

PROPOSED RESOLUTION #1

Submitted by: Policy & Bylaws Task Force

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BE IT RESOLVED THAT AzDHA:

Retire the following AzDHA policies in favor of comparable ADHA policies: 6-80, 7-80, 12-91, 3-80, 14-82, 22-89, 25-89, 1-97, 2-05, 2-09, 54-80, 55-80, 56-80, 6-82, 4-83, 10-83, 3-88, 5-88, 6-88, 1-89, 23-89, 10-92, 3-07, 2-15, 5-80, 32-80, 1-07, 1-73, 2-80, 6-90, 7-91, 2-04, 10-91, 4-88, 3-95, 4-07, 1-08, 2-08, 4-08, 1-11, and 4-15.

Justification:

The Policy & Bylaws Task Force was convened to review the current AzDHA Policy Manual, Bylaws, and GA Standing Rules. In that review, it was determined that many our existing policies were outdated and redundant to current ADHA policies, or inherent in our [Code of Ethics](#) and [Standards of Clinical Dental Hygiene Practice \(SCDHP\)](#). The Task Force opined, and the Board of Directors concurred that the policies of ADHA, as established by the ADHA House of Delegates which includes Arizona representation, are applicable to Arizona and should not be duplicated in the AzDHA Policy Manual. The Code of Ethics and Standards of Clinical Dental Hygiene Practice are ADHA foundational documents and also applicable to AzDHA.

The 41 policies in this proposed resolution have been found to be closely comparable to those of ADHA and therefore can be retired while still being useful to AzDHA for strategic planning and setting advocacy priorities.

What follows is a side-by-side comparison of AzDHA existing policies recommended for retirement with those of comparable ADHA policies and serves as justification to retire as redundant.

<p>AzDHA policy 6-80 The ASDHA defines acceptable continuing education guidelines as those courses:</p> <ol style="list-style-type: none">1. Which apply to the practice of dental hygiene and promotes optimum health and service to the public2. Are related to the behavioral sciences, management, and administrative programs3. In organizational development related to leadership conferences and officer workshops	<p>ADHA policy – 11-05/9-01/23-92/62-82/13S-93 The American Dental Hygienists’ Association advocates that licensing boards accept continuing education courses for credit in the following areas: dental hygiene process and the professional roles of the dental hygienist. In addition, courses related to behavioral science, management and administration programs as well as courses in organizational development related to leadership.</p>
<p>AzDHA policy 7-80 The ASDHA continue to support cooperative interaction with accredited institutions that provide continuing education.</p>	<p>ADHA policy – 11-79/8-05/10-78 The American Dental Hygienists’ Association advocates collaborative continuing education efforts and exchange of information to promote optimal total health with accredited institutions and other health disciplines that provide continuing education.</p>

<p>AzDHA policy 12-91 The ASDHA advocates continuing education for all dental hygienists to maintain professional competence and to expand scientific knowledge.</p>	<p>ADHA policy – 16-91/11-67 The American Dental Hygienists’ Association advocates continuing education for all dental hygienists to expand scientific knowledge and enhance practice modalities. and 18-15 That ADHA, advocates continued competence, lifelong learning and ongoing professional development for dental hygienists.</p>
<p>AzDHA policy 3-80 The ASDHA supports and encourages the delegation of additional functions to dental hygienists provided that such delegation is based on competence resulting from specific education.</p>	<p>ADHA policy – 9A-78 The American Dental Hygienists’ Association advocates that licensed dental hygienists successfully complete clinical and didactic education before performance of additional functions permitted through a change of state law. and 40-82 The American Dental Hygienists’ Association advocates that expansion of permissible practices of a dental hygienist must be predicated on formal educational preparation.</p>
<p>AzDHA policy 14-82 The ASDHA supports the concept of a dental hygienist as director of dental hygiene programs.</p>	<p>ADHA policy – 5-99/34C-73 The American Dental Hygienists’ Association advocates that dental hygiene educational programs be administered or directed only by educationally qualified actively licensed dental hygienists.</p>
<p>AzDHA policy 22-89 The ASDHA supports ADHA 2-89 as follows: The ADHA opposes any reduction of educational standards and or requirements for initial licensure of dental hygienists.</p>	<p>ADHA policy – 26-00/2-82 The American Dental Hygienists’ Association supports licensure of dental hygienists, who have graduated from an accredited dental hygiene program. and 15-15/13-86 The American Dental Hygienists’ Association supports accreditation standards that prepare entry level dental hygienists to assume all the professional roles of a dental hygienist in a variety of settings to address the oral and overall health care needs of the public. and 10-93/24-69 The American Dental Hygienists’ Association is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational requirements for the dental hygiene scope of practice.</p>

