ADA American Dental Association®

America's leading advocate for oral health

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Supplement to

Annual Reports and Resolutions

Volume 1

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Credentials, Rules and Order

Resolution No. 31 New

Report: Board Report 1 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: N/A

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REPORT 1 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ASSOCIATION AFFAIRS AND RESOLUTIONS

Background: This is the first in a series of reports to be presented by the Board of Trustees to the House of Delegates at the 159th Annual Meeting of the American Dental Association.

Appreciation to the Advisory Committee on Annual Meetings and the 2018 Committee on Local Arrangements: The American Dental Association is pleased to have its 159th Annual Meeting in Honolulu, Hawaii.

The Committee on Annual Meetings has created a meeting that lives up to the ADA's reputation for delivering an extraordinary education and exhibition experience. The Board of Trustees wishes to express its sincere gratitude to the Committee, and the exceptional leadership of Dr. Chad P. Gehani, 2017-2018 committee chair, Dr. Howard I.A. Lieb, 2017-2018 general chair; and Dr. Henry F. (Bud) Evans, III, 2017-2018 continuing education chair. They have planned and produced not only an innovative continuing education program, but an exhibition that allows dental professionals to experience firsthand the latest in cutting edge dental materials, services and new technologies.

Committee Members. Dr. Robert L. Blackwell; Dr. Raymond A. Jarvis (2018 NDC Liaison); Dr. Paul F. Kirkegaard, Jr.; Ms. Roopali Kulkarni (2018 ASDA Liaison); Dr. C. Roger Macias, Jr., (2019 general chair-designate); Dr. Kenneth D. McDougall (2019 committee chair-designate); Dr. H. Charles McKelvey; Dr. Stephen T. Radack, III; Dr. Dennis D. Shinbori (2020 San Francisco CLA general chair); Dr. Nanette C. Tertel (2019 continuing education chair-designate) and Dr. Deborah Weisfuse; are all to be recognized for their commendable achievement.

The Board also extends its sincere thanks for those chairpersons who so capably assisted Dr. Calbert M.B. Lum, general chair of the 2018 Hawaii Committee on Local Arrangements: Dr. Jaclyn M.L. Lum, vice chair; Dr. Joseph H. Chu, program co-chair; Dr. Derek H. Ichimura, program co-chair; Dr. Darrell T. Teruya, operations co-chair and Dr. Rachel Yorita, program co-chair.

Finally, the Board expresses tremendous appreciation to all of the volunteers on the Committee on Local Arrangements for the assistance they provide to the Committee in the operation of this annual meeting. The Board recognizes and thanks the Hawaii Dental Association for their contributions to the success of the 2018 Hawaii Annual Meeting. Without the wonderful assistance from these individuals and organizations, and their efforts working as a team with the ADA, this annual meeting would not be possible.

Remembrance of Former Leaders: Since the last meeting of the House of Delegates, the following ADA Trustee has passed away: Dr. James Nagel Clark, former Trustee, 1988-1992.

The profession also mourns the passing of Dr. Steven Offenbacher, 2015 Gold Medal Award for Excellence in Dental Research Recipient and member of the Council on Scientific Affairs.

Election of Honorary Membership: In accordance with the *Bylaws* which empowers the Board of Trustees to elect members of the Association, the following individuals have been elected to Honorary Membership:

Mr. David Hemion, B.S., M.P.A., CAE
Dr. Patrick Hescot
Connie F. Lane
Mr. Joseph Martin, S.B., M.S.

These individuals in various ways have made outstanding contributions to the advancement of the art and science of dentistry or contributions above and beyond expectation to the profession. The Board offers its sincerest congratulations to these newest honorary members.

Distinguished Service Award: Established in 1970, the Distinguished Service Award is the highest honor conferred by the Association's Board of Trustees. Each year the Board may select one recipient for the Award. The Board is pleased to announce that the recipient of the 2018 Distinguished Service Award is Dr. William Calnon.

William R. Calnon, D.D.S.: Dr. Calnon has led a distinguished career in dentistry dating back to 1990. Dr. Calnon graduated magna cum laude from the State University of New York College of Environmental Science and Forestry at Syracuse University and received his dental degree from the University at Buffalo School of Dental Medicine. He completed the general practice residency program at the Eastman Institute for Oral Health. Dr. Calnon is currently the President of the American Dental Association Foundation (ADAF), and is in private practice of general dentistry. He also is the President of the Eastman Dental Center Foundation, Inc., Executive Committee Member, National Dental Practice Based Network Research and holds the academic rank of Professor of Dentistry at the University of Rochester. He is the past President of the American Dental Association (ADA), New York State Dental Association, Seventh District Dental Society and Monroe County Dental Society. In addition, he is a Fellow of the American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy.

Among his many awards are the Directors Award, Eastman Institute for Oral Health, University of Rochester; Paragon Award, American Student Dental Association; Distinguished Service Award, Pierre Fauchard Academy and the Greenwood Award, Seventh District Dental Society, New York.

Retiring Officers and Trustees: The Board of Trustees wishes to express its gratitude to the following officers and trustees for services rendered to the Association during their tenure on the Board: Dr. G. Lewis Mitchell, Jr., first vice president; Dr. Ronald Lemmo, treasurer; Dr. Rickland G. Asai, trustee, Eleventh District; Dr. Robert N. Bitter, trustee, Eighth District; Dr. Chad P. Gehani, trustee, Second District; and Dr. Lindsey A. Robinson, trustee, Thirteenth District.

Appreciation to Employees: The Board of Trustees is pleased to bring to the attention of the House of Delegates 56 members of the Association staff for their years of service.

Forty Years

Elander A. Goins, Education
Carol A. Balabanow, Science

Thirty-Five Years

Judith E. Fleeks, Human Resources
Deborah J. Gorski, Member and Client Services

Thirty Years

Kathy Clary, Government Affairs
Regina Taylor-Sligh, Member and Client Services

Twenty- Five Years

Christine S. Dillon, ADA Foundation, Volpe Research Center
Linda D. Pompey, Communications and Marketing
Kelly A. Bentley, Information Technology
Christine M. Chico, Member and Client Services
John H. Fernandez, Member and Client Services
Stacie J. Crozier, Publishing

Twenty Years

Diane L. Ward, Administrative Services
Tracy E. Hollenbach, Communications and Marketing
Andrea Matlak, Education
Kimberly D. Green, Finance and Operations
Lyn C. Dempsey, Information Technology
Kenneth J. Elliott, Information Technology
Bradley Harmon, Information Technology
Freddy Ovalle, Jr., Information Technology
Marilu Alonso, Member and Client Services
Fabian E. Perez, Member and Client Services
Patrick L. Cannady, Practice Institute
Jean P. Narcisi, Practice Institute
Kristy L. Azzolin, Science

Fifteen Years

Deborah Doherty, ADA Business Enterprises, Inc.
Jerome K. Bowman, Administrative Services
David J. Cantalupo, Conferences and Continuing Education
Glynis P. Massey, Conferences and Continuing Education
Rosio Romero, Finance and Operations
Frank A. Kyle, Government Affairs
Pamela S. Disselhorst, Human Resources
Joseph A. Slovick, Information Technology
Vincent V. Soung, Information Technology
Susana Galvan, Member and Client Services
Pamela M. Porembski, Practice Institute

Ten Years

Valerie R. Shive, Administrative Services
Sandra L. Eitel, Communications and Marketing
Steven O. Horne, Communications and Marketing
Kelly E. Wang, Conferences and Continuing Education
Steven P. Geiermann, Government Affairs
Rebecca L. Starkel, Health Policy Institute
Marisol Barajas, Member and Client Services
Ricky D. Dixon, Member and Client Services
Glenda U. Mixon, Member and Client Services

Ten Years (continued)

Alison M. Bramhall, Practice Institute
Marilyn E. Ward, Practice Institute
Angela D. James, Publishing

Five Years

Diane R. Bienek, ADA Foundation, Volpe Research Center
Gil Kaufman, ADA Foundation, Volpe Research Center
Amy M. Beschta-Newborn, Communications and Marketing
Yvonne M. Lewis, Communications and Marketing
Laura A. McDougal, Communications and Marketing
Julia M. Nissim, Communications and Marketing
Catherine A. Baumann, Education
Carley A. Bertucci, Education
Georgette C. Dye, Education
Matthew W. Grady, Education
Ellen J. Ryske, Education
Lisa Tosti Sauro, Education
Jane S. Grover, Government Affairs
Cassandra J. Yarbrough, Health Policy Institute
Gregory R. Francomb, Information Technology
Antonio Mendoza, Information Technology
Joseph E. Montalvo Information Technology
Kenneth W. Zenger, Information Technology
Kirstie S. Person, Member and Client Services
Cynthia A. Kluck-Nygren, Practice Institute
Amber M. Lignelli, Publishing
Kimber Solana, Publishing
Jamie M. Spomer, Science
Malavika P. Tampi, Science

Nominations to Councils and Commissions: The Board of Trustees annually submits to the House of Delegates nominations for membership to the councils, commissions and the New Dentist Committee. Also included in this report are the nominees selected by the American Association of Dental Boards (AADB) and American Dental Education Association (ADEA) to serve on the Council on Dental Education and Licensure. Based on the ADA *Governance Manual*, the nominees for ADA open positions on the Commission on Dental Accreditation, Council on Members Insurance and Retirement Programs and Council on Scientific Affairs were selected by the Board from nominations open to all trustee districts. In addition, with the adoption of Resolution 47H-2017, the composition of each council includes one New Dentist Member recommended by the New Dentist Committee and nominated by the Board of Trustees.

In accordance with a long-standing House directive, the Board is providing a brief narrative on each nominee's qualifications (page 1008). The *Governance Manual*, Chapter XVII, Conflict of Interest, requires nominees for Councils and Commissions to complete a conflict of interest statement and file such statement with the Secretary of the House of Delegates to be made available to the delegates prior to election. Copies are available upon request through the Office of the Executive Director.

ADVOCACY FOR ACCESS AND PREVENTION
Kristi A. Golden, Arkansas
Shailee J. Gupta, Texas
Michael L. Richardson, West Virginia
Shamik S. Vakil, North Carolina
*Andrew D. Welles, Wisconsin

COMMUNICATIONS
Rebecca J. De La Rosa, Indiana
*Andrea C. Fallon, Massachusetts
Michael J. Frankman, South Dakota
Amber P. Lawson, Georgia
Barry J. Taylor, Oregon

DENTAL ACCREDITATION
Monica M. Hebl, Wisconsin, *ad interim*
**Timmothy J. Schwartz, Illinois

DENTAL BENEFIT PROGRAMS
Kevin W. Dens, Minnesota
William V. Dougherty, III, Virginia
Eugene G. Porcelli, New York
L. King Scott, Louisiana
*Sarah E. Stuefen, Iowa

DENTAL EDUCATION AND LICENSURE
GeriAnn DiFranco, Illinois (AADB) *ad interim*
*Daniel A. Hammer, Texas
Uri Hangorsky, Pennsylvania (ADEA)
Steven M. Lepowsky, Connecticut (ADEA)
Michael J. Link, Virginia (ADA)
Maurice S. Miles, Maryland (AADB) *ad interim*
David L. Nielson, Alaska (AADB)
Donna Thomas-Moses, Georgia (ADA)

DENTAL PRACTICE
Ryan Braden, Wisconsin
W. Mark Donald, Mississippi
James A. Hoddick, New York
Allison B. House, Arizona
Princy S. Rekhi, Washington
*Michael Saba, New Jersey

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Meredith A. Bailey, Massachusetts
Alma J. Clark, California
*Lindsay M. Compton, Colorado
William D. Cranford, Jr., South Carolina
Jay A. Johnson, Florida

GOVERNMENT AFFAIRS
Matthew Cohlmia, Oklahoma
John E. Hisel, Jr., Idaho
*Robin M. Nguyen, Florida
Leon E. Stanislav, Tennessee
Mark A. Vitale, New Jersey

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Hubert J. Jacob, Ohio
*Britany F. Matin, Alabama
Joseph E. Sokolowski, Missouri
C. Rieger Wood, III, Oklahoma

MEMBERSHIP
Tamara S. Berg, Oklahoma
Kyle D. Bogan, Ohio
*Lauren M. Czerniak, Ohio
Michael D. Eggnatz, Florida
Mark D. Mutschler, Oregon

NATIONAL DENTAL EXAMINATIONS
Michael E. King, Virginia

NEW DENTIST
Steven G. Feldman, District of Columbia
Brooke M. Fukuoka, Idaho
Kevin Y. Kai, California
Seth A. Walbridge, Pennsylvania

SCIENTIFIC AFFAIRS
Raymond A. Dionne, North Carolina
Kevin B. Frazier, Georgia
Carlos Gonzalez-Cabezas, Michigan
Deepak Kademani, Minnesota, *ad interim*
*Nathaniel C. Lawson, Alabama
Ana Karina Mascarenhas, Florida

*New Dentist Member

****In response to resolution 76H-2010, CODA requested that, beginning in 2012, new Commissioner appointees be identified one year in advance of their term of service in CODA activities.

Resolution

31. Resolved, that the nominees put forward for membership on ADA councils, commissions and the New Dentist Committee be elected.

Retiring Council, Commission and Committee Members: The Board of Trustees wishes to acknowledge with appreciation the service of the following council, commission and committee members

ADVOCACY FOR ACCESS AND PREVENTION
Scott W. Cashion, North Carolina
Timothy R. Fagan, Oklahoma
William H. Gerlach, Texas
*Colleen Greene, Wisconsin
Rhonda Switzer-Nadasdi, Tennessee

ANNUAL MEETINGS
Henry F. Evans, III, Washington
Chad P. Gehani, New York
*Raymond A. Jarvis, Louisiana
Howard I.A. Lieb, New York
Calbert M.B. Lum, Hawaii

COMMUNICATIONS
Canise Y. Bean, Ohio
Yvonne S. Hanley, Minnesota
Kurt S. Lindemann, Montana
Robin S. Reich, Georgia

DENTAL ACCREDITATION
Ralph C. Attanasi, Jr., Florida

DENTAL BENEFIT PROGRAMS
C. Scott Davenport, North Carolina
David Hamel, Kansas
Steven I. Snyder, New York
Matthew J. Vaillant, Minnesota

DENTAL EDUCATION AND LICENSURE
Bryan C. Edgar, Washington (AADB)
Gerald N. Glickman, Texas (ADEA)
David F. Halpern, Maryland (ADA)
Edward J. Hebert, Louisiana (ADA)
*Jonathan R. Pascarella, California

DENTAL PRACTICE
Leigh W. Kent, Alabama
Craig S. Ratner, New York
Scott L. Theurer, Utah
Michael S. Wojcik, Michigan

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Gary N. Herman, California
Don J. Ilkka, Florida
Puneet Kochhar, New Hampshire
J. David Moss, South Carolina

GOVERNMENT AFFAIRS
K. Jean Beauchamp, Tennessee
Marty B. Garrett, Louisiana
Frank J. Graham, New Jersey
David M. Minahan, Washington

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Peter D. Hehli, Wisconsin
James M. Lipton, Indiana
Marshall H. Mann, Georgia
Scott Wieting, Nebraska

MEMBERSHIP
Steven P. Ellinwood, Indiana
Marc Muncy, Arkansas
Rodrigo Romano, Florida
Heather A. Willis, Alaska

NATIONAL DENTAL EXAMINATIONS
Lisa Heinrich-Null, Texas

NEW DENTIST
Brittany T. Dean, Washington
Jonathan R. Pascarella, California
Michael Saba, New Jersey
Nipa R. Thakkar, Pennsylvania

SCIENTIFIC AFFAIRS
Anita Aminoshariae, Ohio
Paul D. Eleazer, Alabama
Paul A. Moore, Pennsylvania
Howard W. Roberts, Kentucky
*Benjamin C. Youel, Illinois

*New Dentist Member

ADA Institute for Diversity in Leadership

Program Aims: The 2002 ADA House of Delegates approved the ADA Board's proposal for an ADA leadership institute designed for:

- Building lifetime relationships with minority dentists;
- Mentoring promising leaders with potential to impact diverse communities; and
- Strengthening alliances with stakeholder institutions, including dental leaders, industry, public and governmental communities of interest.

Leadership Development: During their year-long program, Institute participants have faculty seminars at ADA Headquarters, conference calls with faculty and advisors, and guided experience with individual leadership projects for their dental societies or other community organizations. The program's faculty are Tim Calkins and Liz Howard Livingston from Northwestern University's Kellogg School of Management and Dr. Ashleigh Shelby Rosette from Duke University's Fuqua School of Business. They have been with the program since its inception. (The Kellogg School is not connected with the W.K. Kellogg Foundation.)

ADA Leadership Institute videos on ADA CE Online are also a resource. An ADA Connect forum also serves the Institute community along with a project management/communication tool called Basecamp.

Enrollment: Since 2003, the program has admitted 196 dentists (including one dentist sponsored by the Asociación Dental Mexicana). In 2018, the ADA Board of Trustees admitted the following new class as recommended by the Board's Diversity and Inclusion Committee from a competitive field of applicants:

Dr. Monica Anderson, Grand Prairie, Texas
Dr. Josephine Chang, Chicago, Illinois
Dr. Marcio Da Fonseca, Chicago, Illinois
Dr. Michael Farmer, Charlotte, North Carolina
Dr. Chinara Garraway, Tallahassee, Florida
Dr. Zaneta Hamlin, Virginia Beach, Virginia
Dr. Raven Henderson, Middlebury, Connecticut
Dr. Sarah Khan, Philadelphia, Pennsylvania
Dr. Alex Wooram Lee, Santa Monica, California
Dr. Aruna Rao, Minneapolis, Minnesota
Dr. Carlos Smith, Richmond, Virginia
Dr. Akshay Thusu, San Antonio, Texas
Dr. Sarah Tomlinson, Chapel Hill, North Carolina
Dr. Alberto Varela, Draper, Utah
Dr. Dentonio Worrell, Hopewell, Virginia
Dr. Quyen Vu Ying, Mountain Brook, Alabama

Sponsorship: The ADA Institute for Diversity in Leadership is made possible through the generous support of Henry Schein, Inc. and Crest + Oral B.

Alumni Paths: Institute alumni have gone on to serve as volunteer leaders at the local, state and national levels.

- At the national level, service has included:
  - ADA First Vice President, the ADA Strategic Planning Committee, Council on Membership, Council on Communications, Council on Government Affairs, Council on Advocacy for Access and Prevention, New Dentist Committee, Board of Trustees Standing Committee on Diversity and Inclusion, ADA House of Delegates, and ADA Success Program speakers.
  - Officers and leaders at the national levels of the Society of American Indian Dentists, National Dental Association, Hispanic Dental Association, and American Association of Women Dentists.
- With a variety of state and local dental societies, Institute alumni have served as presidents, council members and chairs, as board members, and as House delegates at the state and local level. In an Institute alumni survey, alumni volunteered to share expertise with dental societies on a wide range of topics in strategic planning, membership development, continuing education, mentoring for students and new dentists, government affairs, access, prevention, and dentists' collaborating with physicians and nurses.
- Over the past several years, alumni have mobilized a growing number of dentists from across the country for annual events to serve U.S. military veterans.
- Alumni have also served on boards of community organizations.

Treasurer Applications: In accordance with the *Governance and Operations Manual*, the Board of Trustees reviewed five candidate applications for Treasurer. (See Report 3 of the Board of Trustees to the House of Delegates: Review of Treasurer Applications; Worksheet:1038).

Policy Review: In accordance with the policy, Regular Comprehensive Policy Review (*Trans.*2012:370), the Board of Trustees reviewed the following policy and determined it should be maintained as written.

Long-Term Financial Strategy of Dues Stabilization (*Trans*.2008:421; 2012:410)

Resolution
(Resolution 31:Worksheet 1025)

STATEMENT OF QUALIFICATIONS OF NOMINEES TO COUNCILS AND COMMISSIONS

ADVOCACY FOR ACCESS AND PREVENTION

Golden, Kristi A., Arkansas, 2022. Dr. Kristi Golden has served as an ADA alternate delegate for the Twelfth District since 2016. She has been very active in her local, state, and national organizations, serving in many capacities, namely as vice president, president-elect, and president of the Arkansas Dental Association. As a leader of the Arkansas State Dental Association and along with her strong understanding of current health care and oral health care systems, from the broad spectrum of private to public, she is an ideal nominee to the Council. For the last many years, Arkansas has had to address many challenges in dental care delivery and access to care, and Dr. Golden has been an instrumental leader in addressing these issues.

Further, she is very knowledgeable of state issues such as Medicaid and other public programs, and most importantly, she understands and relates to all generations of dentists and has a firm understanding of each generations' positive and negative concerns about those critical issues.

Dr. Golden's experience and concerned nature makes her the ideal individual to lead all our generations in the future and provide strong input to the Council with the challenges ahead. It is with these aforementioned qualities that Dr. Kristi Golden is nominated from the Twelfth District to serve on the Council on Advocacy for Access and Prevention.

Gupta, Shailee J., Texas, 2022. Dr. Shailee Gupta is the chief dental officer for the St. David's Foundation Dental Program and has been practicing dentistry for 16 years. She has been providing dental care to underserved children in the Central Texas region with the Dental Program for 12 years.

Dr. Gupta has a passion for public health and organized dentistry. She has served on the board and as a delegate for the Capital Area Dental Society for the past five years. She currently serves on the ADA Diversity and Inclusion Committee and will complete her term on the Committee in 2018. She is also a member of the American Association of Public Health Dentistry and has been a presenter at several public health conferences including the National Oral Health Conference and the Mobile Health Clinics Association Conference sharing best practices with other public health dental programs. In the Central Texas Region, she is a prominent leader in the community. She was a finalist in the Austin Under 40 Awards in the category of Medicine, Healthcare and Sciences and was selected to participate in the Leadership Austin Program.

Richardson, Michael L., West Virginia, 2022. Dr. Michael Richardson is a private practitioner in West Virginia. West Virginia is a state that has a very high Medicaid rate and access to dental care is an issue for many of its low-income individuals. Dr. Richardson has witnessed this first hand having been an active volunteer with the Give Kids a Smile program since 2007. He is also a long-time volunteer at the West Virginia Health Right Clinic that focuses on providing dental care to uninsured individuals. Dr. Richardson has served in leadership positions in his local and state dental organizations so he will come to the Council on Advocacy for Access and Prevention with realistic expectations of the responsibilities of a council position.

