availability of current fee schedules and the use of unambiguous language not prone to misinterpretation by plan purchasers or the public.					
DOP-2000-10	SCHOOL BEVERAGES	Southeastern District Dental Society	Current	Policy		
<b>Resolution</b>	Revised 2021: RESOLVED, The MDA supports the elimination of sugar-sweetened beverages as options for students in school settings.					
DOP-2000-12	DENTAL BENEFITS COMMUNICATION AND CHANGES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2022: RESOLVED, The MDA supports requirements for dental benefits organizations to provide adequate advance notice to patients, purchasers and contracted providers of changes to patient eligibility and benefits. The MDA further supports clear language in policy manuals available to patients, purchasers and dental providers regarding benefit plan offerings and limitations including, describing limitations in frequency, timing or same day treatment.					
DOP-2000-14	ITEMIZING THE MINNESOTACARE TAX	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	Revised 2022: RESOLVED, that the MDA recommend that all its members itemize the MinnesotaCare tax.					
DOP-2000-16	THE MHCP PROGRAM	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2021: RESOLVED, The MDA views Minnesota's failure to adequately reimburse providers for dental services covered under publicly funded programs creates an untenable program and a broken promise to the citizens of Minnesota.					
DOP-2001-03	MDF PROPOSES ADDING VOLUNTARY CONTRIBUTION OPTION TO ANNUAL DUES STATEMENT	Board of Trustees	Current	Action		
<b>Resolution</b>	RESOLVED, that the Board of Trustees add to the MDA annual dues statement an item that would allow members to make voluntary financial contribution in an amount of their own choosing to the Minnesota Dental Foundation.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2001-04	HUMAN SUBJECTS IN DENTAL LICENSURE EXAM	Dental Education Committee	Current	Policy		
<b>Resolution</b>	Revised 2008 Revised 2023 RESOLVED, that the Minnesota Dental Association support the elimination of human subjects in the clinical licensure examination process.					
DOP-2002-02	PROVIDER TAX FUNDS BE USED TO INCREASE REIMBURSEMENT FOR DENTAL PUBLIC CARE PROGRAMS AND THIRD PARTIES PAY ITEMIZED TAXES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2022: RESOLVED, that the MDA believes that all provider tax funds collected from dental services be used to increase reimbursement for dental public care programs, critical dental access providers, nonprofit clinics, community clinics, and volunteer clinics.  Revised 2010: RESOLVED, that the MDA support legislation that requires all provider tax funds collected from dental services be used to increase reimbursement for dental public care programs, critical dental access providers, nonprofit clinics, community clinics, and volunteer clinics.					
DOP-2002-06	PRINCIPLES OF FAIR CONTRACTING TO APPLY TO DENTAL PROVIDER CONTRACTS	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2018: RESOLVED, that the principles of fair contracting apply to dental provider contracts. Disclosure: Contract terms that affect the cost of care must be fully disclosed to providers and consumers. Consumers should have access to information that will assist them in making informed decisions. Providers should have adequate prior notification of any proposed contract changes that have an impact on care delivery and/or payment methods and costs of care to assist them in deciding whether to participate in the contract. Coding Changes: Health care plans must not alter or change the codes submitted by providers and both plans and providers must follow the definitions and determinations of the entities that originated the current coding system used (CDT3, CPT4, or HCPC). Profiling: If a health or dental plan creates a profile of providers based on cost or any other factors, the plan must allow the providers to correct any errors and make comments prior to release of the data. The plan must release the methodology used to create the profile and identify the variables that affect the patient and procedure profile of a provider that are not considered in the profiling methodology. Interest Calculation: Claims for services rendered must be submitted by providers in a timely manner and paid by health plans within 30 days, or interest must be calculated and paid by the health plan. Consumers benefit when claims are submitted and paid in a timely manner and administrative costs are reduced. Without the prompt payment and interest payment incentive, providers may be required to carry unreasonably large receivables because of delayed payments; late payments compound already low levels of reimbursement. Accountability: Decision makers engaged or employed by a dental plan that makes determinations based on dental necessity must be licensed dentists and be accountable under Minnesota regulations and liability standards. Consumers must be able to hold dental plans responsible for adverse events resulting from denial of coverage for recommended care that is allowed within the consumer's contract. Shadow Contracting: Providers must not be required to participate in an extension of their contract with a health plan or dental benefits plan without their express consent since such extension could require providers to deliver services for a financial loss. Unilateral Terms: Health and dental plans must not contain unilateral terms regarding termination, indemnification, or arbitration. Providers must have the ability to provide input for contract terms in advance of contract submission and have the same rights on key contract issues as payers. Efficient Notification: Plans requiring services to be pre-authorized must do so in an efficient and timely manner, including accommodating notifications and requests 24 hours per day, seven days per week. Consumers must not have care delayed because of cumbersome pre-authorization processes, which may also affect the quality of care they receive. Providers must not be required to absorb unnecessary administrative costs related to slow and complex pre-authorization processes. Recoupment: Health care providers must receive an explanation for recoupments of overpayments, advance notice of any disputed amounts of \$100 or more prior to the recoupment, and adequate time to challenge the decision. Providers must have the right to challenge "automatic" reversals of charges and have the right to hold the disputed funds while the issue is being resolved. A reasonable "statute of limitations" should be contractually established, especially since consumers may be financially at risk. RESOLVED, that the MDA work on behalf of dentists in the state to resolve inconsistencies with the fair contracting principles with third parties in Minnesota. RESOLVED, that the MDA is encouraged to support and sponsor legislation to implement fair contracting principles in Minnesota.					

