

Reference	Amendment or Correction	Justification or Explanation
DM-IV-A-3	Delaware Delegate Update	Delegate & Alternate Change
DM-IV-A-7	Wisconsin Delegate Update	Delegate & Alternate Change
DM-IV-A-9	New Mexico Delegate Update	Delegate & Alternate Change
DM-III-B-1	Reference Committee & Minutes Review Members Identified	Committees finalized
DM-I-D-1	Financial Documents	Added

Delegates Manual

Table of Contents

I.	PRE-SESSION INFORMATION	
A.	Minutes of the 101 st House of Delegates Meeting and Disposition of Actions	DM-I-A-1
B.	District Map	DM-I-B-1
C.	Nominations & Elections Schedule	DM-I-C-1
D.	Financial Documents (22-23 4 th Quarter Report & 23-24 3 rd Quarter Report)	DM-I-D-1
II.	HOUSE OPERATION	
A.	Procedures and Standing Rules	DM-II-A-1
B.	Agenda	DM-II-B-1
C.	Chart of Motions & Parliamentary Procedures	DM-II-C-1
III.	REFERENCE COMMITTEES and FORUM	
A.	Summary of Reference Committees	DM-III-A-1
B.	Reference Committee and Minutes Review Committee Appointments	DM-III-B-1
C.	Proposed Resolutions	DM-III-C-1
D.	Testimony Forms	DM-III-D-1
IV.	BACKGROUND MATERIALS	
A.	List of Delegates and Alternates	DM-IV-A-1
B.	Business Meeting Schedule	DM-IV-B-1

**First Meeting of the House of Delegates
American Dental Hygienists' Association
One-Hundred and First Annual Meeting
June 28, 2024
Virtual**

1. CALL TO ORDER BY SPEAKER OF THE HOUSE OF DELEGATES:

Valoree Althoff, MHA, BSDH, CPP-T, PRP, Speaker of the House, called to order the first meeting of the House of Delegates of the One-Hundred and First Annual Meeting of the American Dental Hygienists' Association, House of Delegates, on Friday June 28, 2024, at 11:30 am CST.

2. OPENING CEREMONIES

The star-spangled banner was played. President Becky Smith, CRDH, EdD, FADHA, welcomed the delegates. A moment of silence was observed for all the members who are no longer with us this year.

3. CERTIFICATION OF A QUORUM

Carolyn D. Robertson, BSDH, RDH, Sergeant-at-Arms reported 132 credentialed delegates present. The speaker declared a quorum present.

4. ADOPTION OF AGENDA

The agenda was adopted as presented.

5. ADOPTION OF STANDING RULES & PROCEDURES OF THE HOUSE OF DELEGATES

The Standing Rules & Procedures of the House of Delegates were adopted by unanimous consent.

6. APPOINTMENTS

The speaker announced the following appointments:

Parliamentarian	Tim Wynn, PRP
Sergeant-at-Arms	Carolyn D. Robertson, BSDH, RDH
Voting Student Delegate:	Ashley Nicole Trzepkowski, District 3

Reference committee appointments:

Reference Committee A

Amanda Berthiaume, RDH, CDA, MsDH - Chair, Massachusetts	District I
Jolene Piper, RDH, BS, OMT, Maryland	District III
Brigette Easter, RDH, BSDH, CDHC, North Carolina	District IV
Valarie Beth Johnson, RDH, Tennessee	District VI
Misty Hanger, RDH, Washington	District XI

Reference Committee B

Shawna Greer, RDH, BSDH, Chair, Texas	District IX
Harold Jennings, New York	District II
Samantha Mishler, RDH, MS, Michigan	District V
Tanya Ponik, RDH, Wisconsin	District VII
Valerie Cuzella, RDH, Colorado	District X

Minutes Review Committee

Lauren French, RDH, BSDH, Chair, West Virginia	District III
Carrie Graves, RDH, Nebraska	District VIII
Sue Kassoﬀ-Correia, CRDH, BS, Florida	District IV

7. COMMITTEE ON NOMINATIONS

A. PRESENTATION OF THE SLATE

Sergeant-at-Arms, Carolyn Robertson, presented the following nominations for office:

For President-Elect: Lancette VanGuilder, BS, RDH, PHEDH, CEAS, FADHA

For Vice President: No declared candidates

Speaker of the House: Valoree Althoff, MHA, BSDH, CPP-T PRP

B. NOMINATIONS FROM THE FLOOR

For President-Elect: None

For Vice President: Joan Kenny Fitzgerald, ASDH, BS, CPHDH, CDP

Speaker of the House: None

8. BUSINESS

The following proposed resolutions were allowed to be considered:

PR-5, A policy on dental hygienists performing therapeutic and cosmetic injections.

PR-6, A glossary definition for free sugars.

9. ANNOUNCEMENTS

ADHA President-elect, Erin Haley-Hitz announced that Miami-Dade County has proclaimed June 28th Dr. Becky Smith day.

10. RECESS

The Speaker recessed the meeting at 12:13pm until Sunday, June 30, 2024, at 10:00 am Central Time.

**Second & Third Meetings of the House of Delegates
American Dental Hygienists' Association
One-Hundred and First Annual Meeting
June 30, 2024
Virtual**

1. CALL TO ORDER

Valoree Althoff, MHA, BSDH, CPP-T, PRP, Speaker of the House, called to order the second meeting of the House of Delegates of the One-Hundred and First Annual Meeting of the American Dental Hygienists' Association on Sunday, June 30, 2024, at 10:00am Central Time.

2. CERTIFICATION OF A QUORUM

The sergeant-at-arms reported 130 delegates present. The speaker declared a quorum present.

The speaker informed the House that the agenda will be amended to insert the heading of New Business before announcements. There was no objection, and the agenda was adopted as amended.

A motion was made to re-open nominations for vice president. The motion passed.

The following nominations were made from the floor:

Donnella Miller

Jessica August

3. BALLOTING

Balloting was conducted according to the agenda.

4. ANNOUNCEMENT OF ELECTION

President-Elect	
Number of votes cast	141
Necessary for election	71
Lancette VanGuilder received	132
Write in Candidates:	
Jessica August	1
Jenifer Frame	3
Jessica Zbaraschuk	1
Coleen Gaylord	4

Vice President	
Number of votes cast	142
Necessary for election	72
Joan Kenny Fitzgerald	21
Donella Miller	33
Jessica August	88

Speaker of The House	
Number of votes cast	137
Necessary for election	69
Valoree Althoff	132
Write in Candidates:	
Bridgette Easter	1
Heather Edly	1
Karen Carr Porter	1
Kristy Menage Bernie	1
Christina Emmert	1

The Speaker declared Lancette VanGuilder elected to the office of President-Elect, Jessica August elected to the office of Vice President and Valoree Althoff elected to the office of Speaker of the House.

5. REPORTS OF REFERENCE COMMITTEES

The speaker reviewed the process for how the reference committee reports are handled. The speaker informed the House of Delegates that PBY 2 would be considered before PBY-1

Reference Committee A

Amanda Berthiaume, RDH, CDA, MsDH - Chair, Massachusetts	District I
Jolene Piper, RDH, BS, OMT, Maryland	District III
Brigette Easter, RDH, BSDH, CDHC, North Carolina	District IV
Valarie Beth Johnson, RDH, Tennessee	District VI
Misty Hanger, RDH, Washington	District XI

Annual Reports

Board of Directors	AR-II-C-1
ADHA Board Governance Manual Committee	AR-III-A-1
Awards Committee	AR-III-B-1
Committee on Policy & Bylaws	AR-III-D-1
Institute for Oral Health	AR-IV-A-1

The Reference Committee reviewed the annual report of the Committee on Policy & Bylaws and recommends it be placed on file with testimony referred to the committee.

The Reference Committee reviewed the annual reports of the Board of Directors, ADHA Board Governance Manual Committee, Awards Committee, and Institute for Oral Health and recommends they be placed on file with testimony referred to the respective committees.

PBY-2 - That ADHA Amend ARTICLE II, Section 3. a. of the Bylaws be amended to add a new section 5 as follows:

5. New Professional Members

New Professional membership may be granted to any individual who (i) has either earned a certificate or professional degree in dental hygiene granted pursuant to a dental hygiene program offered by an accredited college or institution of higher education within the past two years; (ii) is licensed to practice in any state, territory or possession of the United States if such license is required for the practice of dental hygiene; and (iii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed, practices or resides).

Adopted by unanimous consent.

PBY-1 – That ADHA amend the Article XVI Sections 1-4 to read as follows:

Section 1.

The Board of Directors, the House of Delegates, Constituents, Components or any voting member of the Association may propose amendments, in whole or in part, to these Bylaws and Code of Ethics in accordance with the timeline and procedures adopted by the Board.

Section 2.

Proposed amendments of these Bylaws and Code of Ethics shall be forwarded to the Board of Directors for consideration in accordance with the timeline and procedures adopted by the Board. Approval of such proposals shall require the act of two-thirds (2/3) of the entire Board of Directors present and voting at a meeting at which a quorum is present.

Section 3. Notice

Notice of intent to amend these Bylaws must be (i) sent to all voting members by mail or electronic communication or (ii) published in print or online and circulated to the entire membership; or (iii) published on the Association's website at least thirty (30) days prior to the Board meeting at which such amendments are to be considered. Such notice must include a general description of the proposed amendments. A copy of all amendments approved by the Board will be distributed to the voting members within ten (10) business days following approval.

That ADHA Amend **Article VIII – House of Delegates, Section 1., a.** Authority and Responsibility to read as follows:

Section 1. Authority and Responsibility

The House of Delegates shall be the principal body within the Association responsible for establishing policy for the association and providing direction for matters relating to the practice of dental hygiene. In addition to such other duties set forth in these Bylaws, the House of Delegates shall:

- a. Propose Bylaw amendments to the Board in accordance with Article XVI of these Bylaws

Adopted as amended by the reference committee.

Reference Committee B

Shawna Greer, RDH, BSDH, Chair, Texas
Harold Jennings, New York
Samantha Mishler, RDH, MS, Michigan
Tanya Ponik, RDH, Wisconsin
Valerie Cuzella, RDH, Colorado

District IX
District II
District V
District VII
District X

Annual Reports

Report of the Organization
Committee on National Boards
Executive Committee
Finance Committee
Leadership Development Committee

AR-I-A-1
AR-III-C-1
AR-III-E-1
AR-III-F-1
AR-III-G-1

The Reference Committee reviewed the Annual Reports of the Organization, Committee on National Boards, Executive Committee, Finance Committee, Leadership Development Committee, and recommends they be placed on file.

PR-1

The American Dental Hygienists' Association advocates for the pursuit of professional autonomy and affirms the profession has the responsibility to have full authority for its own professional standards of education, practice, legislation, licensure, and discipline.

Adopted.

PR-2

The American Dental Hygienists' Association supports the elimination of the clinical licensure examination and recognizes that graduates of dental hygiene accredited programs are competent for licensure.

Adopted as amended by the reference committee

PR-3

The American Dental Hygienists' Association recommends limiting the daily intake

of free sugars and supports the recommendations of the FDI World Dental Federation Position on Free Sugars.

Adopted as amended by the reference committee

PR-4

The American Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for dental hygienists.

Adopted as amended by the House of Delegates.

PR-5

The American Dental Hygienists' Association supports dental hygienists performing therapeutic and cosmetic injections within the dental hygiene scope of practice.

Adopted.

PR-6

That, the following definition be added to the glossary:

Free Sugars:

Monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

Adopted.

6. UNFINISHED BUSINESS

There was no unfinished business.

7. NEW BUSINESS

The following amendment to standing rules was brought forth

Page #: DM-IIA-25

After the 4th bullet, add a bullet to read:

Members of the Board of Directors are not restricted, if asked, from providing first-hand account regarding examples of leadership and/or skillsets for anyone they have served with in a leadership capacity.

The motion was adopted.

8. ANNOUNCEMENTS

Announcements were made.

9. INSTALLATION

President	Erin Haley-Hitz
President-Elect	Lancette Van-Guilder
Vice President	Jessica August
Treasurer	Chante Miller
Immediate Past President	Becky Smith
Speaker of the House	Valoree Althoff
District Directors	
District I	Carmen Negron-Dupee
District II	Carolyn Wahl
District III	Sherri Moore
District IV	Renee Spencer
District V	Jerelyn Smith
District VI	Carrie Fowler
District VII	Carissa Regnerus
District VIII	Christina Emmert
District IX	Joanna Allaire
District X	Laura Green
District XI	Pamela Larrabee

10. ADJOURNMENT

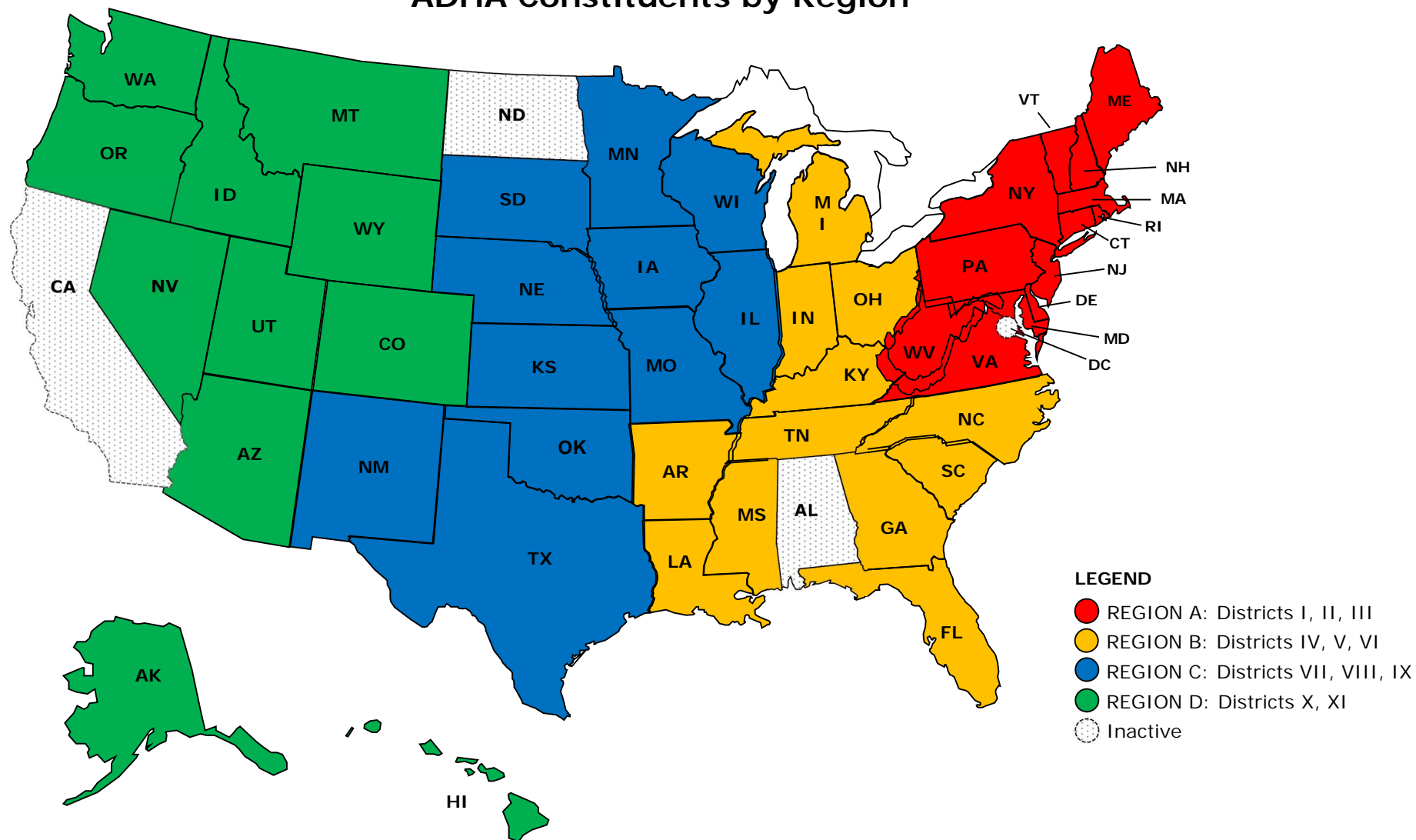
Speaker of the House Valoree Althoff adjourned the 101st Annual Meeting of the ADHA House of Delegates at 3:18 pm Central Time.

