

VDA Positions

(Updated January 2025)

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I. Access to Care

1. Options for Increasing Access to Care (2025)

Resolved, The VDA considers the concept of increasing access to care via additional team members if:

- a. Evidence that any new category of dental team member improves access to care.
- b. They work in a dental team under the direction of a dentist. To improve access, they would be limited to serving in designated or underserved areas, public clinics, or practices caring for underserved patients.
- c. The educational requirements and dental skills needed for any new category of dental team member would be beyond the level of any current allied dental team member.
- d. The delegation of duties would be based upon applicable dental regulation and on the comfort level of the supervising dentist with their education and experience.
- e. Irreversible procedures will be performed by a dentist.

2. Dental Practice Recommendations for Best Practices Related to Access to Care (2008, 2025)

Resolved, VDA urges and recommends that at a minimum, all Virginia dentists either:

- a. Accept at least five (5) Medicaid patients a year.
- b. Volunteer on regular basis by donating services. Examples of places to donate services include but are not limited to: VDA's Mission of Mercy, Give Kids a Smile, local Volunteer Clinics, or pro bono services.
- c. Be an active Donated Dental Services (DDS) provider.

3. Remote Supervision Hygienists (2011, 2021)

Resolved, The current remote supervision of hygienists employed by the Virginia Department of Health should be expanded to all Virginia Health Districts, and the VDA continue to look for innovative solutions that will directly address the access to care issue.

II. Association Membership and Priorities

1. Membership Diversity (2000,2025)

Resolved, VDA definition of Membership Diversity – Membership diversity is the respectful acknowledgement of difference in age, gender, race, ethnic or religious origins, sexual orientation, marital status, physical ability or attributes, and practice modality within the entire community of dentists.

2. VDA Priorities (2012)

Resolved, VDA Priorities are as follows:

- a. The VDA will remain the leading authority for Virginia’s dental professionals for education, information, networking, well-being, support and services.
- b. The VDA will develop a climate which produces innovative, diverse and creative leaders with passion and vision for the future.
- c. The VDA will be viewed as the trusted and primary service of oral healthcare information and delivery; and be the authority on access to dental care for the profession and all Virginia citizens.
- d. The VDA will encourage recruitment and retention of members.
- e. These priorities shall be used in the establishment of the strategic plan.

III. Community Dental Care

1. Dental Engagement Projects (2001)

Resolved, The VDA supports community dental engagement projects, including but not limited to Mission of Mercy, Donated Dental Services, and Give Kids a Smile, Give Vets a Smile. It supports and encourages partnering with other organizations in the Commonwealth to provide dental services to those in need.

IV. Continuing Education

1. Mandatory Continuing Education Requirements (1992)

Resolved, The VDA supports mandatory continuing education for dentists and should work with the Board of Dentistry to develop mutually agreeable guidelines, requirements, and procedures.

V. Dental Benefit Programs

1. Codes Used for Submitting Claims (?)

Resolved, The ADA Code on Dental Procedures and Nomenclature as contained in Current Dental Terminology (CDT) is the only dental code used by dentists for submitting claims, for reporting dental treatment to third party payers and for filing fees. Members are urged to use only these ADA codes in reporting their services to dental plans.

2. Assignment of Benefit (1998)

Resolved, The VDA supports the right of all Virginians to have their assignment of health care payment honored by their health care insurer, regardless of the participation status of the dentist.

3. Point-of-Service Option for Virginians (1998)

Resolved, The VDA supports the right of all Virginians to have a point-of-service option available that guarantees their right of choice of health care providers regardless of the health care benefit delivery system.

4. Definition of the Practice of Dentistry (2001)

Resolved, The Virginia Dental Association hereby affirms the following as the practice of dentistry within the Commonwealth of Virginia:

- a. Any acts of diagnosis by an insurance company, its representatives, or consultants, which result in denial, or modification of a diagnosis or treatment plan submitted by a licensed dentist practicing in the Commonwealth of Virginia.
- b. The evaluation, by insurance companies, its representatives, or consultants, of x-rays, dental models, and other supporting materials used to determine dental benefits for a benefit subscriber seeking treatment within Virginia irrespective of the location of the insurance company, representative or consultant.