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DOP-2003-01	DENTAL SCHOOL ADMISSIONS; DENTIST RECRUITMENT	Rural Health	Current	Action		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association recommend that the University of Minnesota School of Dentistry develop admissions strategies to attract and admit students who have an interest in practicing in underserved, rural and alternative community settings.</p> <p>BE IT FURTHER RESOLVED, that the Minnesota Dental Association work at the local level to assist dentists and/or communities in creating and implementing strategies to recruit dentists and allied dental professionals to practice in their communities.</p>					
DOP-2003-06	FISCAL IMPACT STATEMENT	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the MDA Treasurer's report to the House of Delegates each year include a "Summary List of Major Budget Changes" from the previous fiscal year's budget to the new fiscal year's budget for quick reference. It shall be located adjacent to the budget summary page of the Treasurer's Report.</p> <p>BE IT FURTHER RESOLVED, that each resolution submitted to the House of Delegates for consideration have included an assessment of fiscal impact on current and future budgets. This will be determined by MDA Staff and the Board of Trustees as required by MDA Bylaws, Chapter IV, Section 13.A(2).</p>					
DOP-2003-08	PUBLIC ASSISTANCE HEALTH PLAN DENTAL SPENDING	Board of Trustees	Current	Action		
<b>Resolution</b>	<p>RESOLVED, that the MDA work through the state legislature to gain access to information pertaining to the percentage of allocated dental funds to each state public assistance health plan that is actually being used for dental patient care and mandate that this information be made available to all interested parties.</p>					
DOP-2003-09	DENTAL ACCESS	Barriers to Care Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2010:</p> <p>RESOLVED, that the MDA work with the Legislature and the Minnesota Department of Human Services to fix the funding and administrative complexities of state public assistance programs, such, Rule 101, the distribution methodology of Critical Access Provider funds, and other barriers to dental care in Minnesota's public assistance dental programs.</p> <p>RESOLVED, that the MDA work in concert with others to piece together the efforts of dentists, non-dentists, and non-profit community groups in a way that recognizes and mobilizes all existing resources and coordinates care at the local community level. There should be multiple ways for patients to gain entry to a dental healthcare system and establish a "dental home." Dentists' roles and responsibilities should be defined in ways that maximize their decision-making expertise and allow them to delegate certain procedures to appropriately trained allied professionals so that cost-effectiveness is maximized. Toward this end, the MDA is encouraged to actively participate in planning for the future under the auspices of a grant from the Minnesota Department of Human Services.</p> <p>RESOLVED, that the MDA enhance efforts to recruit dentists and retain University of Minnesota School of Dentistry graduates by presenting Minnesota as a good place to practice dentistry, and by promoting dentistry as a profession to Minnesota high school and college students.</p> <p>RESOLVED, that the MDA enhance dental access by working at the local level with dentists and community groups to develop unique activities and programs to address the oral health care needs of deserving local citizens.</p> <p>RESOLVED, that the MDA facilitate the use of new dental workforce tools such as expanded restorative duties and collaborative agreements.</p> <p>RESOLVED, that the MDA sponsor "Give Kids A Smile" Day with a goal of increasing the number of children seen, the number of dentists participating, and the number of non-profit clinics participating.</p> <p>RESOLVED, that the MDA encourage, assist and facilitate individual dentists who wish to volunteer their services through the Donated Dental Services (DDS) Program and other local volunteer programs.</p> <p>RESOLVED, that the MDA be a leading voice in studying the feasibility of establishing one or more urgent care dental clinics in Minnesota.</p> <p>RESOLVED, that the MDA actively engage in public relations programs to position the MDA as a primary advocate on the dental access issue.</p>					
DOP-2003-10	MDA POLICY FOR SPONSORSHIP AND ADVERTISING	Scientific Session Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2006:</p> <p>RESOLVED, that in order to 1) enhance and streamline MDA marketing and other interactions with dental vendors, 2) increase non-dues revenues from dental vendors, and 3) increase sponsorship revenues for the Star of the North meeting and other MDA initiatives, the MDA will provide a coordinated and focused staff approach toward its marketing efforts with dental vendors, with all MDA interests represented.</p> <p>BE IT FURTHER RESOLVED, that the MDA seeks to maximize benefit to vendors who sponsor and/or advertise with the MDA. As a result, the MDA shall prepare a plan and submit it to the 2007 House of Delegates for how vendor recognition on the MDA Web site, in MDA News, or in other venues may enhance the value of investing in and supporting the MDA and, at the same time, increase overall income to the MDA. The plan shall consider vendor investment in MDA activities such as Star of the North Meeting, Give Kids A Smile Day, Northwest Dentistry, and others. Vendor support of component district dental societies shall also be considered in the plan.</p>					



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DOP-2004-02	MEDICAL ASSISTANCE MODIFICATIONS	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association continue to build coalitions with interested parties in social services and community groups that represent the underserved, elderly, handicapped, and immigrant groups. The purpose is to inform these groups that low reimbursement and under-funded programs are significant roadblocks to adequate dental care.					
DOP-2004-03	DENTAL WORKFORCE AND DENTAL ACCESS	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2016: RESOLVED, that the MDA address Minnesota's dental workforce maldistribution by actively working to: <ol style="list-style-type: none"> <li>1) Establish a dental monitoring program for students in rural high schools (and earlier) to encourage young people to enter the dental healthcare professions;</li> <li>2) Work with the University of Minnesota School of Dentistry to establish and promote programs that encourage rural dental practice; and</li> <li>3) Work with other local healthcare professionals, i.e. physicians, hospitals, public health nurses, and community/government officials to establish programs and materials that promote the many benefits of practicing in smaller, rural communities. This work should include helping others learn about how a dental practice brings economic benefits to a community.</li> </ol> BE IT FURTHER RESOLVED, that the MDA serve as a catalyst to link member dentists who are already serving on dental access task forces in their local communities. By networking these individuals together, they can communicate with each other to share ideas about ways to address dental access issues at the local level.					
DOP-2004-05	ADMINISTRATIVE STANDARDIZATION	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA, recognizing the significant benefits of cost savings and administrative simplification to Minnesota dentists, their patients and all employers, fully support the efforts of the Minnesota Administrative Uniformity Committee and its technical advisory groups requiring all healthcare payers and providers to standardize electronic and paper transactions when implementation of the processes will reduce administrative costs.					
DOP-2004-11	INACCURATE CLAIMS OF MEMBERSHIP	Membership Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA notify dentists who have not maintained their membership, but who list membership on a Web site or on printed material, that either a) their membership needs to be current in order to list membership on public materials or b) they need to clearly state that their membership was in the past. Any other specific action shall be at the discretion of the Membership Committee.					
DOP-2004-12	DENTURISM	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that, in the absence of both a documented patient need for services and a viable educational program, the Minnesota Dental Association is opposed to legislative initiatives that would legalize the practice of denturism in Minnesota.					
DOP-2005-07	THIRD-PARTY COVERAGE OF DIAGNOSTIC PROCEDURES	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	Revised 2022: RESOLVED, that it is the policy of the MDA that dental third-party payer plan designs and processing policies should follow ADA guidelines in order to ensure that necessary and appropriate diagnostic tools are covered for all patient situations. In particular, third-party payers should not disallow payment for radiographs that, based on American Dental Association (ADA) and U.S. Department of Health and Human Services (DHHS) most recent guidelines are necessary and appropriate. The MDA and its member dentists are encouraged to point out to employers and patients when ADA and DHHS policies are not being followed.					
DOP-2005-09	OFFICER TRAVEL REIMBURSEMENT	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2010: RESOLVED, that MDA officers and trustees who travel from outside the Twin Cities area receive additional travel reimbursements. The Board of Trustees shall develop a methodology to allocate the additional travel reimbursement funds based on travel time to MDA meetings and the number of meetings likely to be attended by that officer or trustee.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2005-10	DENTAL DAY AT THE CAPITOL	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association work closely with the district dental societies and the MDA lobbyists to organize a day at the Minnesota Legislature at least every other year. Minnesota dentists can meet in small organized groups with individual legislators to address the key issues that concern and affect dental professionals in Minnesota. BE IT FURTHER RESOLVED, that the Minnesota Dental Association encourage district leaders to convene local meetings with their legislators prior to Dental Day at the Capitol.					
