



RESOLUTIONS

HOUSE OF DELEGATES

May 30 – May 31, 2025

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1H-2025 – Adopted:

Resolved, that the agenda as printed in the *2025 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

Resolved, that the Speaker be authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

2H-2025 – Adopted:

Resolved, that the preliminary and supplemental list of referrals submitted by the Speaker of the House of Delegates be approved.

3H-2025 – Adopted:

Resolved, that the nominees for membership on NYSDA councils, submitted by the Board of Trustees, be elected.

4H-2025 – Adopted:

Resolved, that the nominations for Second Trustee District delegates and alternate delegates to the 2025 House of Delegates of the American Dental Association, as submitted by the component dental societies and as preliminarily approved by the Board of Trustees, be ratified.

5H- 2025 – Referred:

Resolved, that NYSDA supports New York State joining the Dentist and Dental Hygienist Licensure Compact to help provide more mobility for dentists and dental hygienists.

6H-2025 – Withdrawn

7H-2025 – Referred:

Resolved, that NYSDA support and request the Education Law be amended to create the tier of On-the-Job Trained Dental Assistants and that the "Definition and Practice of Registered Dental Assisting" be modified accordingly as needed. The scope of practice for these On-the-Job Trained Dental Assistants will include low-risk remediable tasks that assistants may be trained to perform safely by licensed dentists, under direct supervision, including the following:

1. Taking 2D and 3D photography of dentition
2. Placing, wedging, and removing matrix bands
3. Placing and removing rubber dams or other isolation devices
4. Taking impressions
5. Applying topical fluoride and other topical agents such as benzocaine
6. Preparing teeth with etchant in preparation for restorative or orthodontic procedures
7. Light-curing composite
8. Taking dental radiographs
9. Tying and untying orthodontic ligatures, separators, and placing pre-formed arch wires; pre-fitting orthodontic bands prior to final placement by the dentist

10. Performing any other remediable procedures that the Board deems appropriate in the future; and be it further

Resolved, that On-the-Job Trained Dental Assistants be required to complete a New York State Education Department-approved infection control course every three years; completion of this course will be tracked and verified by the employer dentist(s); and be it further

Resolved, that NYSDA supports the State of New York changing the scope of practice for registered dental assistants to include expanded function services.

8H-2025 – Adopted:

Resolved, that a Task Force be formed consisting of members of the councils on Dental Health Planning and Hospital Dentistry, Dental Education and Licensure, and Dental Practice to evaluate the intended direction of Resolution 15H-2024, Expediated Licensure and Foreign-Trained Dentists; and be it further

Resolved, that the Task Force finalizes its recommendations by December 31, 2025, and that those findings be circulated immediately to the NYSDA House of Delegates.

9H-2025 – Referred:

Resolved, that NYSDA does not join the Dentist and Dental Hygienist Licensure Compact.

10H-2025 – Adopted:

Resolved, that NYSDA seek legislation that would enable a graduate of a Commission on Dental Accreditation (CODA) accredited dental school who has successfully completed either:

- a CODA-accredited General Practice Residency (GPR);
- a CODA-accredited Advanced Education in General Dentistry Program (AEGD) or;
- the first year of a multi-year CODA accredited post-doctoral training program and the CDCA-WREB-CITA-administered ADEX clinical licensing exam or other acceptable licensing examination, to qualify for licensure in New York State.

11H-2025 – Moot:

Resolved, that the On-the-Job Trained Dental Assistant Tier resolution be referred back to the NYSDA Board of Trustees for further explanation.

12H-2025 – Withdrawn

13H-2025 – Adopted:

Resolved, that NYSDA supports modifying the scope of practice to allow dentists to administer injectable pharmacologics for cosmetic and/or functional enhancement of the oral and/or maxillofacial region; and be it further

Resolved, that a dentist may administer an injectable pharmacologic only after having completed a Board-approved postdoctoral continuing education course that may include but is not limited to the following elements:

- biochemistry of injectables;
- neurophysiology of injectables;
- all relevant head and neck anatomy;
- dosing ranges;
- reconstitution of neurotoxins and proper product handling and storage;
- patient assessment;
- prevention, recognition, and management of adverse events; and
- review of informed consent protocols

the intent of which is to provide sufficient knowledge and skill for a dentist to safely and effectively administer injectable pharmacologics in the oral and/or maxillofacial region.