PBY-1	<p>BYLAW AMENDMENT: That ADHA amend Article XVI Sections 1-4 to read as follows:</p> <p>Section 1. The Board of Directors, the House of Delegates, Constituents, Components or any voting member of the Association may propose amendments, in whole or in part, to these Bylaws and Code of Ethics in accordance with the timeline and procedures adopted by the Board.</p> <p>Section 2. Proposed amendments of these Bylaws and Code of Ethics shall be forwarded to the Board of Directors for consideration in accordance with the timeline and procedures adopted by the Board. Approval of such proposals shall require the act of two-thirds (2/3) of the entire Board of Directors present and voting at a meeting at which a quorum is present.</p> <p>Section 3. Notice Notice of intent to amend these Bylaws must be (i) sent to all voting members by mail or electronic communication or (ii) published in print or online and circulated to the entire membership; or (iii) published on the Association's website at least thirty (30) days prior to the Board meeting at which such amendments are to be considered. Such notice must include a general description of the proposed amendments. A copy of all amendments approved by the Board will be distributed to the voting members within ten (10) business days following approval.</p> <p>That ADHA Amend Article VIII – House of Delegates, Section 1., a. Authority and Responsibility to read as follows:</p> <p>Section 1. Authority and Responsibility The House of Delegates shall be the principal body within the Association responsible for establishing policy for the association and providing direction for matters relating to the practice of dental hygiene. In addition to such other duties set forth in these Bylaws, the House of Delegates shall:</p> <p>a. Propose Bylaw amendments to the Board in accordance with Article XVI of these Bylaws</p>	<p>FINAL ACTION BY HOUSE OF DELEGATES: Adopted by substitution</p>
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PBY-2	<p>BYLAW AMENDMENT: That ADHA Amend ARTICLE II, Section 3. a. of the Bylaws be amended to add a new section 5 as follows:</p> <p><u>5. New Professional Members</u></p> <p>New Professional membership may be granted to any individual who (i) has either earned a certificate or professional degree in dental hygiene granted pursuant to a dental hygiene program offered by an accredited college or institution of higher education within the past two years; (ii) is licensed to practice in any state, territory or possession of the United States if such license is required for the practice of dental hygiene; and (iii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed, practices or resides).</p>	FINAL ACTION BY HOUSE OF DELEGATES: Adopted
PR-1	<p>RESOLUTION: That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association advocates for the pursuit of professional autonomy and affirms the profession has the responsibility to have full authority for its own professional standards of education, practice, legislation, licensure, and discipline.</p>	FINAL ACTION BY HOUSE OF DELEGATES: Adopted
PR-2	<p>RESOLUTION: That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association supports the elimination of the clinical licensure examination and recognizes that graduates of dental hygiene accredited programs are competent for licensure.</p>	FINAL ACTION BY HOUSE OF DELEGATES: Adopted by substitution
PR-3	<p>RESOLUTION: That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association recommends limiting the daily intake of free sugars and supports the recommendations of the FDI World Dental Federation Position on Free Sugars.</p>	FINAL ACTION BY HOUSE OF DELEGATES: Adopted by substitution
PR-4	<p>RESOLUTION: That Access 19-14/5-03 be amended to read:</p> <p>The American Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for dental hygienists, especially for those who provide dental hygiene services to underserved populations.</p>	FINAL ACTION BY HOUSE OF DELEGATES: Adopted by substitution

PR-5	RESOLUTION: That ADHA adopt the following policy: The American Dental Hygienists' Association supports dental hygienists performing therapeutic and cosmetic injections within the dental hygiene scope of practice.	FINAL ACTION BY HOUSE OF DELEGATES: Adopted
PR-6	RESOLUTION: That ADHA adopt the following definition: Free Sugars: Monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.	FINAL ACTION BY HOUSE OF DELEGATES: Adopted

ADHA Constituents by Region



May 2025
www.adha.org

Nominations for the offices of ADHA President-Elect, Vice President, and Treasurer will take place at the First Session of the House of Delegates on Friday, June 27, 2025.

A Candidates' Forum will take place on Friday, June 27, 2025, 6:00 – 8:00pm.

Balloting for elections will take place during the second meeting of the House of Delegates on Saturday, June 28, 2025.

ADHA OFFICERS

Qualifications

A candidate for office must be a voting member of the Association and one of the constituents.

Term of Office

A candidate for the office of President-Elect, and Vice President shall be elected for a term of one (1) year or until a successor is elected. A candidate for the office of Treasurer shall be elected for a term of two (2) years or until a successor is elected.

DIRECTORS

All district director elections must be held at a district meeting or caucus held preceding Annual Meeting of the HOD but not before the last Friday in April.

Qualifications

A candidate for the office of director must be a voting member of the association and one of the constituents which comprise the district which the director represents on the ADHA Board of Directors.

Term of Office

Directors shall be elected for a term of two (2) years with tenure limited to two (2) consecutive terms.

Elections

Districts I, III, V, VII, IX, and XI shall select a Director in the odd-numbered years.

Districts II, IV, VI, VIII, and X shall select a Director in the even-numbered years.

The terms of the following District Directors expire with the 2025 House of Delegates Meeting:

District:	I	Amanda Berthiaume, MSDH, RDH, CDA
	III	Sheri Moore, RDH, BSHS, FADHA
	V	Jerelyn Smith, RDH, MSDH, CDA, FADHA
	VII	Carissa Regnerus, RDH, MA, FADHA
	IX	Joanna Allaire, RDH, MDH, FADHA
	XI	Pamela Larrabee, RDH, BAS, MA, FADHA

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



2023-24 4th Quarter Financial Report

American Dental Hygienists' Association
Statement of Financial Position
June 30, 2024

	June 2024	June 2023
ASSETS		
Cash and Cash Equivalents	815,180	943,341
Working Capital (Line of Credit)	515,504	-
Investments	411,152	342,785
Accounts Receivable	112,719	91,260
Prepaid Expenses	443,163	953,828
Property and Equipment, net	363,260	452,038
Right of Use Operating Lease	608,808	713,913
Deferred Compensation	-	108,168
Total Assets	3,269,786	3,605,333
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable	93,226	136,616
Accrued Expenses	185,438	324,828
Deferred Revenues	2,585,027	2,907,523
Due to State and Local Organizations	18,883	10,885
Intercompany Due To/From	158,034	(4,985)
Lease Liabilities Operating	716,069	833,146
Total Liabilities	3,756,676	4,208,013
Net Assets		
Change In Net Assets	115,790	(4,035)
Unrestricted Funds	(640,338)	(636,302)
Temporarily Restricted Funds	37,657	37,658
Total Net Assets	(486,890)	(602,679)
Total Liabilities and Net Assets	3,269,786	3,605,333

American Dental Hygienists' Association
Statement of Activities
For the Twelve Month Ending June 30, 2024

		FY2023-24	FY2023-24
	YTD Actuals	Budget	Forecast
Revenues			
Membership Dues	\$ 3,388,318	\$ 3,408,923	\$ 3,408,923
Non-Dues Revenues	2,872,676	2,959,077	2,799,348
Industry Relations Council Memberships	65,000	65,000	50,000
Sponsorship Revenue	1,014,331	1,104,200	1,060,276
Registration and Exhibitor Fees	1,055,277	1,198,164	1,040,686
Educational Programs Revenue	123,555	56,200	88,195
Advertising/Subscription Revenue	119,824	167,802	122,725
Affinity Royalties Revenue	241,094	254,885	256,371
Delta Dental Foundation Revenue	10,000	-	-
Other Revenue	243,595	112,826	181,095
Total Revenues	\$ 6,260,994	\$ 6,368,000	\$ 6,208,271
Expenses			
Membership Engagement Expenses	409,199	542,765	566,871
Meeting Expenses	2,427,652	2,025,677	2,440,586
Corporate Development Expenses	185,044	91,500	80,820
Education and Research Expenses	453,463	454,388	447,765
Communications and Marketing Expenses	459,020	461,406	482,247
Advocacy Expenses	50,118	242,022	65,130
ADHA Governance Expenses	146,603	662,260	194,505
House of Delegates Expenses	29,928	48,100	50,600
Delta Dental Foundation Expenses	2,218	-	-
Program and Support Administrative Expenses	1,981,959	1,838,011	1,774,147
Total Expenses	\$ 6,145,204	\$ 6,366,129	\$ 6,102,671
Change In Net Assets	\$ 115,790	\$ 1,871	\$ 105,600

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



2024-25 3rd Quarter Financial Report

American Dental Hygienists' Association
Statement of Financial Position
3/31/2025

	March	March	June
	2025	2024	2024
Assets			
Current Assets			
Cash and Cash Equivalents	\$ 721,028	\$ 1,078,282	\$ 815,180
Short Term Investments (Line of Credit)	527,109	509,559	515,504
Long Term Investments	410,827	400,067	411,152
Accounts Receivable, Net	289,981	273,288	112,719
Prepaid Expenses	338,739	359,951	443,163
Total Current Assets	\$ 2,287,684	\$ 2,621,147	\$ 2,297,718
Long-term Assets			
Property & Equipment	314,333	379,336	363,260
Right of Use Operating Lease	526,657	635,518	608,809
Other Long-term Assets	-	541	-
Total Long-term Assets	\$ 840,990	\$ 1,015,395	\$ 972,069
Total Assets	\$ 3,128,674	\$ 3,636,542	\$ 3,269,787
Liabilities and Net Assets			
Liabilities			
Accounts Payable	120,161	200,694	93,226
Accrued Liabilities	306,670	216,914	185,438
Deferred Revenue	2,539,230	2,632,978	2,585,027
Due to State and Local Organizations	38,272	51,152	18,883
Lease Liabilities Operating	623,051	746,310	716,069
Intercompany Due to/From	88,439	426,090	158,034
Total Liabilities	\$ 3,715,823	\$ 4,274,139	\$ 3,756,677
Net Assets			
Change In Net Assets	(100,258)	(34,917)	115,789
Unrestricted Funds	(524,548)	(640,337)	(640,337)
Temporarily Restricted Funds	37,657	37,657	37,658
Total Net Assets	\$ (587,149)	\$ (637,597)	\$ (486,890)
Total Liabilities and Net Assets	\$ 3,128,674	\$ 3,636,542	\$ 3,269,787

American Dental Hygienists' Association
Statement of Activities
For the Nine Month Ending March 31, 2025

	YTD Actuals	FY2024-25 Budget	FY2024-25 Forecast
Revenues			
Membership Dues	\$ 2,565,005	\$ 3,473,526	\$ 3,453,590
Non-Dues Revenues	2,332,002	2,697,361	2,842,830
Industry Relations Council Memberships	45,000	40,000	80,000
Sponsorship Revenue	652,090	986,200	850,450
Registration and Exhibitor Fees	805,424	1,022,560	846,621
Educational Programs Revenue	134,837	91,965	144,620
Advertising/Subscription Revenue	85,371	197,850	145,200
Affinity Royalties Revenue	178,150	252,950	235,850
Delta Dental Foundation Revenue	381,137	-	429,000
Other Revenue	49,993	105,836	111,088
Total Revenues	\$ 4,897,007	\$ 6,170,888	\$ 6,296,419
Expenses			
Membership Engagement Expenses	475,427	637,833	551,710
Meeting Expenses	1,902,797	1,947,867	2,024,471
Corporate Development Expenses	71,484	63,125	74,569
Education and Research Expenses	430,045	529,300	550,084
Communications and Marketing Expenses	354,702	472,076	465,859
Advocacy Expenses	64,277	220,034	154,309
ADHA Governance Expenses	313,661	530,446	457,116
House of Delegates Expenses	15,840	49,500	61,140
Delta Dental Foundation Expenses	254,643	-	324,270
Program and Support Administrative Expenses	1,114,389	1,560,707	1,507,891
Total Expenses	\$ 4,997,265	\$ 6,010,888	\$ 6,171,419
Change In Net Assets	\$ (100,258)	\$ 160,000	\$ 125,000

House of Delegates Procedures & Standing Rules

ADOPTED:
JUNE 2024

DM-II-A-1

Table of Contents

GENERAL GUIDELINES FOR DELEGATES	5
Guidelines for House of Delegates Meeting.....	5
Before the Conference	5
During the Session.....	6
Guidelines for the Year-Round Role of the Delegate	6
Policy Amendments.....	6
Rules of Conduct for Reference Committee Hearings.....	9
GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES	10
House of Delegates and during open hearings shall be written only and shall be added to reference committee testimony previously submitted.	10
Preparation of Reports to the House of Delegates	10
Presentation of Reference Committee Reports to the House of Delegates	10
Specific Procedures for Reference Committees	11
Composition	11
Duties.....	11
Procedures.....	11
Reports	12
Credentialing of Delegates/Alternates	14
Annual Allocation of Delegates	14
Seating of Alternates	15
Credentialing for Elections	15
House Procedures	15
House of Delegates Manual	15
Rules of Conduct for the House.....	16
General	16
Control of the Floor	16
Parliamentary Procedure Governing House Session.....	17
Preparations for House Actions	18
Resolutions	18
Reports	18
Guidelines for Nomination and Election	18
Objectives.....	18
Candidates	19
Nominations	19

DM-II-A-2

Nominations from the floor	20
Privileges of Slated Candidates.....	20
Responsibilities of Candidates Nominated from the Floor	20
Candidate Campaign Guidelines.....	21
Balloting.....	22
Disposition of House Actions	23

PREAMBLE

The House of Delegates consists of one delegate from each constituent plus one hundred delegates. "The Method of Least Proportionate Error" shall be the formula used to calculate the number of delegates allocated annually to each constituent. The delegates are chosen and certified by the constituents. The elected and appointed officers of the Association serve as ex-officio members of the house without a vote. The officers of the House of Delegates are the Speaker of the House who shall also serve as an ex-officio member of the Committee on Policy. The Chief Executive Officer shall delegate the duties associated with the position of secretary and name a person who is not an officer of the Association.

The following Article of the ADHA Bylaws applies:

Article VIII. House of Delegates. Section I. Authority and Responsibility.

The House of Delegates shall be the principal body within the Association responsible for establishing policy for the association and providing direction for matters relating to the practice of dental hygiene. In addition to such other duties set forth in these Bylaws, the House of Delegates shall:

- a) Propose Bylaw amendments to the Board in accordance with Article XVI of these Bylaws
- b) Vote on all matters properly brought before the House of Delegates;
- c) Adopt and amend the Code of Ethics governing the professional conduct of Association's members;
- d) Solicit, process, and communicate membership needs to the Board of Directors;
- e) Elect members to serve on committees established by the House of Delegates.
- f) Elect officers of the Association.

In order to fulfill its duties, basic procedures and rules have been established by the House of Delegates. They are in four sections as follows: General Guidelines for Delegates, General Rules of Conduct for Reference Committees, General Rules of Conduct for Candidates Forum and Standing Rules of the House of Delegates.

Although amendments to these standing rules are generally made during the first meeting of the House of Delegates, any section may be amended during any meeting of the house by a majority of the delegates present and voting.