DOP-2005-13	CDT MANUAL AS STANDARD FOR ADMINISTRATIVE PROCEDURES	Dental Marketplace Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that it is the policy of the MDA that dental third-party payers should recognize and follow the current CDT Manual, including the Code and ADA Dental Claim Form and Completion Instructions, as the standard for adjudicating dental claims. BE IT FURTHER RESOLVED, that conformity with the CDT Manual for administrative procedures includes conformity with item #53 of the ADA Claim Form, which recognizes that procedures requiring multiple visits need only be in progress to be submitted to a third-party payer.					
DOP-2006-02	EVIDENCE-BASED CARE	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2021: RESOLVED, The MDA supports the use of evidence-based research in dental care and education.					
DOP-2006-04	CHILDREN'S DENTAL PROGRAM	Legislative Affairs Committee	Current	Action		
<b>Resolution</b>	RESOLVED, that the MDA directs its lobbying efforts to change the existing children's dental care programs to provide all the children on public programs (from newborns to age 18) with comprehensive dental care. BE IT FURTHER RESOLVED, that this program foster personal dental responsibility and stress the importance of preventative services. In doing so it would, in turn, significantly reduce the costs of adult dental services. BE IT FURTHER RESOLVED, that this program utilize a state-wide fee schedule based on the 90th percentile of the usual and customary fees of the metropolitan areas OR an equal or suitable fiscal explanation. This fee would be adjusted annually with the rate of inflation. It is of paramount importance that this fee is high enough to entice a great majority of dentists to participate or the access to care problem will NOT be adequately addressed. BE IT FURTHER RESOLVED, that these programs be clearly delineated so that it can successfully provide the dental services that the underserved children of Minnesota deserve-while at the same time eliminating the access to care problem for them. It must NOT be pared down or our goals will NOT be realized.					
DOP-2007-01	REPORT ON THE STATUS OF RESOLUTIONS	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Board of Trustees of the MDA provide reports at least semi-annually delineating the actions taken by the Association on passed resolutions and their status to the membership. BE IT FURTHER RESOLVED, that the President of the MDA give an annual report to the House of Delegates delineating actions taken on all passed resolutions until they have been fulfilled.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2007-03	NON-DUES REVENUE SHARING	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2010: RESOLVED, that the MDA annually share income from royalty programs with component district dental societies.</p> <ol style="list-style-type: none"> <li>1) Non-dues revenue is defined as the royalty income from non-brokered insurance programs endorsed by the MDA.</li> <li>2) The first 20% of non-dues revenue is to remain with the MDA.</li> <li>3) The remaining 80% of non-dues revenue is to be divided evenly between the MDA and component district dental societies.</li> <li>4) The amount of money to be shared with districts would be allocated based on the total number of members in each district.</li> <li>5) In order to participate in the non-dues revenue sharing program, a district would sign a participation agreement with the MDA within which the district would agree to support the MDA's non-dues revenue sharing programs and not endorse any programs that compete with any of the MDA programs.</li> <li>6) Examples of how a district can support MDA non-dues revenue programs include, but are not limited to: <ol style="list-style-type: none"> <li>a) Including information in district newsletters about the endorsed programs.</li> <li>b) Placing information on district pages on the MDA Web site, or on its own Web site, including links to information about MDA-endorsed programs.</li> <li>c) Providing table or booth space to the MDA for non-brokered non-TDIC vendor information to be provided at district meetings at no charge.</li> <li>d) Providing endorsed vendors with the opportunity to make brief presentations at district meetings when appropriate to the agenda.</li> </ol> </li> </ol>					
DOP-2007-05	DEVELOPMENT OF LEGISLATIVE STRATEGY	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2010: RESOLVED, that MDA legislative strategy be developed by the Board of Trustees following the House of Delegates in conjunction with appropriate committees, districts, and groups. General legislative direction will be set by policies adopted by the House of Delegates, and legislative strategy will be developed using House of Delegates' policies; information and advice from the ADA; health care reform recommendations from legislative and gubernatorial work groups, and other legislative process and political considerations.</p> <p>BE IT FURTHER RESOLVED, that the Board of Trustees will provide information to members about MDA legislative activities and priorities as they fit within the broader context of health care reform throughout the year. This information will be shared with MDA members through publications and meeting in order to maintain an informed membership that communicates with policymakers.</p>					
DOP-2007-06	DENTAL ACCESS INITIATIVE	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the MDA provide educational and other opportunities for members in order to expand collaborative partnerships between dentists and dental hygienists under which Head Start preschool children receive preventive oral health services at their school or community center from a dental hygienist and then are referred to a collaborating dentist for necessary treatment.</p> <p>BE IT FURTHER RESOLVED, that the MDA's legislative agenda include seeking to help dentists treat more public program patients by increasing the reimbursement rates for dental procedures to make them more reflective of current marketplace rates. If funds are not available legislatively to accomplish this for all public programs patients, increased reimbursement rates for services provided to children should be sought.</p>					
DOP-2007-07	GRADUATES OF NON-ACCREDITED SCHOOLS	Legislative Affairs Committee	Current	Action		
<b>Resolution</b>	<p>RESOLVED, that the MDA continue its partnership with the University of Minnesota School of Dentistry and the Board of Dentistry to revise the law that prohibits the Board from disqualifying internationally-educated dentists of non-accredited dental schools from taking a clinical board examination solely on that basis.</p> <p>BE IT FURTHER RESOLVED, that the MDA educate our legislators on these matters through grassroots lobbying.</p> <p>BE IT FURTHER RESOLVED, that the MDA continue its partnership with the University of Minnesota School of Dentistry and the Minnesota Board of Dentistry to help, support and encourage internationally-educated dentists through outreach.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2007-08	FINANCIAL RESERVE POLICY	Delegate	Current	Policy		
<b>Resolution</b>	RESOLVED, a financial reserve fund is vital to the health and future of an association. It is the responsibility of the MDA to develop and maintain an appropriate level of reserves relative to its current and future financial obligations. However, this fiscal responsibility must be balanced with providing optimal membership value. The purpose of the reserve fund is to allow the MDA to sustain basic operations and core member services during a short or long-term economic downturn. The Association will be in a better position to respond to unexpected shortfalls in revenue or unexpected expenditures of a nonrecurring nature not anticipated at the time of preparation and adoption of the budget. It will also allow the MDA to take advantage of unique opportunities that arise and provide ongoing non-dues investment income. The reserve fund is defined as the accumulated net surpluses of the MDA and will consist of cash or investments consistent with the long-term investment policy of the MDA Financial Guidelines and Investment Policy adopted by the Board of Trustees in 2000 and amended in 2003. The target balance in this fund shall be 40% of the MDA annual budgeted operating expenses consistent with the American Dental Association policy for its reserve fund. Funds in excess of this balance will be reported back to the House of Delegates. This policy shall be reviewed at least annually by the Executive Director, Treasurer, Budget Committee and Board of Trustees for any necessary revisions.					