<p>AzDHA policy 25-89 The ASDHA opposes preceptorship training for the practice of dental hygiene.</p>	<p>ADHA policy – 10-93/24-69 The American Dental Hygienists’ Association is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational requirements for the dental hygiene scope of practice.</p>
<p>AzDHA policy 1-97 The ASDHA supports expansion of quality, accredited hygiene programs upon valid and reliable demonstration of a need for additional dental hygienists in the work force.</p>	<p>ADHA policy - 4-11/21-88 The American Dental Hygienists’ Association supports the initiation of new dental hygiene educational programs if:</p> <ul style="list-style-type: none"> • the proposed program has conducted a comprehensive evidence-based needs assessment to support the development and sustainability of the program. It is further documented that an existing institution of higher education cannot meet these needs. • there is documented ongoing manpower need that cannot be met by an existing institution of higher education. • there is a documented ongoing manpower need that cannot be met by dental hygienists. • there is a demonstrated qualified applicant pool. • the program offers an integrated curriculum that culminates in baccalaureate degree in dental hygiene. • the program has financial resources to initiate and maintain dental hygiene educational standards. • the program is supported by the component and constituent dental hygienist associations. • the program meets appropriate accreditation requirements prior to the acceptance of students.
<p>AzDHA policy 2-05 The ASDHA advocates the baccalaureate degree as entry level for dental hygiene education and supports all aspects of formal dental hygiene education which includes certificate, associate, baccalaureate and graduate degrees by an accredited dental hygiene program. The programs shall require a minimum of two academic years of curriculum in a college or institution of higher education. Each level contributes to the advancement of dental hygiene as a profession.</p>	<p>ADHA policy – 3-19/14-86 The American Dental Hygienists’ Association supports all aspects of formal dental hygiene education which includes certificate, associate, baccalaureate, masters and doctoral degree programs. The American Dental Hygienists’ Association declares its intent to establish the baccalaureate degree as the minimum entry level for dental hygiene practice and to further develop the theoretical base for dental hygiene practice.</p>

<p>AzDHA policy 2-09 The ASDHA supports articulation agreements between community college dental hygiene programs and universities for baccalaureate degree completion.</p>	<p>ADHA policy – 12-93/17-74 Certificate and/or Associate Degree Dental Hygiene Programs</p> <ol style="list-style-type: none"> 1. Programs offering certificates and/or associate degrees should provide an education consistent with the associate degree standards of higher education. The certificate and/or associate degree curriculum should be conducted at an educational level that meets the standards for accredited dental hygiene programs. 2. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and dental hygiene sciences content and shall provide a theoretical framework as well as mechanisms for achieving clinical competence when appropriate for all aspects of dental hygiene practice. 3. Certificate and/or associate degree programs are encouraged to develop academic partnerships or articulation agreements with four-year colleges and/or universities to allow the development of integrated baccalaureate degree dental hygiene curricula.
<p>AzDHA policy 54-80 Supervision of the RDH for the performance of preventive or oral prophylactic procedures in unnecessary.</p>	<p>ADHA policy – 13-14/46-80 The American Dental Hygienists' Association affirms that dental hygienists are competent to provide dental hygiene services without supervision.</p>

<p>AzDHA policy 55-80 The ASDHA supports ADHA 45-77 as follows: That the ADHA endorses the implementation of the scope of dental hygiene practice through alternative methods of practice in a variety of settings which would enable the dental hygienists to become a primary care provider of preventive services, thereby delivering increased health care to a greater percentage of the population.</p>	<p>ADHA policy 6-14/27-80 Primary Dental Hygiene Care Provider: The dental hygienist is a primary care oral health professional who administers a range of services which are defined by the scope, characteristics and integration of care. Scope of Primary Care: Consists of the assessment, diagnosis, planning, implementation, evaluation and documentation of procedures for promoting the highest level of health possible to the patient. Characteristics of Primary Care: First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings. Integration of Primary Care: Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time. The American Dental Hygienists' Association identifies a primary care provider of services as any person who by virtue of dental hygiene licensure, graduation from an accredited dental hygiene program, and a defined scope of practice, provides one or more of these services defined under the scope of primary care. and 4-17/8-96 The American Dental Hygienists' Association supports the utilization of technologies, including, but not limited to, telehealth, as a means to reduce oral health disparities.</p>
<p>AzDHA policy 56-80 The ASDHA believe the dental hygienists, as the primary care provider of preventive services, accepts the responsibility for her/his professional services rendered to the patient.</p>	<p>ADHA policy – 1-15/46-80 The American Dental Hygienists' Association maintains that <i>dental hygienists</i> are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions.</p>