GENERAL GUIDELINES FOR DELEGATES

Guidelines for House of Delegates Meeting

Before the Conference

A. Become familiar with the following reference materials:

1. File of materials from previous delegate
2. Minutes of past House of Delegates Meetings
3. ADHA Bylaws and Code of Ethics
4. ADHA Policy Manual
5. Current edition of *ROBERT'S RULES of ORDER, NEWLY REVISED*

B. Suggested order of study:

1. Organization and Operation of the House of Delegates
2. Procedures and Standing Rules of the House of Delegates
3. Registration and credentialing procedures for Delegates
4. Nominations and Elections and Candidates Corner
5. Rules of conduct for Reference Committees
6. Policy manual
7. Summary of proposed resolutions
8. Committee reports
9. Reports of officers
10. ADHA Annual Report
11. Remaining material

C. Further suggestions:

1. If there is more than one delegate, it will be helpful to agree on a division of the manual for close study. Make careful notes for exchange of information.
2. Download new material as it is posted on the HOD website.
3. Keep notes in your manual. Arrange all materials for easy reference.
4. Discuss proposed resolutions with those submitting them if possible.
5. Hold constituent caucus to review material, inform membership and constituents on pertinent issues.
6. Determine issues and concerns requiring action.
7. Help write resolutions following the format for submitting proposed resolutions.
8. Inform members of the opportunity to submit written testimony to reference committees. Prepare beforehand. Forms and sample testimony are on the delegate resources page of the ADHA website.
- 9.

GENERAL GUIDELINES FOR DELEGATES

During the Session

- Attend all appropriate sessions: District, Reference Committees, Forums, House of Delegates.
- Submit testimony to reference committees, forums.
- Consult the Speaker of the House or the association parliamentarian when parliamentary questions arise.

Guidelines for the Year-Round Role of the Delegate

- Be well-informed about ADHA and constituent policies and activities and be attentive to members' attitudes, concerns, and questions.
- Communicate information regarding issues to ADHA, constituent members, and other delegates.
- Maintain a file of relevant information for use by current and succeeding delegates.
- Consider whether policy amendments are necessary.

Policy Amendments

- A. Refer to the following for assistance when making a preliminary draft of the resolution:
 1. District Director
 2. ADHA policy manual
 3. Previous year's delegates' manual
 4. Constituent material
 5. Central office material
 6. File for correspondence
- B. Put the resolution in its final form:
 1. Clearly state the intent. The only subject for debate should be whether or not this will be proper policy for ADHA.
 2. Complete a justification to explain the intent
 3. Anticipate objections and/or questions regarding the solution and answer them in justification.

ELECTRONIC RULES FOR VIRTUAL HOUSE OF DELEGATES

1. USERNAMES.

- 1.1. VERIFICATION OF IDENTITY. The Sergeant-at-Arms, and individuals working under the direction of the Sergeant-at-Arms, shall verify that each delegate username matches an entry on the list of delegates.
- 1.2. CATEGORIZATION OF PARTICIPANTS. Voting delegates shall be placed in a voting-delegates section (or otherwise identified as voting delegates). This categorization shall represent the current roll of voting members for the House of Delegates. Non-voting delegates shall be placed in a non-voting section (or otherwise identified as non-voting delegates). Guests shall be placed in a guest section (or otherwise identified as guests).
- 1.3. ALTERNATE SUBSTITUTING FOR DELEGATE. For an alternate to substitute for a delegate, the chair of the delegation shall email and submit to the Sergeant-at-Arms at sergeant@adha.net and cc: the delegate and alternate. The email shall include the District, State, name of Delegates being replaced, and the name of the Alternate replacing the Delegate. Upon receiving this email, the Sergeant-at-Arms, or an individual acting under the direction of the Sergeant-at-Arms, shall amend the list of delegates accordingly and shall ensure that the newly established delegate is categorized as such in the meeting. The Sergeant-at-Arms shall reply to the e-mail to acknowledge the substitution. The Sergeant-at-Arms shall notify the House of Delegates of such changes during the meeting.

2. MICROPHONES. Participants shall have their microphones disabled except when speaking. The chair, or an individual acting under the direction of the chair, shall enable the microphone of any individual who has the floor.

3. GROUP SETTING. Individuals participating in the virtual meeting in a group setting (more than 1 device in 1 room) must disable all sound, speakers and microphones on all other devices prior to speaking to reduce feedback and background noise.

4. INDIVIDUAL EQUIPMENT. Individuals participating in the virtual meeting shall be responsible for the functionality of their own personal equipment (e.g., computer, tablet, phone, speakers, microphone, camera, Internet connection, etc.).

- 4.1. If a participant's equipment causes a hindrance to the meeting (e.g., audio feedback, glitchy images, excessive background noise, etc.), the chair, or an individual acting under the direction of the chair, shall disable or disconnect the distracting component.
- 4.2. A member's inability to participate in the meeting, if caused by the member's equipment or connection (even an inability to attend or to vote), shall not invalidate the meeting or any of its proceedings.

ELECTRONIC RULES FOR VIRTUAL HOUSE OF DELEGATES

- 4.3. Any questions or issues with technical difficulties shall be e-mailed to webinars@adha.net
5. SEEKING THE FLOOR. To seek the floor, a participant shall click the RAISE HAND button (or similar feature as directed by the chair).
6. VOTING. During a virtual House of Delegates, the voting (including the election of officers) shall be held electronically by a method selected in advance by the Speaker of the House. If technical issues hinder the performance of the electronic voting, a different electronic method may be used.
 - 6.1. TABULATION. In an electronic vote, since the votes are not tabulated by hand, tellers are not appointed. When possible, the tally of the votes shall be displayed to the meeting participants. If such display is not possible, the tally shall be read by the chair or another individual under the direction of the chair.
7. CANDIDATES FORUM.
 - 7.1. ELECTRONIC FORUM. Candidates Forum may be held electronically. Any electronic Candidates Forum shall simulate, as closely as practicable, an in-person Candidates Forum, and the rules applicable to an in-person Candidates Forum shall apply to an electronic Candidates Forum as closely as practicable.
8. ASSISTANTS AND TECHNICIANS. Before and during the virtual House of Delegates, the Speaker of the House shall appoint assistants and technicians as needed to facilitate the operation of the virtual house.
9. REFERENCE COMMITTEE HEARINGS. Reference Committee Meetings and Hearings may be held electronically. Any electronic hearing shall simulate, as closely as practicable, an in-person hearing, and the rules applicable to an in-person Reference Committee Hearing shall apply to an electronic Reference Committee Hearing as closely as practicable.
10. Live streaming, recording, taking screenshots or screensharing of the ADHA House of Delegates meeting, including social media, is prohibited without the expressed written consent of the Board of Directors.
11. ANNOUNCEMENTS

Announcements should not exceed 1 minute and should be made so as to reflect the dissemination of information. Announcements should not be designated for speeches or lectures and made in a positive manner.”

GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES

Reference committees are appointed by the President of the Association in consultation with the Speaker of the House at least 30 days in advance of each House of Delegates meeting to allow publication of appointments and assignments of duties in the delegates' manual. Each reference committee shall consist of five (5) officially certified delegates or alternates, one of who is designated chair. All reference committee personnel shall have attended as a delegate or alternate for at least one previous House of Delegates meeting.

It shall be the duty of the reference committees to consider all reports, recommendations, and resolutions referred to them, as well as conduct open hearings; and report their recommendations to the House of Delegates. The chair of the reference committee shall preside at the open hearings and the meeting at which the report is prepared, both of which should be conducted in accordance with parliamentary procedures. The recommendations of the committee shall be formulated in executive session. Committee recommendations shall be based on hearings, testimony, and information from staff or other authority and in consideration of ADHA's best interests. The committee is not required to base its recommendations on the majority view expressed during open hearings. Minority reports are permitted at the request of the minority when the committee is unable to reach full consensus.

In a virtual House of Delegates session, the chair of the reference committee shall designate a second member of the committee who shall, in the event the chair is unable to do so, preside at committee meetings and present the committee's report to the HOD.

Rules of Conduct for Reference Committee Hearings

- Reference committee hearings are open to all attendees. Audio taping for personal use is permissible.

Members of the association wishing to testify will submit testimony by the Wednesday prior to the opening of the House of Delegates meeting. Members shall designate their testimony as written only or written and verbal. . The committee will allot time based on the number of PRs, PBYS and reports assigned to that committee.

- Members who have submitted testimony by the deadline will be given priority in speaking at the reference committee hearing, as time permits. The reference committee will review all testimony and recommendations, or considerations will be noted in the reference committee report.
- Members will be afforded an opportunity to present specific pertinent questions to the reference committee. A member may submit testimony at any time during the hearing. All testimony received after the Wednesday prior to the beginning of the

GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES

House of Delegates and during open hearings shall be written only and shall be added to reference committee testimony previously submitted.

Preparation of Reports to the House of Delegates

- A reference committee shall recommend to the House of Delegates to adopt, reject, amend, postpone indefinitely, or refer all resolutions which have been assigned to it. Reference committees may offer supporting comments on their recommendations if such are necessary for the House of Delegates' understanding.
- Reference committee recommendations shall be in standard written form as determined by the Committee on Policy.

Presentation of Reference Committee Reports to the House of Delegates

- The reports of the reference committees shall be presented by the chair or designated member of the committee. The house will act on each recommendation of the committee as it is presented.
- In the event of a debate, the chair and members of the reference committee should reply to any questions that come from the floor of the House of Delegates. If the reference committee is unable to reply, the Speaker of the House of Delegates may refer the question.
- The chair of the reference committee does retain the right to vote on all business while presenting the committee's report to the House of Delegates.

GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES

Specific Procedures for Reference Committees

Composition

- The ADHA President shall appoint five officially certified delegates or alternates, including a chair, at least 30 days prior to the House of Delegates meeting.
- There shall be a maximum of four (4) reference committees appointed to review reports and resolutions.
- The chair of the reference committee shall have previously served on an ADHA reference committee.
- Officers, staff and chairs of the committees shall be available for consultation upon request of the reference committee.
- Whenever possible, each district shall be represented on at least one reference committee each year and no reference committee shall have more than one delegate or alternate from the same district.
- No candidate for an ADHA elected office other than candidates for district director may chair or be a member of a reference committee.

Duties

- Each reference committee member shall attend an orientation meeting, facilitated by the Speaker of the House with the assistance of the parliamentarian.
- The reference committee shall review all reports, recommendations, and resolutions, referred to them.
- Report to the House of Delegates on all assigned items after conducting open hearings.

Procedures

- The Committee on Policy will assign the reports to the committees for consideration.
- Hearings are open to all ADHA members.
- Any member of the association may submit testimony.

GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES

- Special forms for use in submitting testimony will be available under House of Delegates resources on the ADHA website and shall be submitted electronically to RCTestimony@adha.net. Delegates should retain copies for presentation at the hearing.
- At the opening of the hearing, the chair will announce the schedule of business and the rules by which the meeting will be conducted.
- Speakers shall state their names before testifying.
- Hearings may be held serially.

Reports

- As soon as the hearing is over, the committee is to go into executive session, and work until the report is complete. Central office will furnish special forms to use in preparing the reports. If the committee cannot reach full agreement, a minority report with justification may be made.
- The Speaker of the House shall report to the reference committee at the start of executive session if any resolutions may be considered out of order.
- The committee may consider several similar resolutions together and make one resolution.
- The committee may present a substitute resolution which becomes the main motion. The maker of the original resolution has the right to place the original resolution on the floor as an amendment by substitution.
- Reference committees shall recommend to the House of Delegates the adoption, rejection, amendment, postponement, referral or substitution of all recommendations and resolutions which have been assigned to them. Supporting statements may be made but are not required.
- The Speaker of the House will review the reference committee report upon completion to ensure proper formatting. The report will be reviewed and signed by all committee members. No changes will be made without the permission of the chair, who should be available for consultation.

GENERAL RULES OF CONDUCT FOR REFERENCE COMMITTEES

- The chair or a designated committee member, if credentialed as a voting delegate, is to present the report to the house. The house will act on each item as it is presented. The chair or designated committee member retains the right to vote on each item as presented.
- Written testimony forms that have been submitted to and reviewed by reference committee are considered part of executive session and are to be secured by staff until action is taken by the House of Delegates. At the conclusion of the House of Delegates meeting, copies of the testimony will be sent to the board of directors and appropriate committees for review.
- Contents of the reference committee reports are considered confidential until they are distributed electronically.

General Rules of Conduct for Candidate's Forum

- The Sergeant-at-Arms will preside. In the event the Sergeant-at-Arms is not available, the Speaker of the House will preside.
- A time clock will be visible to all during the candidate's forum.
- Each candidate must speak on their own behalf and will have five minutes allotted for a speech.
- All ADHA members may attend the forum and question the candidates.
- An ADHA member may direct their question to a candidate of choice. If time permits, candidates may speak to any question whether or not it is directed to them should they so choose.
- Each member may ask only one question at a time and may not ask a second question during the time for the office under consideration until all others who wish to speak have had a turn. The presiding officer may curtail the question time for each office in order to allow time for all. Any time remaining after all offices have been considered may then be used for general questioning.
- Time for the forum will be established within the structure of the program and will be held after the first meeting of the House of Delegates. There will be time allotted at the forum according to the number of candidates running for office.
- Candidates will have a one-minute timeline to respond to questions.

STANDING RULES OF THE HOUSE OF DELEGATES

Credentialing of Delegates/Alternates

Annual Allocation of Delegates

The following formula is the "Method of Least Proportionate Error" and shall be used to determine each constituent's annual allocation of delegates:

- A. Count total voting membership in each constituent as of the last day of the fiscal year preceding House of Delegates meeting.
- B. Count total of all voting members in ADHA as of the last day of fiscal year preceding House of Delegates meeting.
- C. Divide total of all voting members of ADHA into the number of members in each constituent to arrive at a proportion of constituent voting members to total ADHA voting members.
- D. Multiply by the number 100, which is the number of delegates to be allocated to each constituent after each constituent is allocated one delegate. Carry to the fourth decimal. The figure arrived at with this calculation determines the number of delegates to be allocated to each constituent (plus the one delegate already calculated).
- E. Take the whole number from this calculation and assign that number of delegates to that constituent. Example: If Alaska's calculation was 1.0201, using the whole number, Alaska would be assigned 1 additional delegate.
- F. Once all whole numbers have been allocated to constituents, rank four decimal calculations in order from highest to lowest. Allocate the remaining delegates to the constituents with the highest four decimal ranking until all 100 delegates have been allocated.

STANDING RULES OF THE HOUSE OF DELEGATES

G. Each Constituent, therefore, receives:

- 1) One delegate
- 2) Plus, the number of delegates resulting from whole number calculations
- 3) Plus, the number of delegates resulting from the decimal calculations

The delegates are chosen and certified by the constituents. The elected officers and district directors of the association serve as non-voting members of the house.

Credentialing will be validated from the delegate/alternate delegation lists submitted by the constituents and the student delegate lists submitted by the district directors. Individuals not on the list will be credentialed only upon presentation of a current membership card and a letter certifying their delegate/alternate status from the president, secretary or executive director of their constituent or the chair of the delegation.

Seating of Alternates

Substitution of an alternate on the house floor may be arranged by the delegation chair at any time. The chair of the delegation shall fill out the substitution form and submit to the sergeant@adha.net.

Credentialing for Elections

The voting feature shall be enabled for participants in accordance with the list of eligible voters.

House Procedures

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Delegates and Alternate Delegates must be identified according to online protocols listed in directions.

House of Delegates Manual

Agenda to be listed in the House of Delegates manual which is circulated to the delegates 45 days prior to the House of Delegates meeting. Manual to contain under the proper order of business all proposed resolutions, reports of officers, staff, committees, and any business pertinent to the duties of the house.