Vakil, Shamik S., North Carolina, 2022. Dr. Shamik Vakil is a Diplomate of the American Board of Pediatric Dentistry and serves as a pediatric dentist in Charlotte, North Carolina. Dr. Vakil's service to the ADA has been remarkable since his graduation from dental school in 2008 from the University of North Carolina School of Dentistry, and pediatric dental residency at the University of Chicago with a master of science degree in oral health sciences in 2010. Dr. Vakil has been involved at all levels of organized dentistry ranging from local to national since graduation from dental school. Of particular note, Dr. Vakil served a four-year term on the ADA New Dentist Committee from 2009 to 2013 representing the Sixteenth District. During his tenure, he served on three different ADA councils and multiple task forces and workgroups, representing the perspectives of new dentists nationally. Dr. Vakil is an active member of the American Academy of Pediatric Dentistry and participates in advocacy efforts locally, nationally and internationally for the underserved. He is currently working to develop effective models of outreach and utilization for Medicaid recipients seeking care in private settings. Dr. Vakil's experience will be an asset

for the Council on Advocacy for Access and Prevention as well as the ADA as we forge ahead to find practical solutions for the delivery of dental care to all Americans.

Welles, Andrew D., Wisconsin, 2019. Dr. Andrew Welles is an employee dentist at a Federally Qualified Health Center serving a primarily Medicaid population. He is a National Health Service Corps scholar and engages with the underserved population through his employment daily. Additionally, Dr. Welles volunteers regularly with More Smiles Wisconsin, a free/reduced fee clinic, in the emergency clinic. Dr. Welles believes that organized dentistry is the most effective means for positive change in access to care. To that end, he has been active in leadership and lobbying while a student in ASDA and at the Wisconsin Dental Association. Dr. Welles received the Wisconsin Dental Association New Dentist Award in 2017.

COMMUNICATIONS

De La Rosa, Rebecca J., Indiana, 2022. Dr. Rebecca De La Rosa has served the Indiana Dental Association (IDA) and her local society in a variety of roles including serving as president of the Indianapolis District Dental Society in 2005. She currently serves as vice speaker of the house for the IDA, chair of the IDA Council on Judicial Affairs and associate editor of the *Indiana Dental Association Journal*. She served as president of the Indiana Dental Board from 2004 to 2005. Dr. De La Rosa's leadership at the national level includes serving as president of the American Association of Women Dentists in 2000. She has also served as an alternate delegate for the ADA House of Delegates.

As a volunteer for Mission of Mercy, Dr. De La Rosa served on the planning committee representing the media team. In 2011, she served as subcommittee chair for the IDA Council on Communications where she authored videos, brochures and other publications identifying the crucial credentials that patients should reference when choosing a dentist. She has given multiple media interviews on radio and television in her local community over the course of 20 years including promoting Give Kids a Smile and other topics relating to patient care. She has authored several articles for her local society and IDA publications.

Dr. De La Rosa is a Fellow of the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists. In 2012, she received the IDA Groundbreaker Award, and honored for leadership as a Hispanic women dental leader at the national, state and local levels in dental organizations. Dr. De La Rosa will be an excellent addition to the Council on Communications.

Fallon, Andrea C., Massachusetts 2019. Dr. Andrea Fallon is a member of the New Dentist Committee and has served as the new dentist member for the 2017-2018 term on the Council on Communications. Dr. Fallon has a great interest in making sure the Association is relevant and modern for new dentists. Dr. Fallon is a general dentist practicing in Agawam, Massachusetts. She became a partner in the practice in 2012 after having spent four years as an associate. Dr. Fallon graduated from the University of Connecticut School of Dental Medicine in 2008. While enrolled at the University of Connecticut, she received the National Elsevier Student Research Award as well as the UConn Alumni Scholarship. In December 2016, she completed the curriculum at the L.D. Pankey Institute for treatment of occlusal disease and TMJ dysfunction. Dr. Fallon is an active member of the Valley District Dental Society, the Massachusetts Dental Society and the American Dental Association.

Frankman, Michael J., South Dakota, 2022. Dr. Michael Frankman is the current president of the South Dakota Dental Association (SDDA). He was selected as the SDDA Young Dentist of the Year in 2015. He has served as an ADA alternate delegate. He expressed an interest in serving on this Council due to his experiences with the SDDA and the community of Sioux Falls. The SDDA is an excellently run state association and excels in all areas. His experience with the SDDA will serve him well at the ADA.

Lawson, Amber P., Georgia, 2022. Dr. Amber Lawson has been active in organized dentistry on both the state and local level for many years. Most recently, she has been serving as the Georgia Dental Association's Constitution and Bylaws Committee Chair. During her time as chair, the Constitution and Bylaws Committee was charged with implementing a new governance structure for the Georgia Dental Association (GDA) through changes to the association's bylaws and policy manual. Dr. Lawson has effectively led her committee to complete the charge and has served as spokesperson to the GDA's membership and House of Delegates throughout the process. Dr. Lawson's leadership, strategic thinking and clear communication have been instrumental to the success of the governance initiative. Dr. Lawson

would be an asset to the ADA Council on Communications, and her nomination is respectfully submitted for consideration.

Taylor, Barry J., Oregon, 2022. Dr Barry Taylor will become president-elect of the Oregon Dental Association (ODA) in September 2018. He has been involved with strategic planning and government relations at the state level and has developed good communication skills in this service. Government relations is all about risk communication and reputation management. As editor of the ODA he has written many editorials that clearly demonstrate his high achieving communication skills. He has become an adept communicator on social media sites, and he has a depth of experience in speaking to both professional and student groups.

Dr. Taylor has also been involved at the 11th District Caucus level having served as both Caucus chair and vice chair. He has a very good grasp of the working knowledge of the tripartite having served in many capacities at the component level prior to his volunteer work at the state level. Dr. Taylor's infectious energy, positivity and sense of humor will serve the Council on Communications well during his tenure.

DENTAL ACCREDITATION

Hebl, Monica M. Wisconsin, 2020. In June 2018, Dr. Monica Hebl was appointed *ad interim* to replace Dr. Joseph Hagenbruch as a member of the Commission on Dental Accreditation. Dr. Hebl is nominated to complete the unexpired term of Dr. Hagenbruch which expires at the close of the 2020 House of Delegates. Dr. Hebl is a national spokesperson on access to dental care for the ADA, and has been a Medicaid provider in her private practice since graduating from Marquette University School of Dentistry in 1985.

Dr. Hebl has served as either an alternate delegate or delegate to the ADA House of Delegates since 2000. She has served on numerous ADA committees as well as the ADA Council on Access, Prevention and Interprofessional Relations. Dr. Hebl served as president of both the Wisconsin Dental Association and Greater Milwaukee Dental Association, and she is still an active volunteer for both societies. She is a member of the American Association of Public Health Dentistry, Delta Dental of Wisconsin Board of Directors, U.S. National Oral Health Alliance and Chicago Dental Society.

Dr. Hebl attended Ripon College and the University of Wisconsin-Madison before earning her dental degree from Marquette University School of Dentistry. She maintains a private practice in Milwaukee.

Schwartz, Timmothy J., Illinois, 2023. Dr. Timmothy Schwartz received his dental degree from the University of Illinois College of Dentistry in 1979. Prior to this, he completed a Gross Anatomy Graduate Program at Illinois State University. In 2016, Dr. Schwartz was awarded the William F. Towner Award from the University of Illinois College of Dentistry. He is currently the speaker of the house (2013-present) for the Illinois State Dental Society (ISDS) House of Delegates. He was co-chair of the ISDS Mission of Mercy program in 2014, and received the ISDS President's Award in 2014 for his service to the ISDS and his local community.

Dr. Schwartz served from 2011 to 2015 on the ADA Council on Member Insurance and Retirement Programs. He also served on the Illinois State Board of Dentistry from 2011 to 2018, and was vice chair of the Board from 2012 to 2014. Dr. Schwartz currently serves on the ISDS Foundation Board of Directors (2011-present); is a faculty member at OSF Dental Residency program; a member of the American Society of Forensic Odontology and a Fellow of the International and American College of Dentists.

Dr. Schwartz is a model clinician and a considerate, generous individual. He is well versed in parliamentary procedure and protocols and would be an asset to the Commission on Dental Accreditation in its deliberations. He represents the best in our profession. The ADA Eighth District recommends, without reservation, Dr. Timmothy Schwartz for consideration to serve on the Commission on Dental Accreditation.

DENTAL BENEFIT PROGRAMS

Dens, Kevin W., Minnesota, 2022. Dr. Kevin Dens has held many positions with the Minnesota Dental Association, which has exposed him to many of the issues that are handled by the Council on Dental Benefit Programs. Dr. Dens is a person that takes his jobs seriously and does deep research before making a decision. He is a delegate for the Minnesota Dental Association and is familiar with the current issues.

Dougherty, William V., III, Virginia, 2022. Dr. William Dougherty is a graduate of Georgetown Dental School and has been practicing general dentistry in the Northern Virginia community since 1988. Dr. Dougherty is the immediate past president of the Virginia Dental Association (VDA). Under his leadership, the Virginia Dental Association grew its membership for the first time in years. He has served on numerous state committees including chair of Council on Sessions, chair of Infection Control and Environmental Safety and chair of Access to Care Workforce. He currently serves on the VDA Insurance Workgroup. Dr. Dougherty served as Champion of Restorative Dentistry for the Northern Virginia Mission of Mercy project for many years and in addition has dedicated hundreds of hours to the community. He has extensive experience related to indemnity plans and other dental insurance products as a result of his 30 years in private practice. Dr. Dougherty has been a big advocate of the VDA In-Office Membership Dental Plan template that has allowed VDA dentists the ability to offer a competitive alternative to the traditional dental benefit programs. Dr. Dougherty looks forward to being able to share his knowledge of dental benefit plans with the CDBP and will be a strong addition to this important Council.

Porcelli, Eugene G., New York, 2022. Dr. Eugene Porcelli has been chair of his local component's dental benefits council as well as a member of the New York State Council on Dental Benefits for 11 years. In addition, he was chair of the New York Council for two years (two years is the maximum any member can serve as council chair). This gives him an excellent working knowledge of private insurance as well as government programs. He also works with many insurance plans in his practice, both as a participating provider as well as fee-for-service. Dr. Porcelli has performed in many capacities for his local component as well as the New York State Dental Association. In every case he has performed his tasks thoroughly, efficiently and in a timely fashion.

Scott, L. King, Louisiana, 2022. Dr. L. King Scott is an excellent nominee for the Council on Dental Benefit Programs. He has a full-time practice of general dentistry and hospital dentistry with special emphasis in reconstruction and complex dentistry including aesthetic and cosmetic and implant dentistry, and temporomandibular joint dysfunction disorders, along with sleep disorders and special needs patients, in West Monroe, Louisiana.

Dr. Scott has been through many leadership roles in Louisiana for his local and state associations. He recently completed his term as president of the Louisiana Dental Association (LDA) in 2016 and continues to serve as an alternate delegate to the ADA. He currently serves as speaker of the house for the LDA and president of the LDA Foundation.

Being a general practitioner with other areas of care, including hospital dentistry, provides Dr. Scott the opportunity of understanding government programs and their dental benefits structure. Further, his diverse area of treatment qualifies his understanding of dental plan concepts, current plan structures, managed care and other forms of dental plans. As a private practitioner, he is very engaged in the understanding and impact of dental benefits to the practice of dentistry and has a strong foundational understanding of the impact to dental practices.

It is with these aforementioned qualities, that Dr. L. King Scott is nominated from the Twelfth District to serve on the Council on Dental Benefit Programs.

Stuefen, Sara E., Iowa, 2019. Dr. Sara Stuefen is a member of the New Dentist Committee. She is a 2010 graduate of the University of Iowa College of Dentistry. Since then, she has been a private practice owner. Her practice accepts many forms of dental benefits including several government programs as well as several PPOs. She has much experience with navigating the administration of dental benefits in a private practice setting and how they have affected the profession. Dr. Stuefen served on the Council on Dental Benefit Programs in 2017-2018 and has been an active contributor. She has participated in a project to help evaluate instituting ICD-10 coding in the dental office, participated in discussions with

dental insurance company representatives, and provided guidance on several toolkits in development for our members. Dr. Stuefen works diligently to provide a new dentist perspective within the council.

DENTAL EDUCATION AND LICENSURE

DiFranco, GeriAnn, Illinois, 2020 (AADB). In January 2018, Dr. GeriAnn DiFranco was appointed *ad interim* to complete the unexpired term of Dr. Marybeth Shaffer, as a member of the Council on Dental Education and Licensure representing the American Association of Dental Boards. Dr. DiFranco is a periodontist practicing in Park Ridge and Palos Hills, Illinois. She served on the Illinois Department of Financial and Professional Regulation Dental Department from 2004 to 2011 and as chair of the Illinois State Board of Dentistry from 2010 to 2011. Dr. DiFranco also served as a member of the Commission on Dental Accreditation from 2011 to 2013. She is also a member of the American Academy of Periodontology.

Hammer, Daniel A, Texas 2019. Dr. Daniel Hammer believes that all ADA members have at least two things in common that have made them the practitioner they are today. First is their dental education and second is their responsibility to serve and ensure the safety of each patient they care for. The processes by which these two characteristics are forged serve as the primary mission of Council on Dental Education and Licensure (CDEL) and are why Dr. Hammer is honored to be considered for the new dentist member position on CDEL.

Dr. Hammer's interest in issues facing dental education started when he served as the University of the Pacific School of Dentistry Student Body President and as an ASDA Trustee. As student body president he regularly liaised with the administration, dental faculty council, student body and the University of the Pacific's Board of Regents to discuss issues critical to all parties. After realizing that issues such as the rising cost of higher education and others were common concerns far beyond Pacific Dugoni, they developed the Three Cities, One University Leadership Summit where educational leaders met from all campuses to collaborate and address these critical concerns. It was this summit that sparked Dr. Hammer's concern and desire to study and advocate for student loan reform throughout his organized dentistry journey. Dr. Hammer served as the chair of the Resident Organization of AAOMS Educational Debt Task Force charged to study the impact of the growing student debt burden on the specialty, providers and patients. As a member of the Pacific Dugoni Promotion and Tenure committee as a dental student, Dr. Hammer was introduced to the three pillars of higher education; teaching, research and service.

In addition to his time on the Lincoln aircraft carrier, he is an assistant professor of surgery at the Uniformed Services University of Health Sciences and a Clinical Instructor at Naval Medical Center Portsmouth. His research interests vary widely with eight published manuscripts, one book editorship, two book chapters, over 15 national and international presentations and most recently Dr. Hammer was awarded two grants to determine a non-operative management technique for medication-related osteonecrosis of the jaw.

Dr. Hammer is committed to protecting the public through education. His first experience taking a leadership role in this area was with the ADA National Oral Health Literacy Advisory Committee. Dr. Hammer also developed and implemented a program for the Michigan State Emergency Medicine Symposium to enable ERs to better treat and educate patients who have significant barriers to regular dental care. He values the importance of practice guidelines and the education to meet and exceed such guidelines, especially in the area of anesthesia. Ensuring the safe delivery of anesthesia to every dental patient is of pinnacle importance and a great responsibility of CDEL to promote and enhance evidence-based safety standards.

Lastly, Dr. Hammer is extremely familiar with the dental licensure and credentialing process and its continued metamorphosis since his membership on the ASDA Committee on Professional Issues and being a student at one of the first schools to administer licensure by portfolio. In addition, Dr. Hammer has been credentialed at nine hospitals over the past five years of training and understands the process well.

Hangorsky, Uri, Pennsylvania, 2022 (ADEA). Dr. Uri Hangorsky is currently serving as an *ad interim* member to the Council to complete the third year of the unexpired four-year term of Dr. Mert Aksu as a

representative of the American Dental Education Association. The American Dental Education Association has selected Dr. Hangorsky to complete his own four-year term on the Council (2018-2022). Dr. Hangorsky, a periodontist, is the associate dean of student life and admissions and director of the Program for Advanced Standing Students (PASS) at the University of Pennsylvania School of Dental Medicine. During his tenure at the School of Dental Medicine, he also has served as associate dean of academic affairs and associate dean of clinical affairs.

Lepowsky, Steven M., Connecticut, 2019 (ADEA). The American Dental Education Association has selected Dr. Steven Lepowsky to serve on the Council on Dental Education and Licensure for 2019 to complete the final year of Dr. Mert Aksu's unexpired term. Dr. Lepowsky is the senior associate dean of education and patient care at the University of Connecticut School of Dental Medicine. During his tenure at the School of Dental Medicine, he also has served as associate dean for education and patient care, associate dean for clinical affairs and director of the Advanced Dental Education Program in General Dentistry.

Link, Michael J., Virginia, 2022. Dr. Michael Link is a 1985 graduate of the Virginia Commonwealth University (VCU) School of Dentistry. Dr. Link served on the Virginia Board of Dentistry from 1997 to 2005. From 1997 to 2013 he was a Southern Regional Testing Agency Examiner. Following graduation from dental school, Dr. Link served as a clinical instructor at the VCU School of Dentistry from 1986 to 1988 while maintaining a private practice. The expertise Dr. Link gained relative to licensure issues while serving on the Virginia Board of Dentistry is invaluable and has prepared him well for a position on the Council on Dental Education and Licensure. Dr. Link has a thorough understanding of dental education as well as the complexities of the licensure process and will be an excellent addition to this Council.

Miles, Maurice S., Maryland, 2019 (AADB). In May 2018, Dr. Maurice Miles was appointed *ad interim* to complete the unexpired term of Dr. Ronald Moser as a member of the Council on Dental Education and Licensure representing the American Association of Dental Boards. Dr. Miles practices in Bowie, Maryland. He served as a member of the Maryland Board of Dental Examiners from 2008 to 2015 and as the president, June 2014 to 2015. Since 2009, Dr. Miles also has served as a clinical floor examiner for the Commission on Dental Competency Assessment.

Nielson, David L., Alaska, 2022 (AADB). The American Association of Dental Boards has selected Dr. David Nielson to serve as one of its representatives on the Council on Dental Education and Licensure. Dr. Nielson is a practicing dentist at the Southcentral Foundation. He is a member of the Alaska State Board of Dentistry and serves as a captain and floor examiner for the Western Regional Examination Board. Dr. Nielson was a member of the ADA Council on Communications from 2006 to 2010 and served as an ADA delegate from 2002 to 2008.

Thomas-Moses, Donna, Georgia, 2022. Dr. Donna Thomas-Moses has held an interest in higher education, continuing education and the policies that govern and influence the improvement and development of education and the testing of such for her entire professional life. Her involvement on the ADA Continuing Education Recognition Program (CERP) Committee (2004-2007) is what first sparked her interest in becoming a future integral member of the ADA Council on Dental Education and Licensure (CDEL).

Dr. Thomas-Moses' areas of involvement in organized dentistry that are pertinent to this nomination include serving as a school board member for Oak Mountain Academy from 1997 to 2003 and also on the Oak Mountain Academy Foundation Board from 2005 to 2007. She was appointed in 2000 as a charter member of the Advisory Board for the West Georgia Technical College School of Dental Hygiene where she still serves today. She acted as chair of the Board in 2002 and 2003. Her practice has been a site for externship that hygiene students rotate through each year. Dr. Thomas-Moses is an alumnus of the LD Pankey Institute and served on its advisory board for three years. She was granted a governor appointed board member position for the Board of Community Health for the State of Georgia (2012-2017) and an appointment to the state insurance commissioner's Medical Provider Insurance Advisory Committee (2011-2015). She has co-authored a book on oral health for physically challenged children and published a research article in the *American Journal of Maternal/Child Nursing* on oral health during pregnancy.

Dr. Thomas-Moses was president of the Georgia Dental Association (2007-2008) and prior to that served as chair of the Council on Dental Health from 2004 to 2006 and as a member of the Dental Health Care Task Force in 1995 and the Patient Protection Task Force from 2010 to 2016. She has been a presenter at the Leadership Conference of the American Academy of Periodontology and a member of its ADA Liaison Committee. For the American Dental Association, she served on the Governance Advisory Committee in 2012 and the Strategic Planning Committee from 2016 to 2018. She was chair of the Reference Committee on Dental Benefits, Practice and Related Matters in 2016.

Advocating for advanced continuing education, Dr. Thomas-Moses began and continues to lead a Spear Study Group each month in her office. She believes our profession of dentistry is protected by the level of education we promote and defend and by the licensure process we control. CDEL is the pinnacle of influential oversight for this area of the dental profession. Dr. Thomas-Moses is passionate about being involved at this level to not only protect our great profession, but also promote change that empowers our professional future as we protect the oral health of all people living in this country. Dr. Thomas-Moses is eager to have the opportunity to support and work for the ADA Council on Dental Education and Licensure.

DENTAL PRACTICE

Braden, Ryan, Wisconsin, 2022. Dr. Ryan Braden began his service to organized dentistry while attending Marquette University School of Dentistry. He was a member of the American Student Dental Association and served as the Region 6 student trustee to the Wisconsin Dental Association (WDA) Board. He later served two three-year terms as a WDA Board trustee for his region and was an active member on his appointed committees while doing so. He then continued on in leadership through WDA officer seats. Dr. Braden attended the ADA House of Delegates for the Ninth District (2014-2016) and is still very involved in legislative actions, his local component and his community. He has also served on the for-profit Wisconsin Dental Association Insurance and Services Corporation (WDAISC) Board as vice chair so he is familiar with insurance and its changing landscape. In 2015, Dr. Braden was involved with the start up of the WDAISC Captive which is a self-funded malpractice insurance program for WDA members. He is in a practice with his wife and father and they stay on top of local and national labor trends, tools, insurances and technologies to ensure their patients receive the best possible oral healthcare with the least amount of stress.

Donald, W. Mark, Mississippi, 2022. Dr. Mark Donald has been a member of the ADA his entire dental career. He is a general dentist who has a solo practice in his hometown of Louisville, Mississippi. In addition to that important accomplishment, he has demonstrated over and over his desire to serve his profession, his patients and his community through his volunteer work and leadership in organized dentistry, civic organizations and his church. He has served in numerous officer and leadership roles of the Mississippi Dental Association, on both the component and the constituent levels. He has also served in several leadership roles with the Academy of General Dentistry (AGD) on the state and national levels. Most recently, he has completed a term as national president of the AGD.