<p>AzDHA policy 6-82 The ASDHA supports ADHA 42-81 as follows: believes that the practice of dental hygiene is an integral part of the dental health area delivery system and that services provided by dental hygienists must be performed in cooperation with the dental profession and within the context of the overall dental health needs of the patient.</p>	<p>ADHA policy – 10-10/42-81 The American Dental Hygienists’ Association advocates that dental hygiene practice is an integral component of the health care delivery system and that the services provided by a dental hygienist may be performed in collaboration with other health care professionals within the overall context of the health needs of the patient.</p>
<p>AzDHA policy 4-83 The ASDHA supports the evaluation of the patient’s needs prior to the exposure of dental radiographs.</p>	<p>ADHA policy – 11-10/21-82 The American Dental Hygienists’ Association supports comprehensive risk-based assessment of the patient’s needs prior to and throughout the delivery of oral health services. and SCDHP/18-96 Assessment: The collection and analysis of systematic and oral health data in order to identify client needs.</p>
<p>AzDHA policy 10-83 The ASDHA encourages the practice of measuring and recording blood pressure on patients as an important aspect of evaluating a patient’s health.</p>	<p>ADHA policy – 11-10/21-82 The American Dental Hygienists’ Association supports comprehensive risk-based assessment of the patient’s needs prior to and throughout the delivery of oral health services. and SCDHP/18-96 Assessment: The collection and analysis of systematic and oral health data in order to identify client needs.</p>
<p>AzDHA policy 3-88 The ASDHA supports the use of optimal personal and patient protective procedures in accordance with nationally accepted guidelines in every clinical dental setting, without discrimination and that dental hygienists remain updated on the prevention and transmission of infectious diseases.</p>	<p>ADHA policy – 9-96 The American Dental Hygienists’ Association advocates the Centers for Disease Control and Prevention’s (CDC) guidelines for preventing the transmission of infectious diseases. and Code of Ethics/Standards of Professional Responsibility</p>
<p>AzDHA policy 5-88 The ASDHA opposes direct supervision, as defined by the Arizona Dental Practice Act, of any and all dental hygiene procedures.</p>	<p>ADHA policy - 13-14/46-80 The American Dental Hygienists’ Association affirms that dental hygienists are competent to provide dental hygiene services without supervision.</p>
<p>AzDHA policy 6-88 The ASDHA recognizes that dental hygienists, as primary care providers, are eligible for direct reimbursement.</p>	<p>ADHA policy – 8-15/1-88 The American Dental Hygienists’ Association advocates that dental hygienists receive direct reimbursement for services rendered.</p>