DOP-2007-14	TOP DENTISTS	Constitution, Bylaws, & Ethics Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2021:  RESOLVED, The MDA views Top Dentist-type surveys and lists as misleading to the public, due to the lack of scientific and verifiable basis for such rankings. And be it further RESOLVED that the MDA discourages the use of Top Dentist-type lists for promotion and marketing of dental practices. The MDA will make available resources that:</p> <ol style="list-style-type: none"> <li>1. dissuades member participation in such lists</li> <li>2. assists in a dentist's request for exemption from such lists.</li> </ol>					
DOP-2008-01	NOMINATION FOR BOARD OF DENTISTRY CANDIDATES	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the solicitation from the President of the Minnesota Dental Association for nominations or candidates from district dental societies for a variety of awards and positions shall include a request for candidates for any open dentist position on the Board of Dentistry.					
DOP-2008-03	INCENTIVE TO PRACTICE IN RURAL AREAS	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, in order to improve dental access, the MDA's legislative agenda include promoting legislation that will grant effective incentives to practice in rural areas. This may include grants, loan forgiveness, income tax breaks, etc.					
DOP-2008-04	CONSIDERATIONS FOR CHANGES TO THE DENTAL WORKFORCE	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	<p>Revised 2016:  RESOLVED, that when proposals are made to change the dental workforce (creating new types of dental workers, significantly modifying existing allied or mid-level dental professionals), the MDA shall consider the following when formulating its position:</p> <ol style="list-style-type: none"> <li>1) The need and rationale for the change; whether and how it would benefit the public's oral health; and how to measure the outcomes of the change;</li> <li>2) Whether access would be better addressed by the increasing reimbursement rates to existing dental providers rather than by creating a new type of dental worker;</li> <li>3) Necessary education and competencies needed to perform the dental services with skill;</li> <li>4) Accreditation of the educational program needed to train the new worker;</li> <li>5) Scope of practice if direct patient care is involved and level of dentist supervision necessary to protect patient health and safety;</li> <li>6) Cost effectiveness and economic impact of the new worker on the cost of care in private practice and community settings;</li> <li>7) Types of patients to be served and settings where care may be delivered safe and effectively;</li> <li>8) Whether the proposal needs to be pilot tested first, or whether it can be enacted safely in statute or rule without testing.</li> </ol> <p>BE IT FURTHER RESOLVED, that the MDA remains committed to ensuring that only the licensed dentist may provide a final diagnosis of a patient's oral condition and formulate a comprehensive treatment plan.</p>					
DOP-2008-05	CRITICAL ORAL HEALTH NEEDS OF THE UNDERSERVED	Rural Health	Current	Policy		
<b>Resolution</b>	RESOLVED, that MDA member dentists be encouraged to provide paid or pro bono dental services on a regular basis to assist in helping to meet the critical oral health needs of underserved Minnesotans.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2008-11	NEW DENTISTS AS ALTERNATE DELEGATES TO THE MDA AND ADA HOUSE OF DELEGATES	New Dentist Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that each of the Minnesota Dental Association's districts (not including the student district) are encouraged to select at least one MDA new dentist as a delegate or alternate delegate to the Minnesota Dental Association's House of Delegates.</p> <p>BE IT FURTHER RESOLVED, that the MDA Board of Trustees nominate one MDA new dentist member to represent the MDA as a delegate or an alternate delegate to the American Dental Association's House of Delegates beginning with the ADA 2009 House of Delegates. The MDA New Dentist Committee may provide recommendations to the Board of Trustees. Nominees should have previous experience with the MDA House of Delegates.</p> <p>BE IT FURTHER RESOLVED, that the MDA attempt to have one new dentist represented on each MDA Committee.</p>					
DOP-2008-12	SUBMISSION OF RESOLUTIONS TO THE HOUSE OF DELEGATES	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2021:</p> <p>RESOLVED, that resolutions be submitted to the MDA as soon as possible, for distribution to component district caucuses.</p> <p>BE IT FURTHER RESOLVED, that resolutions shall be reviewed by the Resolution Review Committee to assist resolution authors in presenting clear, understandable, and factually accurate resolutions consistent with the author's intent.</p> <p>BE IT FURTHER RESOLVED, that resolutions be considered by the Board of Trustees, and any recommendations or suggested amendments be communicated to the author, who may consider altering the language of the resolution.</p> <p>BE IT FURTHER RESOLVED, that the Board of Trustees or MDA staff offer their written commentary on all resolutions submitted by the deadline.</p>					
DOP-2008-13	THIRD PARTY AUDITS	Constitution, Bylaws, & Ethics Committee	Current	Action		
<b>Resolution</b>	<p>Revised 2023</p> <p>RESOLVED, that the MDA supports a dentist's right to challenge audit findings of third-party payers by an independent tribunal, delineated either contractually or by state law.</p>					
DOP-2010-06	DENTAL BENEFITS FOR THE AGED, DISABLED, AND SPECIAL NEEDS POPULATIONS	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that, at a minimum, dental services and fees provided to vulnerable populations (the aged, disabled and those with special needs) be equal to those currently provided to children.</p> <p>BE IT FURTHER RESOLVED, that the public assistance dental benefits cover age-appropriate services for those populations, and that such services be provided at proper intervals to determine the existence of suspected disease or condition, consistent with reasonable standards of dental care for these populations.</p> <p>BE IT FURTHER RESOLVED, that the term "oral health services" be defined as meaning the relief of pain and infections; restoration or replacement of teeth; periodontal treatment; oral health preventive services including adult fluoride application; inpatient and outpatient dental procedures, evaluations and examinations; dentures or partial denture care including relines and repairs to existing dental prostheses; per patient visits to hospitals, house calls, nursing homes and other long-term care facilities; sedation and general anesthesia; and behavior management necessary to accommodate physical or behavioral impairment.</p> <p>BE IT FURTHER RESOLVED, that the Minnesota Dental Association actively seek legislation to allow all of the above.</p>					
DOP-2010-10	DEFINITION OF DENTAL HOME	Children's Health Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association adopt the American Academy of Pediatric Dentists' definition of "dental home" as its own. The AAPD defines dental home as the "ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate."</p>					
DOP-2010-14	HOUSE OF DELEGATES TO BE HELD IN TWIN CITIES METRO AREA ONLY	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2021:</p> <p>RESOLVED, that the Minnesota Dental Association hold all its annual House of Delegates Meetings alternately between the Twin Cities area and the five outstate districts, if feasible, and involve the local district members in the planning.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2010-17	PROMOTE TOBACCO CESSATION	Southern District Dental Society	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association explore new avenues and promote current programs that increase dental involvement in tobacco cessation.					
DOP-2011-01	HMO ACCOUNTABILITY AND TRANSPARENCY	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	Revised 2023: RESOLVED, that the MDA supports accountability and transparency of third-party payers when taxpayer funding is involved.					
DOP-2011-02	ANNUAL MISSION OF MERCY EVENT	Mission of Mercy Task Force	Current	Action		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association and the Minnesota Dental Foundation should conduct the Minnesota Mission of Mercy Project to begin in 2012.					