The Virginia Dental Association encourages the Board of Dentistry to incorporate the above designations into its current policies, rules, and regulations.

5. Claims Adjudication (2003)

Resolved, The Virginia Dental Association affirms that any activity by an insurance company operating in the Commonwealth of Virginia which results in the approval, denial, challenge or modification of a treatment plan submitted by a licensed dentist practicing in the Commonwealth of Virginia must provide in the explanation of benefits or other communications the name, degree, Virginia license number and direct phone number of the licensed dentist or the identification of any other individual involved in the final decision involved in accepting, rejecting or modifying the dental claim.

6. Benefit Plan Leasing (2021,2025)

Resolved, VDA's position:

- a. A dental benefit/insurance company must notify a dentist within 45 days of rental/lease that their services have been rented/leased, and to whom;
- b. The benefit/insurance company must maintain a listing of networks to which they rent/lease updated every 30 days.
- c. Requires that the terms of the original contract, including agreed-upon fees, apply to any rental/lease;
- d. The dentist must opt in before rent/lease can take place;
- e. If the dentist chooses to not to opt in of the rent/lease, (s)he does so without penalty;
- f. Any payer that utilizes the PPO dentists maintain the PPO dentists in all provider directories or any other mechanism by which the payer directs beneficiaries to providers in an equal manner as it lists provider that is directly contracted with the payer.

7. Dental Loss Ratio (2023)

Resolved, The VDA supports the establishment of a Dental Loss Ratio in the Commonwealth and encourages the ADA to support the same at the federal level within ERISA based plans.

8. Regulating Dental Insurance Provider Communications to Promote Transparency and Patient Autonomy (2025)

Resolved, The VDA supports the creation of clear, enforceable guidelines and regulations that govern dental insurance providers' communications with patients regarding in-network and out-of-network services. The VDA seeks to ensure that these communications are transparent, unbiased, and do not exert undue influence on patient decisions, thereby safeguarding patient

autonomy and strengthening the dentist-patient relationship. The VDA further supports the development of educational resources to empower patients in understanding their insurance options and is committed to the active enforcement of these guidelines.

9. Virtual Credit Card Payment by Third Party Payers (2025)

Resolved, The VDA opposes third-party payer payment methodologies that require a provider to pay a fee for accepting payment. Virtual credit card payments, electronic funds transfers (EFT), paper checks, or any other options as means of payment should be free for the provider to accept as they see fit. Any payer must provide a secure method of payment, made within fifteen (15) days of claim approval, and include a clear, detailed report of the patients and procedures for which the payment is made.

VI. Dental Practice

1. Evidence-Based Practice and the Treating Practitioner (2000)

Resolved, The Virginia Dental Association supports the concept of “need” or “evidence based” dental care; however, the determination of need for or interval of care *must* remain within the purview of the treating dental practitioner and by mutual agreement between the dentist and patient. Statistical averages or probability cannot replace the traditional dentist/patient decision-making process or determination for treatment.

2. Vaccinations for Dental Professionals (2021)

Resolved, The VDA strongly encourages dental professionals to be vaccinated for COVID-19 and other all infectious diseases.

3. Injectables and Botox (2023)

Resolved, The VDA supports the ability of a dentist to possess and administer injectables and dermal fillers for dental and cosmetic purposes, provided that the dentist has completed education and training in the administration of such products for dental and cosmetic purposes.

4. Artificial Intelligence (2025)

Resolved, The VDA supports the ethical and responsible integration of Artificial Intelligence (AI) technologies in dentistry and opposes any use of AI that perpetuates bias, particularly in target marketing, insurance exclusions, treatment accessibility, and patient outcomes;

- The VDA supports using large, de-identified datasets that compile patient records, dental images, treatment histories, and clinical notes from various sources, in alignment with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA);
- The VDA supports mechanisms to help ensure that personal identifiers are removed, and that these datasets protect patient privacy while advancing AI’s utility in enhancing dental care;
- The VDA recognizes that whereas AI and Augmented Intelligence (AUI) technologies can assist dentists by enhancing workflow efficiency, improving care quality, and supporting clinical decision-making, the Association strongly affirms that the responsibility for diagnosis, prevention, and treatment of oral diseases ultimately remains with licensed dentists; and

- The VDA remains committed to believing that licensed clinical decision-making dental professionals, as the entities providing patient care, must continue to be the ones ultimately accountable to state regulatory bodies thereby ensuring that AI serves as an aid, rather than a replacement, in clinical practice.