STANDING RULES OF THE HOUSE OF DELEGATES

Rules of Conduct for the House

General

- Tobacco use and the consumption of alcohol are prohibited in the house and gallery.
- Live streaming and recording of the ADHA House of Delegates meeting, including social media, is prohibited.
- The sessions of the House of Delegates are the professional business meetings of the Association and members of the House of Delegates shall attend /participate in all sessions of the House in business/business casual attire. Members of the House of Delegates shall maintain professionalism and respectful behavior at all times.
- "Session" means the whole time of doing business; "meeting" means each day's portion.
- Any conflict of interest shall be stated before speaking in debate on an issue.

Control of the Floor

Sergeant-at-Arms

- Appointed by the president.
- Must have previously served as an ADHA delegate/alternate, and may not be a candidate for elected position, delegate or alternate.
- Duties:
 - Safeguard the Standing Rules of the House of Delegates.
 - Be present one hour prior to the first meeting of the house and 30 minutes before each successive meeting, to allow delegates to be seated on time.
 - Enforce the rules of seating.
 - Meet with the Speaker of the House
 - Enforce the guidelines for election campaigns.
 - Chair the Candidates' Forum.
 - Perform other duties as requested by the House of Delegates.

Minutes Review Committee

- Appointed by the President
- Comprised of three members to include a chair that has previously served on the House of Delegates Minutes Review Committee.
- Minutes shall contain final vote count in the election of officers.
- Minutes of the Board of Directors and House of Delegates shall follow the same format.

STANDING RULES OF THE HOUSE OF DELEGATES

- The Speaker of the House, parliamentarian, and the staff member responsible for recording actions of the House of Delegates shall meet with members of the minutes review committee.
- Minutes Review Committee members cannot be a reference committee member, or candidate for elected office.
- Upon receipt of the draft of the House of Delegates actions and assignments, each Minute's Review Committee member shall be given ample time to review the draft minutes. Any discrepancies found should be communicated to the chair.
- The House of Delegates minutes review committee and the secretary of the HOD will prepare the minutes for final approval by the Board of Directors.

Parliamentary Procedure Governing House Session

- The rules contained in the current edition of ROBERT'S RULES of ORDER, NEWLY REVISED, shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with the Bylaws and any special rules of order the association may adopt.
- The basic chart of motions (as revised) will be included in the delegates' manual and should be at hand for reference during the meeting.
- Procedure for considering resolutions: Only one substitute motion may be pending at one time to any main motion. This will be the primary amendment. The substitute may have only one minor amendment applied to it at one time. This will be the secondary amendment. Each of these motions will be considered and voted on separately and in reverse order to their proposal.
- When a resolution is presented which amends existing association policy, the entire policy statement shall be open to amendment. However, when a resolution is presented, it is NOT necessary to make editorial changes unless the intent of the resolution is changed. The Committee on Policy will take editorial changes and the Board of Directors will approve prior to publishing.
- Speakers will be limited to three (3) minutes each, but no limit will be placed on the number of times one individual may speak to a question. No person may speak more than once until all others have had the opportunity to speak at least once. The house may vote at any time to limit debate.
- The privilege of debate on the floor of the House of Delegates is limited to the elected officers and district directors of ADHA and members of the House of Delegates. Individuals who are not delegates may speak if requested to do so by the house. Only delegates may make or second a motion.
- Speakers who testify to a proposal may not seek to end debate at the same time.

STANDING RULES OF THE HOUSE OF DELEGATES

Preparations for House Actions

Receipt of resolutions, code of ethics amendments, and reports in central office will be confirmed in writing to the makers within 10 days and shall be considered as executive session material until reviewed and action is taken by the Committee on Policy. The ADHA staff may be relied upon as content experts.

Resolutions

- Must be received by 5:00 p.m. CDT on the last Friday of March before the first meeting of the House of Delegates. Resolutions will then be reviewed by the Committee on Policy.
- Resolutions may be submitted for consideration at any meeting of the House of Delegates with the approval of 2/3 of the delegates seated. Resolutions submitted at the First or Second House require a majority of the delegates seated to be adopted. Resolutions submitted at the Third House require a 2/3 vote of the delegate seated to be adopted.
- Resolutions may be submitted by a district, constituent, component, committee, officer, Board of Directors or any voting member of the Association.
- In a resolution or justification, any agency referred to should be spelled out in full, not identified by initials only. Justifications shall be no more than 250 words and shall be printed in the delegates' manual as approved by the maker.
- Any proposed resolution which is ruled out of order by the Speaker of the House shall be subject to appeal. In all cases this appeal will be debatable by the House of Delegates.

Reports

- All reports and proposed resolutions to the house of delegates are to be distributed to each delegate, alternate and elected and appointed officers not less than 45 days prior to the first meeting of the house of delegates.
- Annual reports will be posted upon completion of the committee work for the year up until the first meeting of the House of Delegates.

Guidelines for Nomination and Election

Objectives

- Provide a method fair to all candidates.
- Provide useful information to delegates.

STANDING RULES OF THE HOUSE OF DELEGATES

Candidates

- All positions shall be elected by the House of Delegates, refer to appropriate bylaws for qualifications.
- Refer to Bylaws, Article VIII, Section 2.A.1 on voting members of this Association.
- Refer to Bylaws, Article VIII, Section 11, for clarification of the rights of voting members.
- Candidates must give strict observance to the Standing Rules of the House of Delegates as they pertain to campaigning.
- No candidate for ADHA elective office other than district director including those nominated from the floor may chair or be a member of a reference committee or the leadership development committee,.
- All candidates must submit an ADHA Candidate for Elected Office bio-data to ADHA Central Office by the last Friday in March. Only electronic submissions will be accepted.
- Any member in good standing may be nominated from the floor of the first meeting of the House of Delegates for any available position.

Nominations

- A call for Bio Data Forms to be submitted to ADHA Central Office for elected ADHA positions shall be made in ADHA on-line publications immediately following the previous ADHA House of Delegates meeting.
- A completed ADHA bio data form with the elected office sought constitutes a nomination for election. A completed ADHA Candidate for Elected Office bio-data form with the elected office sought must be submitted to ADHA Central Office by the last Friday of March prior to the House of Delegates meeting to be considered for nomination.
- Staff at central office will provide the bio-data forms to the Sergeant-at-Arms. The Sergeant-at-Arms will read the slate of candidates at the first meeting of the House of Delegates.
- Individuals who submit to ADHA Central Office after the last Friday of March prior to the House of Delegates meeting must be nominated from the floor of the first meeting of the House of Delegates.
- Delegates may nominate themselves or any member in good standing from the floor at the first meeting of the House of Delegates.
- No other nominations may be made after the close of the first meeting of the House of Delegates.

STANDING RULES OF THE HOUSE OF DELEGATES

Nominations from the floor

- In order to be nominated from the floor, a member must:
 - Be an ADHA Professional Member in good standing
 - Have reviewed the position description and possess the leadership skill sets for the office they intend to seek as outlined by ADHA.
 - Take such action as may be necessary to be nominated from the floor of the applicable House of Delegates in accordance with the House of Delegates Procedures and Standing Rules (see Guidelines for Nomination and Election,)
 - Abide by all requirements of the Standing Rules applicable to nominations from the floor and candidates nominated from the floor (see Guidelines for Nomination and Election)

Privileges of Slated Candidates

- These candidates will be added to the list of persons receiving delegate information and manuals.
- These candidates shall provide professional summaries limited to 200 words and platform statements limited to 400 words (which includes optional photograph) for each elective office. Candidates will be informed of the deadline date to submit these documents and they must be received by central office by that date in order to be included in the Candidates' Corner on-line publication.
- ADHA Central Office will forward the copy of the professional summary and platform statement to the chair of the Committee on Policy for review.

Responsibilities of Candidates Nominated from the Floor

- All candidates nominated at the first house shall participate in Candidates' Forum.
If a candidate is nominated at the first house, that person's ADHA Bio-Data Form for Candidates for Elected Office must be submitted to the Sergeant-at-Arms prior to the Candidates' Forum.
- A candidate must prepare and submit to the Sergeant-at-Arms, sergeant@adha.net, a professional summary limited to 200 words, and a platform statement limited to 400 words. Only professional summaries and platform statements emailed to the Sergeant-at-Arms will be accepted. The word count will be verified by the Sergeant-at-Arms.
- These items shall be available under the House of Delegates resources on the ADHA website at the conclusion of the first house meeting.
- A delegate nominating a candidate from the floor is allowed one nominating speech, not to exceed two minutes in length.

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STANDING RULES OF THE HOUSE OF DELEGATES

Candidate Campaign Guidelines

- Questions regarding campaign guidelines will be addressed by the Committee on Policy prior to the first meeting of the House of Delegates. After the opening of the first House of Delegates, the Sergeant-at-Arms will address any questions concerning the campaign guidelines.
- Candidates' professional summaries (limited to 200 words) and platform statements (limited to 400 words and which include an optional photo) will be published in the Candidates' Corner publication. Electronic word counters are permissible.
- Prior to publication, candidates will review and approve their copy-ready professional summary and platform statement. The Candidates' Corner publication will be posted on the House of Delegates page of the Members-Only website 60 days prior to the House of Delegates meeting.
- Virtual background image, if desired, to be submitted to the Chair of the Committee on Policy 60 days prior to candidate's forum for approval.
- No material other than the information submitted by candidates for the Candidates' Corner publication will be allowed prior to or during House of Delegates meeting. This publication may be utilized in, but is not limited to, social media platforms and email communications once Candidates' Corner is published.
- No campaigning for slated candidates shall occur more than 60 days prior to House of Delegates meeting. Candidates may distribute only their own professional summary and platform statement as presented in the Candidates' Corner publication via mail, phone, fax or another electronic means during this 60-day period .
- If a member in good standing intends to be nominated from the floor during the first House of Delegate business meeting, they may not communicate their intentions to run prior to the nomination or campaign via social media until the close of the First House and the above mentioned requirements have been met.
- After the release of the Candidates' Corner publication, slated candidates may contact district directors to schedule visits during district meetings prior to or during House of Delegates meeting and must speak on their own behalf. All candidates are limited to 10 minutes during their visits within district meetings.
- Under no circumstances may a member of the ADHA Board of Directors and Elected Officers interfere with the elections by endorsing, campaigning, or managing a campaign for a candidate with the exception of self-endorsement and self-campaigning.
- Members of the Board of Directors are not restricted, if asked, from providing first-hand account regarding examples of leadership and/or skillsets for anyone they have served with in a leadership capacity.

STANDING RULES OF THE HOUSE OF DELEGATES

- The Speaker of the House or Sergeant at Arms will be the only individuals to contact a candidate throughout the election process. No communication, email, text, phone, or social media should occur with any sitting Board member, Officer, and/or Association staff member. If contact occurs, such communication should immediately be referred to the Speaker of the House or Sergeant at Arms.
- All candidates may verbally campaign, based on the standing rules.
- Candidates for office are not precluded from participating in House of Delegates meeting activities unless otherwise prohibited by the standing rules or bylaws.

Balloting

- Refer to Bylaws, Article VI, Section 10 for the proper procedures for election of candidates for ADHA office.

Voting Procedure

- The Speaker of the House, and parliamentarian will check the ballots for accuracy.
- Voting will be by electronic ballot. The Sergeant-At-Arms will verify the list of eligible voting delegates currently seated and submit this for distribution of electronic balloting/polling system.
- Electronic voting shall be closed when the Speaker of the House closes balloting and the final number of votes per candidate is documented.
- The Speaker will declare the candidates elected based on final number of votes per candidate.

Election Results

- The Sergeant-At-Arms shall prepare a complete written report consisting of the total number of votes cast for each office, number necessary for election, number received by each candidate and number of illegal votes.
- The Speaker of the House and the Parliamentarian shall review the report for accuracy.
- The Sergeant-At-Arms shall read the following information for each position to the House of Delegates when announcing the results of the election: (1) number of votes cast, (2) number of votes necessary for election, (3) number of illegal votes, and (4) number of votes received by the candidate who meets the minimum necessary for election. When no candidate receives the minimum number of votes necessary for election, the Sergeant-At-Arms shall read the number of votes for each candidate.
- The Speaker will declare the candidates elected based on the final number of votes per candidate.
-

STANDING RULES OF THE HOUSE OF DELEGATES

- Any delegate may move to have the Sergeant-At-Arms report read in total. Such a request will be adopted by a majority vote of the assembly.
- All documentation of electronic ballots, and records are delivered to the secretary of the house for recording in the minutes. The written report shall be entered in full in the minutes. The secretary will be directed to delete the file one week after the House of Delegates meeting.

Disposition of House Actions

- The minutes of the House of Delegates will be approved by the Board of Directors at its fall board meeting.
- All actions of the House of Delegates will be tracked, and a summary of all activity made available for review. Actions of the HOD include:
 - Proposed resolutions
 - Referrals and recommendation from the HOD.
 - Recommendations and referrals from HOD Reference Committees.
- This summary will appear as an addendum to the HOD minutes and will include the following tracking information, as appropriate:
 - Action
 - Disposition
 - Policy reference
 - Key word
 - Current status

FIRST MEETING OF THE HOUSE OF DELEGATES
AMERICAN DENTAL HYGIENISTS' ASSOCIATION
ONE-HUNDRETH SECOND ANNUAL MEETING

Friday, June 27, 2025

11:00AM CDT

1. CALL TO ORDER BY SPEAKER OF THE HOUSE OF DELEGATES:
Valoree Althoff, MHA, BSDH, CPP-T, PRP, Speaker of the House
2. OPENING CEREMONIES
3. CERTIFICATION OF A QUORUM
4. ADOPTION OF AGENDA
5. ADOPTION OF STANDING RULES & PROCEDURES OF THE HOUSE OF DELEGATES
6. APPOINTMENTS
7. SLATE OF CANDIDATES
 - A. PRESENTATION OF THE SLATE
 - B. NOMINATIONS FROM THE FLOOR
8. BUSINESS
9. ANNOUNCEMENTS
10. RECESS

SECOND AND THIRD MEETING OF THE HOUSE OF DELEGATES
AMERICAN DENTAL HYGIENISTS' ASSOCIATION
ONE-HUNDRETH SECOND ANNUAL MEETING

Saturday, June 28, 2025

12:30PM CDT

1. CALL TO ORDER BY THE SPEAKER OF THE HOUSE OF DELEGATES
Valoree Althoff, MHA, BSDH, CPP-T, PRP, Speaker of the House
2. CERTIFICATION OF A QUORUM
3. BALLOTING
4. ANNOUNCEMENT OF ELECTION
5. REPORTS OF REFERENCE COMMITTEES
6. UNFINISHED BUSINESS
7. ANNOUNCEMENTS

(Slight pause before going directly into the 3rd House)

8. INSTALLATION
9. ADJOURNMENT

Based on *Robert's Rules of Order Newly Revised (12th Edition)*

Part 1, Privileged. These motions are listed in order of precedence. A motion can be introduced if it is higher on the chart than the pending motion. § indicates the section from Robert's Rules.							
§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§21	Close meeting	I move to adjourn	No	Yes	No	No	Majority
§20	Take break	I move to recess for ...	No	Yes	No	Yes	Majority
§19	Comfort request	I rise to a question of privilege	Yes	No	No	No	None
§18	Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
Part 2, Subsidiary Motions.							
§17	Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
§16	Close debate	I move the previous question	No	Yes	No	No	2/3
§15	Limit or extend debate	I move that debate be limited or extended.	No	Yes	No	Yes	2/3
§14	Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
§13	Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
§12	Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
§11	Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
Part 3, Main Motion.							
§10	Bring business before assembly (a main motion)	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

Part 4, Incidental Motions. No order of precedence. These motions arise incidentally and are decided immediately.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§23	Enforce rules	Point of Order	Yes	No	No	No	None
§24	Appeal Chair's Decision	I appeal from the decision of the chair	Yes	Yes	Varies	No	Majority
§25	Suspend rules	I move to suspend the rules	No	Yes	No	No	2/3
§26	Avoid main motion altogether	I object to the consideration of the question	Yes	No	No	No	2/3
§27	Divide motion	I move to divide the question	No	Yes	No	Yes	Majority
§29	Demand a rising vote	I call for a division [or rising vote]	Yes	No	No	No	None
§33	Parliamentary law question	Parliamentary inquiry	Yes	No	No	No	None
§33	Request for information	Request for information	Yes	No	No	No	None

Part 5, Motions That Bring a Question Again Before the Assembly.