DOP-2011-07	PARTICIPATION IN THE MINNESOTA ORAL HEALTH COALITION	Executive Director	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association seek volunteers for nomination and participation on the Minnesota Oral Health Coalition.					
DOP-2012-01	SALES TAX EXEMPTION FOR NON-PROFIT COMMUNITY CLINICS SEEING GOVERNMENT ASSISTANCE PATIENTS ONLY	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA shall support legislation by the State of Minnesota to make non-profit community dental clinics that service only state assisted patients be exempt from sales tax imposed on them for purchasing. RESOLVED, that the MDA shall support efforts to educate Minnesota state legislators of the importance of any financial help to these clinics to keep them viable providers of dental services to the state's underserved population.					
DOP-2012-02	OWNERSHIP OF DENTAL PRACTICES	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2018: RESOLVED, that the MDA study the North Carolina legislature experience related to DMSO arrangements and report to the 2013 House of Delegates and to MDA members. BE IT FURTHER RESOLVED, that the MDA engage in educating the broader community about DMSOs. BE IT FURTHER RESOLVED, that the MDA work with the American Dental Association and other interested parties to develop a glossary of terms that describe the different models of dental practice, especially regarding financial and clinical decision-making. BE IT FURTHER RESOLVED, that the MDA disseminate the ADA policy statement on dental practice ownership and control.					
DOP-2012-03	RESTORATION OF COVERAGE FOR ANCILLARY PROSTHETIC SERVICES FOR MEDICAID AND MINNESOTA CARE PATIENTS	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	Revised 2022: RESOLVED, that the Minnesota Dental Association supports coverage for ancillary prosthetic services including relines and repairs for Medicaid and Minnesota Care patients.					
DOP-2012-09	WORKFORCE DISTRIBUTION PROBLEM IN DENTISTRY	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA promote policies and new programs for dental students or new dentist within the School of Dentistry and the State of Minnesota to help in addressing the state's maldistribution of dentist.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2012-10	INSURANCE PREMIUMS AND DEDUCTIBLES	Affinity Committee	Current	Action		
<b>Resolution</b>	RESOLVED, that the MDA and the Insurance and Affinity Products Committee seek to find a reasonably priced health insurance plan, with lower premiums and deductibles, while maintaining a high quality of coverage, and/or think creatively about how to keep medical insurance costs low for the membership.					
DOP-2012-11	SUPPORT FOR MNMOM FROM OUR MEMBERS AND MDA	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2018: RESOLVED, that in the future, payment by the MDF to the MDA for MOM events will be determined based on MDA staff trackable hours for the MOM event.					
DOP-2013-04	MDA TO STRONGLY ADVISE THE MINNESOTA DEPARTMENT OF HEALTH TO UPDATE THEIR REGULATION ON HEALTH PROFESSIONAL SHORTAGE AREA CRITERIA	Delegate	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association strongly advise the Minnesota Department of Health's Office of Primary and Rural Health to urge the Federal HRSA program to update regulations for Health Professional Shortage Area Criteria, and will cooperate to provide the necessary standard of care guidelines and data. The Minnesota Dental Association will also strongly advise the ADA to become involved with proposing changes in dental HPSA designation criteria and selection at the federal government level.					
DOP-2013-06	THE MDA TO AVOID THE CHAIRING OF STATE COMMITTEES BY SITTING MEMBERS OF THE BOARD OF TRUSTEES	Northeastern District Dental Society	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association President attempt to fill state committee chair positions with non-sitting members of the Board of Trustees.					
DOP-2014-05	PROMOTE THE PERIODONTAL HEALTH OF PEOPLE ENROLLED IN MINNESOTA PUBLIC PROGRAMS	Legislative Affairs Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association promote the care of adult patients with periodontal disease enrolled in the public programs of the State of Minnesota. This may include discussion with the Minnesota Department of Health, sponsorship of legislation, or any other effort to achieve this goal.					
DOP-2014-07	PROACTIVE STAND FOR EARLY CHILDHOOD PREVENTATIVE DENTAL PRACTICES	Barriers to Care Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association be proactive in disseminating information teaching parents of newborns how to care for their child's first four erupting teeth to the public, particularly to recipients of public programs who statistically have high incidence of early childhood caries. The Dept of Human Services should be contacted and asked to become a partner in this collaborative educational effort.					
DOP-2014-08	ADA/MDA ADVOCACY	Board of Trustees	Current	Policy		
<b>Resolution</b>	Revised 2021: RESOLVED, That the MDA and staff recognize the high value of advocacy as a member benefit for influencing regulatory concerns and impacting public opinion.					
DOP-2014-12	LEADERSHIP MENTORING PROGRAM	Constitution, Bylaws, & Ethics Committee	Current	Policy		
<b>Resolution</b>	RESOLVED, that the MDA recognizes the value of leadership mentoring programs to our Association and as a member benefit.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2015-02	REGARDING ELIMINATING THE PROVIDER TAX FROM MEDICAID AND MNCARE PROCEDURES	Constitution, Bylaws, & Ethics Committee	Current	Policy		
<b>Resolution</b>	Revised 2023 <b>RESOLVED</b> , that the MDA supports elimination of a provider tax on all dental procedures reimbursed 14 by state funded programs.					
DOP-2015-03	ORAL HEALTH CARE CONCERNS IN EXTENDED CARE, ASSISTED LIVING, AND NURSING CARE FACILITIES	Board of Trustees	Current	Action		
<b>Resolution</b>	Revised 2021: <b>RESOLVED</b> , That the MDA recognizes the essential need and value of appropriate dental care for the residents of extended care, assisted living, and skilled nursing care. The MDA shall support opportunities to advocate for and facilitate the availability of dental care and the provision of adequate home care in congregate living settings.					
DOP-2015-04	CONSCIENTIOUS PRESCRIBING FOR DENTISTS INITIATIVE	Environment and Safety Committee	Current	Action		
<b>Resolution</b>	<b>RESOLVED</b> , that the MDA Environment and Safety Committee develop and coordinate a comprehensive action plan for prescription opioid safety, based on the MDA Protocol for Assessment and Treatment of Oral/Facial Pain. The action plan should include, but not be limited to: initiation, support and implementation of education on the use of the protocol and the Prescription Monitoring Program to MDA districts, MDA educational initiatives for members, and collaboration with the Minnesota Medical Association, Minnesota Board of Dentistry, American Dental Association, and the American Medical Association on opioid related efforts.					
DOP-2016-02	MDA ADMINISTRATIVE SERVICES TO DISTRICTS	Delegate	Current	Policy		
<b>Resolution</b>	<b>RESOLVED</b> , that the MDA study and present administration management services available to all districts.					