VII. Fluoride and Fluoridation

1. Commercial Bottles Water (2007)

Resolved, The Virginia Dental Association discourages the use of commercial bottled water without fluoride, in young children on any regular basis without appropriate consultation with a dentist or physician, and that the Association seek the aid of the media in emphasizing the need for fluoride, particularly in the developing dentition.

2. Public Water Fluoridation (2009)

Resolved, The VDA strongly supports the fluoridation of the public water supply as it is a proven and cost-effective health initiative that improves public oral health.

VIII. Legislation—Dental Care and Dental Benefits

1. Dental Treatment of Military Dependents (1980)

Resolved, The VDA supports legislation providing for dental treatment of military dependents by civilian practitioners.

2. Dental Care for Indigent and Elderly (1990)

Resolved, The VDA supports legislation to continue dental care for indigent children and the elderly

3. Funding for Dentistry and Dental Hygiene (1994)

Resolved, The VDA supports legislation that provides adequate funding for the continuation of all existing health care delivery and education programs in medicine, dentistry, dental hygiene, physical therapy, nursing, etc...

4. Legislation—Freedom of Choice (1994)

Resolved, The VDA supports legislation that would provide freedom of choice of providers and have equal insurance benefit payments for preferred and non-preferred providers, to prevent denial of benefits for covered services.

5. Legislation—Coinsurance (1994)

Resolved, The VDA supports legislation that provides equal coinsurance percentages for participants and non-participants for medically necessary procedures.

6. Funding for Dentistry-- Distribution (1995)

Resolved, Funding appropriated by the Virginia Legislature for oral health programs should be distributed to local health departments based on oral health needs and used in local health districts for oral health programs including dental health education, prevention, and care programs.

7. Legislation Prohibiting Waiver of Copayment/Overbilling (1997)

Resolved, the ADA Definitions of Fraudulent and Abusive practices in Dental Plans (1990:535) is adopted as VDA Policy and the consistent with ADA policy on Legislation Prohibiting Waiver of Copayment/Overbilling (1990:534), the VDA shall pursue enactment of legislation that (1) prohibits systematic non-disclosure of waiver of patient co-payment/overbilling by a dentist and (2) prohibits bad faith insurance practices by third-party payers and urge third-party payers to support this legislative objective.

8. Legislation—Point-of-Service Option (1998)

Resolved, The VDA continue to actively support legislation assuring that a point-of-service option is available to all Virginians regardless of the medical or dental Managed Care health delivery system at a fair and justifiable or dental Managed Care health delivery system at a fair and justifiable cost to the patient.

9. Prohibit the Refusal of the Assignment of Benefit (1998)

Resolved, The VDA continue to actively support (or initiate) legislative and/or administrative process to prohibit third party payers from refusing to recognize assignment of payment when any beneficiary so authorizes it regardless of the participation status of the dentist.

10. Legislation for Equal Reimbursement (1999)

Resolved, The VDA supports legislation that requires equal reimbursement by third party payers regardless of the network status of the dental care provider.

11. Legislation for Prepaid Dental Insurance (?)

Resolved, The VDA supports legislation that provides that all prepaid dental insurance plans must permit patients freedom of choice to select any dentist for services, and prepayment and reimbursement determinations must be made without regard to whether the dentist is a participating or non-participating member of the plan.

IX. Licensure

1. General Direction of Hygienists in Virginia (2001)

Resolved, All authorized services provided by a dental hygienist shall be performed under the general direction of a dentist currently licensed in the state of Virginia. General direction shall mean that a dentist has evaluated the patient and has prescribed authorized services to be provided by a dental hygienist. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met:

- a. Patients or their legal guardian must be informed prior to the appointment that no dentist will be present and therefore no evaluation will be conducted at that appointment.
- b. The hygienist must consent to the arrangement.
- c. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing those procedures.
- d. The treatment to be provided must be prescribed by a dentist licensed in Virginia and must be entered in writing in the record and the services noted on the original prescription must be rendered within six (6) months. Upon expiration of the prescription, the dentist must have evaluated the patient before a new prescription can be written.