<p>AzDHA policy 1-89 The ASDHA reaffirms ASDHA 6-81, that the dental hygienist is responsible for the patient's oral health care as it relates to dental hygiene practice and is capable of providing dental hygiene services without supervision.</p>	<p>ADHA policy 13-14/46-80 The American Dental Hygienists' Association affirms that dental hygienists are competent to provide dental hygiene services without supervision. and 1-15/46-80 The American Dental Hygienists' Association maintains that dental hygienists are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions.</p>
<p>AzDHA policy 23-89 The ASDHA supports third party patient reimbursements for covered services performed by dental hygienists which are legally within the scope of dental hygienists.</p>	<p>ADHA policy – 8-15/1-88 The American Dental Hygienists' Association advocates that dental hygienists, receive direct reimbursement for services rendered.</p>
<p>AzDHA policy 10-92 The ASDHA supports the current OSHA standards.</p>	<p>ADHA policy - 28-93/6S-92 The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training.</p>
<p>AzDHA policy 3-07 The ASDHA advocate that oral health professionals be aware of and sensitive to cultural and linguistic differences.</p>	<p>ADHA policy – 9-07 The American Dental Hygienists' Association advocates cultural and linguistic competence for health professionals.</p>
<p>AzDHA policy 2-15 The ASDHA advocates for the use of teledentistry for collaborative treatment.</p>	<p>ADHA policy – 4-17/8-96 The American Dental Hygienists' Association supports the utilization of technologies, including, but not limited to, telehealth, as a means to reduce oral health disparities.</p>
<p>AzDHA policy 5-80 The ASDHA supports the availability of primary preventive dental programs and emergency dental care to all people.</p>	<p>ADHA policy – 29-87 The American Dental Hygienists' Association supports the availability and accessibility of quality, cost-effective oral health care.</p>
<p>AzDHA policy 32-80 The ASDHA members be alert to possible cases of child abuse and to be aware of their professional responsibility to report such cases to the proper authorities.</p>	<p>ADHA policy – 26-00/25-82 The American Dental Hygienists' Association advocates that dental hygienists, as health care professionals, are responsible for taking appropriate action in suspected abuse and neglect cases.</p>
<p>AzDHA policy 1-07 The ASDHA believes that dental hygienists are ethically and morally responsible to provide dental hygiene care to all patients using standard precautions.</p>	<p>ADHA Code of Ethics, Standards of Professional Responsibility and 9-96 The American Dental Hygienists' Association advocates the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases.</p>

<p>AzDHA policy 1-73 The ASDHA supports continuing education requirements for dental hygiene licensure renewal. Some provisions to be made for out of state and retired hygienists licensed in Arizona.</p>	<p>ADHA policy – 16-91/11-67 The American Dental Hygienists’ Association advocates continuing education for all dental hygienists to expand scientific knowledge and enhance practice modalities. and 7A&B-95/19-82/15-91 The American Dental Hygienists’ Association advocates current basic life support health care provider course completion and mandatory continuing education for all dental hygienists for maintaining and reinstating dental hygiene licensure.</p>
<p>AzDHA policy 2-80 The ASDHA supports the concept of yearly certification of Cardio-Pulmonary Resuscitation as a requirement for licensure for Arizona practicing dentists and dental hygienists.</p>	<p>ADHA policy – 7A&B-95/19-82/15-91 The American Dental Hygienists’ Association advocates current basic life support health care provider course completion and mandatory continuing education for all dental hygienists for maintaining and reinstating dental hygiene licensure.</p>
<p>AzDHA policy 6-90 The ASDHA shall support increased dental hygiene representation on the Arizona State Board of Dental Examiners.</p>	<p>ADHA policy 5-12/11-86/7-82 The American Dental Hygienists’ Association advocates self-regulation for the profession of dental hygiene. The American Dental Hygienists’ Association advocates the appointment of the proportionate representation of dental hygienists who are graduates of accredited dental hygiene programs as full voting and policy-making members of agencies that regulate the practice of dental hygiene and administer dental hygiene examinations.</p>
<p>AzDHA policy 7-91 The ASDHA supports the concept of self-regulation of the dental hygiene profession.</p>	<p>ADHA policy – 5-12/11-86/7-82 The American Dental Hygienists’ Association advocates self-regulation for the profession of dental hygiene. The American Dental Hygienists’ Association advocates the appointment of the proportionate representation of dental hygienists who are graduates of accredited dental hygiene programs as full voting and policy-making members of agencies that regulate the practice of dental hygiene and administer dental hygiene examinations.</p>
<p>AzDHA policy 2-04 The ASDHA supports only graduates of an accredited program of dental hygiene be eligible for dental hygiene licensure.</p>	<p>ADHA policy – 26-00/2-82 The American Dental Hygienists’ Association supports licensure of dental hygienists, who have graduated from an accredited dental hygiene program.</p>