DOP-2016-05	PROMOTION OF AAPD GUIDELINES	Delegate	Current	Policy		
<b>Resolution</b>	<b>RESOLVED</b> , that the MDA promote the AAPD recommendations on infant exams and it's continuing education initiatives for dentists to learn how to deliver prophylaxis and fluoride varnish to children 0-3 years old, and how to administer an appropriate oral evaluation that includes counseling in nutrition, anticipatory guidance, caries susceptibility and risk assessment, and oral hygiene instructions.					
DOP-2016-06	SCHOOL LUNCH OPTIONS	Constitution, Bylaws, & Ethics Committee	Current	Action		
<b>Resolution</b>	Revised 2023 <b>RESOLVED</b> , that the Minnesota Dental Association supports ongoing education and promotion of healthy options for students within the school food program.					
DOP-2016-07	PROVIDER TAX	Northeastern District Dental Society	Current	Policy		
<b>Resolution</b>	<b>RESOLVED</b> , that the Minnesota Dental Association will promote repeal of the Health Care Provider Tax for the dental segment.					
DOP-2017-01	PRIOR AUTHORIZATION FOR ALL DENTAL EXTRACTIONS	Delegate	Current	Policy		
<b>Resolution</b>	<b>RESOLVED</b> , that the Minnesota Dental Association support legislation or any other means to remove the requirement of prior authorization for all dental extractions for Minnesota Medicaid patients.					



DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2017-02	GIVE KIDS A SMILE INCORPORATE EARLY DENTAL DISEASE PROVENTION	St. Paul District Dental Society	Current	Action		
<b>Resolution</b>	RESOLVED, that the MDA pursue expansion of the successful Give Kids a Smile Initiative to incorporate Early Dental Disease Prevention by including messaging specifically directed at the value of early dental disease prevention and education for pregnant mothers, newborns, and young children (0-2 years old). Further, RESOLVED, that the MDA would bring this message to the ADA to expand this initiative nationwide					
DOP-2018-02	FEE TRANSPARENCY	Delegate	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association take the position and advocate for achieving more, transparency when it comes to receiving accurate real-time fee information from third party payers of dental services so as to better inform patients of the estimated cost of care.					
DOP-2018-03	ORAL HEALTH CARE FOR SPECIAL NEEDS PATIENTS	Delegate	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association work with the appropriate entities and agencies to define and classify special needs patients as a separate category under Minnesota Health Care Programs. BE IT FURTHER RESOLVED, a specific benefit set be pursued for special needs patients that meets the Standard of Care. And be it further, BE IT FURTHER RESOLVED, a benefit set be pursued which provides adequate reimbursement for dental providers who render care to special needs patients					
DOP-2018-04	SUGAR-SWEETENED AND ACIDIC BEVERAGES	Northeastern District Dental Society	Current	Policy		
<b>Resolution</b>	<b>Revised 2023</b> RESOLVED, that the Minnesota Dental Association supports public awareness and education regarding potential detrimental effects that sugar-sweetened and acidic beverages have on oral health and 25 overall health.					
DOP-2018-05	ONE-DAY HOUSE OF DELEGATES	Board of Trustees	Current	Policy		
<b>Resolution</b>	RESOLVED, that the Minnesota Dental Association revise its House of Delegates meeting agenda so as to begin and conclude its business in one day. BE IT FURTHER RESOLVED, that MDA Delegates and Alternates be invited to future Leadership Conference meetings.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2018-06	DEFINING THE PRACTICE OF DENTISTRY	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2023</p> <p>RESOLVED, it is the position of the Minnesota Dental Association (MDA) that ownership/proprietorship and management of a dental practice means that one or more dentists, individually or in partnership or incorporation with other dentists, has management control and authority over all aspects of a dental practice, including clinical procedures and services and the business activities and services that support the dental practice.</p> <p>BE IT FURTHER RESOLVED, it is the position of the MDA that it is appropriate for dentist-owned dental practices to contract with non-licensed persons or entities for business, professional, and support services to assist dentists in the operations of dental practices, but such services must be subject to the oversight and control of licensed dentists. Dentists do not retain management control if a non-licensed contractor has the absolute authority to set, approve, or disapprove policies or practices relating to the clinical practice of dentistry, including any of the following clinical activities:</p> <ul style="list-style-type: none"> <li>a) Patient scheduling,</li> <li>b) Treatment planning,</li> <li>c) Selecting or purchasing dental equipment, dental materials, or dental laboratories,</li> <li>d) Referral of patients, or</li> <li>e) Access to patient data and patient records.</li> </ul> <p>BE IT FURTHER RESOLVED, it is the position of the MDA that dentists must also maintain management control over activities that might be viewed as the business side of the practice. By way of example and not as an exhaustive list, a dentist could be deemed to have relinquished management control of their practice of dentistry if a contractor has any of the following authorities or characteristics:</p> <ul style="list-style-type: none"> <li>a) Authority over dental practice bank accounts,</li> <li>b) Ability to make key financial decisions for the practice,</li> <li>c) Power to employ clinical or office-based staff,</li> <li>d) Control over whether a refund payment to a patient is made,</li> <li>e) Authority to establish billing policies or practices,</li> <li>f) Ability to determine which dental benefit plans are accepted</li> </ul> <p>BE IT FURTHER RESOLVED, that the Minnesota Dental Association encourage the Minnesota Board of Dentistry:</p> <ul style="list-style-type: none"> <li>a) To establish a program to register dental support organizations,</li> <li>b) To clearly articulate and establish its authority to review all contracts between a dentist and a dental support organization to ensure that the contracts do not allow the unauthorized practice of dentistry, and</li> <li>c) To clearly articulate and provide information to the Minnesota dental community about clinical and business practices that, if not subject to the management and control of licensed dentists, may jeopardize a dentist's ability to exercise their professional responsibility as a dentist licensed in Minnesota.</li> </ul>					
DOP-2018-08	HOUSE OF DELEGATES POLICY REVISION	Constitution, Bylaws, & Ethics Committee	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the MDA Digest of Policies shall be renamed, MDA House of Delegates Digest of Adopted Resolutions. The Digest shall be subdivided into two (2) segments:</p> <ul style="list-style-type: none"> <li>1. Policy</li> <li>2. Action Items</li> </ul> <p>All Action Items will sunset from the Digest two (2) years following completion of specified action. Date of completion and assignment to appropriate Digest category shall be the shared responsibility of the Executive Director of the MDA in consultation with the Speaker of the House.</p>					
DOP-2018-09	BUDGET RESPONSIBILITY	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED, that the MDA House of Delegates shift the authority to approve the Association's budget from the MDA House of Delegates to the MDA Board of Trustees.</p> <p>BE IT FURTHER RESOLVED, that the MDA Bylaws are updated to reflect the changes accordingly.</p>					
DOP-2019-04	REDUCING PLASTIC WASTE IN DENTAL OFFICES	Delegate	Current	Action		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association Environment and Safety Committee, or a new task force, develop a best practices publication for dental offices to reduce plastic waste.</p> <p>BE IT FURTHER RESOLVED, that the committee or task force work with dental product suppliers to substitute paper bags for the plastic take home bags they provide.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2019-06	INCREASE THE NUMBER OF DENTAL ASSISTANTS	Minneapolis District	Current	Action		
<b>Resolution</b>	<p>RESOLVED, that the Minnesota Dental Association prioritize and support the Dental Education Committee's efforts and collaborations with allied healthcare organizations, educational institutions and the Minnesota Board of Dentistry to increase the number of Licensed Dental Assistants in the State of Minnesota.</p> <p>BE IT FURTHER RESOLVED, that efforts made to report highlight information to the general membership on the workings of the Minnesota Dental Association and Dental Education Committee on their progress towards resolving workforce challenges.</p>					