General direction shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

Nothing in these rules shall be interpreted to prevent a licensed dental hygienist from providing educational services, assessment, screening, or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

2. Application for Licensure Requirements (2003)

Resolved, An applicant for licensure by credentials shall:

- a. Be a graduate and holder of a diploma from an accredited and approved dental school recognized by the Commission of Dental Accreditation of the American Dental Association;
- b. Be currently licensed to practice dentistry in another state, territory, District of Columbia or possession of the United States, and have continuous clinical, ethical and legal practice for five out of the past six years immediately preceding the application for licensure. Active patient care in armed forces dental corps, state or

- federal agency, volunteer practice in public clinic, and intern or residency programs, may substitute for required clinical practice;
- c. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;
 - d. Have successfully completed a clinical licensing examination substantially equivalent to that required by Virginia;
 - e. Not have failed the clinical examination accepted by the board within the last five years;
 - f. Be of good moral character;
 - g. Not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia and is not the respondent in any pending or unresolved board action or malpractice claim;
 - h. Have successfully completed Part I and Part II of the Joint Commission of National Dental Examinations prior to making application to this board;
 - i. Attest that the applicant has read and understands the laws and regulations governing the practice of dentistry in Virginia; and
 - j. Once a practice is initiated in Virginia, the license by credential shall automatically become void if the licensee ceases to actively practice dentistry in Virginia.

3. Licensure via the Virginia State Board of Dentistry and Testing (2006)

Resolved, The VDA supports that the Board of Dentistry participate in the examination process for dental licensure and that the Board of Dentistry vote annually to maintain membership in a regional testing agency.

4. Teaching License by Certification (2024)

Resolved, The VDA support legislation to be presented in the 2025 Virginia General Assembly that would eliminate the sunset provision of § 54.1-2713 of the Code of Virginia, to continue to enable dentists trained in a foreign country and certified by the dean of the dental school to obtain a license to teach dentistry from the Virginia Board of Dentistry.

5. Licensure Portability (2025)

Resolved, The VDA supports licensure portability for dentists and dental hygienists provided all licensees graduate from CODA-approved institutions and meet state licensure requirements for participating compact states.

X. Medicaid/Medicare Dental Benefits

1. Adult Medicaid Benefits (2009, 2021)

Resolved, The VDA supports Medicaid dental benefits for adults, provided that adequate funding for Medicaid benefits for children and adolescents is in place. Such benefits should be comprehensive and provide appropriate reimbursement based on usual and customary fees in Virginia to encourage provider participation.

XI. Public Oral Health

1. Child's First Dental Visit (2008)

Resolved, The Virginia Dental Association encourages dentists and medical practitioners to recommend a child's first dental visit within six months of the eruption of the first deciduous tooth and no later than 12 months of age in accordance with ADA policy.

2. Tobacco and Other Inhaled Tobacco Delivery Systems (2019)

Resolved, The VDA seeks to educate and inform its members and the public about the many health hazards attributed to the use of traditional, non-traditional tobacco, and other inhaled products, including but not limited to e-cigarettes, e-cigarette cartridges, snus, dissolvable tobacco, tobacco gels, and other products made or derived from tobacco. These health hazards include the inhalation of any substance that is smoked or vaporized.

XII. Trade Names and Specialty Advertising

1. Misleading Names and Advertising (2002)

Resolved, The use of a trade name that is false and misleading, deceptive, implies superiority or a level of training superior to other or implies a specialty not recognized by the ADA is unethical. All practitioners' names shall be displayed in a location easily identifiable by the public and used in all written practice descriptors.

2. Trade Name Statute of the Board of Dentistry (2003)

Resolved, The Virginia Dental Association reaffirms its support of the Commonwealth of Virginia Dental Trade Name Statute and its enforcement by the Board of Dentistry (VA Code § 54.1-2718).