Dr. Donald also has a passion for helping those in need. He is very active in dental Medicaid and has also been the primary individual to bring Mission of Mercy projects to the state through his leadership and organizational skills.

Dr. Donald understands and promotes the importance of dentistry and subsequently works tirelessly on behalf of fellow colleagues addressing professional opportunities and issues. He is very experienced and skilled in dealing with various types of personalities and is able to do what it takes to accomplish goals. Because of his experience in his own practice as a clinician and also a small business owner, he understands first-hand the professional opportunities, challenges and needs that dentists encounter on a daily basis.

Hoddick, James A., New York, 2022. Dr. James Hoddick received his D.M.D. from Ohio State University College of Dentistry in 1984. He practices general dentistry in Tonawanda, New York. He is a clinical associate professor at the School of Dental Medicine, University at Buffalo since 2004. He has served on the New York State Dental Association Council of Dental Benefits since 2008 and currently serves as the chair of the Council. He is a past president of the Eighth District Dental Society and the Erie County

Dental Society. He has mentored many new dentists. Dr. Hoddick is very loyal to the American Dental Association and he is very well versed with current issues facing the practice of dentistry.

House, Allison B., Arizona, 2022. Dr. Allison House practices general dentistry in Phoenix, Arizona. She was raised in Arizona and graduated from Northern Arizona University. She received her D.M.D. from the University of Alabama in 2000. Dr. House has always been active in organized dentistry and was on the Arizona Dental Association (AzDA) New Dentist Committee by 2004. Since then she has served on the Central Arizona Dental Society Board, AzDA Future of Dentistry Council, Council on Membership, AzDA Women in Dentistry Series and participated in numerous Washington Leadership Conference delegations. She served as the AzDA treasurer and served as president of the Arizona Dental Association in 2015. She is currently an ADA Success Speaker. Dr. House has been an AzDA delegate to the ADA House of Delegates for a number of years and has authored resolutions that are now important ADA policy. Dr. House is relatively early in her career yet exhibits qualities that are critical to all councils. These attributes include knowledge that can only be learned through experience tempered by recognition of the inevitability of the changing environment we work in, and the need to prepare for the future. Dr. House will make a very positive impact on the profession of dentistry through her contributions on the Council on Dental Practice.

Rekhi, Princy S., Washington, 2020. Dr. Princy Rekhi is nominated to complete the unexpired term of Dr. Linda Edgar, ADA trustee-designate for the Eleventh District. Dr. Rekhi is nominated to serve Dr. Edgar's unexpired term beginning at the close of the 2018 House of Delegates through the close of 2020 House of Delegates. Dr. Rekhi graduated from the University of Missouri–Kansas City combined six year B.A./D.D.S. program in 2003. He has worked in private practice since graduation, first as an associate, then into private practice. He has been involved in organized dentistry since 2003, starting with the local new dentist committee. He has served at all three levels of the tripartite starting with his local component and all the way to the ADA House of Delegates. He was president of Seattle King County Dental Society in 2013. He has served as an alternate delegate to the ADA. Dr. Rekhi has also served as president of the Washington Dentists' Insurance Agency, which is a subsidiary of the state association. Currently, he serves as an ambassador for the local component welcoming new members. He is president of the Washington State Foundation Board, and serves as the Washington State Dental Association representative to The Dentists Insurance Company (TDIC), and also the Nordic Board of Directors. He is a Success Speaker for the ADA and has gone through the Institute for Diversity in Leadership (IDL) at the ADA in 2013 and 2014. Professionally, he owns three private practices around Seattle while also finding time to volunteer as an affiliate faculty member at the University of Washington School of Dentistry. Dr. Rekhi will bring a wealth of information and experience to the Council on Dental Practice.

Saba, Michael, New Jersey, 2019. Dr. Michael Saba has already served on the Council on Dental Practice (CDP) through the New Dentist Committee, serving as the new dentist member for the 2017-2018 term and the liaison for the year prior. He is well acquainted with CDP issues, and has contributed his time and expertise to the Council. He is an enthusiastic participant in Council discussions and presents the viewpoint of the new dentist very well. Since Dr. Saba is ending his term as a New Dentist Committee member, he will have even more time to devote to CDP. Dr. Saba is a 2014 graduate from Temple University Kornberg School of Dentistry and has participated in leadership roles for the ADA, New Jersey Dental Association and ASDA. He is the owner dentist of The Laser Dental Group in Union, New Jersey, a practice where he previously was employed as an associate.

ETHICS, BYLAWS AND JUDICIAL AFFAIRS

Bailey, Meredith A., Massachusetts, 2022. Dr. Meredith Bailey has exhibited enthusiasm and dedication to the profession of dentistry since her involvement with the American Student Dental Association at Case School of Dental Medicine. Since then, she has moved through the ranks of her component society, the Boston District Dental Society, and has participated at the state level as a member of the Massachusetts Dental Society Governance Taskforce and the Constitution and Bylaws Committee. In 2016, Dr. Bailey received the Ten under Ten Massachusetts Dental Society Award and she was recently inducted into the Pierre Fauchard Academy. She currently is the assistant clinical director of dentistry at the Fenway Community Health Center. Dr. Bailey's commitment to a high moral standard in her personal and

professional life and her experience and passion for dentistry, along with high ethical standards qualify her to be a member of this important ADA Council.

Clark, Alma J., California, 2022. Dr. Alma Clark is a general dentist, certified quality assurance consultant and former member of the Quality Management Assessment Team for the State of California. She has been involved in private practice, community clinics and the management of government dental programs for over 28 years. She was an officer with the U.S. Public Health Service and currently provides dental services for the state of California.

Dr. Clark has been a member of the California Dental Association (CDA) Board of Trustees since 2015. Additionally, she is a member of the Leadership Development Committee and has served as chair of the CDA Judicial Council and the Council's Subcommittee on Dental Ethics. Dr. Clark was a member of the Committee on Credentials, Rules and Order for the 2016 ADA House of Delegates.

Compton, Lindsay M., Colorado, 2019. Dr. Lindsay Compton is a member of the New Dentist Committee. Dr. Compton has served as the new dentist member to CEBJA for the 2017-2018 term. She is honored to be nominated to the Council on Ethics Bylaws and Judicial Affairs. Over the past year Dr. Compton has sat on the Council and participated in every subcommittee meeting and conference call. Dr. Compton was chosen to speak at the ADA Annual Meeting about current topics and decisions of the Council and how they affect the practicing dentist. Dr. Compton has also enthusiastically volunteered to help co-author several articles and white papers the Council will produce. She has volunteered for these positions to further extend the new dentist voice. The first year serving on the Council has given Dr. Compton the footing to make even more of an impact on the Council in the next year. Dr. Compton is a strong representative of new dentists and the Council genuinely appreciates the perspective she brings to the table.

Cranford, William D., Jr., South Carolina, 2022. Dr. William Cranford is a 1983 graduate of the Medical University of South Carolina, a Fellow of the Pierre Fauchard Academy, and the International College of Dentists and has achieved Mastership in the Academy of General Dentists. He has been a member of the American Dental Association since 1984 and has served in several offices at the district and state levels. Dr. Cranford has been a member of the Ethics Committee and is past president of the Central District Dental Association. Dr. Cranford served two years on the Board of Trustees of the South Carolina Dental Association (SCDA) and in 2014, he chaired the SCDA's annual Dental Access Days, which treated over 1,200 patients.

Dr. Cranford was elected and appointed to the South Carolina Board of Dentistry from 2001 to 2007, and is a past president. He examined for regional testing agencies until 2012. For over ten years he has chaired the professional arm of the Investigative Review Committee of the South Carolina Board of Dentistry. He has lectured on dental ethics and state dental code to various study clubs.

Johnson, Jay A., Florida, 2022. Dr. Jay Johnson has been a member of the ADA since 1995 and before that he was a student member from 1987 to 1995. He has been a very active member of the Florida Dental Association (FDA) currently serving as a member of the FDA Council on Ethics, Bylaws and Judicial Affairs since 2014. He has served as chair of the Council since 2016. Since 2011, Dr. Johnson has been an expert witness and case reviewer for the Florida Department of Health Prosecution Services Unit where he reviews consumer complaints about oral surgery care and establishes whether the standard of care has been met by dentists.

GOVERNMENT AFFAIRS

Cohlmia, Matthew, Oklahoma, 2022. Dr. Matthew Cohlmia has been and continues to be involved in his local, state, and national organizations. He has served as president of his local component and the Oklahoma Dental Association. He has served on several local and state councils, including membership services, administrative affairs committee, mediation committee, and he was program chair for one of the Oklahoma Annual Sessions. Further, he has served as chair for many of those councils. Most recently, he has chaired the Oklahoma Council on Governmental Affairs for three years and had been extremely active in that committee for many years prior.

Dr. Cohlmia is one of the senior lead action team leaders (ATL) for Oklahoma and has attended several Washington Leadership Conferences that were funded, many at his own expense. He has always believed and worked to engage in relationships with his legislators and he knows the key importance of these relationships. He has been a strong supporter of his local, state, and the ADPAC organization supporting it for many years at a high level.

Dr. Cohlmia was instrumental in making political changes for the Oklahoma State Dental Practice Act a few years back, and continues to be active in legislative effective change. For his work in the legislative arena, Dr Cohlmia has received several commendations, most notably the Richard T. Oliver Legislative Award, an award provided to the individual with the most outstanding legislative action in a given year. He is active in all the honorary societies, the American College of Dentists, the International College of Dentists, and he serves as chair of the Pierre Fauchard Academy of Dentistry Oklahoma Chapter.

It is with these aforementioned qualities that Dr. Matthew Cohlmia is nominated from the Twelfth District for the Council on Governmental Affairs.

Hisel, John E., Jr., Idaho, 2022. Dr. John Hisel is a past president of the Idaho State Dental Association (ISDA), and has served in the ADA House of Delegates, so he has an appreciation of the tripartite governance process. While going through the chairs at ISDA, Dr. Hisel has been heavily involved in lobbying efforts in Boise, Idaho, and has also participated in Dentist and Student Lobby Day in Washington, D.C. He has given testimony before the Idaho State Board of Dentistry on recent topics such as teledentistry and anesthesia. Dr. Hisel is involved not only in organized dentistry, but also in his community, and he has been recognized for this service as well. In summary, Dr. Hisel will bring a wealth of experiences as a member of the Council on Government Affairs, bringing clear and critical thinking with him.

Nguyen, Robin M., Florida, 2019. Dr. Robin Nguyen is a member of the New Dentist Committee and has served as the new dentist member on the Council on Government Affairs (CGA) for the 2017-2018 term and as the liaison to CGA for the year prior. Dr. Nguyen has been involved in organized dentistry throughout her dental career, serving in leadership roles for ASDA as well as a student representative for her school to the California Dental Association. She served as past chair of the Florida Dental Association's New Dentist Council. She has been involved in many legislative days on the hill in both California and Florida. She is also the program chair for the West Coast District Dental Association and was instrumental in kick starting Florida's Mentorship Program. Dr. Nguyen has served as an alternate delegate with the ADA House of Delegates since 2015. Dr. Nguyen is honored to serve as the new dentist member to the Council on Government Affairs.

Stanislav, Leon E., Tennessee, 2022. Dr. Leon Stanislav is a proven leader in Tennessee and has served at the ADA level in multiple roles in the past. He is a perfect candidate for service on the Council on Government Affairs (CGA). He is one of a small core of dentists that attend to legislative matters in Tennessee. His attention to detail and commitment to hard work combined with his intellect are his great strengths. Dr. Stanislav has past military service and this also will give him insight into CGA operations. He has lobbied in Washington on many occasions and is active in the political scene in Tennessee. He will join the Council with the knowledge that will allow him to be active immediately. He will need little on-boarding time and minimal orientation to Council affairs.

Vitale, Mark A., New Jersey, 2022. As an ADA and New Jersey Dental Association (NJDA) member for 35 years, and as current president of NJDA, Dr. Mark Vitale has served in numerous leadership positions; many of which have involved governmental affairs. For the past ten years he has served as New Jersey Dental Political Action Committee (NJDPAC) vice chair and has developed a strong understanding of the legislative process in both New Jersey and Washington, D.C. In June 2018, Dr. Vitale began serving as chair of NJDPAC. Besides his meetings and discussions with New Jersey legislators, Dr. Vitale has attended many ADA Leadership Conferences (Lobby Day) and numerous ADA national lobbyist meetings where he has presented on issues of importance, the least of which involved opioid legislation and prescribing guidelines. Because of his experiences in dental benefits and the insurance industry he has helped champion legislation such as the Assignment of Benefits and Non Covered Services Legislation in New Jersey. As someone who has spent considerable time in the New Jersey State House and D.C.

congressional offices with the New Jersey State lobbyist, he has become a familiar face to many legislators and their staff.

MEMBERS INSURANCE AND RETIREMENT PROGRAMS

Jacob, Hubert J., Ohio, 2021. Dr. Hubert Jacob is a general dentist in private practice in Cincinnati, Ohio. He has a strong background in the finances of component and state dental associations and is knowledgeable about insurance and retirement planning as well. At the ADA, he has served as an alternate delegate to the ADA House of Delegates.

At the Ohio Dental Association (ODA), Dr. Jacob served as treasurer and as a member of the ODA Finance Committee. He is the current chair of the Ohio Dental Association Services Corporation, which oversees the multitude of insurance products available to ODA members. He participated in the creation of the Ohio Dental Association Wellness Trust, which provides health insurance benefits to dentists, their employees and dependents.

At the Cincinnati Dental Society, Dr. Jacob served as president and served on the Society's Finance Committee and Insurance Committee. Dr. Jacob is a thoughtful and deliberative leader. His professionalism, integrity and vision would make him an ideal member of the Council on Members Insurance and Retirement Programs.

Matin, Britany F., Alabama, 2019. Dr. Britany Matin is a member of the New Dentist Committee. She served as the new dentist member to the Council on Members Insurance and Retirement Programs for the 2017-2018 term. Originally from Alabama, Dr. Matin graduated from the University of Alabama at Birmingham in 2008 with a Bachelor of Science degree in Chemistry. During that time, she worked as a dental assistant at a local periodontist's office and fell in love with dentistry and periodontal surgery. She followed her passion and received dental training from the University of Alabama at Birmingham School of Dentistry where she graduated in 2012 with a Doctor of Dental Medicine degree and is a Board Certified Periodontist. Following dental school, Dr. Matin received dual training in the field of Periodontics in Birmingham, Alabama. She received two post graduate certificates in Periodontology, one from the University of Alabama at Birmingham School of Dentistry Department of Periodontology and one from the Birmingham Veterans Affairs Hospital, and completed her training in 2015. During that time, she also obtained a Masters in Dentistry, which focused on the torque values of implants during dental implant placement. In 2015, Dr. Matin opened her own practice, Auburn Periodontics and Implant Dentistry, PC. Her vision is to provide the best dental care for each patient, while making them feel comfortable during the process. She is passionate about creating beautiful and healthy smiles for each patient. Dr. Matin also serves as an assistant professor at the University of Alabama at Birmingham School of Dentistry Department of Periodontology, where she helps educate dental students and residents in the post-graduate periodontal surgical clinic. Dr. Matin is passionate about dentistry, patient care, supporting the community and improving the dental profession.

Sokolowski, Joseph E., Missouri, 2021. Dr. Joseph Sokolowski has served in leadership positions in his constituent and component for over 20 years. He spent over 30 years in private general dental practice until he shifted his focus to teaching full time in 2014. Missouri has a very successful, respected and profitable state dental insurance agency. Dr. Sokolowski recently served as a trustee of Missouri Dental Insurance Services so he has current experience with the issues that the Council on Members Insurance and Retirement Programs (CMIRP) oversees. He is greatly respected by peers and has a critical mindset that allows him the ability to analytically look at issues and assimilate the data required by members of CMIRP. He understands the time commitment of this Council and the critical nature of the non-dues revenue aspects of the Association's insurance plans.

Wood, C. Rieger, III, Oklahoma, 2021. Dr. C. Rieger Wood is very involved and remains a key leader in the Oklahoma Dental Association (ODA) and the American Dental Association. He has served for many state councils and served in all leadership roles including president of the Oklahoma Dental Association.

Dr. Wood served on several councils and committees that addressed dental benefits and insurance plans. During his term of state leadership, he created and served on several task forces to evaluate and select group plans and benefits for the members of Oklahoma. This included forming a task force that led to the creation of a dental benefits direct reimbursement plan for distribution within the state.

Dr. Wood worked with the ODA Council on Insurance, which included looking at all of the retirement plan options for not only its members, but ODA staff and administration. The council during that time made some strategic crucial decisions that would later play out to be some of the best decisions for the members, staff, and affiliates of the ODA.

In the area of risk and practice management, Dr. Wood is very well experienced with his method of practice operations. He is in private practice and faculty at the University of Oklahoma College of Dentistry, and as part of a new program at the College of Dentistry he teaches his students clinical care, employee management, risk management, retirement management and general practice operations. One of the key requirements to the qualifications of this position is the ability to comprehend and evaluate large amounts of comparative information to establish insurance and retirement management. Dr. Wood has proven to be able to address both of these key values.

Understanding strategic planning is a mandatory asset not just for this Council but all organizations that require sustainability for the future. Dr. Wood has been a strong advocate of strategic planning by organizing, leading, recruiting individuals with the process, and holding our organization accountable to the strategic plan.

It is with these aforementioned qualities, that Dr. C. Rieger Wood is nominated for a position on the Council on Members Insurance and Retirement Programs.

MEMBERSHIP

Berg, Tamara S., Oklahoma, 2022. Dr. Tamara Berg has been a longstanding member and actively engaged in the local, state, and national aspects of the ADA as well as affiliate organizations. She is very active in the American Association of Women Dentists (AAWD) currently serving as president of its national organization. She has also previously served as president of her local and state associations, along with serving many committee and task force appointments. One of those key appointments was the Oklahoma Dental Association Member and Membership Services Council which she served on for many years, and served as its chair for three of those years. One of her current appointments, along with ADA alternate delegate and president of AAWD, is secretary of the Twelfth District Caucus of the American Dental Association.

Dr. Berg is a strong decision maker and understands the role of the Council and its challenges for the American Dental Association and its future vision. Serving in her current role and along with her many previous roles, plus the fact that she has a large network of dentists from young to mature, makes her the perfect nomination for this Council. Further, Dr. Berg will become a strong and diligent representative of the American Dental Association.

Dr. Berg's knowledge of services and benefits, for not only the ADA but many other organizations as well, would further solidify her expertise in serving on the Council. Her past record further supports this in her demonstration and creation of new and unique ideas for membership and member value at her constituent. She has been a leader in development of so many benefits for the members of her constituent during her leadership as chair of the Member and Membership Services Council.

Dr. Berg has provided exemplary service to her constituent, component, and many other organizations and has been recognized as such. She has received numerous awards including a Presidential Leadership Award, an outstanding Public Information Award, the Oklahoma Young Dentist of the Year Award, and the AAWD Outstanding Leadership Smiles For Success Award.

It is with these aforementioned exceptional attributes that Dr. Tamara Berg is nominated from the Twelfth District for the Council on Membership.

Bogan, Kyle D., Ohio, 2022. Dr. Kyle Bogan is a general dentist in private practice in Delaware, Ohio. Dr. Bogan has been a member of the Ohio Dental Association Council on Membership Services for the past six years, and during that time served as the Council's chair and vice chair. While serving as chair he focused on addressing the Association's market share in Ohio through increased grassroots efforts and reaching out to dentists who serve in large group practices.

He is the current secretary for the Columbus Dental Society and is the current chair of the Society's Membership Committee. Dr. Bogan served as the president of the Ohio State University College of Dentistry Class of 2005-06 and 2008, and earned his D.D.S. degree from the Ohio State University College of Dentistry in 2008.

Czerniak, Lauren M., Ohio, 2019. Dr. Lauren Czerniak is a member of the New Dentist Committee. She served on the Council on Membership as the new dentist member in 2017-2018 and the year prior as the new dentist liaison. Since 2011, she has held a position on her component society's Membership Committee in Toledo, Ohio. As a member of the Toledo Dental Society, she has reached out to members and non-members of the tripartite to invite them to take part in organized dentistry. Additionally, Dr. Czerniak has co-authored grants that have been awarded to her component for membership recruitment and retention events. The Toledo Dental Society Membership Committee was awarded a 2017 ADA MPG Grant for Membership which helped to support the "Education and Eats" luncheon. In addition, the Society was awarded a 2018 ADA Engagement Grant for Membership, which will be used to help support a planned event for dental residents, as well as new dentists (members and nonmembers) in the Toledo area, called Brewing Business Through Mentorship For Membership. As a result of these efforts on the Membership Committee at the Toledo Dental Society, the Society was awarded the 2017 Ohio Dental Association Membership Award Program for Success's Large Component Society Best Retention Percentage and Large Component Society Best Recruitment Effort Awards.

From 2014 to 2016, as the chairperson of the Ohio Dental Association's Sub-Council on New Dentists, Dr. Czerniak served on the ODA Council on Membership Services as the new dentist liaison. While holding this position, she was able to present and help address the membership barriers new dentists face including, but not limited to cost, benefits and time constraints. As a liaison to the Council on Membership Services, she expressed the opinions of the component societies' new dentists and helped to plan and execute events that would engage new dentists at the state level. At the national level, she has held a position as the ADA New Dentist Committee Seventh District Representative since 2015. Serving on the ADA New Dentist Committee has given her the opportunity to be a liaison to the ADA Council on Membership. She has presented the concerns and desires of new dentist members to the Council. Working in both private practice and public health dental settings, as well as being a faculty member for dental students and dental residents, enables Dr. Czerniak to give a wide range of feedback regarding the needs of new dentists from the New Dentist Committee to the Council on Membership and vice versa. The open lines of communication that have been created between the Council and the New Dentist Committee through the liaison appointment and new dentist member role are imperative to keeping dental residents and new dentists engaged in organized dentistry, aware of the benefits of being a member of the tripartite and creating strength in membership with the younger generation of dentists.