14H-2025 – Adopted:

Resolved, that NYSDA pursue legislation to amend NYS Insurance Law to require all dental insurance carriers to allow patients to assign their benefit payment to the dental provider, whether the dental provider is, or is not, in network with the patient's insurance plan.

15H-2025 – Adopted:

Resolved, that the Principles of Ethics and Code of Professional Conduct of the New York State Dental Association be amended as follows (new language underscored; deletions ~~stricken through~~).

INTRODUCTION

The practice of dentistry was established as a profession with one overriding principle in mind: the benefit of the patient. This is the cornerstone of dental ethics. This philosophy is the foundation of The Principles of Ethics and Code of Professional Conduct of the New York State Dental Association. All members should make the Principles and Code an important part of the very fabric of their practices.

The Principles of Ethics
and
Code of Professional Conduct
of
The New York State Dental Association

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PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT

PREAMBLE

In order to provide guidance in matter of ethics to the members of the New York State Dental Association, the following Principles and Code have been adopted.

The New York State Dental Association has the right and the obligation to regulate itself and to discipline its members. Every member of this Association shall be bound by the laws of the land, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Principles of Ethics and Code of Professional Conduct of the New York State Dental Association and the code of ethics of the component society of which ~~she/he~~ the dentist is a member or in which ~~she/he~~ the dentist practices.

A component society may adopt interpretations in its code of ethics not in conflict with and not less stringent than this Code or that of the American Dental Association.

PRINCIPLE SECTION ONE

SERVICE TO THE PUBLIC AND QUALITY OF CARE

The dentist's primary professional obligation shall be service to the public. The competent and timely delivery of care with due consideration for the needs and desires of the patient, shall be the most important aspect of that obligation.

Code of Professional Conduct

- 1-A. Patient Selection. In serving the public, a dentist may exercise reasonable discretion in selecting patients for ~~her/his~~ the dentist's practice. However, ~~she/he~~ the dentist may not deny dental care to an individual ~~solely because of her/his race, creed, color, sex, handicap, disability, or national origin~~ based on any illegal discriminatory reason under local, state or federal law.

Advisory Opinion

~~A~~Dentists ~~should strive to make her/his~~ their services accessible to ~~all those~~ who are in need.

- 1-B. Patient Records. Patients are entitled to copies of their records. On receipt of a patient's ~~written~~ request, a dentist must provide ~~her/him~~ the patient with copies of all pertinent records including radiographs, except as otherwise provided by state law. The confidentiality of patient records must be maintained.

Advisory Opinions

- ~~1. It is unethical to use undue influence or intimidation to solicit patients from a former employer.~~
- ~~2. It is unethical for an employing dentist to deliberately withhold information as to the whereabouts of a treating dentist who has left employment.~~
- ~~31. Copies of records shall be provided by dentists to patients within a reasonable time, not to exceed ten days from the date of a patient's written request.~~
- ~~42. A dentist shall not withhold copies of records from patients based on the patient owing any balance to the dentist or the patient not paying any copying charges. A dentist may charge a fee for copying patient records, but shall not charge more than the actual cost of copying, and shall never charge more than 75 cents per page for paper copies, in accordance with state law allows.~~

3. Dentists shall honor the patient's written request for records to be sent to a third party.

4. It is unethical for an employing dentist to deliberately withhold information as to the whereabouts of a treating dentist who has left employment.