DOP-2020-03	Plastic Waste	Constitution, Bylaws, & Ethics Committee	Current	Action		10/1/2022
<b>Resolution</b>	<p>Revised 2023</p> <p>RESOLVED, that the MDA supports the reduction of single-use plastic and requests that all vendors eliminate 9 distribution of single-use bags at all MDA and district events.</p>					
DOP-2021-01	Digest of Policies Update	Constitution, Bylaws, & Ethics Committee	Current	Action		
<b>Resolution</b>	<p>Items Archived and or Modified. Contact MDA office for a complete list.</p>					
DOP-2021-02	Medicaid Reforms	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>Revised 2023</p> <p>RESOLVED THAT: The Minnesota Dental Association supports adequate reimbursement rates for Medicaid dental services that is comparable to contemporary commercial rates.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports innovation in how the state dental Medicaid program is administered and programs that are inclusive of all dental providers, encourages increased provider participation in the state Medicaid program, and focuses on improving health outcomes and prevention. The MDA supports a state Medicaid program that is comprehensive, continuously accessible through a dental home, and is coordinated and family-centered care managed by a Minnesota licensed dentist.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports a comprehensive state dental program benefit set, including full coverage for adults and ensuring treatment is covered for patients with disabilities.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports efforts to alleviate the administrative burden of participating in the state dental Medicaid program.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2021-03	3rd Party Payor Reforms	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p><b>Assignment of Benefits</b> RESOLVED THAT: The Minnesota Dental Association supports appropriate regulatory and/or legislative action to mandate that, if a patient assigns or authorizes benefits to be directed to their dentist, the insurance carrier shall be required to follow that directive and remunerate the dentist directly.</p> <p><b>Network Leasing</b> RESOLVED THAT: The Minnesota Dental Association supports a dentist’s right to full disclosure of fees and process policies when contractually obligated to participate in any other third-party payer or managed care network by preferred provider organization (PPO) leasing companies and/or third-party payers.</p> <p><b>Virtual Credit Card</b> RESOLVED THAT: The Minnesota Dental Association supports a dentist’s right to receive a traditional paper check or other mutually agreed upon payment method for services rendered to a beneficiary of a dental benefits program. The MDA further supports a dentist’s right to accept a mutually agreed upon payment method and not be restricted to payment policies that require a dentist to accept virtual credit card payments, electronic funds transfer (EFT) payments, or any other payment option as the sole payment option.</p> <p><b>Disallow Clause</b> RESOLVED THAT: The Minnesota Dental Association supports a dentist’s right to charge a patient for a covered procedure not paid for by the benefit plan. Such right shall extend to denied and disallowed claims. Such rights and practices support a patient’s right as an informed consumer of healthcare.</p> <p><b>Fee Schedule Disclosure</b> RESOLVED THAT: The Minnesota Dental Association supports a dentist’s right to full disclosure of fee-schedules and processing policies when evaluating a contract with a carrier and/or any plans administered by the carrier.</p>					
DOP-2021-04	Public Health	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED THAT: The Minnesota Dental Association supports public health initiatives designed to encourage healthy eating and beverage consumption for the betterment of oral and overall health.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports the role that dentists may play in the administration of vaccines, contributing to the improvement of the publics’ health and wellbeing.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports improving health equity and health outcomes amongst all Minnesotans. The MDA supports the elimination of barriers to care so that every community can receive quality and affordable dental care and improve health outcomes for all people.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports equitable access to dental education programs.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports efforts to prevent and reduce harmful tobacco use.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports parity in dental care between Teledentistry and in-person treatment. The MDA supports efforts to ensure that patients have appropriate and necessary information when receiving care via Teledentistry. The MDA further supports efforts to align consumer/patient protection provisions between Teledentistry and in-person treatment.</p>					
DOP-2021-05	Work Force	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p>RESOLVED THAT: The Minnesota Dental Association supports efforts to address and increase the dental workforce through partnerships and initiatives that promote dental careers.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports the elimination of the Dental Assisting State Licensure Exam (DASLE). In lieu of the DASLE, the MDA supports alternative methods to ascertain competency of a Licensed Dental Assistant candidate including but not limited to the development of a Minnesota specific expanded functions exam by the Dental Assisting National Board. The MDA further supports the establishment of realistic and feasible reciprocity procedures for licensure as a Minnesota dental assistant.</p> <p>RESOLVED THAT: The Minnesota Dental Association supports licensed dental hygienists, who maintain a written collaborative practice agreement with a Minnesota dentist, to serve as the pay-to-provider directly billing and receiving reimbursement for services using the dental hygienist’s individual NPI number. Such agreement shall be maintained at the discretion of the collaborative dentist and shall be explicitly articulated within the collaborative practice agreement.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2021-06	Digital Scans/Impressions by assistants without a license or permit	St. Paul District Dental Society	Current	Action	6/1/2022	10/1/2023
Resolution	<b>RESOLVED THAT:</b> The Minnesota Dental Association explore and subsequently pursue a Board of Dentistry rule change that authorizes "Assistants without a license or permit", as defined in Minnesota Administrative Rules 3100.8400, to perform extraoral and intraoral digital scans/impressions and or visible light images under the Direct Supervision of the dentist					
DOP-2022-01	Supporting Diversity, Equity, and Inclusion	Constitution, Bylaws, & Ethics Committee	Current	Policy		
Resolution	<p><b>Resolved,</b> Consistent with ADA Policy [See below ADA Policy 69H], the MDA recognizes the value of diversity in creating innovative and respected decision-making, and supports diversity, equity, and inclusion in all aspects of Association business and activity.</p> <p><b>Resolved,</b> that the following Policy on Diversity and inclusion be adopted:</p> <p>The ADA is committed to a culture of diversity and inclusion to foster a safe and equitable environment for its membership. In this environment, representation matters, and every member is provided intentional opportunities to make meaningful contributions. Diverse viewpoints and needs are heard, valued, and respected.</p> <p>The ADA embraces diversity and inclusion to drive innovation and growth, ensure a relevant and sustainable organization and deliver purposeful value to members, prospective members, and stakeholders. The ADA's Commitment to diversity and inclusion will further advance the dental procession, improve the oral health or the public, and achieve optional health for all.</p>					
DOP-2022-03	Eliminate Barrier Dentists Face in Accessing Necessary Hospital/Surgical Center Time for Special Needs Patients	Barriers to Care Committee	Current	Policy		