Eggnatz, Michael D., Florida, 2022. Dr. Michael Eggnatz exceeds the qualifications required to be a member of the Council on Membership. He has completed his term as president of the Florida Dental Association and has been actively involved in membership issues at the state and local levels. Dr. Eggnatz has brought forth innovative ideas to engage all members and is an excellent spokesperson. At the district level he led the South Florida District Dental Association annual meeting for many years.

Mutschler, Mark D., Oregon, 2022. Dr. Mark Mutschler has served at the component level in most leadership positions and is continuing on as a trustee at the state level. At the state level he chaired a Membership Engagement Task Force, so he has been focused on how to attract and retain members quite recently. This experience has put Dr. Mutschler in a unique position to contribute immediately to the Council on Membership. Having had these experiences, as well as having served as president of his component, he understands the important role of organized dentistry and the importance of a strong membership for advancing the profession. Dr. Mutschler has been involved on Oregon Board of Dentistry committees and he volunteers for care events like Give Kids a Smile. He teaches one day a week as another way of giving back to the profession. Dr Mutschler will be a strong contributor to the Council on Membership.

NATIONAL DENTAL EXAMINATIONS

King, Michael E., Virginia, 2022. Dr. Michael King is well suited to join the Joint Commission on National Dental Examinations by showing a strong interest in improving and influencing the licensing process. He

has been active in his local dental society as well as the Virginia Dental Association and has helped to promote changes in all aspects of dentistry including licensure. Dr. King has an appreciation for test development and believes it is vital to have a clear assessment tool to properly rank and select professional individuals within our profession.

Lastly, Dr. King is well experienced with constituent councils by being a member of and serving a position in his local dental society. He is well versed in the private and military sectors of dentistry having served in the Navy for 12 years (four years Active, eight years Reserves), as Head Dental Officer on board the USS Nashville, and in private practice for 22 years. Throughout his dental career, education has been Dr. King's primary focus, which is evident by the numerous articles and videos he has produced for public awareness.

NEW DENTIST COMMITTEE

Feldman, Steven G., District of Columbia, 2022. Dr. Steven Feldman is a recent graduate from University of Maryland School of Dentistry who is highly involved in organized dentistry and is passionate about new dentist participation in the ADA. He has become well-versed in new dentist, membership and dental practice issues while serving as a leader in dental organizations at the national, constituent and local levels. Dr. Feldman's experience includes serving as an American Student Dental Association national leader, Academy of General Dentistry (AGD) Council on Legislative and Governmental Affairs member, AGD Future of General Dentistry Committee member and AGD alternate delegate. In the Maryland State Dental Association (MSDA), Dr. Feldman has served as trustee, delegate, publicity chair of the Chesapeake Dental Conference and currently has positions on the Legislative Affairs Committee, General Arrangements Committee and ad hoc Leadership Committee.

These leadership roles have afforded Dr. Feldman significant insights and a unique perspective that is particularly applicable and of significant value to the ADA New Dentist Committee. He not only understands the issues affecting new dentists, but also appreciates how they fit into the bigger pictures of state constituents and the ADA as a whole.

Dr. Feldman has consistently demonstrated his commitment to new dentists. While still completing his residency in New York, he attended and contributed to planning meetings for the New Jersey Dental Association New Dentist Committee, in order to identify successful ideas and learn how best to support constituents from District 4 as they coordinate new dentist benefits and events. During his final year of dental school, Dr. Feldman wrote a resolution intended to strengthen new dentist leadership by developing a path by which ADA delegates could be elected while still students. Dr. Feldman collaborated with other ADA leaders to ensure its ratification by the MSDA and District 4 and the resolution was heard before the ADA House of Delegates.

While this nomination only represents a snapshot of his achievement, one needs simply to look through the list of highly prestigious awards presented to Dr. Feldman to recognize his enthusiasm for organized dentistry and his effectiveness both working with and leading a team. Serving on the ADA New Dentist Committee will allow Dr. Feldman to bring his knowledge and unique skillset directly to the ADA Board of Trustees, where he can most effectively support the ADA and its new dentist members.

Fukuoka, Brooke M., Idaho, 2022. Dr. Brooke Fukuoka will bring energy and enthusiasm to the New Dentist Committee along with an emphasis on special care dentistry. She has been president of her component dental society and a member of her state delegation to the ADA House of Delegates. She was selected to be an Institute for Diversity in Leadership (IDL) participant and has taken this leadership training experience and put it to good use. She has been involved in numerous volunteer activities in her short time as a dentist. Some of these activities include participating in Remote Area Medical (RAM) volunteer clinics as well as chairing the dental arm of Special Olympics Idaho. She is a published author on silver diamine fluoride and has taught numerous courses on this topic. She is expanding her practice to include mobile dental services. Her infectious energy will contribute greatly to the New Dentist Committee.

Kai, Kevin Y., California, 2022. Dr. Kevin Kai is a 2018 graduate of the University of the Pacific Arthur A. Dugoni School of Dentistry. He is currently a Class of 2021 candidate in Orthodontics and Oral and Craniofacial Sciences at the University of California San Francisco School of Dentistry.

As a student instructor, Dr. Kai taught endodontic and oral surgery pre-clinical courses to 1st year dental students and lectured at the University of the Pacific for integrated clinical science courses. Dr. Kai is active in volunteer work. His service has included trip leader of a dental mission to Jamaica, CDA Cares free dental clinic organizer and volunteer, and volunteer work at the Berkeley Free Clinic. Dr. Kai recently served as a member of the California Dental Association Innovations in Membership Models Task Force and as a guest to the Board of Trustees. Additionally, he served as chair of the California Dental Association Student Delegation.

Dr. Kai is the recipient of several awards and honors, including: California Dental Association Outstanding Senior Award, American Association of Orthodontists Award for Exceptional Interest in the Development of the Oro-Facial Complex and American College of Dentists Outstanding Student Leader Award.

Walbridge, Seth A., Pennsylvania, 2022. Dr. Seth Walbridge graduated from dental school eight years ago. He is currently an associate in a busy dental office. He has been an enthusiastic and engaged member at the local (Lehigh Valley), district (Second District), and state (Pennsylvania) levels and is a true champion of organized dentistry. Dr. Walbridge can be counted on to take his role seriously and dive right into the work of the Committee. He relishes the opportunity to promote the value of ADA membership to new dentists, and is committed to increasing the member numbers of new dentists, through his involvement at all levels of the tripartite. While serving on the Greater Philadelphia Valley Forge Dental Conference Steering and the Second District Board he has been thoughtful and insightful and speaks without hesitation about the wants and needs of new dentists. He is highly respected by his peers, as well as established colleagues. Dr. Seth Walbridge is nominated, with enthusiasm, to serve on the ADA New Dentist Committee.

SCIENTIFIC AFFAIRS

Dionne, Raymond A., North Carolina, 2022. Dr. Raymond Dionne is an accomplished clinical scientist with greater than 200 publications related to dental pain, analgesics and drugs used for outpatient sedation. His body of work includes the first evidence demonstrating the cardiovascular effects of epinephrine administered with local anesthetics, demonstration of the preventive effects of non-steroidal anti-inflammatory drugs (NSAIDs) to minimize postoperative pain and edema following dental procedures, elucidation of the role of endogenous opioids in acute orofacial pain, the efficacy of drug classes used as adjuncts in the management of chronic pain, and the role of genetic factors in acute pain and analgesia. Dr. Dionne has organized several national conferences related to pain and anesthesia, edited the journal *Anesthesia Progress* for seven years and has served as co-editor of five textbooks related to dental pain and sedation. He has also held several administrative positions at the National Institutes of Health (NIH), including branch chief, clinical director and scientific director of an intramural research program. His contributions resulted in three NIH Director's Awards, an International Association for Dental Research Distinguished Scientist Award and a Certificate of Recognition from the Department of Defense for his contributions to the development of a joint NIH-Uniformed Services University of the Health Sciences research program on traumatic brain injury.

Most recently, Dr. Dionne has been lecturing widely to dentists and publishing educational reviews on opioid prescribing for dental pain. In addition to his research career, he practiced dentistry part-time in Washington D.C. and directed the dental care of patients enrolled in clinical research programs (>25 years) as well as the dental care for inpatients at the NIH Clinical Center (4 years). This wealth of experience makes Dr. Dionne very qualified to provide expertise to the activities of the Council on Scientific Affairs.

Frazier, Kevin B., Georgia, 2022. Dr. Kevin Frazier is vice dean of the Dental College of Georgia (DCG) at Augusta University (AU), a tenured professor in restorative sciences and the interim chair of the Department of Oral Health and Diagnostic Sciences.

Scientific Knowledge and Application: Dr. Frazier's Ed.S. degree included coursework in research and statistics and he has participated in several funded research projects in which he was a principal investigator, co-investigator, clinical evaluator, or clinician. Most of these projects involved testing and evaluation of new or proprietary clinical products for dental companies. Although he is a general dentist, he is serving as the interim chair of the DCG Department or Oral Health and Diagnostic Sciences, which includes: oral medicine, oral pathology and oral radiology, overseeing their didactic curriculum, clinical practice and research activities. From 2000 to 2004 he served on the International Standards Organization Dental Hand Instruments Working Group and in 2003 he was the International Association for Dental Research group program chair for Dental Materials II.

Clinical or Basic Research Experience: Dr. Frazier was actively involved in basic, clinical and dental education research between 1990 and 2008 (31 non-peer reviewed articles, 38 scientific abstracts, 25 peer-reviewed articles, and 5 book chapters) prior to assuming senior leadership roles for the AU campus (vice president for student services 2008-14) and the DCG (vice dean 2014-present). Although he has had very limited time for scholarship since 2008, Dr. Frazier has continued to be involved in research with publications along with his significant commitment to administrative duties (six non-peer reviewed articles, two abstracts, five peer-reviewed articles and one book chapter).

Scientific Analysis and Communication: Dr. Frazier has been a regular reviewer for the *Journal of Operative Dentistry* and the *Journal of Prosthetic Dentistry* since 1999 and 2000 respectively, and he served as a section editor for the *Journal of the Georgia Dental Association* from 2000 to 2008, providing clinically relevant scientific and technique articles. He is an ad hoc reviewer for the *Journal of Dental Education* and an abstract poster reviewer for the American Dental Education Association Annual Meeting. He served for eight years on the Research Ethics Subcommittee of the AU Faculty Senate, where he was involved with investigations for allegations of research misconduct, and he is currently serving on the AU Policy Management Committee that does final review for all policies pertaining to AU academic, research and business affairs. Since 1986, Dr. Frazier has delivered over 230 professional presentations, including invited presentations, abstract presentations, table clinics and CE lectures to a wide range of participants at local, state, regional and national meetings.

Gonzalez-Cabezas, Carlos, Michigan, 2022. Dr. Carlos Gonzalez-Cabezas has M.S.D. and Ph.D. degrees from Indiana University, in addition to his D.D.S. degree. Currently, he is an associate professor in the Cariology, Restorative Sciences and Endodontics Department and director of Global Initiatives in Oral and Craniofacial Health at the University of Michigan School of Dentistry. He has more than 20 years of experience conducting laboratory and clinical research, which has resulted in more than 80 published articles and book chapters. He has extensive knowledge in the evaluation of over-the-counter products and has worked with the ADA Standards Committee on Dental Products for many years. Dr. Gonzalez-Cabezas has been continuously funded for the past 20 years from a variety of grants from industry, foundations and the federal government. Currently, he is supported by four grant awards. Most of his research is focused on dental caries, oral health products and oral biofilms. Dr. Gonzalez-Cabezas directs three predoctoral and two graduate courses related to cariology. He is a past president and group program chair of the International Association for Dental Research Cariology Group. Additionally, Dr. Gonzalez-Cabezas has an active part-time practice where he works as a general dentist.

Kademani, Deepak, Minnesota, 2019. In April 2018, Dr. Deepak Kademani was appointed *ad interim* to replace Dr. Thomas Braun as a member of the Council on Scientific Affairs. Dr. Kademani is nominated to complete the unexpired term of Dr. Braun which expires at the close of the 2019 House of Delegates. Dr. Kademani is vice chief of staff at North Memorial Medical Center in Minneapolis, Minnesota and he also serves at North Memorial Medical Center as medical director of oral and maxillofacial surgery and fellowship director for oral/head and neck oncologic and reconstructive surgery. He completed his oral and maxillofacial surgery residency at University of Pennsylvania Medical Center in 2003 and head and neck tumor and reconstructive surgery fellowship at Legacy Emanuel Hospital in Portland, Oregon.

Dr. Kademani is a member of the American Head and Neck Society and currently serves as president of the Minnesota Society of Oral and Maxillofacial Surgeons. He is also a member of the American Association of Oral and Maxillofacial Surgeons (AAOMS), British Association of Oral and Maxillofacial

Surgeons as well as a Fellow of the American College of Surgeons. In 2003, he was a Mayo Clinic Foundation Scholar and in 2004 he was awarded the AAOMS Faculty Educator Development Award. Dr. Kademani has made local media appearances to discuss oral head and neck cancer and has authored and co-authored articles in several journals. He currently serves on the editorial boards of the *Journal of Oral Cancer* and *Oral Surgery, Oral Medicine, Oral Pathology* (Triple O).

Lawson, Nathaniel C., Alabama, 2019. Dr. Nathaniel Lawson is the director of the Division of Biomaterials at the University of Alabama at Birmingham (UAB) School of Dentistry. He has published over 60 articles in peer reviewed scientific and trade journals, 75 research abstracts, and 3 book chapters. He serves on the editorial board of *Compendium* and *Dental Products Review*. His research interests are the mechanical, optical and biologic properties of dental materials and clinical evaluation of new dental materials. He was the 2016 recipient of the Stanford New Investigator Award and the 2017 3M Innovative Research Fellowship, both from the American Dental Association. He has lectured nationally and internationally on the subject on dental materials. He also works as a general dentist in the UAB Faculty Practice.

Mascarenhas, Ana Karina, Florida, 2022. Dr. Ana Karina Mascarenhas has been an ADA member since 2002. She is currently associate dean for research and professor at the College of Dental Medicine, and professor at the College of Osteopathic Medicine at Nova Southeastern University.

Dr. Mascarenhas received her B.D.S. degree in 1985 from the Goa Dental College and Hospital, Goa, India. She received an M.P.H. in 1992 and Dr.P.H. in 1995, from the University of Michigan School of Public Health. She is a Diplomate of the American Board of Dental Public Health and Fellow in Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow.

Dr. Mascarenhas is president of the American Board of Dental Public Health, a consultant on the ADA Council on Scientific Affairs Evidence-based Dentistry Subcommittee, a past commissioner for the Commission on Dental Accreditation and past president of the American Association for Public Health Dentistry. Dr. Mascarenhas is a reviewer and serves on the editorial boards of several journals.

Prior to joining Nova Southeastern, Dr. Mascarenhas was director of the Division of Dental Public Health, graduate program director, Dental Public Health and professor, Health Policy and Health Services Research at the Henry M. Goldman School of Dental Medicine at Boston University. From 1996 to 2001, she taught at The Ohio State University College of Dentistry and held appointments in the College of Medicine and Public Health as scholar in the Center for Health Outcomes Policy and Evaluation Studies and at the John Glenn Institute for Public Service and Public Policy. Her primary areas of research interest are in access to care, oral epidemiology and health services research. Dr. Mascarenhas has taught extensively and published more than 60 papers. She has presented nationally and internationally.

Dr. Mascarenhas is the principal investigator on several grants including a Health Resources and Services Administration (HRSA) grant to develop competencies and curriculum for dental and dental hygiene students in dental public health and a School Oral Health Initiative by the Children's Trust of Miami. Previously, she was the principal investigator of Project White Coat, a health careers opportunity program to develop, implement and monitor programs to increase recruitment and retention of underrepresented minority and low-income students from Massachusetts and New Hampshire into dentistry. Dr. Mascarenhas was also the program director of the Dental Public Health Residency Training Grant funded by HRSA, project director of the New England Dental Access Project funded by the Robert Wood Johnson Foundation and principal investigator on the Training and Career Development Core of the Northeast Center for Research to Reduce Oral Health Disparities, funded by the National Institutes of Health. In 2016, Dr. Mascarenhas won a Sapphire Blue Award for her project Smiles Across Miami.

Resolution No. 31 New

Report: N/A Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

NOMINATIONS TO COUNCILS, COMMISSIONS AND THE NEW DENTIST COMMITTEE

Background: (See Page 1008 for qualifications of nominees)

ADVOCACY FOR ACCESS AND PREVENTION
Kristi A. Golden, Arkansas
Shailee J. Gupta, Texas
Michael L. Richardson, West Virginia
Shamik S. Vakil, North Carolina
*Andrew D. Welles, Wisconsin

COMMUNICATIONS
Rebecca J. De La Rosa, Indiana
*Andrea C. Fallon, Massachusetts
Michael J. Frankman, South Dakota
Amber P. Lawson, Georgia
Barry J. Taylor, Oregon

DENTAL ACCREDITATION
Monica M. Hebl, Wisconsin, *ad interim*
**Timmothy J. Schwartz, Illinois

DENTAL BENEFIT PROGRAMS
Kevin W. Dens, Minnesota
William V. Dougherty, III, Virginia
Eugene G. Porcelli, New York
L. King Scott, Louisiana
*Sarah E. Stuefen, Iowa

DENTAL EDUCATION AND LICENSURE
GeriAnn DiFranco, Illinois (AADB) *ad interim*
*Daniel A. Hammer, Texas
Uri Hangorsky, Pennsylvania (ADEA)
Steven M. Lepowsky, Connecticut (ADEA)
Michael J. Link, Virginia (ADA)
Maurice S. Miles, Maryland (AADB) *ad interim*
David L. Nielson, Alaska (AADB)
Donna Thomas-Moses, Georgia (ADA)

DENTAL PRACTICE
Ryan Braden, Wisconsin
W. Mark Donald, Mississippi
James A. Hoddick, New York
Allison B. House, Arizona
Princy S. Rekhi, Washington
*Michael Saba, New Jersey

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Meredith A. Bailey, Massachusetts
Alma J. Clark, California
*Lindsay M. Compton, Colorado
William D. Cranford, Jr., South Carolina
Jay A. Johnson, Florida

GOVERNMENT AFFAIRS
Matthew Cohlmia, Oklahoma
John E. Hisel, Jr., Idaho
*Robin M. Nguyen, Florida
Leon E. Stanislav, Tennessee
Mark A. Vitale, New Jersey

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Hubert J. Jacob, Ohio
*Britany F. Matin, Alabama
Joseph E. Sokolowski, Missouri
C. Rieger Wood, III, Oklahoma

MEMBERSHIP
Tamara S. Berg, Oklahoma
Kyle D. Bogan, Ohio
*Lauren M. Czerniak, Ohio
Michael D. Eggnatz, Florida
Mark D. Mutschler, Oregon

NATIONAL DENTAL EXAMINATIONS
Michael E. King, Virginia

NEW DENTIST
Steven G. Feldman, District of Columbia
Brooke M. Fukuoka, Idaho
Kevin Y. Kai, California
Seth A. Walbridge, Pennsylvania

SCIENTIFIC AFFAIRS
Raymond A. Dionne, North Carolina
Kevin B. Frazier, Georgia
Carlos Gonzalez-Cabezas, Michigan
Deepak Kademani, Minnesota, *ad interim*
*Nathaniel C. Lawson, Alabama
Ana Karina Mascarenhas, Florida

*New Dentist Member of Council

**In response to resolution 76H-2010, CODA requested that, beginning in 2012, new Commissioner appointees be identified one year in advance of their term of service in CODA activities.

Resolution

31. Resolved, that the nominees put forward for membership on ADA councils, commissions and the New Dentist Committee be elected.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 31a New

Report: N/A Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

ADDENDUM TO NOMINATIONS TO COUNCILS, COMMISSIONS AND THE NEW DENTIST COMMITTEE

Background: The Board of Trustees annually submits to the House of Delegates nominations for membership to the councils, commissions and the New Dentist Committee, which was transmitted via Resolution 31 to the House in the first set of resolutions (*Worksheet*:1025).

As a result of the 2018 Officer Elections and in accordance with the ADA *Governance Manual*, Chapter VIII., Section B.4., which states the elective and appointive officers and the trustees of this Association shall not serve as members of councils, Dr. Ted Sherwin has effectively resigned his position as sixteenth district representative to the Council on Membership. The following individual has been identified to fill the vacancy on the Council on Membership. A brief statement of qualifications is provided in Appendix 1.

Accordingly, the Board submits the following addendum to Resolution 31 for consideration.

Proposed Resolution

31a. Resolved, that Dr. Meenal H. Patel, North Carolina, be elected to serve as the Sixteenth District Representative on the Council on Membership for a term ending at the close of the 2019 House of Delegates.

DRAFT BOARD RECOMMENDATION: Vote Yes.

DRAFT BOARD VOTE: UNANIMOUS.

APPENDIX 1

MEMBERSHIP

Patel, Meenal H., North Carolina, 2019. Dr. Meenal Patel is nominated to serve the unexpired term of Dr. Ted Sherwin which expires at the close of the 2019 House Delegates. Dr. Patel is an active member of the ADA and the North Carolina Dental Society (NCDS). Dr. Patel is currently serving as the co-director of membership of the Raleigh-Wake County Dental Society. She is a NCDS membership champion and is willing to serve as the "face of" the new members to the ADA. She has a strong desire to see dentists, young and old, join and remain members of the ADA. Many of the young dentists may not see the value of joining and maintaining membership with organized dentistry. Dr. Patel understands that membership with the ADA is vital to the success of our profession and will ensure the freedom we have to practice and serve patients.

NOTES

Resolution No. 28-30 New

Report: Credentials, Rules and Order Date Submitted: August 2018

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact: _____

Amount One-time _____ Amount On-going _____ FTE _____

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT OF THE STANDING COMMITTEE ON CREDENTIALS, RULES AND ORDER

Background: In accordance with the *Manual of the House of Delegates and Supplemental Information*, section "Standing Committee of the House of Delegates," the Standing Committee on Credentials, Rules and Order of the House of Delegates is charged with the following duties:

> It is the duty of the Committee to present the agenda and recommend for approval such rules as are necessary for the conduct of the business of the House of Delegates. The report of this committee is prepared in collaboration with the officers of the House of Delegates and is presented at the opening of the first meeting of the House. In addition, this Committee has the duty to conduct hearings and to make recommendations on the eligibility of delegates and alternate delegates to a seat in the House of Delegates when a seat is contested, maintains a continuous roll call and periodically reports on the roll call to the House of Delegates, determines the presence of a quorum and supervises voting and election procedures. The Committee also has the responsibility to consult with the Speaker and Secretary of the House of Delegates, on matters relating to the order of business and special rules of order as required. It is on duty throughout the annual session.