- 1-C. Community Service. Dentists have an obligation to use their skill, knowledge, and experience for improvement of the dental health of the public and are encouraged to be leaders in their community. In this service they shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

Advisory Opinions

1. *A dentist may properly participate in media programs on health education provided such programs are in keeping with the dignity and custom of the profession in the community.*
2. *It is unethical to represent one's views as those of the Dental Association or as those of the majority of dentists in the community without being able to substantiate such claims.*
3. *If a dentist publishes any dental health material under ~~her/his~~ the dentist's by-line without disclosing the true source and authorship of this material, ~~she/he~~ the dentist is making false or misleading representation to the public.*
4. *~~A school dental health program is recognized as a valued adjunct to a complete program of dental health education. Dentists are encouraged to participate in such programs~~ school or community-based programs that promote dental health education.*

- 1-D. Emergency Service. Dentists shall be obligated to make reasonable arrangements for the timely emergency care of their patients by a licensed dentist. Dentists are obligated, when consulted in an emergency by persons who are not their patients, to recommend reasonable arrangements for emergency care. Should a dentist undertake emergency treatment of a new patient, the patient will have the choice of where to receive subsequent dental care.

Advisory Opinions

1. *It is unethical for a dentist to use an answering service to refer an emergent patient to an emergency room without the dentist's consultation with the patient.*
2. *It is unethical for a dentist to refer an emergent patient to another dentist without the other dentist's knowledge.*
3. *It is unethical to use undue influence or intimidation to solicit patients.*

- 1-E. Consultation and Referral. The dentist has the obligation of seeking consultation with those who have special skills, knowledge and experience whenever the welfare of the patient would be safeguarded or advanced by having such consultation.

Advisory Opinions

- 1. Having completed the examination, diagnosis and/or treatment for a referred patient, the specialist, consultant, or other dentist shall communicate the appropriate information to the referring dentist and dentist of record. The dentist, upon completion of such care must leave the patient with full choice as to future place of treatment. The requirements for patient confidentiality defined in Section 1-B apply.*
 - 2. The specialist, consultant, or other dentist shall be obliged, when there is no referring dentist, and upon completion of her/his treatment, to inform the patient if there is a need for further dental care.*
- 1-F. Auxiliary Personnel. Dentists, having the obligation of protecting the patient health, shall assign only those duties which can be legally delegated, as specified in New York statutes and regulations relating to dentistry, dental hygiene and ~~certified~~ registered dental assisting. ~~The d~~Dentists shall prescribe and supervise the work of ~~her/his~~ their auxiliaries.

Advisory Opinion

- ~~1. It is unethical to refer a patient to a commercial dental laboratory except for the purpose of verifying the shade of patient's teeth.~~
 - ~~21. A d~~Dentists ~~is are~~ responsible for all work performed by auxiliaries in ~~his or her~~ their dental offices, and ~~is are~~ responsible for ensuring that all auxiliaries receive adequate and appropriate training for the functions they carry out.
 - ~~32. A d~~Dentists ~~is are~~ responsible for ensuring that the correct degree of supervision, either general supervision or direct personal supervision, is provided by the dentist to all auxiliaries in ~~his or her~~ the dental office. It is unethical to provide supervision only by telephone.
- 1-G. Justifiable Criticism. Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patientss of the status of ~~her/his~~ their oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This may involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases

where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

Dentists shall be obligated to report to the appropriate reviewing agency, as determined by the local component or constituent society, instances of gross or continual faulty treatment by others.

Advisory Opinions

1. *Patients shall be informed of their present oral health status without disparaging comment about prior services.*
 2. *It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the NYSDA Committee on Substance Abuse and Well Being.*
 3. *Dentists with first-hand knowledge that a colleague is practicing dentistry with a mental or physical impairment should reach out to their colleague to discuss their concerns with patient treatment and/or report such evidence to the appropriate entity.*
- 1-H. Expert Testimony. Dentists should provide expert testimony when the testimony is essential for the just and fair disposition of a judicial or administrative action.
- 1-I. Rebates and Split Fees. Dentists shall not accept or tender “rebates” or “split fees.” (See Section 5-A, Advisory Opinion 5.)