No order of precedence. Introduce only when nothing else is pending.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§34	Take matter from table	I move to take from the table ...	No	Yes	No	No	Majority
§35	Cancel previous action	I move to rescind ...	No	Yes	Yes	Yes	2/3 or Majority with notice
§37	Reconsider motion	I move to reconsider ...	No	Yes	Varies	No	Majority

Reference Committee A

Proposed Resolutions

1-13

Annual Reports

Board of Directors

ADHA Board Governance Manual Committee

Awards Committee

AR-II-C-1

AR-III-A-1

AR-III-B-1

Reference Committee B

Proposed Resolutions

14-26

Annual Reports

Report of the Organization

Committee on National Boards

Executive Committee

AR-I-A-1

AR-III-C-1

AR-III-E-1

Reference Committee C

Proposed Resolutions

27-36

Annual Reports

Committee on Policy

Institute for Oral Health

Finance Committee

AR-III-D-1

AR-IV-A-1

AR-III-F-1

Reference Committee A

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District II

Staff Support

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PROPOSED RESOLUTION: 1

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following policy:

The American Dental Hygienists' Association (ADHA) supports the establishment of the dental hygiene doctorate degree as the entry-level degree for dental hygienists to enhance clinical competencies, expand the scope of practice, and elevate the profession within the healthcare system by 2032.

Justification: The justification for supporting an entry-level doctorate degree for dental hygienists is grounded in the increasing complexity of patient care, the growing need for advanced clinical skills and autonomy and the expanding role of dental hygienists in interdisciplinary healthcare teams. As oral health is increasingly being recognized as an integral component to overall health, dental hygienists must be equipped with the highest level of education and training to effectively manage a wide range of oral and systemic conditions. An entry-level doctorate would not only elevate the profession by aligning it with other healthcare disciplines that require doctoral-level education but also empower dental hygienists to take on leadership roles, engage in advanced clinical practice, and contribute to research and policy development, ultimately improving patient outcomes and advancing public health.

A significant paradigm shift needs to occur to acknowledge the amount of education that dental hygienists already receive. In many cases, dental hygienists are receiving close to the same amount of college credits as a master's degree, while only obtaining an associate's degree. A Doctoral program could include these additional 10 credits or less as well as incorporate school time in various practice settings and roles to ensure dental hygienists are exposed to alternative settings and career pathways. This could also address workforce issues such as shortages, burn out and frustration over lack of autonomy and career alternatives.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

53 **Final Action:**

54

55 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following which is **currently interim policy**:

The American Dental Hygienists' Association advocates that scaling procedures represent advanced instrumentation, assessment and critical thinking skills and are to be performed exclusively by licensed dental practitioners who have completed this advanced education at an accredited institution and have direct access to the public; other dental professionals aspiring to perform scaling procedures should have a similar educational experience and demonstrate competence.

Justification:

It is essential to uphold evidence-based educational standards for scaling procedures. Scaling is a crucial aspect for periodontal health, requires advanced professional expertise, in-depth knowledge of instrumentation, and specialized clinical skills. In learning scaling procedures, dental hygienists must demonstrate competence in all clinical procedures performed and use scientific evidence to determine when and how scaling procedures should be utilized to improve patient outcomes. Dental hygienists complete almost 3,000 hours of education to develop the foundation and expertise to perform this specialized function.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors**:

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee**:

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 3

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Scaling is the instrumentation of the crown and root to remove biofilm, calculus, and stains. It is the procedure indicated for the treatment of patients with healthy gingiva or gingivitis.

Justification: There is no definition for this key term that is within the dental hygiene scope of practice.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 4

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Scaling and root planing (SRP) is a definitive procedure to remove cementum or surface dentin characterized by roughness related to subgingival deposits or impregnated with calculus, thus contaminated with toxins or microorganisms. The objective of therapeutic SRP is to remove as little root structure as possible to return adjacent tissues to health.

Justification There is no definition for this key term that is within the dental hygiene scope of practice.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 5

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Periodontal debridement is the removal of all subgingival oral biofilm and its byproducts, biofilm retentive factors, and calculus-embedded cementum during instrumentation while preserving as much tooth surface as possible.

Justification There is no definition for this key term that is within the dental hygiene scope of practice.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

2
3 **Proposed By:** Board of Directors
4

5 **RESOLUTION:** That ADHA adopt the following which is **currently interim policy:**
6

7 The American Dental Hygienists' Association advocates that the administration of local
8 anesthesia requires advanced technical, assessment, and critical thinking skills. This
9 procedure should be performed exclusively by licensed dental practitioners who have
10 completed advanced education at an accredited institution and have direct access to the
11 public. Other dental professionals aspiring to administer local anesthesia should have a
12 similar educational experience and demonstrate competence.
13

14 **Justification** This policy emphasizes patient safety, professional accountability, and the
15 importance of specialized education to ensure optimal outcomes.
16 Administering local anesthesia is a complex procedure that requires a thorough
17 understanding of human anatomy, pharmacology, and potential complications. Licensed
18 dental practitioners who have completed advanced education at accredited institutions
19 possess the expertise needed to minimize risks associated with local anesthesia, such as
20 nerve damage, adverse drug reactions, or systemic complications. Ensuring that only
21 qualified professionals perform this procedure safeguards patient safety and upholds the
22 highest standards of care.
23

24 The administration of local anesthesia involves critical decision-making and precise
25 technical skills. Accredited educational programs provide comprehensive training,
26 including hands-on clinical practice, to develop these competencies. Requiring advanced
27 education ensures that dental practitioners are adequately prepared to perform this
28 procedure, addressing both routine and complex scenarios. Other dental professionals
29 aspiring to administer local anesthesia should undergo comparable education and
30 demonstrate competence to maintain consistent standards across the profession.
31 Allowing only licensed dental practitioners with advanced education and direct public
32 access to administer local anesthesia reinforces public confidence in the dental profession.
33 Patients trust that their care providers have the necessary qualifications to perform
34 procedures safely and effectively. Expanding access to care by enabling trained
35 professionals to administer local anesthesia ensures timely and efficient delivery of
36 services, particularly in underserved areas.
37

38 Restricting the administration of local anesthesia to those with appropriate training aligns
39 with the ethical responsibility of dental professionals to prioritize patient welfare.
40 Advanced education fosters a deeper understanding of the ethical, legal, and practical
41 implications of administering anesthesia, ensuring that practitioners are equipped to
42 handle their responsibilities with integrity and professionalism.
43

44 Establishing uniform educational requirements for administering local anesthesia ensures
45 consistency in practice across the dental profession. This standardization reduces
46 variability in skill levels and enhances the overall quality of care. By advocating for
47 comparable training for all professionals performing this procedure, the ADHA promotes
48 equity in competency and accountability.
49

50 This policy reflects a commitment to safeguarding patient safety, advancing professional
51 standards, and ensuring equitable access to high-quality care. By requiring advanced

52 education and demonstrated competence, the policy supports a framework that prioritizes
53 the well-being of patients and the integrity of the dental profession.
54

- 55 ☒ Finds acceptable for consideration
56 ☐ Makers were asked to withdraw
57 ☐ Considers inappropriate as administrative or procedural matter
58 ☐ Considers this an ongoing procedure
59 ☐ Included in proposed budget
60 ☐ Considers in conflict with ADHA Bylaws
61 ☐ Considers in conflict with existing policy
62 ☐ Considers this a duplication of current policy
63 ☐ No comment
64 ☐ Comment:
65

66 Action recommended by the **Board of Directors:**
67

68 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other
69

70 **Comment:**
71

72 Action recommended by the **Reference Committee:**
73

74 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other
75

76 **Final Action:**
77

78 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 7

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following which is **currently interim policy**:

The American Dental Hygienists' Association affirms that any individual seeking to practice dental hygiene in the United States must complete a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA) and meet the clinical training, examination, and practice requirements necessary to obtain a dental hygiene license.

Justification The ADHA opposes policies that support dental students, residents, and internationally educated dentists pursuing alternative pathways to obtain dental hygiene licensure and practice in the United States.

Allowing individuals in roles complementary to dental hygiene to practice the profession without completing the extensive education and practical training required of dental hygienists' compromises patient safety and undermines the standards of the dental hygiene profession.

U.S. dental hygiene education, as provided by CODA-accredited programs, is highly comprehensive and includes significant faculty supervision to maintain the highest standards of practice. The curriculum and training for dentists are not equivalent to those required for dental hygienists.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors**:

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee**:

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 8

ASSIGNMENT: A

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following policy:

The American Dental Hygienists' Association supports the utilization of internationally educated dentists, dental students and dental residents to work as dentists to address the workforce shortage and increase access to care.

Justification Dental students, dental residents, and internationally educated dentists already have pathways to provide dental care, with states having established rules and regulations to address their functions. This new policy supports the utilization of these individuals to help address the workforce shortage of dentists and increase access to care. According to the CareQuest Institute for Oral Health, approximately 68.5 million American adults do not have access to dental insurance, and more than 56 million Americans live in areas with a shortage of dental professionals.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 9

ASSIGNMENT: A

Proposed By: Committee on Policy

RESOLUTION: That ADHA adopt the following policy:

The American Dental Hygienists' Association advocates for practice within the scope of dental hygiene only after the practitioner has completed a nationally accredited program with minimum standards recognized by national and international dental hygiene association guidelines.

Justification This demonstrates that our profession intends to set and enforce its own standards.

- ☒ Finds acceptable for consideration
☐ Makers were asked to withdraw
☐ Considers inappropriate as administrative or procedural matter
☐ Considers this an ongoing procedure
☐ Included in proposed budget
☐ Considers in conflict with ADHA Bylaws
☐ Considers in conflict with existing policy
☐ Considers this a duplication of current policy
☐ No comment
☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 10

ASSIGNMENT: A

Proposed By: Derik J. Sven, MBA, MPH, RDH, CDT, FADHA

RESOLUTION: That ADHA adopt the following policy:

ADHA supports residency requirements for licensed oral health practitioners prior to engaging in autonomous practice.

Justification: Currently, general dentistry does not mandate the completion of a formal residency or require supervised procedural experience before practitioners are permitted to independently provide complex care to the public. Procedures such as implant placement, endodontic therapy, and surgical extractions are performed without the obligation of clocked hours in supervised settings. This stands in stark contrast to the medical and veterinary professions, where structured residencies are required for physicians, surgeons, nurse practitioners, and physician assistants as a baseline for safe, independent care.

If dental hygiene is to lead with credibility in the movement toward increased autonomy, we must first demonstrate our commitment to the same standards of safety, competence, and public accountability. Supporting minimal residencies in collaborative dental practice prior to autonomy is not only responsible, it is essential. This position reinforces our profession's long-standing emphasis on evidence-based care, patient safety, and interprofessional respect. It also sets a precedent, showing the broader dental community what true regulatory leadership should look like.

ADHA's support of residency requirements will place us at the forefront of meaningful reform in oral health care, advocating not just for expanded roles, but for the rigor and structure those roles demand.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☐ Adopt ☐ Adopt as amended ☒ Refer ☐ Reject ☐ Other

Comment: The Board recommends referral of this PR to the Board for consideration after July 1. The topic of adding residency requirements aligns with advanced entry-level education models and would be most appropriately discussed following the House of Delegates' decisions regarding entry-level education.

52 Action recommended by the **Reference Committee:**

53
54 ___ Adopt ___ Adopt as amended ___ Refer ___ Reject ___ Other

55
56 **Final Action:**

57
58 ___ Adopted ___ Adopted as amended ___ Referred ___ Rejected ___ Other

PROPOSED RESOLUTION: 11

ASSIGNMENT: A

Proposed By: Montana DHA, Utah DHA, Wyoming DHA, Cynthia Fong (CO), Janet Primano (HI), Betty Howard (MD), Susann P. Kirchner RDH (MI), Angelina Ricelli (PA), Connie Clark (OH), Susan Johnston (OH), Beth Tronolone (OH)

RESOLUTION: That ADHA rescind **Examinations 2-24:**

~~The American Dental Hygienists' Association supports the elimination of the clinical licensure examination and recognizes that graduates of dental hygiene accredited programs are competent for licensure.~~

Justification: Since the 2024 ADHA HOD adopted this policy, several organizations are actively planning to weaken the profession of dental hygiene. Actions that have occurred within the last several months:

- o DENTAL ACCESS MODEL ACT: advocates for dental assistants to perform scaling. Adopted by the American Dental Association (ADA); supported by the American Legislative Exchange Council (ALEC); supported by the Missouri Dental Association; and by the Wisconsin legislation.

- o MASSACHUSETTS BILL H 4842: individuals, including internationally trained dentists could obtain dental hygiene licensure by passing a standardized board examination without any formal dental hygiene education.

- o AMERICAN DENTAL ASSOCIATION: passed resolutions (401, 513, 514B) to allow both dental students and foreign trained dentists to practice dental hygiene in the U.S. without passing a state licensing exam. Erin Haley-Hitz, ADHA President stated in a letter (November 5, 2024) that such actions diminish professional standards and poses "significant risks to educational and professional standards and patient safety". Organizations allege their actions will alleviate the workforce shortages, but such actions will only result in reduced formal dental hygiene education and jeopardize the safety of the public.

This policy conflicts with existing ADHA policies that uphold licensure, regulation and academic standards for the profession of dental hygiene. (ADHA Policy Statements - Examinations 11-92/21-83; Regulatory Agencies 28-00/2-82; Competence 40-82; Credentialing Regulatory Agencies 22-00/21S-93; Examinations 2-02; and Accreditation 10-93/24-69).

This policy does not meet the needs of the public who are served by the dental hygiene profession. A national survey revealed that "most Americans oppose removing the hand skills test currently required by most states for dental professionals".¹

Dental hygiene is the only healthcare profession that must assess clinical skills by passing a single encounter clinical examination before licensure. Nevertheless, it is an academic standard that strengthens our profession and should not be eliminated until we become self-regulated; until we have a majority of states possessing a dental hygiene regulatory

board to license and discipline its licensees; until we have an independent dental hygiene test construction commission to create and administer our own national board; and until we eliminate all requirements to practice in any state under the direct/general supervision of a dentist. Granted, other healthcare professions such as nursing and physical therapists are not required to take a clinical examination. However, they are independent, self-regulated, not governed, not disciplined and not licensed by a medical doctor. We must not eliminate any academic standard that diminishes our profession.

ADHA is the only professional association that advocates for our rights. Policies that reduce the academic standards to enter the dental hygiene profession weaken our profession and jeopardize the health/safety of the public.

1American Association of Dental Boards (2025 February 5). "Public Wants Dentists to Prove Practical Hand Skills Before Getting Licensed" (Press Release).

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors**:

☐ Adopt ☐ Adopt as amended ☐ Refer ☒ Reject ☐ Other

Comment: Rescinding this policy would send the wrong message: that we are stepping back from progressive, evidence-based licensure reform. Instead, we should reaffirm our support for education-based competency and work with licensing bodies to modernize evaluation methods that prioritize both public safety and professional excellence.

Keeping this policy demonstrates that ADHA is forward-thinking, aligned with accreditation standards, and committed to fair and equitable licensure practices that still hold patient care and safety as paramount.