In accordance with its duties, the Committee submits the following report.

Minutes of the 2017 Session of the House of Delegates: The minutes of the 2017 session of the House of Delegates will be posted in late August in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

Questions or corrections regarding the minutes may be forwarded to Kyle Smith, manager, House of Delegates at smithk@ada.org. The Committee presents the following resolution for House action.

28. Resolved, that the minutes of the 2017 session of the House of Delegates be approved.

Adoption of Agenda and Order of Agenda Items: The Committee has examined the agenda for the meeting of the House of Delegates prepared by the Speaker and Secretary of the House. Accordingly, the Committee recommends adopting the agenda as the official order of business for this session. The Committee also recommends that the Speaker of the House be allowed to rearrange the order of the agenda as deemed necessary to expedite the business of the House.

29. Resolved, that the agenda as presented in the *2018 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, the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

To maintain a quorum, members of the House of Delegates should plan to stay in Honolulu until close of business Monday, October 22, which could be later than 5:00 p.m.

Referrals of Reports and Resolutions: A standing rule of the House of Delegates directs that prior to each session of the House, the Speaker shall prepare a list of recommended referrals to reference committees with the list to be available at the opening meeting of the House and be subject to amendment or approval on vote of the House of Delegates.

This preliminary list of referrals (circulated in the form of an All Inclusive General Index to resolution worksheets) will be provided with the second posting of resolution worksheets in late-September and updated and posted again on Thursday, October 18. The Speaker will announce additional referrals during the first meeting of the House of Delegates. A complete list of referrals by reference committee, in the form of an agenda, will be available in the reference committee hearing rooms on Saturday morning, October 20.

30. Resolved, that the list of referrals recommended by the Speaker of the House of Delegates be approved.

Rules of Order: The business of the House of Delegates will be conducted formally in accordance with accepted rules of parliamentary procedure. Adopted as the parliamentary authority for the Association, the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* is the document that governs all deliberations of the House of Delegates in which it is applicable and not in conflict with the *Manual of the House of Delegates*, *Governance Manual* or the *Bylaws* of the Association.

Annual Reports, Manual of the House of Delegates and Resolution Worksheets: The publication, *Annual Reports, 2018* will be posted in September on ADA Connect and ADA.org and can be accessed through the following link: http://www.ada.org/en/member-center/leadership-governance/historical-publications-policies.

In addition, it is expected that the first set of resolution worksheets will be posted on ADA Connect and ADA.org by the end of day, Friday, August 17. Per 74H-2012, effective in 2013, all materials of the House of Delegates are provided in an electronic format only, with the exception of reference committee reports and agendas; no paper copies of worksheets will be distributed.

The second set of resolution worksheets will become available shortly after the Board of Trustees' September 23-25 session and should be posted on ADA Connect and ADA.org by end of day, Friday, September 28.

In advance of the 2018 session, members of the House of Delegates are advised to download to their laptop or other electronic device copies of all pertinent meeting materials.

The *Manual of the House of Delegates and Supplemental Information* contains the "Rules of the House of Delegates" and all pertinent meeting information (*i.e.*, House agendas, members of the Standing and Reference Committees, reference committee hearing schedule, and schedule of the district caucuses).

Supplement to Annual Reports and Resolutions is prepared primarily for historical purposes only since it is a compilation of all the reports and resolutions presented to the House of Delegates. This publication will be available online in the first quarter of 2019.

Reference Committees Hearings: The reference committees of the House of Delegates will hold hearings on Saturday, October 20, in various rooms of the Hilton Hawaiian Village, Mid-Pacific Conference Center. The list of reference committee hearing rooms appears in the *Manual of the House of Delegates and Supplemental Information*.

Saturday, October 20

7:00 a.m. to 9:00 a.m.	Committee C (Dental Education, Science and Related Matters)
9:00 a.m. to 10:30 a.m.	Committee B (Dental Benefits, Practice and Related Matters)
10:30 a.m. to 12:00 p.m.	Committee A (Budget, Business, Membership and Administrative Matters)
12:00 p.m. to 1:30 p.m.	Committee D (Legislative, Health, Governance and Related Matters)

Hearings may continue beyond the scheduled hours if everyone has not had an opportunity to be heard or if the complete agenda has not been covered.

In accordance with the *Manual of the House of Delegates*, section "General Procedures for Reference Committees," any member of the Association, whether or not a member of the House of Delegates, is privileged to attend and participate in the discussion during the reference committee hearings. Nonmembers of the Association are also welcome to attend reference committee hearings provided they identify themselves to the committee. Nonmembers of the Association may participate at hearings with the consent of a majority of the reference committee. At reference committees, everyone (individuals/members) will be obligated to disclose any personal or business relationship that they or their immediate family may have with a company or individual doing business with the ADA, when such company is being discussed, prior to speaking on an issue related to such a conflict of interest.

Association staff is available at hearings to provide information requested by members of reference committees or through the Chair by those participating in the hearings.

Reports of Reference Committees: Printed copies of reference committee reports will be made available to the chair of record of each delegation on Sunday, October 21. A sufficient number of copies of each report will be provided for each delegation's delegates, alternate delegates, secretary, executive director, trustee and editor. Reference committee reports will also be posted on ADA Connect and will be available early morning on October 21.

Delegates must bring their copies of reference committee reports to the meetings of the House of Delegates since additional printed copies will be limited. However, if using an electronic version of the reference committee report during the meetings of the House, it is imperative that the documents be downloaded prior to the Monday, October 22 meeting. The Speaker would like to remind everyone that this is a paperless House of Delegates. Wi-Fi is available in the House of Delegates as a convenience, but members do not need to be online to participate. Advance preparation is extremely important.

Nominations of Officers: The nominations of officers (president-elect, second vice president and treasurer) will take place at the first meeting of the House on Friday afternoon, October 19. Candidates for elective office will be nominated from the floor of the House by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four minutes by the candidate. Seconding nominations is not permitted.

No additional nominations will be accepted after the Friday afternoon meeting.

Presentation of Incoming Trustees: Election results for the incoming members of the Board of Trustees as determined by Trustee Districts 2, 8, 11 and 13 shall be read by the Speaker of the House of Delegates during the first meeting of the House. Because there is only a single nominee provided by each trustee district, following the reading of the names, the Speaker shall declare the nominees elected. The Speaker of the House of Delegates reads the name of each nominee, reported by the nominee's trustee district, during the first meeting of the House.

Nominations to Councils and Commissions: The Board of Trustees presents the list of its nominations to councils and commissions in Report 1, which appears on the appropriate resolution

worksheet. All members of councils are elected by the House of Delegates. All members of commissions who are nominated by the Board of Trustees are also elected by the House of Delegates. Additional nominations to the Joint Commission on National Dental Examinations may be made from the floor of the House of Delegates only during the Friday afternoon meeting.

Voting Procedures in the House: The method of voting in the House of Delegates is usually determined by the Speaker who may call for a voice vote, show of hands (voting cards), standing vote, general consent, roll call of the delegations, electronic voting or such other means that the Speaker deems appropriate. The House may also, by majority vote, determine for itself the method of voting that it prefers.

Only votes cast by voting members of the House of Delegates either for or against a pending motion shall be counted. Abstentions shall only be counted in determining if a quorum is present. If the result of a vote is uncertain or if a division is called for, the Speaker may use the electronic voting method or may call for a standing vote. If a standing vote is requested, non-voting members will be asked to leave the delegate seating area. Once the area is clear of all non-voting members, the Speaker will request all delegates in favor of the motion to stand. Beginning with the first row, each person counts off and sits down, with the count running back and forth along the rows in a serpentine fashion. When all who voted in the affirmative are seated, the same is done with the negative vote. The vote will be monitored by the Standing Committee on Credentials, Rules and Order.

In accordance with the ADA *Bylaws* and the House *Manual* proxy voting is explicitly prohibited in the House of Delegates. However, an alternate delegate may vote when substituted for a voting member in accordance with procedures established by the Committee on Credentials, Rules and Order.

Election Procedures: Voting for Officer Elections will take place in the House of Delegates through electronic voting on the House floor and will be taken up as one of the first items of business on Monday morning. Only properly certified delegates will be permitted to access the delegate section of the House floor on Monday morning from the time the doors open at 6:30 a.m. until the final election results have been announced. All entrances to the delegate section of the House floor will be monitored by members of the Standing Committee on Credentials, Rules and Order (CRO). During this time, non-voting members of the House will not be allowed in the delegate section of the House floor, but are invited to sit in the alternate delegate or guest seating sections until final election results have been announced by the Speaker.

To expedite the check-in and voting process, it is strongly recommended that any delegation changes be made no later than the end of the day on Sunday, October 21. Delegate registration hours for Sunday, October 21, are from 8:00 a.m. to Noon and delegate changes can be made at the Information and Resources Office up until 6 p.m. Sunday evening. Delegate changes made on Monday morning, prior to voting, may be delayed until after all other delegates have checked-in. Therefore, to avoid long delays, please make delegation changes on Sunday.

To check-in, delegates must bring their officer election card to access the House floor and receive a smart card for voting. Voting keypads will be on the delegate tables on the House floor. Upon entering the House floor, delegates should insert their smart card into their voting keypad. It is recommended that delegates do not leave the House floor until after the election results have been finalized. If a delegate must leave the House floor before final election results have been announced, the delegate must surrender both the smart card and officer election card to a CRO member upon exiting through the designated exit door and then reclaim the cards for reentry by showing his or her badge to the CRO member upon return to the designated exit door. Any delegate absent from the House floor during a vote may lose their chance to vote. For the security of the election, it is essential that each delegate maintain possession of his or her smart card, unless surrendered to a CRO member. **If a delegate loses his or her smart card, he or she will not be able to vote.**

Voting will take place as one of the first items of business. The Standing Committee on Credentials, Rules and Order oversees the confirmation and reporting of election results. The results will be placed in a sealed envelope and transmitted to the Secretary of the House. The Secretary will review and forward the results to the Speaker for announcement. In the event a second balloting is necessary, the vote will take place shortly after the Speaker has announced a runoff.

Standing Order of Business—Installation of New Officers and Trustees: The installation ceremony for new officers and trustees will take place at the third meeting of the House of Delegates on Monday, October 22, as the first item of business with the time to be specified by the Speaker of the House of Delegates.

Introduction of New Business: The Committee calls attention to the *Manual of the House of Delegates and Supplemental Information,* section "Rules of the House of Delegates" which states:

> No new business shall be introduced into the House of Delegates less than 15 days prior to the opening of the annual session, except when such new business is submitted by a Trustee District or the American Student Dental Association Delegation and is permitted to be introduced by a majority vote of the delegates present and voting. The motion introducing such new business shall not be debatable. Approval of such new business shall require a majority vote except new business introduced at the last meeting of a session that would require a bylaw amendment cannot be adopted at such last meeting. Reference committee recommendations shall not be deemed new business.
>
> Any resolution that the Speaker refers to a reference committee must be made available to all members of the House before adjournment of the first meeting. For this reason, resolutions received in the Headquarters Office before the House officially convenes its first meeting will be processed, referred to a reference committee, and made available to all members of the House at that meeting. Resolutions received after the first meeting has convened will not be referred to a reference committee. They will be accepted as new business, posted on ADA Connect, and taken up when the Speaker calls for new business.

New Business resolutions received prior to the first session of the House of Delegates on Friday, October 19, will be presented by the Speaker *en bloc*. If a member wants a separate vote on any of these resolutions he or she will request it by resolution number and ask that it be voted on separately; the remaining ones will be voted on *en bloc* with a majority vote allowing them to be considered. Those approved will be referred to a reference committee.

Items that come as new business after the first meeting of the House of Delegates has convened will not be assigned to a reference committee; the House will vote on them individually as to whether they will be considered. A majority vote is required for the resolution to be considered. If it receives the majority vote, the House will proceed to consider the resolution.

Resolutions of Reaffirmation/Commendation: The Committee calls attention to the House rule governing resolutions of reaffirmation or commendation, which states that "Resolutions which (1) merely reaffirm or restate existing Association policy, (2) commend or congratulate an individual or organization, or (3) memorialize an individual shall not be introduced to the House of Delegates" (*Trans.*1977:958).

Explanation of Resolution Number System: Original resolutions are numbered consecutively regardless of whether the source is a council, other Association agency, constituent society, delegate, Board of Trustees or House reference committee. Revisions made by the Board, reference committee or House are considered "amendments" to the original resolution. If amended by the Board, the suffix "B" follows the original resolution number (Res. 24B); if amended by a reference committee, the suffix "RC" follows (Res. 24RC).

If a resolution is adopted by the House, the suffix "H" follows the resolution number (Res.24H). The "H" always indicates that the resolution was adopted.

If a resolution is not adopted or it is referred by the House of Delegates, the resolution number remains the same. For example:

Res. 78B is considered by the House and not adopted, the number remains the same: Res. 78B.

Res. 7RC is considered by the House and referred for study, the number remains the same: Res. 7RC.

If a Board (B) or reference committee (RC) resolution is a substitute for several original resolutions, the Board's recommended substitute or the reference committee's recommended substitute uses the number of the first resolution submitted and adds the proper suffix (B or RC). The report will clearly state that the other resolution or resolutions have been considered and are included in the "B" or "RC" resolution. A resolution submitted by an agency other than the Board or a reference committee as a substitute or amendment retains the original resolution number followed by the suffix "S-1" (Res. 24S-1). If two substitute resolutions are submitted for the same original resolution, the suffixes are "S-1" and "S-2" (Res. 24S-1, Res. 24S-2).

Note. If a substitute resolution is received too late to be introduced to the House of Delegates through a reference committee report, the originator of the substitute resolution is responsible for calling it to the Speaker's attention when the original resolution is being discussed by the House of Delegates.

Dedicated Pro and Con Microphones: To help ensure a balanced opportunity for debate during all House discussions, microphones 1, 3, and 5 will be identified for pro testimony and microphones 2, 4, and 6 will be identified for con testimony throughout the session. To preserve the microphone queue for debate on the main motions the Speaker has indicated that two microphones at the front of the room labeled "A" and "B" will be used for debate on subsidiary motions. A third microphone will be placed front and center, labeled "P", for parliamentary inquiries, points of order, points of information or to appeal a ruling of the Chair. Microphone "P" may also be used for a question of privilege that has to do with the convenience, comfort, rights, or privileges of a member or of the assembly that is urgent and must be decided immediately. Offering to give information is *debate* and is not a point of information, and should be given at one of the six microphones in the queue.

Recognition of Those Waiting to Speak: Microphones identified as pro/con will be used throughout the session. When a member wishes to address the House, the individual should approach the appropriately labeled microphone, secure the attention of the Speaker through the attendant at the microphone and wait to speak until recognized by the Speaker. The member shall then state his or her name, district, and, for the benefit of the official reporter, the purpose of his or her comments (*e.g*., speaking for or against a motion, presenting a new motion, etc.). If all members of the House follow this procedure, work will be expedited and all who wish to be heard will be given an opportunity.

When an electronic vote is taken, the Speaker will allow sufficient time for members at the microphone to return to their places before taking the vote. In the event debate continues on the same issue, the Speaker will honor the microphone sequence prior to taking the electronic vote. Therefore, a member who was at the microphone and did not have an opportunity to speak before that vote was called and who wishes to continue debate on the same issue should return to the microphone where he or she was prior to the electronic vote.

Access to Floor of House: Access to the floor of the House of Delegates is limited to members of the House of Delegates, the chairs of the councils and commissions, the secretaries and executive directors of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association and members of the Headquarters Office staff. Council and commission chairs are responsible for requesting floor access for any non-delegate council or commission member who desires to speak during debate on the report of the council or commission consistent with the *Bylaws* and the Rules of the House of Delegates.

Alternate delegates, former officers (except for former presidents) and former trustees do not have the privilege of access to the floor but will be seated in a special area reserved for them.

Admission to the House will be granted to delegates with the appropriately numbered card, which must be handed to the attendant at the door for each meeting so that the official attendance record may be maintained. Former officers and former trustees will also be admitted to the section reserved for alternate delegates and upon request will receive access to all reference committee reports available to delegates and alternates.

Secretaries and Executive Directors of Constituent Societies: In accordance with the standing rule of the House, "The secretary and executive director of a constituent society may be seated with the constituent society delegates on the floor of the House of Delegates even though they are not official delegates." Under the standing rules, it is not permissible to designate an "acting" secretary or executive director of a constituent society so that he or she may be seated on the floor of the House, unless that person is designated as "acting" secretary or executive director for the remaining portion of the annual session.

Seating of Component Executive Directors in the Alternate Section of the House of Delegates: In 2015, the House of Delegates adopted Resolution 48H-2015 to provide component executive directors and secretaries seating in the Alternate Delegate section. Based on seating capacity at the 2018 House of Delegates, five passes have been allocated to each district caucus chair for distribution and use by component executive directors. The passes will only be released to district caucus chairs and will be available for pick-up at Delegate Registration beginning Thursday, October 18. Additional passes may be obtained subject to availability.

Replacement of Alternate Delegates for Delegates: Delegates wanting to replace themselves with an alternate delegate from their delegation as the credentialed delegate during a meeting of the House of Delegates must complete the appropriate delegate-alternate substitution form. Delegates are required to sign the form and surrender their admission cards for the meeting or meetings not attended before admission cards will be issued to alternate delegates by the Committee on Credentials, Rules and Order. Substitution of alternate delegates may be made during all three meetings of the House of Delegates. In order for a complete and accurate attendance record for all meetings of the 2018 House of Delegates, submission of these completed substitution forms is essential. Only credentialed delegates may vote for the Officers of the Association.

Temporary substitutions: For the purpose of allowing an alternate to replace a delegate for a specific resolution or issue, the substitution forms do not have to be completed. And, again this year for these temporary substitutions, the switch can take place at the staffed openings between the delegate and alternate sections of the House. This will be in effect for the Second and Third meetings of the House.

Closed Session: A closed session is any meeting or portion of a meeting of the House of Delegates with limited attendance in order to consider a highly confidential matter. A closed session may be held if agreed upon by general consent of the House or by a majority of the delegates present at the meeting in which the closed session would take place. In a closed session, attendance is limited to officers of the House, delegates and alternates, and the elective and appointive officers, trustees, past presidents and general counsel of the Association. In consultation with the Secretary of the House, the Speaker may invite other persons with an interest in the subject matter to remain during the closed session. In addition to senior staff, this is likely to include members and staff of the council(s) or commission(s) involved with the matter under discussion and executive directors of constituent societies and the American Student Dental Association. No official action may be taken nor business conducted during a closed session.

Immediately after a closed session, the Speaker will inform delegates that they may present a motion to request permission to review information which was discussed in the closed session, with the information being discussed only with members present at the session. This provision is not applicable to an attorney-client session.

Attorney-Client Session: An attorney-client session is a form of closed session during which an attorney acting in a professional capacity provides legal advice, or a request is made of the attorney for legal advice. During these sessions, the legal advice given by the attorney may be discussed at length, and such discussion is "privileged." The requests, advice, and any discussion of them are protected, which means that opponents in litigation, media representatives, or others cannot legally compel their disclosure. The purpose of the privilege is to encourage free and frank discussions between an attorney and those seeking or receiving legal advice. The privilege can be lost (waived) if details about the attorney-client session are revealed to third parties. Once the privilege has been waived, there is a danger that all privileged communications on the issues covered in the attorney-client session, regardless of when or where they took place, may become subject to disclosure. For attorney-client sessions, the Speaker and Secretary shall consult with the General Counsel regarding attendance during the session. No official action may be taken nor business conducted during an attorney-client session.

In accordance with the above information, all those participating in an attorney-client session shall refrain from disclosing information about the discussion held during the attorney-client session. In certain cases, a decision may be made to come out of the attorney-client session for purposes of conducting a non-privileged discussion of the same or related subject matter. The difference will be that during the non-privileged session there will be no discussion of any legal advice requested by attendees during the attorney-client session or about any of the legal advice given by the legal counsel. It is such requests for legal advice, legal advice given, and discussion of the legal advice during the attorney-client session that are protected by the privilege and that shall not be disclosed or discussed outside of the attorney-client session.

Manual of the House of Delegates: Each member of the House of Delegates has access to the *2018 Manual of the House of Delegates* through ADA Connect. The *Manual* contains the standing rules of the House of Delegates and the pertinent provisions of the *Bylaws and Governance Manual.*

Members of the House should familiarize themselves with the rules and procedures set forth in the *Manual* so that work may proceed as rapidly as possible.

Distribution of Materials in the House of Delegates: In 2016, the House adopted Resolution 6H-2016, to prohibit the distribution of campaign literature in the House of Delegates. The Committee calls attention to the procedures to be followed for distributing materials in the House of Delegates: (1) no material may be distributed in the House without obtaining permission from the Secretary of the House; (2) material to be distributed must relate to subjects and activities that are proposed for House action or information.

Media Representatives at Meetings of the House of Delegates: On occasion, representatives of the press and other communications media may be in the visitors' section of the House and in reference committee hearings.

House of Delegates Information and Resource Office: An Information and Resource Office will be open Thursday, October 18 through Sunday, October 21, and will be located at the Hilton Hawaiian Village, Mid-Pacific Conference Center, Nautilus Room, next to Delegate Registration. This office will be open to delegates, alternates, constituent society officers and staff. The office will be equipped with computers with printing capability, a copy machine, and general information about the meetings of the House of Delegates and related activities. Everyone is urged to use the Information and Resources Office when drafting resolutions or testimony.

Individuals having resolutions for submission to the House of Delegates will be directed to the Headquarters Office where final resolution processing will occur.

Resolutions

(Resolution 28:Worksheet:1035)
(Resolution 29:Worksheet:1036)
(Resolution 30:Worksheet:1037)

Resolution No. 28 New

Report: Credentials, Rules and Order Date Submitted: August 2018

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

MINUTES OF THE 2017 SESSION OF THE HOUSE OF DELEGATES

Background: The minutes of the 2017 session of the House of Delegates have been posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

Questions or corrections regarding the minutes may be forwarded to Kyle Smith, manager, House of Delegates at smithk@ada.org. The Committee presents the following resolution for House action.