Advisory Opinion

A dentist who purchases a retiring dentist's practice may ethically agree to pay a percentage of the fees collected from patients of the retired dentist provided the retiring dentist gives assurance ~~that to she/he will~~ maintain an active license during that period, and maintain at least a genuine consulting relationship with the practice.

- 1-J. Representation of Care and Fees. Dentists shall not deliberately represent the care being rendered to their patients or the fees being charged in a false or misleading manner.

Advisory Opinions

1. *Deliberately representing treatment or fees in a false or misleading manner includes but is not limited to:*
 - (a) *performing unnecessary procedures;*
 - (b) *performing procedures unauthorized by the patient or the patient's legal representative;*
 - (c) *removing amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist;*
 - (d) *increasing fees solely because the patient is covered by insurance;*
 - (e) *reporting incorrect dates on insurance forms for the purpose of obtaining benefits;*
 - (f) *incorrectly describing a procedure to receive a higher reimbursement;*
 - (g) *indicating on an insurance claim form a fee other than that actually charged the patient; and*
 - (h) *accepting payment from an insurance company or other third party payer under a co-payment plan as payment in full without disclosing to the insurance company or other third party payer that the patient's payment portions will not be collected.*
2. *This Code does not prohibit a dentist from engaging in the normal business practice of instituting lawful service charges for unpaid balances.*
- ~~3. *This Code does not prohibit the charging of a fee to cover the administrative cost for the processing of insurance or other third party payer claim forms.*~~

- 1-K. Patient Consent and Involvement. In order that the patient may be involved in treatment decisions, the dentist shall inform the patient of the proposed treatment, reasonable alternatives, fees, and proximate risks.

Advisory Opinion

A dentist shall make certain that a patient understands the options, needs, and risks for treatment, including non-treatment. It is unethical to provide treatment when the dentist knows or has reason to know the patient does not understand the reasons or need for treatment.

- 1-L. Patient Abandonment. Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate

notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

Advisory Opinion

Dentists should adhere to appropriate Risk Management guidance with respect to patient abandonment.

1-M. Personal Relationships with Patients. Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

1-N. Ethical Conduct and the Internet. The same rules of ethical conduct that exist for other forms of media in terms of advertising, patient privacy, and other ethical subjects covered by the Code also apply in the usage of the internet and mobile devices, including but not limited to, social media applications.

PRINCIPLE SECTION TWO

EDUCATION

The right of a dentist to professional status rests in the knowledge, skill and experience with which ~~she/he~~ the dentist serves ~~her/his~~ the dentist's patients and society. ~~Every~~ All dentists should maintain and improve her/his their knowledge and skill through continuing education as required by state law.

PRINCIPLE SECTION THREE

GOVERNMENT OF A PROFESSION

Professions owe society the responsibility of regulating and disciplining themselves through the influence of professional associations. All dentists, therefore, have the dual obligation of making themselves a part of a professional association and of observing its rules of ethics.

A member's failure to participate in peer review and abide by the decision of peer review constitutes a violation of this Code.

PRINCIPLE SECTION FOUR

RESEARCH AND DEVELOPMENT PATENTS AND COPYRIGHTS

Dentists have the obligation of making the results of their research and discoveries available to all when they are useful for the health of the public.

Code of Professional Conduct

- 4-A. Devices and Therapeutic Methods. Except for purposes of investigation, dentists shall prescribe or promote only those devices, drugs or other agents for which complete formulae are available to the profession. Dentists may not claim exclusivity for any agent, method or technique.

Advisory Opinion

Dentists should not use titles or degrees with the promotion of any commercial endeavor which would demean the profession. The use of eponyms in connection with drugs, agents, instruments, or appliances is generally to be discouraged.

- 4-B. Patents and Copyrights. Patents and copyrights may be secured by a dentist provided they are not used to restrict research, practice, or the benefits of a patented or copyrighted material.