Action recommended by the **Reference Committee**:

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 12

ASSIGNMENT: A

Proposed By: Montana DHA, Utah DHA, Wyoming DHA, Cynthia Fong (CO), Janet Primano (HI), Betty Howard (MD), Susann P. Kirchner RDH (MI), Angelina Ricelli (PA), Connie Clark (OH), Susan Johnston (OH), Beth Tronolone (OH)

RESOLUTION: That ADHA amend Licensure & Regulation/Examinations 1S-18/1-08 to read:

The American Dental Hygienists' Association supports elimination of the [live](#) patient procedure-based, single encounter clinical examination for candidates who are graduates of Commission on Dental Accreditation (CODA) accredited dental hygiene programs and who are eligible to take the National Board Dental Hygiene Examination.

Justification: When this policy was originally adopted in 2008 and amended in 2018, the only platform for a patient procedure based clinical examination was a live patient examination. Currently, a SIMULATED CLINICAL PATIENT (mannikin) is extensively used throughout the United States. Although the current wording "implies" the use of live patients, with recent actions by organizations to weaken the dental hygiene profession, ADHA must be meticulous in its policy wording to eliminate any possibility that our policies will be misconstrued to support the hidden agendas of other organizations.

b. The nationwide shift to replace live patient-based examinations with a simulated patient examination has addressed previous ethical concerns regarding using live patient examinations. It has also improved the testing experience for candidates; and mimics the clinical variability found in natural structures.¹

c. This amendment clarifies the policy to support the elimination of live patient procedure-based examinations and not to support the elimination of simulated patient (mannikin) procedure-based examinations. The distinction is critical in the continuing deliberations about licensure examinations.

¹American Board of Dental Examiner Inc. (2025 February 3). "Pioneering Progress: ADEX Sparks Nationwide Change to Simulated Dental Assessments" (Press Release).

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☒ Reject ☐ Other

51 **Comment:** Adding the word "live" is in conflict with existing policy which supports the
52 elimination of the clinical licensure exam and that recognizes graduates of dental hygiene
53 accredited programs are competent for licensure.

54
55 Action recommended by the **Reference Committee:**

56
57 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

58
59
60 **Final Action:**

61
62 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 13

ASSIGNMENT: A

Proposed By: Montana DHA, Utah DHA, Wyoming DHA, Cynthia Fong (CO), Janet Primano (HI), Betty Howard (MD), Susann P. Kirchner RDH (MI), Angelina Ricelli (PA), Connie Clark (OH), Susan Johnston (OH), Beth Tronolone (OH)

RESOLUTION: That ADHA adopt the following policy:

[The American Dental Hygienists' Association is opposed to any policies that reduces or seeks to lower the academic standards for dental hygiene licensure.](#)

Justification:

a. Several organizations are actively planning to weaken the profession of dental hygiene. Actions that have recently occurred over the last several months:

- DENTAL ACCESS MODEL ACT: advocates for dental assistants to perform scaling. Adopted by the American Dental Association (ADA); supported by the American Legislative Exchange Council (ALEC); supported by the Missouri Dental Association; and supported by legislators in the state of Wisconsin.
- MASSACHUSETTS BILL H 4842: individuals, including internationally trained dentists, could obtain dental hygiene licensure by passing a standardized board * without any formal dental hygiene education.
- AMERICAN DENTAL ASSOCIATION: passed resolutions (401, 513, 514B) to allow both dental students and foreign trained dentists to practice dental hygiene in the U.S. without passing a state licensing exam. Erin Haley-Hitz, current ADHA President stated in a letter (November 5, 2024) that such actions diminish professional standards and poses "significant risks to educational and professional standards and patient safety". Organizations allege their actions will alleviate the workforce shortages, but such actions will only result in reduced formal dental hygiene education and jeopardize the safety of the public.

b. Although ADHA has existing policies that maintains its formal education and licensure requirements (ADHA Policy Statements: Examination 11-92/21-83; Regulatory Agencies 26-00/2/82; Competence 40-82; Credentialing 22-00/21S-93; Examinations 2-02; Accreditation 10-93/24-69) this policy is explicit and unambiguous in ADHA's support of formal academic standards to protect the dental hygiene profession, ensuring the quality-of-care provided by dental hygienists, and protecting the health and safety of the public.

- ☐ Finds acceptable for consideration
- ☒ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment

51 **X** Comment: Policy is too broad and numerous policies already exist to stand for the
52 goals the makers wish to accomplish.

53
54 Action recommended by the **Board of Directors**:

55
56 ___ Adopt ___ Adopt as amended ___ Refer **X** Reject ___ Other

57
58 **Comment:** In agreement with the Committee on Policy.

59
60 Action recommended by the **Reference Committee**:

61
62 ___ Adopt ___ Adopt as amended ___ Refer ___ Reject ___ Other

63
64
65 **Final Action:**

66
67 ___ Adopted ___ Adopted as amended ___ Referred ___ Rejected ___ Other

PROPOSED RESOLUTION: 14

ASSIGNMENT: B

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following policy:

The American Dental Hygienists' Association supports the use of Teledentistry as a safe, effective, and person-centered approach to delivering oral health care, ensuring it meets the same high standards as in-person services while improving access and convenience for patients.

Justification As of April 18, 2023, 22 states have authorized the use of Teledentistry by the dental board or dental practice act regulation. (1)

Teledentistry offers an opportunity to promote better oral health by modernizing access to dental care for all populations, particularly for underserved populations, rural areas, individuals with mobility challenges, and patients with time constraints, dental anxiety or urgent needs. Teledentistry leverages modern technology to provide timely consultations, coaching, referrals, diagnoses, ongoing and follow-up visits, which can lead to improved patient outcomes and continuity of care. Teledentistry provides a streamlined mechanism to increase interprofessional practice and medical-dental collaboration. Additionally, Teledentistry can help reduce the burden of dental practices by improving the patient experience, prioritizing convenience, appealing to multigenerational needs, triaging cases, managing some conditions remotely, and minimizing unnecessary office visits.

By maintaining the same high standards of care as traditional dental services, Teledentistry ensures that patient safety, privacy, and quality are upheld while offering a flexible and convenient alternative to in-person visits. Supporting Teledentistry aligns with the commitment to advancing the field of dental hygiene through innovative practices that meet the evolving needs of patients and healthcare systems. (3)

The American Dental Association adopted an original policy on Teledentistry In 2015 and updated in 2020.

The American Dental Hygienists Association has a broader policy on Telehealth, adopted in 2017. (4)

The most commonly used terminology in state policy making and legislation for telehealth in dentistry is Teledentistry. This policy aligns with industry specific verbiage.

1. <https://oralhealthworkforce.org/wp-content/uploads/2023/04/Variation-in-Teledentistry-Regulation-by-State -NOHC -TFernando Final31.pdf>

2. [Teledentistry poised for vivid future | American Dental Association \(ada.org\)](https://www.ada.org/teledentistry)

3. [ADHA Policy Manual](#)

a. The American Dental Hygienists' Association supports the utilization of technologies, including, but not limited to, telehealth, as a means to reduce oral health disparities. Dental Hygiene Services/Technology 4-17/8-96

4. [American Teledentistry Association – The Teledentistry Leader](#)

☒ Finds acceptable for consideration
☐ Makers were asked to withdraw

52 ____ Considers inappropriate as administrative or procedural matter
53 ____ Considers this an ongoing procedure
54 ____ Included in proposed budget
55 ____ Considers in conflict with ADHA Bylaws
56 ____ Considers in conflict with existing policy
57 ____ Considers this a duplication of current policy
58 ____ No comment
59 ____ Comment:

60

61 Action recommended by the **Board of Directors:**

62

63 **X** Adopt ____ Adopt as amended ____ Refer ____ Reject ____ Other

64

65 **Comment:**

66

67 Action recommended by the **Reference Committee:**

68

69 ____ Adopt ____ Adopt as amended ____ Refer ____ Reject ____ Other

70

71 **Final Action:**

72

73 ____ Adopted ____ Adopted as amended ____ Referred ____ Rejected ____ Other

PROPOSED RESOLUTION: 15

ASSIGNMENT: B

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Teledentistry: The use of electronic communication technologies, such as video conferencing, digital imaging, and secure messaging, to deliver oral health care services, including consultations, diagnosis, treatment planning, patient education, and follow-up care, remotely and in real-time or asynchronously. Teledentistry aims to expand access to dental care, improve patient outcomes, and enhance the efficiency of dental practice while maintaining high standards of care.

Justification: The glossary term links to the proposed policy.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 16

ASSIGNMENT: B

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Justification: The glossary term links to the proposed policy.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 17

ASSIGNMENT: B

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following glossary term:

Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Justification: The glossary term links to the proposed policy.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Board of Directors4
5 **RESOLUTION:** That ADHA adopt the following which is **currently interim policy:**6
7 The American Dental Hygienists' Association supports the role of dental hygienists in
8 screening patients of all ages for airway health as an integral part of comprehensive
9 patient care, recognizing its importance in oral health and function, craniofacial growth
10 and development, disease prevention, early detection of Upper Airway Resistance
11 Syndrome, Obstructive Sleep Apnea and mouth breathing.12
13 **Justification** It is essential for dental hygienists to screen patients of all ages for airway
14 health as part of a holistic approach to comprehensive patient care. Airway health directly
15 impacts oral health and function, craniofacial growth, development, and overall well-
16 being.17
18 Early detection and prevention are critical, particularly in identifying conditions such as
19 Upper Airway Resistance Syndrome (UARS), Obstructive Sleep Apnea (OSA), and mouth
20 breathing, which can significantly affect patients' quality of life if left unaddressed. By
21 incorporating airway screenings into routine assessments, dental hygienists can play a key
22 role in identifying these conditions early and facilitating timely interventions, helping to
23 prevent more serious health issues.24
25 This interim policy supports the growing body of evidence linking airway health to oral and
26 systemic health. It reflects the ADHA's commitment to expanding the scope of practice for
27 dental hygienists in a way that promotes preventative care, supports early diagnosis, and
28 ensures comprehensive, patient-centered care. As the practice of orofacial myology for
29 the RDH has faced scrutiny recently, we must be nimble and forward-thinking that
30 hygienists practicing in the emerging practice of sleep dentistry may also face the same
31 scrutiny, the association must exercise forethought and support the RDH in emerging
32 modalities as they are proving to be essential to the health and well-being of the patient's
33 we serve. This interim policy can strengthen our existing autonomy policy and orofacial
34 myology.35
36 IAOM Letter of Support

- 37
-
- 38
- ☒
- Finds acceptable for consideration
-
- 39
- ☐
- Makers were asked to withdraw
-
- 40
- ☐
- Considers inappropriate as administrative or procedural matter
-
- 41
- ☐
- Considers this an ongoing procedure
-
- 42
- ☐
- Included in proposed budget
-
- 43
- ☐
- Considers in conflict with ADHA Bylaws
-
- 44
- ☐
- Considers in conflict with existing policy
-
- 45
- ☐
- Considers this a duplication of current policy
-
- 46
- ☐
- No comment
-
- 47
- ☐
- Comment:

48
49 Action recommended by the **Board of Directors:**50
51 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

52

53 **Comment:**

54 Action recommended by the **Reference Committee:**

55

56 ___ Adopt ___ Adopt as amended ___Refer ___ Reject ___ Other

57

58

59 **Final Action:**

60

61 ___ Adopted ___ Adopted as amended ___Referred ___ Rejected ___ Other

2
3 **Proposed By:** Board of Directors

4
5 **RESOLUTION:** That ADHA adopt the following which is **currently interim policy:**

6
7 The American Dental Hygienists' Association (ADHA) recognizes the importance of
8 minimally invasive care (MIC) in dentistry to promote optimal oral health outcomes.
9 Dental hygienists are integral members of the healthcare team and play a vital role in
10 delivering person-centered care that prioritizes prevention, early detection, and minimally
11 invasive treatment strategies.

12 The ADHA supports the following principles of minimally invasive dentistry:

- 13 1. **Prevention First:** Emphasizing evidence-based preventive care, including home
14 care instructions, to reduce the risk of caries, periodontal disease, and other oral
15 health conditions.
- 16 2. **Risk Assessment:** Utilizing advanced diagnostic tools and techniques to identify
17 individual risk factors and develop personalized, evidence-based care plans based
18 on the patient's risk factors and needs.
- 19 3. **Biofilm Management:** Perform regular and precise removal of biofilm and calculus
20 to prevent disease progression.
- 21 4. **Early Intervention:** Advocating for early diagnosis and treatment by the use of
22 non-invasive or micro-invasive techniques to preserve natural tooth structure and
23 minimize the need for restorative procedures.
- 24 5. **Education and Collaboration:** Educating patients about oral-systemic connections
25 and empowering them to participate in their care while collaborating with
26 interdisciplinary teams to ensure comprehensive health management.
- 27 6. **Behavioral Support:** Encourage habits that reduce the risk of caries and
28 periodontal disease, such as tobacco cessation and nutritional counseling, including
29 sugar management.
- 30 7. **Sustainable Practices:** Supporting minimally invasive approaches that align with
31 environmentally sustainable practices in dentistry.

32
33 **Justification :** Dental hygienists are licensed practitioners that are uniquely qualified to
34 provide preventive services, deliver patient education, and perform minimally invasive
35 strategies. The ADHA encourages the adoption of minimally invasive care in dentistry
36 across all settings and supports ongoing professional development to advance these
37 practices. Minimally invasive care in dentistry focuses on prevention and early
38 intervention, which often reduces cost and anxiety to the patient, while contributing to
39 productive business practices. Dental hygienists are critical to implementing minimally
40 invasive care in dentistry through their preventive expertise, patient-centered care, and
41 interdisciplinary collaboration.

42 **Resources:**

43 White Paper on Minimally Invasive Dental Care - Santa Fe Group
44 Minimally Invasive Care | CareQuest Institute for Oral Health
45 p_minimallyinvasivedentistry.pdf
46 Clinical Practice Guidelines and Evidence | American Dental Association
47 Minimally invasive dentistry - The Journal of the American Dental Association
48 Free Dental CE - Drill Less, Smile More: Profitable Minimally Invasive Techniques -
49 11/26/24

50 ☒ Finds acceptable for consideration
51 ☐ Makers were asked to withdraw
52 ☐ Considers inappropriate as administrative or procedural matter
53 ☐ Considers this an ongoing procedure
54 ☐ Included in proposed budget
55 ☐ Considers in conflict with ADHA Bylaws
56 ☐ Considers in conflict with existing policy
57 ☐ Considers this a duplication of current policy
58 ☐ No comment
59 ☐ Comment:
60
61 Action recommended by the **Board of Directors**:
62
63 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other
64
65 **Comment:**
66 Action recommended by the **Reference Committee**:
67
68 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other
69
70
71 **Final Action:**
72
73 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 20

ASSIGNMENT: B

Proposed By: Committee on Policy

RESOLUTION: That ADHA amend **Dental Hygiene Services/Technology 4-17/8** to read:

The American Dental Hygienists' Association supports the utilization of technologies, ~~including, but not limited to, telehealth,~~ as a means to reduce oral health disparities.
Dental Hygiene Services/Technology 4-17/8-96

Justification: This makes for a more succinct and broad policy as there are many technological means that can be utilized.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 21

ASSIGNMENT: B

Proposed By: Committee on Policy

RESOLUTION: That ADHA amend **Dental Hygiene Services 11-13/46-80** to read:

The American Dental Hygienists' Association advocates for dental hygienists owning and operating dental hygiene practices, ~~and~~ entering into provider agreements, ~~and~~ and/or receiving direct and third-party payments /reimbursements for services rendered.