Resolution	<p><b>Resolved,</b> that the Minnesota Dental Association</p> <ul style="list-style-type: none"> <li>• Prioritize efforts to eliminate barriers encountered by dentists in accessing necessary operating room/surgical center time.</li> <li>• Be it further resolved that the Minnesota Dental Association pursue partnerships with state agencies (e.g., DHS, MDH), the Minnesota State Legislature, and other provider, educational, and advocacy organizations as necessary.</li> </ul> <p>Be it further resolved that the Minnesota Dental Association consider bringing a similarly focused resolution to the American Dental Association's House of Delegates for action nationally.</p>					
DOP-2022-05	Dental Practice--Bundling/Downcoding	Board of Trustees	Current	Policy		
Resolution	<p><b>Resolved,</b> that the Minnesota Dental Association oppose the practice of bundling, as defined by the American Dental Association, by third party payers. The American Dental Association defines bundling as "the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient/beneficiary."</p> <p><b>Resolved,</b> that the Minnesota Dental Association oppose the practice of downcoding, as defined by the American Dental Association, and support the dentist's position as the appropriate authority to determine the billing code that accurately reflects the care rendered. The American Dental Association defines downcoding as "a practice of third-party payers in which the benefit code has been changed to a less complex and/or lower cost procedure than was reported except where delineated in contract agreements."</p>					
DOP-2022-07	Supporting State Licensing Compacts	Board of Trustees	Current	Policy		
Resolution	<b>Resolved,</b> that the Minnesota Dental Association supports efforts to create a multistate dental licensing compact for licensed dentists, dental therapists, and dental hygienists. An interstate licensing compact is defined as an agreement between two or more states in which providers can seamlessly transfer their license to participating states within the compact.					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2022-08	Teledentistry	Board of Trustees	Current	Policy		
<b>Resolution</b>	<p><b>Resolved,</b> The Minnesota Dental Association support teledentistry as defined by the American Dental Association and explicitly support the patient rights outlined in the American Dental Association’s Comprehensive Policy Statement on Teledentistry.</p> <p>The American Dental Association’s Comprehensive Policy Statement defines teledentistry as “the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.” The policy states that insurers should cover services provided via teledentistry at the same level as in person services.</p> <p>The Comprehensive Policy Statement states that patients who receive care through teledentistry should expect the following:</p> <ol style="list-style-type: none"> <li>1. That any dentist delivering, directing, or supervising services to a patient of record using teledentistry technologies will be licensed in a state or other territory or jurisdiction of the United States or be providing these services as otherwise authorized by the dental board of that state, territory, or jurisdiction.</li> <li>2. That any dentist delivering, directing, or supervising services to a new patient using teledentistry technologies will be licensed in the state or other territory or jurisdiction of the United States where the patient receives the services.</li> <li>3. Access to the name, practice address, telephone number, emergency contact information, and email address of the virtual practice. Access to the names, licensure information, and board certification qualifications of all oral health care practitioners who provide care via teledentistry in the practice. Prior to the virtual visit, the patient should be informed of the name, licensure information, and qualification of the oral healthcare practitioners conducting the visit and virtual care.</li> <li>4. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, consistent with accepted standards of care as a means of ensuring patient safety, quality of care, and positive health outcomes.</li> <li>5. That patients will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.</li> <li>6. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, social history, and other relevant demographic and personal information.</li> <li>7. That the provision of services using teledentistry technologies will be properly documented, that the records and documentation collected will be provided to the patient upon request and that the limitations (if any) of teledentistry encounters should be disclosed to a patient prior to the initiation of any teledentistry encounter.</li> <li>8. That any patient has the right to discuss their treatment with any third party. A patient should not be required to agree to any provision that restricts the patient’s freedom to bring any concerns about their dental treatment to the attention of an entity of the patient’s choosing.</li> <li>9. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient’s records be made available to any entity that is serving as the patient’s dental home.</li> <li>10. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience, and satisfaction and without such penalties as higher deductibles, co-payments, or coinsurance relative to that of in-person (face to face) services.</li> <li>11. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patient’s private health information.</li> <li>12. That all diagnostic radiographic imaging consistent with the standard of care for each dental treatment modality be performed and reviewed by the treating dentist before any other treatment is delivered.</li> <li>13. That the patient will not be given the burden of determining their own fitness for dental treatment.</li> </ol>					

DOP-2023-01	Group Practice Ethics	Constitution, Bylaws, & Ethics Committee	Current	Policy		
<b>Resolution</b>	<p><b>Resolved,</b> that regardless of practice modality, treating dentists are legally and ethically responsible for the care provided under their supervision. Accordingly, dental office policies and protocols should permit dentist discretion and facilitate compliance with the ADA Principles of Ethics &amp; Code of Professional Conduct. Practice policy should support such discretion regarding patient care and autonomy including scheduling, billing practices, selection of dental materials, patient selection, referrals, and delegation of tasks.</p>					

DOP-Year-ID	Title	Submitted by:	Status	Type	Comp Date	Sunset Date
DOP-2023-02	Medical Loss Ratio	Board of Trustees	Current	Policy		
Resolution	<p><b>Resolved</b>, that the Minnesota Dental Association supports the concept of a “Medical Loss Ratio” for dental plans defined as the proportion of premium revenues that is spent on clinical services. And be it further</p> <p><b>Resolved</b>, that if dental insurance companies, including private and public dental plans, spend less than the Medical Loss Ratio of patient premiums on actual dental care, they must refund the difference to covered individuals and groups. Be it further</p> <p><b>Resolved</b>, that dental plans, both for profit and nonprofit should be required to make information available to the general public and to publicize in their marketing materials to plan purchasers and in written communications to their beneficiaries the percentage of premiums that fund treatment and the percentage of premiums that go to administrative costs, promotion, marketing and profit, or in the case of nonprofit entities, and reserves.</p>					
DOP-2023-04	Single Administrator for the Medicaid Program	Northeastern District Dental Society	Current	Action		9/30/2025
Resolution	<p><b>Resolved</b>, that the MDA Board of Trustees explore whether the MDA should advocate for using county-based purchasing programs that are advantageous to the dental provider network and its patients, as a model for the state to consider if a single administrator is pursued.</p>					
DOP-2023-05.1	Identity, Sexual Orientation & Sex Assigned at Birth	Delegate	Current	Policy		
Resolution	<p><b>Resolved</b>, that the Minnesota Dental Association supports having a functionality to utilize a comprehensive list of gender identity, and sex assigned at birth choices as guided by the Centers for Disease Control into medical histories.</p>					
DOP-2023-05.2	Identity, Sexual Orientation & Sex Assigned at Birth	Delegate	Current	Policy		
Resolution	<p><b>Resolved</b>, the Minnesota Dental Association provides educational resources regarding diversity and inclusion, including but not limited to, gender identity, sexual orientation, and sex assigned at birth.</p>					