XIII. Workforce

1. Dental Assisting Training (2006)

Resolved, The VDA strongly urges the development and expansion of dental assisting training programs in high schools, trade and technical schools, and community colleges, and encourages the VDA Board of Directors to develop an action plan for implementation.

2. Dental Hygiene Education (2006, 2025)

Resolved, The VDA advocates an increase in the number of matriculating dental hygiene students in two-year programs, including expansion of existing programs and the creation of new community college programs. If unable to significantly increase the number of dental hygienists licensed and practicing in the Commonwealth, the VDA will support additional methods to increase the number of alternative providers of hygiene services including scaling technicians, internationally trained dentists practicing hygiene, and non-CODA accredited dental hygiene training programs.

3. Dental Assistant I and Dental Assistant II Definitions (2007)

Resolved, The VDA supports Dental Assistant I and II as presented by the Virginia Board of Dentistry.

4. Dental Assistant Apprenticeship Program (2008)

Resolved, The VDA endorses the development of accredited dental assistant apprenticeship programs.

5. Number of Dental Hygienists Supervised by One Dentist (2009)

Resolved, The VDA supports Board of Dentistry regulation to allow up to a total of four (4) dental hygienists and/or Dental Assistant II's at one time to be supervised by one dentist.

6. Dental Providers Should be Governed by the State Board of Dentistry (2009)

Resolved, The Virginia Dental Association believes that all dental providers (dentists, dental hygienists, dental assistants and any future provider primarily providing dental services) should be governed by the Virginia Board of Dentistry.

7. Support for Increased Enrollment in Allied Dental Training Programs (2024)

Resolved, The VDA supports the expansion and increased enrollment into the allied dental training programs to meet the growing workforce needs in the Commonwealth, that the VDA will organize the voices of regional dentists to identify barriers, implement data-supported solutions, and remain in constant communication with the programs in that region.

8. Elimination of Barriers to Allied Dental Education (2024)

Resolved, The VDA shall endeavor to eliminate unnecessary barriers to providing allied dental education.

9. Grant Funding for a Virginia Workforce Institute (2024)

Resolved, The VDA shall seek grant funding to establish a Virginia Workforce Institute, tasked with maintaining updated state-level data on the dental workforce in Virginia, maintaining a dental workforce dashboard for policymakers and dental program administrators, producing regular actionable reports, educating the public and policymakers around dental careers, dental workforce needs, and coordinating with public and private healthcare workforce initiatives to ensure the needs of dental employers are taken into account.

10. Dental Hygiene Program Student-to-Faculty Ratio (2025)

Resolved, The VDA and the Board of Directors advocate for all existing dental hygiene programs and community colleges with dental hygiene programs and other dental workforce stakeholders in Virginia to sign on to a letter petitioning CODA for a change in the faculty-to-student ratio for dental hygiene students. The VDA take a leadership position to coordinate efforts with other states in developing a national petition to CODA to change the faculty-to-student ratios for dental hygiene programs nationwide.

XIV. Archived Historical Positions

Definition: Previous actions of the House of Delegates which are no longer contemporaneous but the position is still supported by the Association. These items are placed in the “Archived Historical Positions” of the Positions of the Virginia Dental Association. An archived position remains supported in its initial form and may be reactivated if the need arises without further House of Delegates approval.

1. The Virginia Dental Association supports the cessation of smoking in public spaces to decrease the risk of primary and secondary smoke and to promote a healthy lifestyle for all Virginians. 2009
2. Dental hygienists may provide oral health education and preliminary dental screening examinations in a school setting and recommend the need for dental care.1983
3. The VDA should work with all four classes of students at the VCU School of Dentistry in cooperation with the school to properly welcome them into a truly professional life.1986
4. The VDA supports legislation that exempts qualified retirement plans for attachment to satisfy a non-domestic judgment.1988
5. The VDA supports a level of dental assisting which would, with training, allow dental assistants to perform routine prophylaxis under the direct supervision of a dentist.1992
6. Dental Assistants should be permitted to apply Class 6 drugs without certification.1995
7. The VDA supports the revised Definition of Dentistry and initiates statutory change to include: 54.1-2700 Definitions - Dentistry means the evaluation, diagnosis, prevention, and treatment (surgical, non-surgical or related procedures) of diseases, disorders and conditions of the oral cavity, maxillofacial and adjacent and associated structures, and their impact on the human body. 2000