PRINCIPLE SECTION FIVE

PROFESSIONAL ANNOUNCEMENT

In order to serve the public properly, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.

Code of Professional Conduct

- 5-A. Advertising. Although dentists may advertise, they shall not advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect. Advertising, solicitation of patients or business, or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA or NYSDA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities.

Advisory Opinions

1. *Advertising that uses guarantees is unethical because it is misleading. Testimonials, demonstrations, dramatizations, or other portrayals of professional practice are permissible provided that they otherwise comply with the code of ethics and that the following conditions are satisfied:*

(a) the patient expressly authorizes the portrayal in writing;

- (b) appropriate disclosure is included to prevent any misleading information or imagery as to the identity of the patient;*
 - (c) reasonable disclaimers are included as to any statements made or results achieved in a particular manner;*
 - (d) the use of fictional situations or characters may be used if no testimonials are included;*
 - (e) fictional patient testimonials are not permitted.*
2. *Claims of unverifiable professional superiority or special abilities are false or misleading except that a qualified specialist may indicate a specialty that has been recognized by the New York State Board of Regents.*
 - (a) the standard for assessing unverifiable superiority is what a reasonable patient would likely believe about the advertising claim.*
 3. *Advertising of fees for specific services which are false or misleading is unethical.*
 4. *Advertising that includes degrees other than those granted by accredited institutions of higher learning is false and misleading. "Accredited" shall mean accredited by the New York State Board of Regents, the United States Department of Education, or an accrediting organization recognized as a valid accrediting organization by either of those entities.*
 5. *A dentist is permitted to pay for any advertising permitted by the Code. Payments to any third party for the referral of professional services is unethical and violates the prohibition in this Code against fee splitting.*
- 5-B. Name of Practice. Since the name under which a dentist~~s~~ conducts her/his their practice~~s~~ may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical.

Use of the name of a dentist no longer actively associated with the practice shall be limited to the time agreed upon by the departing dentist.

When a dental facility practices under an assumed name or trade name, the names and licenses of the principals must be prominently displayed at the practice location.

Advisory Opinions

1. *A dentist may make an agreement with individuals or organizations to provide care if the agreement does not permit or compel practices in violation of this Code.*

2. *A dentist shall not participate in a dental practice (individual or corporation) owned or operated by a non-dentist.*
3. *A dentist who owns a practice may delegate the business management matters to a non-dentist. However, for the purposes of this Code, the dentist owner maintains responsibility for the ethical business conduct of the dental practice.*
4. *It is unethical to use the word "center" in the name of a dental practice if the practice is not a facility qualified under Article 28 of the New York State Public Health Law in accordance with the regulations of the New York State Commissioner of Health.*

- 5-C. **Announcement of Specialization and Limitations of Practice.** This section and Section IV are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The special areas of dental practice approved for ethical specialty announcement and limitation of practice are those recognized by the New York State Board of Regents.

Dentists who choose to announce specialization should use "specialist in" or "practice limited to" the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the Board of Regents and the Department of Education of the State of New York.

A qualified specialist shall not represent other dentists working in ~~her/his~~ their office as specialists unless they too satisfy the requirements for such specialty. It is the responsibility of specialists to avoid creating the impression that general practitioners associated with them are specialists.

Advisory Opinion

1. *A dentist who indicates that ~~she/he~~ the dentist specializes in any field not recognized as a specialty by the Board of Regents of the State of New York is engaged in unethical conduct.*

- 5-D. **General Practitioner Announcement of Services.** General dentists may announce the availability of services so long as they avoid communications that express specialization, and are within the scope of dental practice. General dentists shall also state that the services are being provided by general dentists.

Advisory Opinion

- ~~1. General dentists may announce the availability of services within the scope of dental practice. They shall state that these services are provided by a general dentist.~~

5-E. Use of Specialty-Related Terms. A ~~d~~Dentists who ~~has~~ have been certified in a New York State Board of Regents approved specialty may use the title "Diplomate of the American Board of _____," as well as "Specialist in _____," or "Practice limited to _____" on ~~her/his~~ their cards, letterhead, signs or announcements.

