

<b>PR-1</b>	<p>That ADHA adopt the following policy:</p> <p>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.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Referred
<b>PR-2</b>	<p>That ADHA adopt the following policy:</p> <p>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 hygienists, licensed dental therapists and licensed dentists who have completed this advanced education at a Commission on Accreditation (CODA) accredited institution.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.
<b>PR-3</b>	<p>That ADHA adopt the following glossary term:</p> <p>Scaling is the instrumentation of the crown and root to remove oral biofilm, dental calculus, and extrinsic stains.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.
<b>PR-4</b>	<p>That ADHA adopt the following glossary term:</p> <p>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</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted

	possible to return adjacent tissues to health.	
<b>PR-5</b>	<p>That ADHA adopt the following glossary term:</p> <p><b>Periodontal debridement</b> is the removal or disruption of plaque biofilm, its byproducts, and biofilm retentive calculus deposits from coronal tooth surfaces, and root surfaces to reestablish periodontal health and restore balance between the bacterial flora and the host's immune responses.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.</p>
<b>PR-6</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association advocates that the administration of local anesthesia requires advanced technical, assessment, and critical thinking skills. This procedure should be performed exclusively by licensed dental practitioners who have completed advanced education at an accredited institution.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.</p>
<b>PR-7</b>	<p>That ADHA adopt the following policy:</p> <p>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 education, examination, and practice requirements necessary to obtain a dental hygiene license.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.</p>
<b>PR-8</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association supports the utilization of internationally educated dentists, dental students and dental residents to work as dentists to address the</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Rejected.</p>

	workforce shortage and increase access to care.	
<b>PR-9</b>	<p>That ADHA adopt the following policy:</p> <p>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.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.
<b>PR-10</b>	<p>That ADHA adopt the following policy:</p> <p>ADHA supports residency requirements for licensed oral health practitioners prior to engaging in autonomous practice.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Referred.
<b>PR-11</b>	<p>That ADHA rescind <b>Examinations 2-24:</b></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>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Rejected.
<b>PR-12</b>	<p>That ADHA amend <b>Licensure &amp; Regulation/Examinations 1S-18/1-08</b> to read:</p> <p>The American Dental Hygienists' Association supports elimination of the live person 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.</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Rejected
<b>PR-13</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists'</p>	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b>

	Association supports policies that uphold or strengthen the academic standards for dental hygiene licensure.	Adopted as amended by the House of Delegates.
<b>PR-14</b>	<p>That ADHA adopt the following policy:</p> <p>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 persons.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b></p> <p>Adopted as amended by the House of Delegates.</p>
<b>PR-15</b>	<p>That ADHA adopt the following glossary term:</p> <p><b>Teledentistry:</b> The use of electronic communication technologies to deliver oral health care services remotely (synchronously or asynchronously). Teledentistry aims to expand access to dental care, improve person outcomes, and enhance the efficiency of dental practice while maintaining high standards of care.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b></p> <p>Adopted as amended by the reference committee.</p>
<b>PR-16</b>	<p>That ADHA adopt the following glossary term:</p> <p><b>Synchronous</b> (real-time video): Live, two-way interaction between a person (person, caregiver, or provider) and a provider using telecommunications technology.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b></p> <p>Adopted as amended by the reference committee.</p>
<b>PR-17</b>	<p>That ADHA adopt the following glossary term:</p> <p><b>Asynchronous</b> (store and forward): Transmission of recorded health information through a secure electronic communications system to a practitioner, who uses the information to evaluate a person's condition, render a service, or provide recommendations outside of a real-time interaction.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b></p> <p>Adopted as amended by the reference committee.</p>

<p><b>PR-18</b></p>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association supports the role of dental hygienists in screening persons of all ages for airway health as an integral part of comprehensive person-centered care, recognizing its importance in oral health and function, craniofacial growth and development, disease prevention, early detection of Upper Airway Resistance Syndrome, Obstructive Sleep Apnea and mouth breathing.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<p><b>PR-19</b></p>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association (ADHA) recognizes the importance of minimally invasive care (MIC) in dentistry to promote optimal oral health outcomes. Dental hygienists are integral members of the healthcare team and play a vital role in delivering person-centered care that prioritizes prevention, early detection, and minimally invasive treatment strategies.</p> <p>The ADHA supports the following principles of minimally invasive dentistry:</p> <ol style="list-style-type: none"> <li>1. Prevention First: Emphasizing evidence-based preventive care, including home care instructions, to reduce the risk of caries, periodontal disease, and other oral health conditions.</li> <li>2. Risk Assessment: Utilizing advanced diagnostic tools and techniques to identify individual risk factors and develop personalized, evidence-based care plans based on the person's risk factors and needs.</li> <li>3. Biofilm Management: Perform regular and precise removal of biofilm and calculus to prevent disease progression.</li> <li>4. Early Intervention: Advocating for early diagnosis and</li> </ol>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.</p>