<p>AzDHA policy 10-91 The ASDHA supports licensure by credentials for licensed dental hygienists who graduate from a program in dental hygiene which has a minimum of two academic years of curriculum provided in a college or institution of higher education, the program of which is accredited by a national agency recognized by the ADHA, the Council on Post-Secondary Accreditation and or the United states Department of Education, whose credentials have been individually reviewed by the Arizona State Board of Dental Examiners or State Board of Dental Hygiene, should one exist, and have fulfilled the criteria for documentation of professional competency.</p>	<p>ADHA policy – 22-00/21S-93 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"> • Graduation from an accredited dental hygiene program. • Successful completion of both an American Dental Hygienists’ Association recognized Dental Hygiene national clinical board dental hygiene examination and regional and/or state board examination. • Possession of a valid dental hygiene license in another state/jurisdiction. • Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.
<p>AzDHA policy 4-88 The ASDHA supports water fluoridation as a safe and effective procedure for reducing the incidence of dental caries.</p>	<p>ADHA policy – 5-15/58-82 The American Dental Hygienists’ Association supports community water fluoridation as a safe and effective method for reducing the incidence of dental caries throughout the human lifespan.</p> <p>and related policy 6-15 The American Dental Hygienists’ Association supports education regarding the preventive and therapeutic benefits, safety and cost effectiveness of community water fluoridation.</p>
<p>AzDHA policy 3-95 The ASDHA advocates involvement of dental hygienists in tobacco use prevention and cessation activities.</p>	<p>ADHA policy – 11-14 The American Dental Hygienists’ Association advocates for a tobacco-free environment and supports laws which prohibit the marketing and distribution of nicotine delivery and promotional look-alike products that encourage tobacco use. Further, the American Dental Hygienists’ Association supports the role of the dental hygienist in prevention and cessation of tobacco usage through education.</p>
<p>AzDHA policy 4-07 The ASDHA supports the role of Arizona based oral health coalitions.</p>	<p>ADHA policy – 7S-09/27-74 The American Dental Hygienists’ Association affirms its support for optimal oral health for all people and is committed to collaborative partnerships and coalitions that improve access to oral health services.</p>

<p>AzDHA policy 1-08 The ASDHA endorses the use of xylitol for its preventive and therapeutic benefits.</p>	<p>ADHA policy – 2S-05/30-75 The American Dental Hygienists’ Association advocates evidence based oral health management strategies for the prevention of oral and systemic diseases.</p>
<p>AzDHA policy 2-08 The ASDHA endorses establishing the requirement of mandatory comprehensive oral health examinations or assessments for all students prior to entry into primary, middle and secondary schools or a new school district. Comprehensive examinations should be done by licensed dental hygienists or dentists who would refer for appropriate follow up care.</p>	<p>ADHA policy – 1-17/7-06 The American Dental Hygienists’ Association advocates for a comprehensive oral assessment and evaluation by a dental hygienist or a mid-level oral health practitioner, with referral for appropriate follow up care, for students entering primary, middle, and secondary education.</p>
<p>AzDHA policy 4-08 The ASDHA supports oral health for all children through early intervention, prevention and a dental assessment by one year of age.</p>	<p>ADHA policy – 4S-12 The American Dental Hygienists’ Association advocates an oral assessment and establishment of a dental home for all children soon after the eruption of the first primary tooth or by twelve months of age.</p>
<p>AzDHA policy 1-11 The ASDHA will work with key stakeholders to improve access to oral health care in underserved areas.</p>	<p>ADHA policy – 7S-09/27-74 The American Dental Hygienists’ Association affirms its support for optimal oral health for all people and is committed to collaborative partnerships and coalitions that improve access to oral health services.</p>
<p>AzDHA policy 4-15 The ASDHA advocates the inclusion of preventive and restorative dental care as a medical necessity for Medicare beneficiaries.</p>	<p>ADHA policy – 18-14/16-85 The American Dental Hygienists’ Association advocates for the following:</p> <ul style="list-style-type: none"> • Comprehensive, evidence-based, interprofessional, preventive, restorative and therapeutic care for all individuals. • Promotion of public and professional awareness of the need for care. • Public funding and third-party payment or other remuneration methods for such services. <p>(3rd bullet covers Medicare)</p>

RECOMMENDATIONS

General Assembly Task Force	Board of Directors	General Assembly
<input type="checkbox"/> Acceptable for consideration	<input checked="" type="checkbox"/> Adopt	<input type="checkbox"/> Adopt
<input type="checkbox"/> Makers were asked to withdraw	<input type="checkbox"/> Adopt as amended	<input type="checkbox"/> Adopt as amended
<input type="checkbox"/> Administrative	<input type="checkbox"/> Refer	<input type="checkbox"/> Refer
<input type="checkbox"/> Ongoing procedure	<input type="checkbox"/> Reject	<input type="checkbox"/> Reject
<input type="checkbox"/> Included in budget	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Conflict with the Bylaws		
<input type="checkbox"/> Conflict with existing policy		
<input type="checkbox"/> Duplication of current policy		
<input checked="" type="checkbox"/> Not Reviewed		