Advisory Opinions

- ~~1. A dDentists who announces that she/he is they are certified or a diplomate in an area of dentistry not recognized by the New York State Board of Regents as a specialty is are making a false or misleading representation to the public in a material respect.~~
- ~~2. A dDentists who announces that she/he is they are duly certified by the Department of Education of the State of New York to administer general anesthesia or parenteral sedation would not be engaging in false or misleading representation to the public.~~
- ~~3. General dentists who list themselves in directories or any other media under specialty headings are engaged in unethical practice.~~

PRINCIPLE SECTION SIX

JUDICIAL PROCEDURE

Notwithstanding any other provisions of the Bylaws, an alleged violation of the Principles of Ethics and Code of Professional Conduct shall be heard by the Ethics Committee of the component society in which the alleged violation took place. The enforcement of a penalty, however, is the responsibility of the component in which the dentist holds membership.

Such proceeding shall conform to the Guidelines for Disciplinary Hearings of the American Dental Association, the Constitution and Bylaws of the New York State Dental Association and the Constitution and Bylaws of the American Dental Association as the format for its hearings.

ADDENDUM

The purpose of the Principles of Ethics and Code of Professional Conduct is to uphold and strengthen dentistry as a member of the learned professions.

Problems involving questions of ethics should be solved informally at the local level. Failing this, the matter may formally be heard by either the component ethics committee or the State Council on Ethics. An appeal may be directed to the State Council on Ethics (if it did not originally hear the case) and finally to the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association.

Members found guilty of unethical conduct are subject to the penalties set forth in Chapter XII of the American Dental Association Bylaws and Chapter I of the Bylaws of the New York State Dental Association.

16H-2025 – Adopted:

Resolved, that the second unlettered Subparagraph of Paragraph A of Section 20 of Chapter VIII of the NYSDA Bylaws be amended to read as follows: (underlined material is new: ~~struck through~~ material is deleted):

The Council on Ethics shall be composed of one (1) member from each component society whose terms of office shall be staggered in such a manner that three (3) members will complete their terms each year except every fourth year when four (4) members shall complete their terms, and one (1) student member of the Association without the right to vote, and one (1) new dentist member of the Association. In addition, the President shall appoint a lay observer for a concurrent term of office, who is not a dentist or directly involved with the dental profession, to participate in the deliberations of the Council making available the opinions and concerns of the public sector. Notwithstanding any other provisions of the Bylaws, there shall be up to three (3), four (4) year terms for any component society members of the Council on Ethics unless a vacancy cannot be filled.

17H-2025 – Withdrawn

18H-2025 – Adopted:

Resolved, That the opening stem of Paragraph A of Section 20 of Chapter VIII of the NYSDA Bylaws be amended to read as follows: (underlined material is new: ~~struck through~~ material is deleted):

Section 20. Members, Nominations and Elections:

A. The composition of the councils of this Association shall be as follows (as used in this Chapter, the term "dentist" shall include all members in dental residency programs):

19H-2025 – Adopted:

Resolved, that Chapter VIII, Section 120, of the NYSDA Bylaws be amended to update the duties of the Council on Governmental Affairs as follows: (underlined material is new: ~~struck through~~ material is deleted):

CHAPTER VIII. COUNCILS

Section 120. Duties

Council on Governmental Affairs. The duties of the Council on Governmental Affairs shall be:

1. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities. To protect the public and the dental profession in matters of legislation and regulations and to make recommendations of plans and methods to the House of Delegates in conformity with its established policies.
2. Review and provide feedback to Council staff liaison on legislation, regulatory activity, policies, and governmental programs relating to dentistry and oral health in the State of New York. To review all legislation introduced into the Legislature of the State of New York, and to advise appropriate legislators of the position of the Association with respect to all proposed legislation of significant interest.
3. Advise appropriate legislators of the position of the Association with respect to all proposed legislation of significant interest. To prepare and arrange for introduction of legislation deemed necessary or advisable to promote the dental health of the public and the interests of the Association and its members.
4. Assess past, current and future legislative and regulatory activity to determine key Association policies for future advocacy programs and events. To cooperate with appropriate agencies of the American Dental Association in advancing the interests of the dental profession and the public in federal legislation and regulation.
5. Serve as Association volunteer at advocacy events throughout the year, as deemed necessary. To cooperate with component societies in advancing the interest of the dental profession and the public in legislation and regulation of local government.
6. Disseminate information which will assist the constituents and components involving legislation and regulation affecting the dental health of the public. To maintain liaison on behalf of the Association with legislative agencies of other health professions, and such other liaison as may be directed by the House of Delegates.
7. Review, on an annual basis, the external lobbying services provided to NYSDA, and to make recommendations related to such to the Board of Trustees for their consideration.

20H-2025 – Adopted:

Resolved, that the following resolutions be deleted from the NYSDA Policy Manual: 33-J-92, 6-EC-95, 5-J-96, 10-N-96, 16-D-03, 7-N-06, 8-N-06, 21-N-07, 21-M-09, 11B-12, 13H-2012.

21H-2025 – Adopted:

Resolved, that NYSDA offer all current members, as well as prospective members who wish to join, the option to pay their dues in 9 monthly installments with automatic annual renewal for 2026, and the option to pay their dues in 12 monthly installments

with automatic annual renewal for 2027. ~~contingent upon the satisfactory functionality of Salesforce/Fonteva~~

22H-2025 – Moot:

Resolved, that the New York State Dental Association require all dentists presenting NYSDA-sponsored continuing education programs, who are eligible for active, life or retired membership in the Association, to be active, life or retired members, in good standing, at the time the appropriate contract is executed with the provision that membership shall be maintained during the period that a presentation is made, and be it further

Resolved, that foreign dentists presenting NYSDA-sponsored continuing education programs are not required to be members unless they are eligible for active ADA membership, and be it further

Resolved, that component dental associations/society be encouraged to adopt policy requiring dentist continuing education speakers to be members of the American Dental Association, when eligible.

23H-2025 – Withdrawn

24H-2025 – Withdrawn

25H-2025 – Referred:

Resolved: That the following changes be amended in the bylaws (strike-out is removed, new wording is underlined),

Section 80. Special Sessions: A special session of the House of Delegates shall be called by the President on a three-fourths (3/4) affirmative vote of the members of the Board of Trustees or on written request of ~~delegates representing at least one-third (1/3) of the component societies and not less than one-fifth (1/5) of the officially certified delegates of the last House of Delegates,~~ not less than seven (7) component delegations AND the majority of the currently credentialed Delegates of those seven component delegations. For special sessions, the elected ASDA Delegates would be considered members of the component delegation(s) with whom they caucus. The time and place of a special session shall be determined by the President, provided the time selected shall be not less than fifteen (15) days and not more than thirty (30) days after the request was received. The business of a special session shall be limited to that stated in the official call except by unanimous consent, and be it further

Resolved: To ensure total transparency, whenever a written request for a special session of the House of Delegates is being considered, it must be initiated by a declaration of intent, followed by a thirty (30) day window to obtain the necessary wet or electronic signatures of the affirmative delegates wishing to pursue this endeavor.

26H-2025 – Defeated:

Resolved, that the appropriate New York State Dental Association council develop a Tobacco and Recreational Drug/Substance Cessation Toolkit, which reflects current best practices for educational, behavioral, and pharmacological interventions for tobacco cessation and recreational drug/substance (i.e. vape and marijuana product) cessation, and be it further

Resolved, that the review of the toolkit takes place every 6 years to ensure that this resource continues to reflect the best practices for smoking and recreational drug/substance cessation, and be it further

Resolved, that the toolkit includes resources that will assist dentists with the development of documentation for their electronic health record system and patient encounters that comply with the NYS Medicaid Policy and Procedure Manual for code utilization and claim submission, and be it further

Resolved, that the New York State Dental Association designate appropriate funding to the New York State Dental Foundation to develop an ADA CERP-certified course that educates dentists about the effective utilization of the toolkit both as a chairside health promotion strategy and alternative revenue source.