	<p>treatment by the use of non-invasive or micro-invasive techniques to preserve natural tooth structure and minimize the need for restorative procedures.</p> <p>5. Education and Collaboration: Educating persons about oral-systemic connections and empowering them to participate in their care while collaborating with interdisciplinary teams to ensure comprehensive health management.</p> <p>6. Behavioral Support: Encourage habits that reduce the risk of caries and periodontal disease, such as tobacco cessation and nutritional counseling, including sugar management.</p> <p>7. Sustainable Practices: Supporting minimally invasive approaches that align with environmentally sustainable practices in dentistry.</p>	
<b>PR-20</b>	<p>That ADHA amend <b>Dental Hygiene Services/Technology 4-17/8</b> to read:</p> <p>The American Dental Hygienists' Association supports the utilization of technologies as a means to reduce oral health disparities.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<b>PR-21</b>	<p>That ADHA amend <b>Dental Hygiene Services 11-13/46-80</b> to read:</p> <p>The American Dental Hygienists' Association advocates for dental hygienists owning and operating dental hygiene practices, entering into provider agreements, and/or receiving direct and third-party payments/reimbursements for services rendered.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<b>PR-22</b>	<p>That ADHA adopt the following policy</p> <p>The American Dental Hygienists'</p>	<p><b>FINAL ACTION BY HOUSE OF</b></p>

	Association advocates for an oral assessment and the establishment with an oral care provider for all children by the eruption of their first primary tooth or no later than 12 months of age.	<b>DELEGATES:</b> Adopted as amended by the House of Delegates.
<b>PR-23</b>	That ADHA amend by substitution <b>Needs Assessment 2-14/3-11</b> to read:  A systematic approach for community-based care used to establish priorities for future action applying the dental hygiene process of care.	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.
<b>PR-24</b>	That ADHA amend the glossary term for <b>Interdisciplinary</b> to read:  <b>Interprofessional Care:</b> Two or more healthcare providers working within their respective professions, who collaborate with the person and/or caregiver to develop and implement a care plan.	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.
<b>PR-25</b>	That ADHA adopt the following policy  The American Dental Hygienists' Association supports the unbundling of dental laboratory fees from Current Dental Terminology (CDT) codes to ensure that persons and providers can make collaborative and informed decisions about laboratory selection and materials used in dental prosthetics.	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.
<b>PR-26</b>	That ADHA adopt the following Policy:  The American Dental Hygienists' Association supports that the appropriate selection of dental diagnostic codes (International Classification of Disease or ICD) and utilization of dental (Current Dental Terminology or CDT) and medical (Current Procedural Terminology or CPT) procedure codes by dental hygienists are essential in providing comprehensive dental care and that dental hygienists need to be knowledgeable of all procedures that	<b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.

	can be cross coded in an effort to elevate the healthcare of the public.	
<b>PR-27</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association supports oral health communities adopting sustainable practices that minimize environmental impact while safeguarding person, provider, and community health.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the House of Delegates.</p>
<b>PR-28</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association (ADHA) supports the National Association of Dental Laboratories' (NADL) model bill for establishing statutory regulations on dental laboratories.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<b>PR-29</b>	<p>That ADHA amend <b>Licensure Portability 9-21</b> to read:</p> <p>The American Dental Hygienists' Association supports the Dentist and Dental Hygienist Compact to increase licensure portability.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<b>PR-30</b>	<p>That ADHA amend <b>Credentialing 22-00/21S-93</b> to read:</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Graduation from a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA).</li> <li>• Successful completion of the written National Board Dental Hygiene Examination (NBDHE), administered by the Joint Commission on National Dental Examinations (JCNDE).</li> </ul>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.</p>



	<ul style="list-style-type: none"> <li>• Successful completion of a Clinical State or Regional Board Examination.</li> <li>• Possession of a valid dental hygiene license in another state or jurisdiction.</li> <li>• Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.</li> </ul>	
<b>PR-31</b>	<p>That ADHA adopt the following policy:</p> <p>The American Dental Hygienists' Association supports the Americans with Disabilities Act and affirms the rights of dental hygienists with disabilities to receive reasonable accommodations that enable them to perform their professional responsibilities effectively and safely.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.</p>
<b>PR-32</b>	<p>That ADHA rescind <b>Scope of Practice 8-15/1-88</b>:</p> <p>The American Dental Hygienists' Association advocates that dental hygienists, receive direct reimbursement for services rendered.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>
<b>PR-33</b>	<p>That ADHA amend <b>Professional Development 20A-81</b> to read:</p> <p>The American Dental Hygienists' Association supports the US Bureau of Labor Statistics classification for dental hygienists as healthcare diagnosing or treating practitioners.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Referred.</p>
<b>PR-34</b>	<p>That ADHA amend <b>Regulatory Agencies 5-12/11-86/7-82</b> by substitution to read:</p> <p>The American Dental Hygienists' Association advocates self-regulation for the profession of dental hygiene. The American Dental Hygienists' Association advocates that if professionals outside of dental hygiene serve on the regulatory board overseeing the field, there must be proportionate representation of dental hygienists who are graduates of a Commission on Dental Accreditation</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted as amended by the reference committee.</p>

	(CODA) accredited dental hygiene programs serving as full voting and policy-making members of the agencies that regulate dental hygiene practice and administer licensing examinations.	
<b>PR-35</b>	<p>That ADHA rescind <b>Quality Assurance 8-10/49-82</b>:</p> <p>The American Dental Hygienists' Association supports systems to ensure quality assurance. Quality Assurance 8-10/49-82</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Rejected.</p>
<b>PR-36</b>	<p>That ADHA amend <b>Credentialing 2-17/1-06</b> to read:</p> <p>The American Dental Hygienists' Association supports being a credentialing authority for the dental hygiene profession.</p>	<p><b>FINAL ACTION BY HOUSE OF DELEGATES:</b> Adopted.</p>