Resolution

28. Resolved, that the minutes of the 2017 session of the House of Delegates be approved.

Resolution No. 29 New

Report: Credentials, Rules and Order Date Submitted: August 2018

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

ADOPTION OF AGENDA AND ORDER OF AGENDA ITEMS

Background: The Committee has examined the agenda for the meeting of the House of Delegates prepared by the Speaker and Secretary of the House. Accordingly, the Committee recommends adopting the agenda as the official order of business for this session. The Committee also recommends that the Speaker of the House be allowed to rearrange the order of the agenda as deemed necessary to expedite the business of the House.

Resolution

29. Resolved, that the agenda as presented in the *2018 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, the Speaker is authorized to alter the order of the agenda as deemed necessary in order to expedite the business of the House.

Resolution No. 30 New

Report: Credentials, Rules and Order Date Submitted: August 2018

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REFERRALS OF REPORTS AND RESOLUTIONS

Background: A standing rule of the House of Delegates directs that prior to each session of the House, the Speaker shall prepare a list of recommended referrals to reference committees with the list to be available at the opening meeting of the House and be subject to amendment or approval on vote of the House of Delegates.

This preliminary list of referrals (circulated in the form of an All Inclusive General Index to resolution worksheets) will be provided with the second posting of resolution worksheets in late-September and updated and posted again on Thursday, October 18. The Speaker will announce additional referrals during the first meeting of the House of Delegates. A complete list of referrals by reference committee, in the form of an agenda, will be available in the reference committee hearing rooms on Saturday morning, October 20.

Resolution

30. Resolved, that the list of referrals recommended by the Speaker of the House of Delegates be approved.

Resolution No. N/A New

Report: Board Report 3 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

REPORT 3 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: REVIEW OF TREASURER APPLICATIONS

Background: In accordance with the ADA *Governance and Operation Manual*, an announcement that the ADA is seeking Treasurer Candidates for the 2019-2022 term was placed in an official publication of the Association in November 2017 (the final year of the incumbent Treasurer's term). The deadline for filing applications with the Association was June 21, 2018, one hundred twenty (120) days prior to the first meeting of the House of Delegates.

Resolution B-167-2014 outlines a set of *desirable attributes* and a set of *requirements* for those seeking the office of Treasurer.

> **B-167-2014. Resolved**, that the Board publish in ADA News prior to the House at which an election for Treasurer will be held, the following set of desirable attributes for those seeking the office of Treasurer and set of requirements for those seeking that office and a standard curriculum vitae form designed to elicit information from candidates about these attributes and requirements for the office of treasurer:
>
> Desirable attributes to help inform the House's consideration of candidates for the office of Treasurer:
>
> 1. Excellent communication skills so as to be able to assist in interpreting Association finances and effectively share financial information with the House of Delegates and the membership;
> 2. High integrity; and
> 3. Experience with the ADA budget process and finances such as may be obtained from serving as a delegate, trustee, council member or similar service.
>
> Requirements for the office of Treasurer to inform the House:
>
> 1. Be an active, life or retired member, in good standing;
> 2. Not be a Trustee or elective officer (other than the sitting Treasurer) of the Association; and

3. Possess a strong background in finance as evidenced by service in roles such as: treasurer of a Constituent Society or Specialty Organization; member for two or more years of a finance committee or audit committee of a Constituent Society or Specialty Organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a Constituent Society or Specialty Organization; or any other position(s) providing comparable experience.

Chapter VI, Section B-2 of the *Governance and Operation Manual* states, in part:

> "…Each candidate's application shall be reviewed by the Board of Trustees. At least sixty (60) days prior to the convening of the House of Delegates the Executive Director shall provide all members of the House of Delegates, with each candidate's standardized Treasurer *Curriculum Vitae* and the determination of the Board of Trustees as to whether the candidate meets the recommended qualification for the office of Treasurer. No other candidate shall be nominated from the floor of the House of Delegates…"

The following individuals have submitted their completed curriculum vitae form by the June 21 deadline:

- Robert E. Barsley, Louisiana
- John R. Moser, Wisconsin
- Ted Sherwin, Virginia
- Franson KS Tom, Nevada
- Michael R. Varley, Colorado

Each candidate's curriculum vitae is attached in Appendix A.

In accordance with Chapter VI, Section B-2 of the *Governance and Operation Manual*, the Board of Trustee's reviewed each of the applications for the office of ADA Treasurer. The Board is of the opinion that Dr. Robert E. Barsley, Louisiana, Dr. John R. Moser, Wisconsin, Dr. Ted Sherwin, Virginia, and Michael R. Varley, Colorado meet the required qualifications as identified below.

Requirements for the office of Treasurer to inform the House:

1. Be an active, life or retired member, in good standing;

2. Not be a Trustee or elective officer (other than the sitting Treasurer) of the Association; and

3. Possess a strong background in finance as evidenced by service in roles such as: treasurer of a Constituent Society or Specialty Organization; member for two or more years of a finance committee or audit committee of a Constituent Society or Specialty Organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a Constituent Society or Specialty Organization; or any other position(s) providing comparable experience.

While the Board greatly appreciates the willingness of Dr. Franson KS Tom, Nevada, to serve the Association, the Board does not believe he meets the third requirement listed above. Specifically, he lacks "a strong background in finance" as evidenced by service in the types of roles and for the types of organizations listed above. The Board offers the House this opinion in fulfillment of its obligation to review each candidate's application as set forth in the *Governance and Operations Manual* of the Association. The full application of Dr. Franson KS Tom will nevertheless be forwarded to the House, along with those of the other four candidates.

In addition, the Board offers to the House for its consideration the following desirable attributes for the office of Treasurer:

1. Excellent communication skills so as to be able to assist in interpreting Association finances and effectively share financial information with the House of Delegates and the membership;

2. High integrity; and

3. Experience with the ADA budget process and finances such as may be obtained from serving as a delegate, trustee, council member or similar service.

The Board offers no opinion with respect to the candidates and these attributes, but merely suggests these attributes to the House as part of its considerations.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

CURRICULUM VITAE
OF CANDIDATE
FOR THE OFFICE OF ADA TREASURER

Dr. Robert E. Barsley
Louisiana

ADA American Dental Association®
America's leading advocate for oral health

American Dental Association

Treasurer Curriculum Vitae Form

Name: Robert E. Barsley

PERSONAL INFORMATION		Date	June 6, 2018
Office Address	1100 Florida Ave, Room 3315B	Phone	504 619-8693 (office) 504 452-0113 Cell
	LSU School of Dentistry	Fax	504 941-8293
	New Orleans, LA 70119	E-mail	Rbarsl@lsuhsc.edu
Home Address	PO Box 745	Phone	985 386-6437
	(345 S 4Th St)	FAX	N/A
	Ponchatoula, LA 70454-0745	E-mail	drbitejd@charter.net

EDUCATION		Year	Degree
College	LSU (Baton Rouge), Rhodes (Memphis)	1970-73	None
Dental School	LSU School of Dentistry	1973-77	DDS (1977)
Dental Specialty Training	N/A		
Other	Loyola University School of Law (New Orleans)	1982-87	JD (1987)

LICENSURE	State	Year
Dental (3054)	LA	1977 - present
Louisiana Bar (18526)	LA	1987- present

ACADEMIC or PROFESSIONAL APPOINTMENTS (Location)		Rank	Year(s)
Teaching	LSU School of Dentistry (New Orleans, LA)	Assistant Prof	1982-85
	LSU School of Dentistry (New Orleans, LA)	Associate Prof	1985-91
	LSU School of Dentistry (New Orleans, LA)	Professor	1991-present
Research	None		
	Recipient (Principle Investigator) of numerous HRSA grants		2009-present

American Dental Association

Treasurer Curriculum Vitae Form

PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
American Dental Education Association	Section Chair, Section Councilor
Organization of Teachers of Oral Diagnosis	Secretary/Treasurer, President-elect, President, Past-president
Council of Scientific Society Presidents	Member of Executive Board, Treasurer, Char-elect, Chair of Executive Board (President), Past-Chair
American Academy of Forensic Sciences	Board of Directors, Vice-President, Secretary, President-elect, President, Past-President
American Society of Forensic Odontology	Board of Governors, Treasurer, President-elect, President, Past-president

DENTAL PRACTICE (location)	Dates
Ponchatoula , LA (General Practice)	1977-81
New Orleans, LA (LSUSD Faculty Dental Practice, general dentistry)	1982-1995
Forensic and legal dental consultant (national scope)	1987 - present

HONORS and AWARDS
Robert Wood Johnson Foundation, Congressional Health Policy Fellow 1998-99 (IOM/NAM) (Washington DC)
American Association for Dental Schools Harry W Bruce Jr. Legislative Fellow 1985-86 (ADEA) (Washington DC)
LSU School of Dentistry Alumnus of the Year (2015)
New Orleans Dental Association Honor Dentist Award (2015)
Governor-elect John Bel Edwards Healthcare Transition Team appointee (Baton Rouge, LA) (2015-16)
Lester Luntz Award (2006) (American Academy of Forensic Sciences, Odontology Section)
Reidar F Sognnaes Award (2014) (American Academy of Forensic Sciences, Odontology Section)

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
CAPIR (now CAAP) (ADA)	2002-06, Chair 2005-06
Workforce Taskforce (ADA)	2005-06
Advocacy (Tecker) Workgroup (ADA)	2005-06
CAS (now CAM) (ADA)	CLA General Chair (New Orleans) 2011-13
New Orleans Dental Association	Bylaws Committee Chair 2014-17

Louisiana Dental Association	Ex officio CGA (2009-17), LA Health Care Commission (2006-15)
Louisiana Act 420, Medicaid Fraud Investigation Panel (Governor's appointee)	2017-present
LA Department of Health, Medicaid Quality Assurance Committee (Oral Health Subcom. Chair	2014-present
Pierre Fauchard Academy	1994-present

OFFICES HELD—DENTAL ORGANIZATIONS (including ADA)	Dates
New Orleans Dental Association	Board of Governors (1992-95), Delegate to LDA House (1994-2002)
Louisiana Dental Association	Delegate/Alternate to ADA House (2002-16), Speaker of the LDA House of Delegates (2007-09), Secretary/Treasurer (2009-15, 2017-18), President-elect (2015), President (2016-17)
American College of Dentists (Louisiana Section)	Secretary/Treasurer (2000-03), Chair-elect (2003-07), Chair (2007)
International College of Dentists (Louisiana Chapter)	Vice-president (2008-09), President (2009-11)
Omicron Kappa Upsilon (OKU) (Faculty Member, Theta Kappa Chapter)	Secretary/Treasurer (1988-91), Vice-president (1992), President-elect (1993), President (1994)

PRESENTATIONS—LOCAL, STATE, NATIONAL (list five most recent)		
Topic	Society	Date
1. Forensic Dentistry Symposium	Keesler, AFB	Feb 2018
2. Lessons From 30 Year-old Louisiana Bitemark Cases: Jackson, Keko, and Others	AAFS	Feb 2018
3. The Forensic Dentist as a Lawyer (The Art and Science of Forensic Dentistry)	ADA Ann. Meeting	Oct 2017
4. Dental Issues in Abuse	ASPAC	June 2016
5. 7th Annual Prescription for Criminal Justice Symposium, Ethics in Forensics	ABA, Fordham Law	June 2016

ARTICLES PUBLISHED (list three most recent)
1. Barsley RE, Bernstein ML, et al; Epidermis and Enamel: Insights Into Gnawing Criticisms of Human Bitemark Evidence; *Am J Forensic Med Pathol* 39(2):87-97, June 2018
2. Barsley, R. E, Sharp, H.M, and Smith, C., Ethical and Legal Considerations When Treatment Planning, in Stefanac and Nesbit, Editors, Diagnosis and Treatment Planning, Dentistry 3rd Edition, Elsevier: St. Louis, 2017, pp. 139-54.
3. Barsley RE and Pitluck HM, United States Jurisprudence, in David TJ and Lewis JM Editors., Forensic Odontology: Principles and Practice, pp 207-17, Academic Press (Elsevier): London, 2018

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
I have a long history of financial and budget experience, having served as the Treasurer of numerous professional organizations and having served on the board of directors of additional professional organizations, including serving as the chief presiding officer of several. I have served as the treasurer of the American Society of Forensic Odontology, the American Board of Forensic Odontology, the Theta Kappa chapter of OKU, the Louisiana Section of the ACD, and for seven years as the treasurer of the LDA. I have also served for 4 years as treasurer of the Council of Scientific Society Presidents (Washington, DC). I have received as Principle Investigator sixteen HRSA grant awards totaling more than $3,000,000 for which I was responsible for budgeting and fiscal operation. I was also Principle Investigator of a National Institute of Justice grant with similar responsibilities. Additionally, I am an appointed commissioner (Board of Directors) and a member of the Finance Committee of the North Oaks Health System which has an annual expense budget of approximately $300,000,000.
Describe your background in finance and any service in roles such as: Treasurer of a constituent society or specialty organization; member for two or more years of a Finance Committee or Audit Committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.
My experience as treasurer has ranged from being the sole individual responsible for income, disbursements, bookkeeping, budgeting, investments, and taxes in some of the organizations mentioned above, to working with budgets ranging from several hundreds of thousands of dollars to those with annual budgets in the hundreds of million dollars – working closely with employed staff that handles the income, disbursement, bookkeeping, budgeting, investments, and taxes. I have also served on audit committees of some of these organizations as well as corresponding with the Internal Revenue Service when appropriate and interfacing with investment counsellors. As the presiding officer in these professional organizations I had oversight duty and ultimate responsibility for their fiscal health and operation. I currently serve on a five-member volunteer board of commissioners and the finance committee directing a 300+ bed community hospital and health system with nearly 3,000 employees and an annual budget of expenditures exceeding $300,000,000. I have served as the initial chief compliance officer for the health sciences division of my university employer. As a member of the bar, I fully understand and appreciate the meaning of fiduciary duty.
Describe your experience with the ADA budget process and finances, including any experience gained from serving as a delegate, trustee, council member or similar service.
In addition to the above, my experience with the ADA budget process has matured over the last two decades as a Delegate (and some years an Alternate Delegate) to the House. Because of my association with a dental school, my delegation has often assigned me to reference committees other than Budget and Finance; however, I have been an active participant in the discussion concerning the ADA budget within our district delegation prior to and after the issuance of the reference committee report. I have never left a House meeting prior to its final *sine die* adjournment, so I have always considered the budget and its component processes. As a member (and past chair) of an ADA council I have worked with the council director in establishing the annual budget for the council. More recently as an appointee to the former Council on the Annual Session, I have observed first-hand the interplay between the volunteers, the staff, the Trustees, and the House as fiscal policy is adjusted to accommodate real world experience.

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
Explain how you plan to assist in interpreting Association finances and effectively share financial information with the House of Delegates and membership.
I would hope to continue and broaden the ability of the ADA Treasurer to apprise the membership (and the House in particular) of the fiscal status of the ADA through PowerPoints and webcasts. More than that, I want to make that information readily available and easily understandable – not simply the effects that a particular course of action may have on dues (or deficits to be funded from reserves), but to show the dynamic (and sometimes fragile) relationship between dues and non-dues revenue as well as the reserves. I hope to be able to show in a graphical, understandable, easy to access format the trends and forecasts in this climate of accelerating change in the profession, outside pressures, and often unpredictable government influence. The ADA Treasurer plays a unique role in our governance structure – he or she does not have a vote in Board of Trustees actions, only the opportunity to explain what effect action (or inaction) might have on the fiscal health of organized dentistry. In conjunction with the ADA staff, the ADA Treasurer plays the roles of watchdog, oracle, and advisor.to the Trustees, to the House of Delegates, and to the most important individuals in the ADA – the members themselves.
What experience in dental association service, dental practice, dental education or private business would qualify you to serve as treasurer of the American Dental Association? What special skills or knowledge do you offer? (250 words or less)
The ADA considers the position of Treasurer to be a “skills-based” position as do I. My career in dentistry has revolved around leadership and fiscal responsibility – from my early days in private (solo) practice and throughout my years in dental education. Colleagues have offered leadership roles which I have accepted and completed. A fast learner and a good listener, I can focus on opportunities as well as threats, recommending pathways to take advantage of the opportunities and to minimize the threats. I enjoy mathematics and numbers; I can make sense of budget figures and explain them to others. I have served as treasurer for numerous organizations and I understand the job of treasurer. The legal education I have received coupled with my experiences as a hospital board member has broadened my horizon beyond dentistry per se. My service and training in organized dentistry, in education, in policy work, in community service, and in the larger healthcare field have honed my ability to discharge the duties incumbent in this position.

Why do you want to be the ADA Treasurer? What do you hope to accomplish?
I have always enjoyed working with others in organized dentistry at all levels. The ADA works to serve its more than 161,000 diverse members and ensure the advancement of the dental profession in the national, state, and local arenas. It has done so quite admirably for more than a century and a half. A friend of mine once told me when applying for a job, “although I did not specifically study for it, this is the position I have been training for my entire career.” That is how I feel about this position. I know that I have the knowledge base, the skills, and the ability to step into the position and continue the work of those who went before me. What do I hope to accomplish? I would be satisfied if at the end of my term as ADA Treasurer if new and prospective members, mid-career members, and late career members would know that their dues dollars (and all the ADA’s financial holdings and endeavors) were carefully safe-guarded and when necessary well-spent, resulting in returns on their investments that advance their practice of dentistry. I believe that is a more meaningful measure of success than promising specific metrics about reserves, cash positions, and even the amount of dues – the ADA’s success, including the success of its officers, is measured by its impact on the practices of its members and by the improvement in health that our members provide to their patients.

Robert Barsley Bio

Bob Barsley has enjoyed an interesting journey in 40 years of dentistry. He practiced general dentistry in Ponchatoula after his 1977 graduation from the LSU School of Dentistry for five years in both partnership and solo practice. He joined the faculty of LSU at the same time he enrolled in law school. For the first fifteen years at LSU he treated private patients through the faculty practice. In the mid-90s he became the chief consultant for the Louisiana Dental Medicaid program (as a faculty member) and helped it grow into one of the better models for patients and practitioners over the next two decades. Today, Dr. Barsley still sees patients two or three days a week as one of the primary screener / triage faculty charged with evaluating which patients are accepted into undergrad and some graduate programs at the school.

A member of the Department of Diagnostic Sciences, he also serves the School of Dentistry as Director of Oral Health Resources and Community Dentistry, oversees the school's Rural Scholar Program that seeks to place graduating dental students in rural practice settings, and oversees a continuing HRSA grant that partially reimburses costs of treating individuals with HIV/AIDS in the various clinics of the school. He is the course director and primary faculty for the first year dental students' introductory class in professionalism and ethics. He is a tenured professor. He was a founding member of the LSU Health Sciences Center Faculty Senate and served as its first Secretary. He was also the initial Chief Compliance Office for the LSU Health Sciences Center.

Beyond the school, Bob has served as former Chairman of the ADA Council on Access, Prevention, and Interprofessional Relations (Now CAAP), was a member of the Workforce taskforce which developed and promoted the CDHC, he was also appointed to the ADA Advocacy Taskforce. For sixteen years he served as a Delegate (or Alternate Delegate) to the ADA House of Delegates and in 2013 was appointed as the General Chair on the Committee for Local Arrangements for the ADA Annual Meeting in New Orleans as a member of CAS (now CAM). He is a past LDA President, a past LDA Speaker of the House, and was the LDA Treasurer for seven years.

In the health arena beyond dentistry, Bob was recently named to a six-year term as one of the five Commissioners of the North Oaks Health System and Public Hospital in Hammond, LA where he serves on the Finance Committee of this 300+ bed community hospital with more than 2,700 employees and expenditures exceeding $300,000,000 annually. He was appointed by the LDA to several terms a Commissioner on the Louisiana Health Care Commission and in December 2015 he was appointed by Governor-elect John Bel Edwards to serve on his healthcare transition team, which among other duties recommended the Secretary of the Department of Health. Dr. Barsley has also served as the Acting State Dental Director of the Louisiana Office of Public Health. Bob was twice appointed to fellowships in the Washington DC area, serving one year as a Robert Wood Johnson Foundation Congressional Health Policy Fellow in the Senate and before that as a Harry Bruce Jr / Sunstar Americas ADEA Legislative Fellow. He has held numerous offices in dental, forensic, and other professional organizations, including a term as President of the American Academy of Forensic Sciences, as Chair of the Executive Board of the Council of Scientific Society Presidents, and four years as the Society's Treasurer. He is member of the Editorial Board for the Journal of Forensic Science and has been honored to serve as a guest reviewer for the Journal of the American Dental Association and for the Journal of Dental Education.

The New Orleans Dental Association Honor Dentist in 2015, the LSU School of Dentistry Alumnus of the Year in 2015, and a New Orleans City Business Health Care Hero in 2013, he has also been recognized

nationally for his work in forensic dentistry. He is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. A 1987 graduate of Loyola University of New Orleans Law School, he is admitted to the Bar in Louisiana and served more than eight years as the appointed City Magistrate in his hometown of Ponchatoula were he resides with his wife (and high school sweet heart) Gwen and grown daughter, Emily. He sincerely hopes to continue serving the dental profession as ADA Treasurer.

LSU Health Sciences Center
NEW ORLEANS

School of Dentistry
Oral Health Program

School of Medicine
School of Dentistry
School of Nursing
School of Allied Health Professions
School of Graduate Studies
School of Public Health

June 12, 2018

American Dental Association
Chicago, Illinois

Re: Robert E. Barsley, D.D.S., J.D.
Candidate for Treasurer
Statement of Qualifications

ADA Board of Trustees:

I am a Life Member in good standing of the American Dental Association, as well as a member of the Louisiana Dental Association and the New Orleans Dental Association. At present I am neither a Trustee nor an elective officer of the Association (or of its component or constituent societies). I possess the requisite strong background in finance as evidenced by my previous service roles as Treasurer of the Louisiana Dental Association as well as the past treasurer of several dental professional organizations and other not for profit (IRS section 501) organizations. These coupled with additional experiences and responsibilities speak directly to my ability to fulfil the duties of the Treasurer of the American Dental Association.