Justification: The committee felt this specification and update necessary due to the different arrangements that exist for business owners or independent providers.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

1 **PROPOSED RESOLUTION: 22**

ASSIGNMENT: B

2
3 **Proposed By:** Committee on Policy

4
5 **RESOLUTION:** That ADHA amend by substitution **Prevention 4S-12** to read:

6
7 ~~The American Dental Hygienists' Association advocates an oral assessment and~~
8 ~~establishment of a dental home for all children soon after the eruption of the first primary~~
9 ~~tooth or by twelve months of age.~~

10 **Prevention**

~~4S-12~~

11 The American Dental Hygienists' Association advocates for an oral assessment and the
12 establishment with an oral care provider for all children by the eruption of their first
13 primary tooth or no later than 12 months of age

14
15 **Justification:** This updates the policy to be broader and to encourage pediatric patients
16 to have initial dental examinations/assessments from an early age.

- 17
18 ☒ Finds acceptable for consideration
19 ☐ Makers were asked to withdraw
20 ☐ Considers inappropriate as administrative or procedural matter
21 ☐ Considers this an ongoing procedure
22 ☐ Included in proposed budget
23 ☐ Considers in conflict with ADHA Bylaws
24 ☐ Considers in conflict with existing policy
25 ☐ Considers this a duplication of current policy
26 ☐ No comment
27 ☐ Comment:

28
29 Action recommended by the **Board of Directors:**

30
31 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

32
33 **Comment:**

34
35 Action recommended by the **Reference Committee:**

36
37 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

38
39
40 **Final Action:**

41
42 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

1 **PROPOSED RESOLUTION: 23**

ASSIGNMENT: B

2
3 **Proposed By:** Committee on Policy

4
5 **RESOLUTION:** That ADHA amend by substitution **Needs Assessment 2-14/3-11** to
6 read:

7
8 ~~A systematic process used to establish priorities for future action using the dental hygiene~~
9 ~~process of care.~~

10 ~~**Needs Assessment**~~ ~~_____~~ ~~**2-14/3-11**~~

11
12 A systematic approach for community care used to establish priorities for future action
13 applying the dental hygiene process of care to community-based healthcare.

14
15 **Justification:** Clarifies the difference between Assessment utilized in a clinical setting,
16 versus Needs Assessment in a community setting. This lays the groundwork for
17 establishing a guideline of community-based standard of care for dental hygiene.

- 18
19 ☒ Finds acceptable for consideration
20 ☐ Makers were asked to withdraw
21 ☐ Considers inappropriate as administrative or procedural matter
22 ☐ Considers this an ongoing procedure
23 ☐ Included in proposed budget
24 ☐ Considers in conflict with ADHA Bylaws
25 ☐ Considers in conflict with existing policy
26 ☐ Considers this a duplication of current policy
27 ☐ No comment
28 ☐ Comment:

29
30 Action recommended by the **Board of Directors:**

31
32 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

33
34 **Comment:**

35
36 Action recommended by the **Reference Committee:**

37
38 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

39
40
41 **Final Action:**

42
43 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Committee on Policy4
5 **RESOLUTION:** That ADHA amend the glossary term for **Interdisciplinary** to read:6
7 **Interdisciplinary** Interprofessional **Care:**8 Two or more healthcare providers working within their respective disciplines
9 who collaborate with the patient and/or caregiver to develop and implement a care plan.10
11 **Justification:** "Interprofessional" is the more modern term in current usage.

- 12
-
- 13
- ☒
- Finds acceptable for consideration
-
- 14
- ☐
- Makers were asked to withdraw
-
- 15
- ☐
- Considers inappropriate as administrative or procedural matter
-
- 16
- ☐
- Considers this an ongoing procedure
-
- 17
- ☐
- Included in proposed budget
-
- 18
- ☐
- Considers in conflict with ADHA Bylaws
-
- 19
- ☐
- Considers in conflict with existing policy
-
- 20
- ☐
- Considers this a duplication of current policy
-
- 21
- ☐
- No comment
-
- 22
- ☐
- Comment:

23
24 Action recommended by the **Board of Directors:**25
26 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other27
28 **Comment:**29
30 Action recommended by the **Reference Committee:**31
32 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other33
34 **Final Action:**35
36 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Virginia4
5 **RESOLUTION:** That ADHA adopt the following Policy:6
7 The American Dental Hygienists' Association supports the unbundling of dental
8 laboratory fees from Current Dental Terminology (CDT) codes to ensure that patients
9 and providers can make collaborative and informed decisions about laboratory selection
10 and materials used in dental prosthetics.11
12 **Justification:** Considering the dental industry's economic challenges, including
13 inflationary pressures and stagnant insurance reimbursement rates, the ADHA
14 recognizes that bundled reimbursement models create unintended incentives that may
15 undermine the quality of patient care. Bundling dental laboratory fees into procedural
16 codes can encourage the use of unregulated or lower-cost dental prosthetics, which
17 may not meet quality, material safety, or ethical standards.

18 Unbundling laboratory fees would:

- 19
- Eliminate financial incentives for selecting unregulated or substandard
 - restorations, promoting higher standards of care.
 - Empower providers and patients to collaboratively choose dental laboratories
 - that meet quality and ethical standards, including those complying with state
 - regulations and employing Certified Dental Technicians (CDTs).
 - Allow dental laboratories to charge appropriate fees for their services without
 - pressure to compromise quality, supporting their ability to uphold OSHA
 - compliance, transparency in materials, and ethical standards.
 - Enhance patient safety by ensuring that laboratory-made dental prosthetics are
 - fabricated with known, regulated materials, reducing the risk of adverse health
 - outcomes associated with inferior products.

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- ☒
- Finds acceptable for consideration
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- 32
- ☐
- Makers were asked to withdraw
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- 33
- ☐
- Considers inappropriate as administrative or procedural matter
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- 34
- ☐
- Considers this an ongoing procedure
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- 35
- ☐
- Included in proposed budget
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- 36
- ☐
- Considers in conflict with ADHA Bylaws
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- 37
- ☐
- Considers in conflict with existing policy
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- 38
- ☐
- Considers this a duplication of current policy
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- 39
- ☐
- No comment
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- 40
- ☐
- Comment:

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42 Action recommended by the **Board of Directors:**43
44 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other45
46 **Comment:**47
48 Action recommended by the **Reference Committee:**49
50 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

52 **Final Action:**

53

54 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Washington4
5 **RESOLUTION:** That ADHA adopt the following Policy:6
7 The American Dental Hygienists' Association supports that the appropriate selection of
8 dental diagnostic codes (International Classification of Disease or ICD-10) and utilization
9 of dental (Current Dental Terminology or CDT) and medical (Current Procedural
10 Terminology or CPT) procedure codes by dental hygienists are essential in providing
11 comprehensive dental care and that dental hygienists need to be knowledgeable of all
12 procedures that can be cross coded in an effort to elevate the healthcare of the public.13
14 **Justification:** "Medical/dental diagnostic coding and procedure coding has become
15 essential to providing health care in a multiplicity of settings for all health care members
16 including dental hygienists. It is important to include medical and dental diagnostic coding
17 and procedure coding in dental/dental hygiene care and treatment planning. It is
18 imperative that dental hygienists have an understanding and ability to fully utilize both
19 types of procedure codes in selecting the appropriate coding of the full scope of dental
20 care provided to the public." Kathy S. Forbes, RDH, BS, FADHA

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- Finds acceptable for consideration
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- Makers were asked to withdraw
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- ☐
- Considers inappropriate as administrative or procedural matter
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- 25
- ☐
- Considers this an ongoing procedure
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- ☐
- Included in proposed budget
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- 27
- ☐
- Considers in conflict with ADHA Bylaws
-
- 28
- ☐
- Considers in conflict with existing policy
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- 29
- ☐
- Considers this a duplication of current policy
-
- 30
- ☐
- No comment
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- 31
- ☐
- Comment:

32
33 Action recommended by the **Board of Directors:**34
35 ☐ Adopt ☒ Adopt as amended ☐ Refer ☐ Reject ☐ Other36
37 **Comment:** The American Dental Hygienists' Association supports ~~that~~ the appropriate
38 selection of dental diagnostic codes (International Classification of Disease or ICD-10) and
39 utilization of dental (Current Dental Terminology or CDT) and medical (Current Procedural
40 Terminology or CPT) procedure codes by dental hygienists ~~are essential~~ in providing
41 comprehensive dental care. ~~and that dental hygienists need to be knowledgeable of all~~
42 ~~procedures that can be cross coded in an effort to elevate the healthcare of the public.~~43
44 **Justification:** Policy statements should be concise and broad based. The wording at the
45 end of the sentence is a justification, not appropriate for a policy statement. Policy
46 statements are largely used as external supporting documents. The last part of the
47 sentence should be part of the justification.48
49 Action recommended by the **Reference Committee:**50
51 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

52 **Final Action:**

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54 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

2
3 **Proposed By:** Board of Directors
4

5 **RESOLUTION:** That ADHA adopt the following policy:
6

7 [The American Dental Hygienists' Association urges the oral health community to adopt](#)
8 [sustainable practices that minimize environmental impact while protecting global health.](#)
9

10 **Justification:** The ADHA is committed to advancing the dental hygiene profession
11 through environmental sustainability. This resolution provides a framework for dental
12 hygienists, practices, and the broader dental community to incorporate sustainability into
13 daily operations without compromising patient care. By aligning with global healthcare
14 sustainability efforts, it supports the shared goal of reducing the environmental footprint
15 of oral healthcare.
16

17 ADHA's sustainability policy reflects the broader commitment of the global oral health
18 community, including the International Federation of Dental Hygiene (IFDH).
19 Sustainability, as defined by the UN World Commission on Environment and Development,
20 involves meeting current needs without jeopardizing the needs of future generations. It
21 requires balancing economic growth, environmental stewardship, and social equity.
22

23 Sustainable practices enhance ecological, human, and economic health. They recognize
24 the finite nature of resources, emphasizing their wise and conservative use with
25 consideration for long-term priorities and impacts. Growing environmental awareness in
26 the healthcare sector has led hospitals and healthcare organizations across the U.S. to
27 adopt sustainable practices that integrate environmental, social, and fiduciary
28 responsibilities.
29

30 In 2021, the World Dental Federation launched a sustainability initiative in partnership
31 with eco-conscious industry leaders. As oral healthcare providers, we have a duty to
32 "reduce the impact of the dental profession on the environment." (FDI World Dental
33 Federation, May 3, 2021.)
34

35 Sustainability in oral healthcare requires a comprehensive approach, balancing economic
36 viability, environmental care, and social well-being. ADHA's principles are grounded in
37 global frameworks, such as those provided by the IFDH and the UN.
38

39 **Sustainable Practices:**

40 Dental professionals are encouraged to:

- 41 • Reduce energy, water, and material consumption through efficient practices.
- 42 • Implement waste management and pollution reduction strategies.
- 43 • Consider the environmental impact of product lifecycles.
- 44 • Support sustainable procurement and ethical sourcing.
- 45 • Advocate for sustainability within the profession and educate patients and
46 colleagues.
- 47 • Engage with communities to promote public health and environmental well-being.
- 48 • Uphold sustainability as part of the profession's code of ethics.

49 This policy aligns the ADHA's efforts with those of key healthcare organizations, such as
50 the American Hospital Association (AHA), American College of Healthcare Executives

(ACHE), and FDI World Dental Federation. These entities emphasize environmental stewardship and social responsibility to enhance both human and environmental health. Sustainability is a collective responsibility. The ADHA is committed to fostering a culture of sustainability within the dental profession, ensuring future generations inherit a healthier planet. This resolution reflects ADHA's dedication to sustainable growth, environmental care, and a global approach to health and well-being.

References:

- UN World Commission on Environment and Development (<https://www.un.org/en/academic-impact/sustainability>)
- FDI World Dental Federation Sustainability in Dentistry Initiative (<https://www.fdiworldddental.org/sustainability-dentistry>)
- UCLA Sustainability (<https://www.sustain.ucla.edu/what-is-sustainability/>)

- ☒ Finds acceptable for consideration
☐ Makers were asked to withdraw
☐ Considers inappropriate as administrative or procedural matter
☐ Considers this an ongoing procedure
☐ Included in proposed budget
☐ Considers in conflict with ADHA Bylaws
☐ Considers in conflict with existing policy
☐ Considers this a duplication of current policy
☐ No comment
☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

Proposed By: Board of Directors

RESOLUTION: That ADHA adopt the following policy:

The American Dental Hygienists' Association (ADHA) supports the National Association of Dental Laboratories' (NADL) model bill for establishing statutory regulations on dental laboratories.

Justification: This model legislation aims to set minimum regulatory standards for dental laboratories and dental technicians at the state level. The NADL model legislation includes key provisions such as requiring all dental laboratories to register with the appropriate regulatory body and employ at least one Certified Dental Technician (CDT). Laboratories would also be required to adhere to OSHA standards for infectious disease control and maintain transparency by disclosing, to dental providers, the material content, potential contraindications, and points of origin for all dental prosthetics.

NADL Model Bill

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 29

ASSIGNMENT: C

Proposed By: Board of Directors

RESOLUTION: That ADHA amend **Licensure Portability 9-21** to read:

The American Dental Hygienists' Association supports the Dentist and Dental Hygienist hygiene Compact to increase licensure portability.

Justification: The ADHA has worked cooperatively for five years with the ADA, Council of State Government, and Department of Defense to prepare the Dentist and Dental Hygienist Compact as the best means for supporting licensure portability throughout the United States.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

Proposed By: Board of Directors

RESOLUTION: That ADHA amend **Credentialing 22-00/21S-93** to read:

The American Dental Hygienists' Association advocates and encourages regulatory agencies to accept an applicant for licensure by credentials if the following minimum criteria are met:

- Graduation from an dental hygiene education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA).
~~dental hygiene program.~~
- Successful completion of the written National Board Dental Hygiene Examination (NBDHE), administered by the ADA Joint Commission on National Dental Examinations (JCND E), both an American Dental Hygienists' Association
~~recognized Dental Hygiene national clinical board dental hygiene examination and regional and/or state board examination.~~
- Successful completion of a Clinical State or Regional Board Examination.
- Possession of a valid dental hygiene license in another state or jurisdiction.
- Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.

Justification: The proposed revisions enhance **clarity, consistency, and precision** in the policy language. Additionally, the updated wording aligns with the language used for foreign-trained dental professionals. By clearly outlining the **minimum criteria** for licensure by credentials, the revised policy eliminates ambiguity, making it easier for regulatory agencies to interpret and apply the requirements. Furthermore, specifying the responsible organizations (e.g., CODA, JCND E) enhances accuracy and aligns the policy with industry standards.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

52 **Final Action:**

53

54 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Board of Directors4
5 **RESOLUTION:** That ADHA adopt the following policy:6
7 The American Dental Hygienists' Association supports the rights of dental hygienists with
8 disabilities and supports the need for employers to provide reasonable accommodation in
9 the workplace. They emphasize the importance of creating a supportive environment that
10 allows all dental hygienists to perform their duties effectively. They support initiatives and
11 pathways for disabled individuals to enter and thrive in the dental hygiene community.12
13 **Justification:** The American Dental Hygienists' Association (ADHA) recognizes the need
14 for an inclusive and equitable professional environment that supports dental hygienists
15 with disabilities. The proposed policy advocates for reasonable accommodations in the
16 workplace and promotes pathways for individuals with disabilities to enter and thrive in
17 the dental hygiene profession. This policy aligns with similar initiatives established by
18 other healthcare organizations, reinforcing the importance of accessibility, inclusivity, and
19 professional development for all practitioners.20
21 Several professional organizations, including the **American Medical Association (AMA)**,
22 **American Nurses Association (ANA)**, and **American Physical Therapy Association**
23 **(APTA)**, have developed policies that promote diversity and inclusion within their
24 respective fields. These policies highlight the necessity of supporting professionals with
25 disabilities through accommodations, workplace protections, and educational
26 opportunities. The proposed policy aligns with these established frameworks, ensuring
27 that dental hygienists receive similar protections and opportunities as other healthcare
28 professionals29
30 The **Americans with Disabilities Act (ADA)** mandates that individuals with disabilities
31 receive reasonable accommodations to ensure equal access to employment and
32 education. The **Joint Commission on National Dental Examinations (JCNDE)**
33 adheres to these guidelines by providing accommodations for dental licensure
34 examinations. The proposed policy further reinforces these legal and ethical standards by
35 advocating for the rights of dental hygienists in the workplace and educational
36 institutions.37
38 Creating a supportive environment for individuals with disabilities strengthens workforce
39 diversity and retention. Studies show that an inclusive work environment leads to
40 increased job satisfaction, reduced turnover, and enhanced professional engagement.
41 The **National Association of Social Workers (NASW)** and the **Society of Hospital**
42 **Medicine (SHM)** have similar initiatives that emphasize the benefits of workplace
43 inclusivity for employee well-being and organizational success.44
45 By fostering an accommodating work environment, the ADHA policy will encourage more
46 individuals with disabilities to pursue and sustain careers in dental hygiene, ultimately
47 addressing workforce shortages and improving patient care accessibility.48 **Supporting Evidence from Other Healthcare Associations**

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- **American Medical Association (AMA):** Policy on Diversity and Inclusion: The
51 AMA has policies that promote diversity and inclusion within the medical workforce,

specifically addressing the need for representation of individuals with disabilities. They support initiatives that create pathways for disabled individuals to enter and thrive in the medical profession.