8. The VDA supports the revised definition of Dental Hygiene. The Definition of Hygiene shall be: Dental hygiene means the art and science of oral health care concerned with prevention and treatment of oral conditions to include the management of behaviors to prevent oral diseases and the promotion of oral health under the supervision of a licensed dentist. 2000
9. The VDA endorses the collection and appropriate storage of DNA samples (buccal swabs) as a public service for use in identification of victims. 2003
10. The ADA Bleaching Policy is also the Policy of the Virginia Dental Association
11. “Only licensed dentists or their supervised dental auxiliaries, in compliance with applicable state law, be permitted to make impressions for the fabrication of appliances used with tooth whitening products.” 2003
12. The VDA seeks changes in the statutes or regulations governing dental hygiene by the Board of Dentistry and/or legislatively to allow a hygienist with appropriate training to administer local anesthesia to patients over 18 years of age and nitrous oxide and oxygen inhalation analgesia under the direct supervision of a dentist. 2005
13. The Virginia Dental Association seek statutory change to mandate that necessary dental treatment which is considered an integral part of the treatment of a diagnosed medical disease be afforded coverage under the third-party medical payer’s contract. 2006
14. Selection of student members to serve on VDA committees, councils or in the House of Delegates shall be by the American Student Dental Association chapter of the VCU School of Dentistry. 2006
15. Registered nurses or licensed practical nurses under the immediate and direct supervision of a registered nurse and pursuant to an oral or written order or a standing

protocol, issued by a dentist or a doctor of medicine or osteopathic medicine, may possess and administer topical fluoride varnish to the teeth of children age 6 months to age 3 years. Such protocol shall conform to standards adopted by the Virginia Department of Health. 2007

16. The VDA House of Delegates recommends the Board of Directors create a legislative initiative that would allow Medicaid payments into retirement accounts of the providers. 2009

17. The VDA House of Delegates recommends the Board of Directors create legislative initiative that would oppose the insurance companies from binding fees for non-covered services. 2009

18. The VDA supports the installation of amalgam waste separators in dental offices by 2013. 2009

19. VDA House of Delegates reaffirms support of the deferred compensation plan for Medicaid providers and approves taking it to the 2014 General Assembly. 2013

20. ADA membership should be a requirement for membership in the Academy of General Dentistry. 1995

21. 1. A dental benefit/insurance company must notify a dentist within 45 days of rental that their services have been rented, and to whom; 2. The benefit/insurance company must maintain a listing of networks to which they rent; 3. Requires that the terms of the original contract, including agreed-upon fees, apply to any rental; 4. The dentist must be able to opt out of a rental after they have been notified; 5. any payer that utilizes the PPO dentists maintain the PPO dentists in all provider directories or any other mechanism by which the payer directs beneficiaries to providers in an equal manner as it lists provider that is directly contracted with the payer.

22. The CGA supports pursuing new legislation to be presented to the VA General Assembly to address problems associated with Silent PPO's. The CGA supports the VDA pursuing the hiring of a Dental Benefits Staff Member, as an employee of the VDA, to assist VDA members with dental insurance issues and problems.

23. The VDA seeks changes in the statutes or regulations governing dental hygiene by the Board of Dentistry and/or legislatively to supports allowing a hygienist with appropriate training to administer local anesthesia to patients over 18 years of age and nitrous oxide and oxygen inhalation analgesia under the direct supervision of a dentist. 2005

24. The VDA supports funding for the Dept. of Health as a primary support mechanism for children's dental health to include population-based health promotion and prevention programs, fluoridation, and surveillance, as well as clinical services. The VDA will support a legislative initiative to increase funding for public health Dentists in Virginia and include this initiative in our legislative agenda.

25. Licensure for dentists wishing to practice in Virginia should be by examination. 1995

26. Post-tests should not be required for hygienist continuing education credit for license renewal. 1995

XV. Rescinded Positions

1. The VDA supports legislation which prohibits the dental profession from practicing under a trade name.¹⁹⁸¹