Signed,

Robert Barsley

Louisiana State University Health Sciences Center • 1100 Florida Avenue, Box 510 • New Orleans, Louisiana 70119
phone (504) 670-2738 **fax** (504) 670-2746 **www**.lsuhsc.edu

CURRICULUM VITAE
OF CANDIDATE
FOR THE OFFICE OF ADA TREASURER

Dr. John R. Moser
Wisconsin

ADA American Dental Association®
America's leading advocate for oral health

American Dental Association

Treasurer Curriculum Vitae Form

Name: John R. Moser, DDS

PERSONAL INFORMATION		Date 06/14/2018
Office Address	219 N Milwaukee Street, Fl 5	Phone 414-273-9800
	Milwaukee, WI 53202	Fax 414-273-9807
		E-mail DrMoser@ThirdWardDental.com
Home Address	626 E Kilbourn Avenue #1608	Phone 414-347-1164
	Milwaukee, WI 53202	Fax 414-347-1164
		E-mail DrMoser@ThirdWardDental.com

EDUCATION		Year	Degree
College	Marquette University	1978	none
Dental School	Marquette University	1982	DDS
Dental Specialty Training			
Other			

LICENSURE	State	Year
Dentistry	WI	1982
Dentistry	CO	1982

ACADEMIC or PROFESSIONAL APPOINTMENTS (Location)		Rank	Year(s)
Teaching	Marquette University School of Dentistry	Adjunct Clinical Professor	24
Research			

American Dental Association

Treasurer Curriculum Vitae Form

PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
Wisconsin Dental Association	Treasurer, Trustee
Greater Milwaukee Dental Association	President, President-Elect, Vice-President, Secretary/Treasurer, Webmaster
American Dental Education Association	
American College of Dentists	
International College of Dentists	

DENTAL PRACTICE (location)	Dates
Third Ward Dental, SC (Milwaukee, WI)	2006-Present
Dental Offices of Ziolkowski & Moser, SC (Shorewood, WI)	1990-2006
Michael F. Cahlamer, DDS, SC (Milwaukee, WI)	1987-1990
James J. Kestly, DDS (Milwaukee, WI)	1983-1987

HONORS and AWARDS
WDA Lifetime Achievement Award, 2017
ADA Golden Apple Award for Outstanding Leadership in Mentoring, 2001
WDA Pyramids of Pride Award for Outanding Leadership in Mentoring, 2001
ADA Golden Apple Award for Achievement in Dental School/Student Involvement in Organized Dentistry, 2000
WDA Pyramids of Pride Award for Political Action, 2002
Pierre Fauchard Academy Award of Recognition for Activities in Mentorship, 2002

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
WDA Finance Committee	2003-Present, Chair 2008-Present
WDA Legislative Committee	1999-2011
WDA-Marquette University School of Dentistry-Pierre Fauchard Academy Mentor Advisory Group	1999-2014, Chair 2002-2014
WDA Long Range Planning Committee	2007-Present
GMDA Peer Review Committee	1992-2009
WDA Executive Committee	2002-2003, 2007-Present
ADA Reference Committee- Legal and Legislative Matters	2003
Marquette University School of Dentistry Continuing Education Committee	2003-2017, Chair 2007-2017

American Dental Association

Treasurer Curriculum Vitae Form

OFFICES HELD—DENTAL ORGANIZATIONS (including ADA)	Dates
Treasurer- Wisconsin Dental Association	2007-Present
Trustee-Wisconsin Dental Association	2002-2007
Action Team Leader State Coordinator-Wisconsin Dental Association	2004-2017
President-Greater Milwaukee Dental Association	2001
President-Elect-Greater Milwaukee Dental Association	2000

PRESENTATIONS—LOCAL, STATE, NATIONAL (list five most recent)		
Topic	Society	Date
1. Digital Photography: A Valuable Tool to Improve Lab Communication & Patient Presentations	MUSoD	2005-2018
2. Anterior Composite Resins – Recreating the Beauty of Nature	MUSoD	2002-2017
3. Posterior Composite Resins – Recreating the Beauty of Nature	MUSoD	2002-2016
4. Dental Trauma	UW-Milwaukee Athletic Training Educational Program	2008, 2006
5. A Cementation Technique for Full Coverage Restorations	American Academy of Restorative Dentistry	2006

ARTICLES PUBLISHED (list three most recent)
1.
2.
3.

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
Treasurer - WDA – 2007-Present Treasurer - WDA Insurance and Services Corp (WDA's for profit entity) – 2004-Present Director and Chair - WDAISC Insurance Ltd. (Captive Insurance company domiciled in the Cayman Islands) – 2015-Present WDA Finance Committee - 2003-Present Advisor to Greater Milwaukee Dental Association Finance Committee – 2007-2016 Treasurer - The Dental Forum of Milwaukee – 2014-2018 Treasurer - The Odontological Academy of Milwaukee- 2016-2017

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
Describe your background in finance and any service in roles such as: Treasurer of a constituent society or specialty organization; member for two or more years of a Finance Committee or Audit Committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.
My father was one of seven boys. He grew up in the depression. His father was unemployed. Dad sold newspapers on the street corner, making 1 cent per copy sold on weekdays, and 3 cents on Sunday. He took the money home and put it on the kitchen table for his mother to use to buy groceries for the family. He had me selling Christmas cards, door to door at age 7, and taught me about profit and loss, but there was no loss. When I was 9 years old, I started a loan company out of my bedroom, with Dad as my only customer. I loaned money to him at an incredible interest rate, 8% per week! I was not astute enough at the time to define simple or compound interest, but even simple interest turns out to be 417% Annual Percentage Rate. Dad wisely paid me back after only 8 days. My best friend from high school is the son of John A. Murphy, who was president of Miller Brewing Company at the time. Miller Lite was introduced during his tenure, and Miller Brewing went from the 11th largest American brewer to number two. I spent many Sunday dinners at their house discussing business with Mr. Murphy and many other Miller executives. I learned a lot about big business during those years. As an undergrad at Marquette University, I took Accounting, Finance, Economics, as well as Computer Science and Database classes. I did all of my practice bookkeeping using paper spreadsheets from the beginning in 1983. I computerized and ran the books for my previous practice in 1991. In 2006, I opened a new practice, where I personally set up the computer network, as well as the software for Practice Management and Accounting. I have served as Treasurer of the Wisconsin Dental Association since 2007 and served on the Finance Committee since 2003. I have served as Treasurer of the Wisconsin Dental Association Insurance and Services Corporation, the Wisconsin Dental Association's for-profit entity, since 2004. I have advised the Greater Milwaukee Dental Association's Finance Committee at their budget meeting from 2008 to 2016. I also served as Treasurer of The Dental Forum of Milwaukee study club from 2015-2018. The financial books had become a mess as a result of some very creative, non-financial minded Treasurers. I was able to reconstruct the books and assure members that there was no malfeasance. I helped start, and now sit on the Board and serve as Chair of WDAIC Insurance, Ltd., an insurance company captive, domiciled in the Cayman Islands, that has been a great performer. Looking at actual insurance losses paid, we have a profit of $1,574,010 in our first two and one quarter years in business. When I became Treasurer of the WDA, we had accumulated $1,057,885 over the previous eight years. These funds accumulated in our operating fund - checking and money market accounts at one bank, which were now at approximately $1.75 million. We also had investments of around $2 million with two investment firms. In 2007, I sensed the housing bubble getting ready to burst, so I dragged my feet on moving this money from cash (money markets) to equities and bonds. In 2008, I directed this money to be spread around to enough institutions to be FDIC insured, in case the banks closed. We reevaluated our investment firms in 2009, and decided to keep one firm, leave another firm, and add two new firms. In 2010, at my request, Mary Ellen Stanek, currently serving as Chief Investment Officer for Robert W. Baird & Co., managing approximately $45 billion in assets, agreed to help us manage our assets, whether we invested with Baird or not, at no charge. She told us she felt she had a vested interest in the WDA, as her husband is my classmate from dental school and her son just graduated from Marquette University School of Dentistry. In 2011, we moved cash into equities and bonds as the CD's matured. The results are gratifying, growing the reserves to almost $4 million, which is approximately 250% of our goal. During the last few years our for-profit entity, which made most of its money in health insurance, has had a slump. Having solid reserves has kept our association strong, obviating the need to raise dues. We have raised dues $10 in 2007, before I became Treasurer, and $10 in 2011. I do not take raising dues lightly, especially in this time of membership concerns. I preface every finance committee meeting with a statement that we have the money to do any program that is necessary, that is good for our members, good for our association and/or good for our profession. Having a firm resolve to never raise dues is not in our best interest, either. We need to make informed decisions, and as Treasurer, it is my duty to fully inform membership of our financial condition.

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
Describe your experience with the ADA budget process and finances, including any experience gained from serving as a delegate, trustee, council member or similar service.
I have served as a Delegate to the ADA 2005-2007 and 2012-2018 and an Alternate 2002-2004, 2008 and 2011, attending the Budget, Business & Administrative Matters Reference Committee during those meetings, as well as in 2009 and 2010. At last year's Reference Committee, I testified about the performance of our ADA Reserves, and how we could use the increased value of our investments to preclude the need for a special assessment. I have attended the Treasurer's meeting every year since Dr. Lemmo started it. I have a spreadsheet that I put together with ADA numbers going back to 2006 for my use to have an historical perspective of the ADA's finances.
Explain how you plan to assist in interpreting Association finances and effectively share financial information with the House of Delegates and membership.
As I have done for the Wisconsin Dental Association, I would study the financial reports of the American Dental Association for current and previous years, put together spreadsheets to analyze the data, and then, working with staff, put together a PowerPoint presentation for use at Board meetings and the House of Delegates. I have a gift of being able to put financial information into understandable terms with graphs and animations. Because I take the time to develop these presentations, I have the ability to process questions and give thorough, clear answers. These same graphs can be used for disseminating information to the membership in the ADA News, as well as the web site. I am a firm believer in transparency. I want the membership to know how much money we have, from where we obtained it, and how we are using it. I also want to explain how different categories are trending, and give projections for the future. Keeping an eye on current economic trends will help us be sensitive to the financial needs of our membership.

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
What experience in dental association service, dental practice, dental education or private business would qualify you to serve as treasurer of the American Dental Association? What special skills or knowledge do you offer? (250 words or less)
Serving as Treasurer of the WDA since 2007, I have earned respect and credibility by knowing when to seek out trusted, competent advisors to complement my hard work. I have the ability to understand complicated financial matters, and am well connected to talented people in the financial world. My initial report to the WDA HOD caused a great stir because it was the first time most members actually understood our finances. Possessing computer skills well above most people, especially working with spreadsheets, I incorporate those spreadsheets and graphs into PowerPoints that tell the story. I make a case for my positions, while educating the membership of our financial condition. More than once, after a PowerPoint on the WDA financial position and budget, followed by discussion at the Reference Committee, our $3 million budget passed the HOD with a unanimous vote and no discussion. I have faith that once a group of intelligent people have all the information they need, they make good decisions. It will be my job as ADA Treasurer to make sure that all parties have sufficient information, presented in an easy to understand format, to make informed decisions about the finances of our organization. I was intimately involved in the process of moving the WDA to a budget process tied to the strategic plan, as the ADA has done. This allowed our organization to be able to more easily prioritize programs and sunset those that were no longer relevant and/or no longer provided member value.

Why do you want to be the ADA Treasurer? What do you hope to accomplish?
I enjoy the financial aspects of business. I also enjoy paying attention to the markets. I enjoy looking at numbers, and studying them to understand what is going on with an entity. I enjoy making spreadsheets that allow me to analyze data until it makes sense. I take a lot of pride in explaining finances so that everyone understands, even people who don't understand finances. Having a Board and a House of Delegates who understand the financial position of the organization is very rewarding. Every year at the WDA House of Delegates, one or two members approach me after my presentation to tell me they don't usually enjoy a financial report, but they actually enjoy listening to my annual report. I have a solid work ethic, and am willing to put in the time necessary to do the job right. I have taken the WDA through one of the most difficult financial times in history, and we have maintained our cash and investments. I hope to keep the ADA on a solid financial footing by closely monitoring financials and participating in an effective budgeting process. We must maintain dues at an affordable level, while delivering services that make us relevant, to keep membership numbers healthy. We must preserve our reserves by prudent investing and limiting the amount of money allowed to come from reserves annually. The greatest accomplishment as Treasurer would be to have all Board and House members fully understand the financial condition of the American Dental Association.

American Dental Association

Treasurer Curriculum Vitae Form
Additional Information

Name: John R. Moser, DDS

PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
Academy of General Dentistry	
Omicron Kappa Upsilon	
American Equilibration Society	
Pierre Fauchard Academy	
Dental Forum of Milwaukee	Treasurer, President-elect
Milwaukee Odontological Academy	Treasurer, Secretary
Chicago Dental Society	
Academy for Sports Dentistry	

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
GMDA Technology Committee - Chair	1998-2008
GMDA Peer Review Committee	1992-2009, Chair 2003-2008
GMDA Long Range Planning Committee	1998-2012

OFFICES HELD-DENTAL ORGANIZATIONS (including ADA)	Dates
Vice President - Greater Milwaukee Dental Association	1999
Secretary-Treasurer - Greater Milwaukee Dental Association	1998
Director - Greater Milwaukee Dental Association	1994-1998
Webmaster - Greater Milwaukee Dental Association	2001-Present
Webmaster - Dental Forum of Milwaukee	2004-Present

CURRICULUM VITAE
OF CANDIDATE
FOR THE OFFICE OF ADA TREASURER

Dr. John Theodore Sherwin "Ted"
Virginia

ADA American Dental Association®
America's leading advocate for oral health

American Dental Association

Treasurer Curriculum Vitae Form

Name: **John Theodore Sherwin, "Ted"**

PERSONAL INFORMATION	
	Date 1/15/18
Office Address 462 N Madison Rd	Phone 540-672-5574
Orange, VA 22960	Fax N/A
	E-mail orangedentaloffice @yahoo.com
Home Address 10212 Little Skyline Drive	Phone 540-672-5574
Orange, VA 22960	Fax N/A
	E-mail tedsherwin@yahoo.com

EDUCATION	Year	Degree
College Florida State University Religion/Philosophy	1973	BA
Dental School Medical College of Virginia	1984	DDS
Dental Specialty Training N/A		
Other Northwestern Kellogg School of Management Kellogg Executive Scholar Certificate in Non-Profit Management	2017	Certificate

LICENSURE	State	Year
0401006357	Virginia	1984

ACADEMIC or PROFESSIONAL APPOINTMENTS (Location)	Rank	Year(s)
Teaching N/A		
Research N/A		

American Dental Association

Treasurer Curriculum Vitae Form

PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
Fellow, International College of Dentists	
Fellow, American College of Dentists	
Fellow, Pierre Fauchard Academy	
Fellow, Academy of General Dentistry	

DENTAL PRACTICE (location)	Dates
Dr. Perry Jones and Associates, Richmond, VA	1984-1985
Ted Sherwin DDS PC, Orange, VA	1985-Present

HONORS and AWARDS
Presidential Citation, ADA, Budget and Finance (2014)
Presidential Citation, VDA (2016)
Presidential Citation VDA (2015)
Fellow, Virginia Dental Association (2005)
Fellow, Academy of General Dentistry (1989)

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
ADA Council on Membership	2016-Present
ADA House Res 97H Workgroup- House studies its role in Budget process and Strategic Planning; Author and member	2012-2013
ADA Board Strategic Planning Committee	2010-2012
ADA Board Finance and Administrative Committees	2009-2014
ADA House Special Committee on Financial Affairs	2009-2011
VDA Council on Finance, Chair	2004-2007
AGD Board Audit Committee	2007-2009

OFFICES HELD—DENTAL ORGANIZATIONS (including ADA)	Dates
President, Virginia Dental Association	2013-2014

President-Elect Immediate Past President	2012-2013 2014-2015
Treasurer, Virginia Dental Association	2015-Present 2007-2011
Trustee, Academy of General Dentistry	2006-2011
Chair, Regional Directors, Academy of General Dentistry	2005-2006
President, Virginia Academy of General Dentistry	1994-1995

PRESENTATIONS—LOCAL, STATE, NATIONAL (list five most recent)		
Topic	Society	Date
1. **Virginia's Success in Access to Care** ADA Presidents Elect Conference	ADA	(2013)
2. **Treasure's Report** VDA House of Delegates	VDA	2008 2009 2010 2011 2016 2017
3. Professional Development Seminar- Keynote Speaker	VCU-ASDA	2015
4. President, President-Elect Address	VDA-House of Delegates	2014 2013
5. Commencement Exercises	Virginia Common-wealth University School of Dentistry	2014

ARTICLES PUBLISHED (list three most recent)
1. P**residents Message** - VDA Journal (2013-2014)
2. **Dental Care for Aging Seniors is Growing Problem -** Used in a number of Virginia newspapers. Picked up by Dr. Bicuspid as a Featured Article, August 5, 2014.
3. **The Virginia Plan- Improving Access to Care and Medicaid Utilization -** VDA Journal, Pages 16-18; Vol 89, Number 4, Oct-Dec 2012

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)

American Dental Association Financial and Budget Experience

2009-2014	ADA Board Finance Committee - Finance Committee Workgroup
2009-2014	ADA Board Administrative Committee
2010-2012	ADA Board Strategic Planning Committee
2009-2011	ADA House Special Committee on Finance Affairs
2012-2013	ADA House Res 97H Workgroup - Author and member
2016-Present	ADA Council on Membership
2017	16th District Caucus Observer Team on Budget, Business, Membership, and Administrative Affairs - Chair
2006, 2008, 2010, 2010, 2014	16th District Caucus Observer Team on Budget, Business and Administrative Matters - Chair
2004 - Present	16th District Caucus Observer Team on Budget, Business and Administrative Matters - Member
2014-Present	Delegate
2004-2013	Alternate Delegate

Virginia Dental Association Financial and Budget Experience

2015-Present	Treasurer
2007-2011	Treasurer
2013-2014	President
2004-2007	Chair, Council on Finance
2006-2007	Chair, Council on Sessions
2004-2005	President, Shenandoah Valley Dental Association
1996-1997	
2002	Chair, Sponsorship Committee
2014-2016	Chair, Student Debt Taskforce
1994-2007	Member, House of Delegates

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)

Academy of General Dentistry Financial and Budget Experience

2007-2009	AGD Board Audit Committee
2006-2011	AGD Trustee
2009-2011	Chair, AGD Board Futures Committee
2005-2006	Chair, AGD Regional Directors
2003-2006	AGD Regional Director
2004-2005	Chair, AGD Leadership Conference

Virginia Academy of General Dentistry Finance and Budget Experience

1994-1995	President

General Practice Finance and Budget Experience

1985-Present	Sole owner of Ted Sherwin DDS PC; 10 staff; two locations

Civic Finance and Budget Experience

1999-2000	Orange County School Board, Orange, VA
1994-1995	President, Library Foundation, Orange, VA
1990-1997	Chairman, Library Board, Orange, VA
2014-Present	Chair of Finance Committee, Orange Presbyterian Church
1997-1998	Orange Rotary Club - President
1993-1994	-Fund Raising Czar

American Dental Association

Treasurer Curriculum Vitae Form

Describe your background in finance and any service in roles such as: Treasurer of a constituent society or specialty organization; member for two or more years of a Finance Committee or Audit Committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.

In 2017 I completed my Executive Scholar Certificate in Non-Profit Management at Kellogg School of Management/Northwestern. This unique program offered me an in-depth study of structural and functional leadership in non-profit finances and how that intersects with strategic planning, budgeting, and long term financial planning.

I was honored to be selected to serve on the ADA's House Special Committee on Financial Affairs (2009-2011). Our Committee did a rigorous top to bottom review of all ADA financial processes where I gained a unique understanding of the finances of the ADA. While serving 5 years on the ADA Board's Finance and Administrative Committees (2009-2014), and 2 years on Strategic Planning (2010-2012) I acquired a comprehensive working knowledge of the ADA budgeting process and how it is driven by the Strategic Plan.

Utilizing my experience as Virginia Dental Association Treasurer for 7 years (2015 - Present, 2007-2011), as well as serving as the VDA President (2013-2014) I have a strong background in how the strategic plan drives the budget process and the leadership skills necessary to navigate our Association through the intricacies of the budget process and the essential communications that need to occur with the Board of Trustees and the House of Delegates. As VDA Chair of the Council on Finances (2004-2007) and VDA Treasurer, I became well versed in implementing the Strategic Plan through the budget process and how important visionary thinking is for long term financial sustainability of our Association. As VDA Treasurer, it is my responsibility to develop the budget, working with our talented staff, and shepherd the budget through the Council on Finance, the Board of Directors, as well as the House of Delegates. Together these experiences have taught me how fundamental good communication and transparency are to maintaining the trust of the Board and the House of Delegates.

Serving on the Academy of General Dentistry's Audit Committee (2007-2009) taught me a great deal about risk management including an unbiased and broad view of both internal and external risks and how important it is to be able to demonstrate integrity in finances, management, and the operations of the organization. Being involved in the Academy of General Dentistry, both as state President and at the national level, serving 5 years as a national Trustee (2006-2011), and national Chair of AGD's Futures Committee (2009-2011) were opportunities that gave me important additional practical experience in risk management, the budget process, strategic planning, and anticipating future needs and managing sustainability of finances of a national organization.

My financial and budget experience began in my local community 28 years ago, where I served 7 years as Chair of our non-profit Orange County Library Board (1990-1997) which was primarily funded by our local government. There was never an easy pathway with public funding--it required a vision, communicating the vision effectively, and leadership to achieve that vision. That vision of future opportunities and good communications was essential as we transitioned the growth of a private non-profit 90-year-old single building library to a 3 branch County public library system. This transformation was grounded in finances as our County Supervisors had to see the benefits but we also needed to manage the financial cost of change. Serving one year as a member of the Orange County School Board (1999-2000) gave me an early glimpse of the finances of a public funded entity that had a large staff, numerous buildings, and a state retirement plan. These early experiences shaped my skills in finances, communication, and leadership, in challenging and adverse environments.

Describe your experience with the ADA budget process and finances, including any experience gained from serving as a delegate, trustee, council member or similar service.