27H-2025 – Defeated:

RESOLVED: That Section 90 of Chapter VIII of the NYSDA Bylaws be amended to read as follows (new language is underlined; deleted language is ~~struck through~~):

Section 90. Quorum: Except as otherwise provided in these *Bylaws*, five (5) ~~a majority of the~~ members present shall constitute a quorum.

RESOLVED: That this Bylaws amendment sunset effective as of the 2027 Meeting of the House of Delegates.

28H-2025 – Adopted:

RESOLVED: That Paragraph C of Section 20 of Chapter VIII of the NYSDA Bylaws be amended to read as follows (new language is underlined; deleted language is ~~struck through~~):

C. Removal for Cause. The Board of Trustees may remove a council or committee member under this chapter for cause in accordance with procedures it has established, which shall provide for the notice of the charges, including allegations of the conduct purported to constitute each violation, and a decision in writing shall specify the findings of fact which substantiate any and all of the charges, and that prior to issuance of the decision of the Board of Trustees, no council or committee member under this chapter shall be excused from attending any meeting of a council or committee under this chapter unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Board of Trustees. Notwithstanding the foregoing, any Council member who fails to file the annual

conflict of interest form as required by Chapter IV of these Bylaws and the Organization and Rules of the Board of Trustees by December 31 in any year shall automatically be removed as a member of such Council and sent written notice of such removal.

29H-2025 – Adopted:

Resolved, that the dues of active members of the New York State Dental Association shall be six hundred sixty-two dollars (\$662), effective January 1, 2026.

30H- 2025 – Adopted:

Resolved, that the 2026 Preliminary General Fund Budget of revenues and expenses, including net capital requirements, be approved.

31H- 2025 – Adopted:

Resolved, that Chapter V. Section 10 of the Bylaws of the New York State Dental Association be amended as follows (new language underscored/deleted language ~~stricken through~~):

Section 10. Composition: The Board of Trustees shall consist of one (1) trustee from each of the thirteen (13) component societies as defined in Chapter II, Section 110, and one new dentist trustee. Such fourteen (14) trustees, the President, the President-elect, the Vice President, and the immediate Past President shall constitute the voting membership of the Board of Trustees. In addition, the Secretary-Treasurer, the Speaker of the House of Delegates, the Trustee representing the Second Trustee District of the American Dental Association and the Executive Director of the Association, except as otherwise provided in these *Bylaws*, shall be *ex officio* members of the Board of Trustees without the right to vote. The President may only exercise the right to vote when the vote is by ballot or when one more vote could alter the outcome, and be it further

Resolved, that any additional conforming amendments to NYSDA's governing documents necessary to implement the intent of this resolution be considered editorial and be managed as such.

32H-2025 – Adopted:

Resolved, that the recommendations of the Reference Committee on the following Resolutions be accepted by the House of Delegates: Resolution 10RC; Resolution 14; Resolution 15; Resolution 20; Resolution 25; Resolution 27; Resolution 28; Resolution 31

33H-2025 – Adopted:

Resolved, that the 2026 General Fund Budget of revenues and expenses, including net capital requirements, be approved.

AC1-2025 – Adopted:

Resolved, To form a committee of the NYSDA HOD, which will review the legal report of the actions of the NYSDA board and its officers, in regard to the firing of the executive director and related subsequent actions. They shall report back to the HOD in 60 days with any recommendations they see fit, to best align the Board and its operating policies with the interest of the membership. The committee shall be made up of one member of each House delegation, selected by their component and working with counsel to protect the interests of the association.

AC2-2025 – Adopted:

Resolved, The House of Delegates request access to the complete termination report, not only the Executive Summary.