- **American Nurses Association (ANA):** Workplace Accommodations Policy: The ANA advocates for the rights of nurses with disabilities and supports the need for employers to provide reasonable accommodations in the workplace. They emphasize the importance of creating a supportive environment that allows all nurses to perform their duties effectively.
- **National Council of State Boards of Nursing (NCSBN):** Guidelines for Accommodating Individuals with Disabilities: The NCSBN provides guidelines for state boards of nursing regarding the accommodation of nursing candidates with disabilities during the licensure examination process. This includes suggestions for reasonable adjustments to testing conditions to ensure equitable access.
- **American Psychiatric Association (APA):** Diversity Policy: The APA has a robust diversity policy that includes commitments to enhancing the participation of individuals with disabilities in the field of psychiatry. They promote initiatives aimed at increasing awareness and understanding of the challenges faced by disabled professionals.
- **American Physical Therapy Association (APTA):** Diversity and Inclusion Statement: The APTA has established a commitment to diversity and inclusion, which includes supporting physical therapists and physical therapist assistants with disabilities. They encourage member organizations to adopt policies that facilitate the inclusion of disabled practitioners.
- **Society of Hospital Medicine (SHM):** Position Statement on Diversity: The SHM has a position statement that emphasizes the importance of diversity in the hospital medicine workforce, highlighting the inclusion of healthcare providers with disabilities. They advocate for policies that promote a diverse and inclusive environment in healthcare settings.
- **American Association of Colleges of Nursing (AACN):** Diversity and Inclusion Resource Center: The AACN provides resources and guidelines to nursing schools to promote diversity and inclusion, including the recruitment and retention of disabled students and faculty in nursing programs.
- **National Association of Social Workers (NASW):** Practice Standards: The NASW has practice standards that encourage social workers to advocate for the rights of individuals with disabilities, including those working in the field. They emphasize the importance of creating inclusive environments within social work practice.

These organizations have recognized the importance of policies that protect and empower professionals with disabilities. The proposed policy follows this precedent by advocating for necessary accommodation in dental hygiene workplaces and educational settings.

The proposed **Workplace & Education Accommodations Policy** reflects ADHA's commitment to fostering a profession that values inclusivity, equity, and accessibility. By advocating for reasonable accommodation, the ADHA ensures that all dental hygienists—

103 regardless of physical ability—can contribute meaningfully to the field. This policy not only
104 aligns with broader healthcare standards but also strengthens the profession by fostering
105 a more diverse and resilient workforce.

106 For additional resources and research on healthcare inclusivity, visit the **American Medical**
107 **Association’s Journal of Ethics:** [Health Professionals with Disabilities: Motivating](#)
108 [Inclusiveness and Representation](#).

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- 110 ☒ Finds acceptable for consideration
- 111 ☐ Makers were asked to withdraw
- 112 ☐ Considers inappropriate as administrative or procedural matter
- 113 ☐ Considers this an ongoing procedure
- 114 ☐ Included in proposed budget
- 115 ☐ Considers in conflict with ADHA Bylaws
- 116 ☐ Considers in conflict with existing policy
- 117 ☐ Considers this a duplication of current policy
- 118 ☐ No comment
- 119 ☐ Comment:

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121 Action recommended by the **Board of Directors:**

122

123 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

124

125 **Comment:**

126 Action recommended by the **Reference Committee:**

127

128 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

129

130 **Final Action:**

131

132 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Committee on Policy4
5 **RESOLUTION:** That ADHA rescind **Scope of Practice 8-15/1-88:**6
7 ~~The American Dental Hygienists' Association advocates that dental hygienists, receive~~
8 ~~direct reimbursement for services rendered.~~9
10 **Justification: Scope of Practice 8-15/1-88** is redundant with **Dental Hygiene**
11 **Services 11-13/46-80** which reads, *The American Dental Hygienists' Association*
12 *advocates for dental hygienists; owning and operating dental hygiene practices;*
13 *entering into provider agreements; and receiving direct and third-party payments for*
14 *services rendered* and should be rescinded.

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- Finds acceptable for consideration
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- Makers were asked to withdraw
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- 18
- ☐
- Considers inappropriate as administrative or procedural matter
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- 19
- ☐
- Considers this an ongoing procedure
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- 20
- ☐
- Included in proposed budget
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- 21
- ☐
- Considers in conflict with ADHA Bylaws
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- 22
- ☐
- Considers in conflict with existing policy
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- 23
- ☐
- Considers this a duplication of current policy
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- 24
- ☐
- No comment
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- 25
- ☐
- Comment:

26
27 Action recommended by the **Board of Directors:**28
29 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other30
31 **Comment:**32 Action recommended by the **Reference Committee:**33
34 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other35
36
37 **Final Action:**38
39 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 33

ASSIGNMENT: C

Proposed By: Committee on Policy

RESOLUTION: That ADHA amend **Professional Development 20A-81** to read:

The American Dental Hygienists' Association supports the ~~upgrading of the~~ civil service classification for *dental hygienists* as healthcare diagnosing or treating practitioners.

Justification: Updating this policy allows for the profession of dental hygiene to be classified in the same manner with which other medical professionals are already classified as such.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

3 **Proposed By:** Committee on Policy4
5 **RESOLUTION:** That ADHA amend **Regulatory Agencies 5-12/11-86/7-82** by
6 substitution to read:7
8 ~~The American Dental Hygienists' Association advocates the appointment of the~~
9 ~~proportionate representation of dental hygienists who are graduates of accredited dental~~
10 ~~hygiene programs as full voting and policy-making members of agencies that regulate the~~
11 ~~practice of dental hygiene and administer dental hygiene examinations.~~12
13 The American Dental Hygienists' Association advocates that if professionals outside of
14 dental hygiene serve on the regulatory board overseeing the field, there must be
15 proportionate representation of dental hygienists who are graduates of accredited dental
16 hygiene programs serving as full voting and policy-making members of the agencies that
17 regulate dental hygiene practice and administer licensing examinations.18
19 **Justification:** A policy reflecting advocacy for self-regulation should not have a formula
20 for regulation by another profession, as the policy on regulation by another profession
21 contradicts the policy on self-regulation. Instead, a policy on how to have dental
22 hygienists regulated by a board that is not controlled by dental hygienists should reflect
23 our opposition to it in principle while we propose a minimally oppressive mechanism when
24 the appropriate mechanism, professional autonomy, is not on the table.

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- ☒
- Finds acceptable for consideration
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- 27
- ☐
- Makers were asked to withdraw
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- 28
- ☐
- Considers inappropriate as administrative or procedural matter
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- 29
- ☐
- Considers this an ongoing procedure
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- 30
- ☐
- Included in proposed budget
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- 31
- ☐
- Considers in conflict with ADHA Bylaws
-
- 32
- ☐
- Considers in conflict with existing policy
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- 33
- ☐
- Considers this a duplication of current policy
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- 34
- ☐
- No comment
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- 35
- ☐
- Comment:

36
37 Action recommended by the **Board of Directors:**38
39 ☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other40
41 **Comment:**42
43 Action recommended by the **Reference Committee:**44
45 ☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other46
47 **Final Action:**48
49 ☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 35

ASSIGNMENT: C

Proposed By: Committee on Policy

RESOLUTION: RESOLUTION: That ADHA rescind **Quality Assurance 8-10/49-82:**
~~The American Dental Hygienists' Association supports systems to ensure quality assurance. Quality Assurance 8-10/49-82~~

Justification: Policy is too broad, and the following policies are in the manual:

The American Dental Hygienists' Association advocates the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases.

Dental Hygiene Services 9-96

The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training.

Dental Hygiene Services 28-93/6S-92

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

PROPOSED RESOLUTION: 36

ASSIGNMENT: C

Proposed By: Committee on Policy

RESOLUTION: That ADHA amend **Credentialing 2-17/1-06** to read:

The American Dental Hygienists' Association supports being a credentialing authority for the dental hygiene profession ~~beyond initial licensure.~~

Justification: This demonstrates that our profession intends to set and enforce its own standards.

- ☒ Finds acceptable for consideration
- ☐ Makers were asked to withdraw
- ☐ Considers inappropriate as administrative or procedural matter
- ☐ Considers this an ongoing procedure
- ☐ Included in proposed budget
- ☐ Considers in conflict with ADHA Bylaws
- ☐ Considers in conflict with existing policy
- ☐ Considers this a duplication of current policy
- ☐ No comment
- ☐ Comment:

Action recommended by the **Board of Directors:**

☒ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Comment:

Action recommended by the **Reference Committee:**

☐ Adopt ☐ Adopt as amended ☐ Refer ☐ Reject ☐ Other

Final Action:

☐ Adopted ☐ Adopted as amended ☐ Referred ☐ Rejected ☐ Other

HOW TO SUBMIT TESTIMONY

Testimony to a Reference Committee

Members of the association wishing to testify will submit testimony forms by Wednesday, June 25, 2025. This will allow Reference Committee Members time to review testimony prior to the start of the first House of Delegates, which is 11:00am CDT on Friday, June 27, 2025. All testimony received after the Wednesday prior to the beginning of the House of Delegates and during open hearings shall be written only and shall be added to reference committee testimony previously submitted. ***As a reminder, [testimony to a reference committee](#)*** can only be submitted electronically via the link above.

Members who have submitted testimony by the deadline will be given priority in speaking at the reference committee hearing, as time permits. The reference committee will review all testimony.

Members will be afforded an opportunity to present specific pertinent questions to the reference committee. Testimony designated as verbal, received by the chair during the hearing, will be heard as time allows.

Here are points to assist you in preparing testimony to reference committees:

1. Please indicate whether you are representing yourself, your constituent or the constituents in your district. While all testimony is considered, testimony on behalf of a district carries more weight than that from an individual.
2. Mark whether you want to present your testimony verbally or only in written form. The reference committee will consider all submissions whether written or verbal. With time for the hearing limited to 50 minutes, it is important to avoid confusion over whether or not someone will be coming forward to read testimony.
3. Please share your cell phone number and be available to clarify your testimony should the committee have questions.

Testimony to a Forum

[Testimony to a forum](#) is for members to voice comments and concerns. Once received, staff will disperse the forms to the correct ADHA entity for review.

5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

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Cyndee D. Harmon, RDH	harmcynd@isu.edu	(208) 221-3491	Alternate Delegate

Nevada

Lisa Daniels, RDH	hygienechick@outlook.com	(818) 266-8359	Chair
Brianna Richards, RDH	brianna_clancy44@yahoo.com	(775) 636-2658	Delegate
Kathleen Houge	kathleenhouge@yahoo.com	(775) 230-3432	Alternate Delegate
Brenna Corinne Reynolds, RDH	bcreynolds18@gmail.com	(725) 281-0099	Alternate Delegate

5/21/2025

American Dental Hygienists' Association

House of Delegates 2025

Oregon

		Mobile Number	
Laura Lee Vanderwerf, RDH	lauravanderwerf64@gmail.com	(907) 957-0165	Chair
Lisa Jade Rowley, MS, RDH, CDA, FADHA	lisajrowley.rdh@outlook.com	(503) 568-5825	Delegate
Sandra Busch, RDH	sbusch2156@gmail.com	(503) 369-2156	Delegate
Sara Michelle Hill, RDH	sara.hill@pcc.edu	(503) 860-7918	Alternate Delegate
Tia Morehouse	tia183@gmail.com	(541) 761-4981	Alternate Delegate
Melinda Tenasha Davis, EPDH, RDH	Mtdavis2186@gmail.com	(541) 337-0564	Alternate Delegate

Washington

Heather Marie Anderson, RDH	handers1@ewu.edu	(425) 501-3702	Delegate
Barbara A. Lynch, RDH, BSDH	smile4babs@yahoo.com	(360) 790-3766	Delegate
Sarah C. Jackson, RDH, MSDH	sarahjacksonrdh@gmail.com	(509) 993-3401	Delegate
Jennifer Zbaraschuk, RDH, BSDH, EFDA	rzbar@olypen.com	(360) 460-6680	Delegate
Simona Adna Mateas	Simona.a.mateas@gmail.com	(425) 657-8270	Delegate
Santiago Valdez, RDH	santiago@infinitehygiene.com	(425) 773-9317	Delegate

5/21/2025

American Dental Hygienists' Association

Student Delegates 2025

District I - Maine			
Lila Marie Pierce	lila.pierce@maine.edu	(207) 649-6481	Student Delegate
District II - Connecticut			
Grace Dolores Fernandez	grace.fernandez@ctstate.edu	(347) 551-5476	Student Delegate
District III - Virginia			
Sania Alexandria Pullen	pullensa@vcu.edu	(240) 620-6525	Student Delegate
District IV - Florida			
Nicole Jimenez	nicole.jimenez012@mymdc.net	(407) 334-1011	Student Delegate
District VI - Tennessee			
Curstyn Molloy	curstynl@icloud.com		Student Delegate
District VII - Wisconsin			
Chelsea M. Lieffring	chelsea.prasnicki@gmail.com	(715) 214-6479	Student Delegate
District VIII - Illinois			
Faith Elizabeth Albert	faith.albert2000@gmail.com	(815) 319-9969	Student Delegate
District IX - Texas			
Cindy Nguyen	cindynguyen114@gmail.com	(832) 577-6040	Student Delegate
District X - Colorado			
Tracy Hetherington	tracyhetherington8@gmail.com	(954) 651-2265	Student Delegate
District XI - California			
Francis Yu	franyu42@gmail.com	(949) 878-7999	Student Delegate

Please note - District V does not have a student delegate

IMPORTANT – The House of Delegates will begin promptly at the start times noted below.

Friday June 27, 2025

Meeting	Time
1st HOD	11:00am – 1:00 pm CT
Reference Committee A Hearing	1:30-2:20 pm CT*
Reference Committee B Hearing	2:30-3:20 pm CT*
Reference Committee C Hearing	3:30 – 4:20 pm CT
Reference Committee A Executive Session	2:20 pm CT
Reference Committee B Executive Session	3:20 pm CT
Reference Committee C Executive Session	4:20 pm CT
Candidates Forum	6:00 pm - 8:00 pm CT

*If any reference committee hearing finishes earlier than the scheduled time, the next committee hearing will begin 10 minutes after the previous committee ends.

Saturday June 28, 2025

District Discussions	10:00 am CT
Student Delegate Discussion	11:00 am CT
2 nd HOD Meeting	12:30 CT
3 rd Meeting	Immediately following 2nd HOD