Serving on the 16th District's Budget, Business and Administrative Matters Observer Team for 13 years, 6 times as Chair, has led to a constantly evolving understanding of ADA's complex budget process. As Chair of the 16th District's Caucus on Budget, Business and Administrative Matters Observer Team (2006, 2008, 2010, 2012, 2014, 2017) beginning my 3rd year on the Caucus, it was my job to have a good working knowledge of the finances and budget process so that I could report and educate my Caucus on Board Report 2 and other key financial and administrative matters.

I was fortunate to be appointed to the HOD Special Committee on Financial Affairs (2009-2011). Those two years were a great opportunity for me to better understand the complex work undertaken by the Board Committees of Finance, Administration, Pension, Compensation, Audit, and Strategic Planning. The ADA Special Committee was given the chance to rethink the budget process and suggest ways to build trust and transparency in our financial systems given the complexity of our governance structure as dictated by our Constitution and Bylaws. The Committee did an in depth study of all ADA financial systems, which included reviewing our C&B, Board Rules, legal issues including the impact of Illinois State law, and structural and operational issues related to financial and accounting problems as identified in reports issued by KPMG and Collins Law Firm. As a result, I was part of the Committee's review of KPMG corrective measures and the Committee's suggestions for a new budget process that included improved House input, transparency, communications, and better decision making during the budget process. The Board adapted many of Special Committee's suggestions, and the framework of these suggestions can still be seen in our current budget process.

The two years as a member of the ADA Special Committee also deepened my insight to some of the inherent problems our Association struggles with due to its complex governance structure. It taught me the value of continually evaluating how we make financial decisions during the budget process. Being a member of the Special Committee educated me as to why we must be relentless in protecting the trust given to our financial systems--through transparency and communications.

I have also served five years on the Board's Finance and Administrative Committees over five different administrations which was both an honor and excellent training opportunity on the many different facets of planning the ADA Budget. Each year involved reviewing activities of the Association. At that time we used Board Priorities as a way of developing comparative ranking and therefore partially evaluating the value of the activity to the Association in an empirical way. We gained additional insight listening to Staff and Council Chairs to better understand the intangibles of the activities, especially those activities

that were below the funding line. The budget process, has been and should continue to be, an evolving process; always seeking the most effective means of blending and balancing metrics and observations for the purpose of successful implementation of our Strategic Plan.

Serving five years on the ADA Board's Finance and Administrative Committees was great training on the overall financial life of the organization. For example, I enhanced my knowledge of how the Board carries out its fiduciary role by establishing appropriate goals and objectives for reserve assets through the ADA Reserve Investment Policy along with the importance of constant monitoring. Another example of the training I received was being part of the review and advising the Board on the financial impact of new resolutions and challenges to the long term sustainability of the ADA. It was truly an honor to receive a **President's Citation** at the end of my service to the Board.

These years of experience at the ADA Board level significantly improved my understanding of how the roles of the Board, staff, Strategic Plan, our complex governance structure, Board financial committees, and Budget process, all interplay as parts in the ADA's financial systems and decisions.

Finally, our Membership dues is our single largest source of revenue. The opportunity to learn and contribute as a member of the Council on Membership (2016-present) is providing me with an even more thorough understanding of this critical component, especially with our concerns of declining full dues paying members. Serving on Membership has expanded my understanding of where we are as an association--both our challenges and opportunities that will be essential for our future financial well-being.

Explain how you plan to assist in interpreting Association finances and effectively share financial information with the House of Delegates and membership.

The ADA is very fortunate to have an exceptional financial staff who I've enjoyed working with over the years. Using my years of financial experience and strong sense of the House's members point of view gained over 14 years as a Delegate and Alternate, I will work with staff to understand and gain financial perspective on all major areas of the ADA's financial life in order to accomplish the Treasurer's role as adviser to both the Board and House. Another key role of the Treasurer is maintaining trust and transparency in our Association's finances. I believe one of the best means to fulfill that role is for the Treasurer to be in constant dialog with the House throughout the budget process. One essential way to do that is to engage Council members in discussions during the budget process. These aren't always easy discussions, nevertheless, in my view, they are critical to maintaining the trust in our Associations' finances. I believe my extensive experience in civic and professional associations in challenging situations will be valuable in maintaining that good communication and trust. Overall, I believe the Treasurer should make known their availability to communicate this financial perspective at every level of the tripartite and especially at the Board and House of Delegates.

Layered on top of a clear perspective of our current financial position and our best understanding of the future, a Treasurer must be able boil it all down to clear messaging. To be an effective Treasurer one must be able to communicate this perspective in a consistent, unambiguous, and effective way. Keeping in mind the audience, some of whom want the details, some who just want to know "Are we alright?" I believe communication skills is a strength I have honed over many years in civic activities, in our profession at local, state and national levels, as well as in my studies at Kellogg School of Management. I believe experience as a state President (2013-2014) and my seven years as VDA Treasurer (2015-present,

2007-2011) have successfully trained me in how to communicate effectively with the House of Delegates. In order for trust to be maintained--consistent communications must happen in all directions and in different ways and modalities with the purpose of achieving transparency. I think that the trust of the ADA House is currently high. Therefore, I would continue the methods already shown to be effective like the "Treasurer's Newsletter" to the House and the Treasurer's Financial Summit Meeting at the House to maintain that trust.

Communicating with the general membership should be by way of a yearly Report of the Treasurer. This must be a high level of information, and aim at painting a picture of the general financial conditions of the Association. Again, being available for questions or discussion from our members is an important form of communication and transparency that I believe my extensive experience has trained me well for.

What experience in dental association service, dental practice, dental education or private business would qualify you to serve as treasurer of the American Dental Association? What special skills or knowledge do you offer? (250 words or less)

Combining my Kellogg education and 28 years of financial experience in civic and professional organizations together with my direct work with the ADA Board-- I believe I am well qualified to serve as ADA Treasurer.

Just as important, a candidate for ADA Treasurer should demonstrate the ability to successfully weather and even thrive during challenges of adversity. Over my years of service, I have lead through organizational stress in the midst of conflict and change. For example, while Chair of Orange County's Library Board, we had two factions of citizens who were battling as to which end of the County would get the funding for the next library. Emotions played out in our local newspaper, our Library Board, as well as the Board of Supervisors. As Chair, I was able to play a key role utilizing effective communication and suggesting financial solutions, which were ultimately supported by all players. Another example of successfully navigating adversity happened as VDA Treasurer. The VDA was confronted with both the total loss of our largest asset when our building caught fire after a lighting strike, and on top of that, we faced the financial challenges of the "great recession". As Treasurer, it was my responsibility to help lead our successful financial recovery. My qualifications lie strongly in what I've learned through adversity.

In addition, I have demonstrated skills in future focusing, strategic planning, and strategic implementation. As Treasurer, I hope to be a bridge between ADA's past, present, and future.

American Dental Association

Treasurer Curriculum Vitae Form

Why do you want to be the ADA Treasurer? What do you hope to accomplish?
When I became a dentist, I never dreamed of the opportunities and benefits that being a dentist would provide me. I feel so fortunate to have received so much, and have looked for occasions to give back in my church, my community and my profession. I believe in the ADA Mission and Core Values in a way that calls me to action. In addition to learning key leadership skills, my education received in achieving my Kellogg Executive Scholar Certificate is very beneficial in understanding how finances play a significant role in the life of a successful non-profit association. Using the depth and breadth of my financial experience, the ADA Treasurer is the ultimate way I can help give back for the gifts I have been given. My 32 years practicing as a sole proprietor dentist, nearly three decades of leadership contributions, tested by adversity and change, have grown my competence and expertise. It is my desire to capitalize on those competencies to sustain the trust in ADAs finances through communications and transparency. I have also had the opportunity, throughout my experiences in the ADA House (2004-present), the ADA Special Committee on Financial Affairs (2009-2011), the ADA Board Committees on Administration(2009-2011), Finance (2009-2014), Strategic Planning (2010-2012) and Council on Membership (2016-present) to deepen my skills and knowledge of strategic planning and how it drives the ADA budget process, financial systems, structural challenges, revenue sources, and our expert staff. I truly enjoy these experiences, so if I am fortunate to become ADA Treasurer, my Goals as ADA Treasurer would be: -Successful implementation of the Strategic Plan through overseeing the budget process. -Maintain the trust in our financial systems through effective communication, transparency, and accuracy. -Provide appropriate leadership in the financial life of our Association. -Provide a long term view that goes beyond the current annual budget, audits, and financial reports. -Work with staff to study ways of reducing risks to the Association in our budget process and financial decision making, both at the Board and the House. -Help insure that the finances of the Association are adequate to the task of meeting our needs today and well into our future.

American Dental Association

Treasurer Curriculum Vitae Form

TED SHERWIN, DDS
tedsherwin@yahoo.com
tedsherwindds.com
462 North Madison Road
Orange, Virginia 22960
(540) 672-2605

EDUCATION

2017	Northwestern Kellogg School of Management, Kellogg Executive Scholar Certificate in Non-Profit Management
1984	Medical College of Virginia, Richmond, VA Graduate - Doctor of Dental Surgery
1973	Florida State University, Tallahassee, FL BA - Religion/Philosophy

WORK EXPERIENCE

1985 - Present	Dentist, Self-Employed Orange, Virginia

PROFESSIONAL HONORS

2016	Presidential Citation**, Virginia Dental Association**
2015	Presidential Citation**, Virginia Dental Association**
2014	Presidential Citation**, American Dental Association** Budget and Finance
2005	Fellow, **Virginia Dental Association**
2002	Fellow, **International College of Dentists**
1997	Fellow, **American College of Dentists**
1995	Fellow, **Pierre Fauchard Academy**
1994 - 2011	Radiation Advisory Board Appointed by Governor George Allen
1989	Fellow, **Academy of General Dentistry**

American Dental Association

Treasurer Curriculum Vitae Form

PROFESSIONAL ACTIVITIES

3/85 - Present **American Dental Association**

2017	16th District Caucus Observer Team on Budget, Business, Membership, and Administrative Affairs - Chair
2016-present	Council on Membership
2014-present	Delegate
2012-2013	Author and member: Res 97H Workgroup-House studies its role in Budget process and Strategic Planning
2010-2012	ADA Board Strategic Planning Committee
2009-2014	ADA Board Finance Committee
2011-2014	ADA Board Finance Committee Workgroup
2009-2014	ADA Board Administrative Committee
2009-2011	ADA House Special Committee on Financial Affairs
2009	ADA Access to Care Summit Constituent and Component Volunteer Leaders Group
2008, 2010, 2015	Standing Committee on Credentials, Rules, and Order
2006, 08, 10, 12 ,14	Chair-16th District; Budget and Business Matters Observer Team
2005	Mission of Mercy, New Orleans
2004-present	Member-16th District-Budget and Business Matter Observer team
2004 – 2013	Alternate Delegate

3/85 – Present **Virginia Dental Association**

2015-Present	Secretary/Treasurer
2015-Present	Chair, Investment Committee
2014-2016	Chair-Student Debt Taskforce
2014-2016	VDA Website Coordinator
2013-2014	President
2011 - 2013	Chair, Access to Care Taskforce
2007 – 2011	Secretary/Treasurer
2006 – 2007	Chair, Council on Sessions
2004 – 2007	Chair, Council of Finance
2004, 2012	Chair, Local Arrangement Committee
2003 – 2007	Member, Annual Session Committee
2003 – 2005	Member, VDA Hygiene Task Force
2002	Chair, Sponsorship Committee, Annual Meeting
2001– Present	Mission of Mercy, Wise County, VA

2001	Member, Reference Committee, Fiscal Affairs
2001	Member, Futures Initiative Group Leader, Visionary Leadership
2001 – 2004	Chair, Rules & Regulations Committee
2000	Chair, Sponsorship Committee, Annual Meeting
1994 – 2000	Member, Legislative Committee Subcommittee Chair on Hygiene Instrumental in 2 new hygiene schools
1994 – 2007	Delegate, House of Delegates
1990 – 1996	Member, VADPAC

8/85 - Present **Shenandoah Valley Dental Association**

2004 – 2005	President
1996 - 1997	President

1985 - Present **Academy of General Dentistry**

2014	Chair, Administration, Image & Membership Reference Committee
2014 - 2016	Delegate
2011 - Present	Spokesperson
2010 - Present	Strategic and Tactical Assessment and Response Facilitator
2009 - 2011	Chair, Futures Committee
2008	Chair and Co-author, AGD White Paper on Access to Care
2008	Consultant, Professional Relations Committee
2007 – 2009	Audit Committee
2006 – 2011	Trustee, Region 5
2005 – 2006	Chair, Regional Directors
2004 – 2005	Chair, Leadership Conference
2003 – 2006	Regional Director, Region 5 (VA, MD, DE, DC)
1999	Member, Inter-Agency Committee, Foundation Project
1995 – 2001	Member, Council on Dental Care
1995 – 2003	Vice-Chair, Region V
1995	Member, Reference Committee on Dental Care, Legislation, Long Range Planning
1992, 1994 – 2006	Delegate/Alternate Delegate

1985 - Present **Virginia Academy of General Dentistry**

1994 - 1995 President

For the first time, VA awarded:

- Constituent of the Year
- Merit Award of Membership
- Membership Retention Award
- PIO Award of Excellence
- Honorable Mention, CE Award of Excellence

PUBLICATIONS

2014 **Dental Care for Aging Seniors is Growing Problem in Virginia.** July 1, 2014, for Virginia news-papers. Pick up by Dr. Bicuspid as a featured article, August 5, 2014.

2013-14 **"Presidents Message",** Virginia Dental Journal, Virginia Dental Association

2012 **The Virginia Plan- Improving Access to Care and Medicaid Utilization.** VDA Journal, Pages 16-18, Vol. 89, Number 4, Oct-Dec 2012

2012 **The Virginia Plan: VDA's New Plan for Improving Access to Care.**
VAGD Etch, Vol. 4, No. 3, May 2012

2003 – 2006 **Regional Director's Report**
Region 5 constituent newsletters

1994 - 1995 **"President's Message"**
Virginia Academy of General Dentistry, **Echo**

1994 **"What Can We Delegate?"**
Virginia Academy of General Dentistry, **Echo**

1982 **"What to Know About X-ray Surveys"**
Virginia Dental Journal
Vol. 59, No. 5, Oct. 1982

PRESENTATIONS

Numerous presentations to dental society clubs, industry and schools.

2016	**VDA House of Delegates -** Chairman's Report on VDA's Loan Repayment Program
2015	**VCU-ASDA**: Professional Development Seminar Keynote Speaker
2014	**VDA House of Delegates –** President's Address
2014	**Emswiller Interprofessional Symposium** Presented by VCU-Speaker on Professional Panel
2014	**VCU School of Dentistry Commencement Exercises**
2013	**ADA Presidents Elect Conference-**Virginia's Success in Access to Care.
2008	**AGD House of Delegates-**Lead Presenter of AGD's White Paper on Access to Care
2008, 09, 10, 11, 16, 17	**VDA House of Delegates -** Treasurer's Report

CIVIC ACTIVITIES:

1999 – 2000	**Orange County School Board**
1999 – 2001	**Germanna Community College** Culpeper Advanced Technology Initiative
1985 – 1999	**Orange County Library Board**
1994 - 1995	President, Library Foundation
1990 - 1997	Chairman, Library Board Helped direct growth of 90 year old, 5000 square foot, private library to a county agency; building new 10,000 square foot facility and new 7000 square foot branch library from $500,000 bond referendum and $386,000 State grant (1st time entire amount awarded to one locality).

1985 - Present **Orange Presbyterian Church**

2017 - present	Chair, Finance Committee
2014 - 2016	Elder, Co-Chair Finance Committee
1992 - 2004	Teacher, Sunday School
1987 - 1990	Elder; Chairman, Commitment Committee

1985 - 2010 **Orange Rotary Club**

1997 - 1998	President
1993 - 1994	Fund Raising Czar
1993	**Paul Harris Fellow** award
1987 - 1988	**Rotarian of the Year** award

1988 - 1990 **Orange County Chapter, American Cancer Assoc.**

PERSONAL

Birthdate:	2/5/51
Married:	Wife, Suzanne
Children:	Son, Dean

SPECIAL INTERESTS

Travel
Scuba Diving - Certified, Advanced, and Master Diver (2006)
Reading

TRAVEL PHOTOGRAHY

Published: Front cover ADA News
Front cover – 15 professional journals
Front cover - Montpelier Annual Report
"Montpelier Hospitality" Cookbook

2000 VDA Annual Meeting Photography Contest
1st Place
Honorable Mention

2001 VDA Annual Meeting Photography Contest
2nd Place

2003 VDA Annual Meeting Photography Contest
1st Place

CURRICULUM VITAE
OF CANDIDATE
FOR THE OFFICE OF ADA TREASURER

Dr. Franson KS Tom
Nevada

ADA American Dental Association®
America's leading advocate for oral health

American Dental Association

Treasurer Curriculum Vitae Form

Name: Franson KS Tom, DMD

PERSONAL INFORMATION		Date 12/13/2017
Office Address	4318 South Eastern Avenue	Phone 702-736-6119
	Las Vegas, NV 89119	Fax
		E-mail tlcdmd@gmail.com
Home Address	8777 West Maule Avenue #2163	Phone 702-526-0001
	Las Vegas, NV 89148	Fax
		E-mail tlcdmd@gmail.com

EDUCATION		Year	Degree
College	Northeastern University	1971	BS
Dental School	Tufts University School of Dental Medicine	1977	DMD
Dental Specialty Training			
Other	University of Massachusetts	1973	MS in Ed

LICENSURE	State	Year
Dental	Hawaii	1977-now
Dental	California	2003-now
Dental	Nevada	2006-now

ACADEMIC or PROFESSIONAL APPOINTMENTS (Location)	Rank	Year(s)
Instructor, University of Massachusetts Amherst	Fellowship	1971-72
Newton Public Elementary School Physical Education, Massachusetts	Instructor	1972-74
Restorative Tutor, Tuft's University School of Dental Medicine, Boston, MA	Student Tutor	1975-77
Hawaii Pacific College, Business Administration, Honolulu, HI Mike Russ Schools of Hawaii, Life & Health Insurance Agents License, Honolulu, HI	Instructor Instructor	1987-89 1990-98
Harvard School of Dental Medicine - Advanced Dental Rotation Course Director, Boston, MA Boston University Goldman School of Dental Medicine, Boston, MA Founding faculty Advisor Vietnamese Student Dental Association	Instructor Asst Prof/Mentor Faculty Advisor	1997-2003 2003-06 2003-06
UNLV School of Dental Medicine – Visiting Instructor Juris Prudence (Ethics), Las Vegas, NV Nevada State Board of Dental Examiners Certified Instructor CE Infection Control, Las Vegas, NV	Instructor CE Instructor	2011-now 2014-now

American Dental Association

Treasurer Curriculum Vitae Form

PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
Student National Dental Association TUSDM 1974-77 Academy of General Dentistry 1977-84	1975-77 Treasurer/Dental Rounds
Tufts University School of Dental Medicine 2002-2017 Dental M Club/Dean Inner Circle	Reunion Co-Chair
Greater Boston Chinese Dental Association 2000-2003	VP, President, COB
American Dental Educators Association 2001-06	
New England Board of Higher Education Science Network 2003-2006	

DENTAL PRACTICE (location)	Dates
Hawaii	1977-1996
Massachusetts	1996-2006
California	2006-now
Nevada	2006-now

HONORS and AWARDS
1975 Omicron Kappa Upsilon Outstanding First Year Dental Science Student TUSDM 1977 TUSDM SNDA Outstanding Officer (Treasurer) 2008 Southern Nevada Dental Society Mentor of the Year 2008-2011 Southern Nevada Dental Society Service Award 2017 ADA Life Membership
1978-79 Hawaii State Junior Chamber of Commerce Brownfield Award & Semi-Pro Speak-Up Award 1979-80 Honolulu Chinese Junior Chamber of Commerce Gold Chip President & ONTO Chairman 1980-83 Outstanding Young Men of America 1981-82 Hawaii State Junior Chamber of Commerce President & Junior Chamber International Senator #33270 Award 1983-84 Hawaii International Junior Chamber of Commerce President & USJCC Outstanding State Chaplain Award 1984 US Junior Chamber of Commerce Ambassador #1981 Award 1984-85 Hawaii State Junior Chamber of Commerce Outstanding Program Manager – First Timers Orientation Award 1994-97 Public Relations Vice-President, 1997 JCI World Congress Organizing Committee Award 2015-17 Nevada Junior Chamber International Senate, State President
1998-2002 Dana Farber Marathon Challenge Patient Partner Award
HSDM Class of 2000 Faculty Certificate of Appreciation HSDM Class of 2001 Distinguished Faculty Award + Outstanding Clinical Faculty Teaching Award HSDM Class of 2002 Outstanding Mentor Award HSDM Class of 2003 Outstanding Faculty Award
2004 Wang YMCA of Chinatown Service Award as founding member of Board of Directors 2004 Greater Boston Chinese Dental Association Award of Appreciation 2005 North American Chinese Invitational Volleyball Tournament Service Award

American Dental Association

Treasurer Curriculum Vitae Form

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
TUSDM Committee for Equal Education Opportunities + Minority Admissions Committee	1975-77
TUSDM Paul Wright DMD Memorial Scholarship Founder & Committee	2002-03
ADA Speaker/Room Host	2009-2014
California Dental Association Speaker/Room Host	2013-2017
Hawaii Dental Association Speaker/ Room Host	2013-2015

OFFICES HELD—DENTAL ORGANIZATIONS (including ADA)	Dates
Delegate Southern Nevada Dental Society, NDA, ADA	2007-2012
Founding Chair SNDS Health & Wellness Committee	2007-2010
Chair SNDS UNLV Mentor Program Committee	2009-2014

PRESENTATIONS—LOCAL, STATE, NATIONAL (list five most recent)		
Topic	Society	Date
1. Infection Control	NSBDE	2014-17
2. Juris Prudence (SET TLC Ethics)	UNLVSDM	2011-17
3. Practice Management, NERB Mock Boards, Cosmetic Dentistry, Nitrous Oxide	HSDM	1997-2003
4.		
5.		

ARTICLES PUBLISHED (list three most recent)
1.
2.
3.

American Dental Association

Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL and BUDGET EXPERIENCE (including the ADA)
We are all first timers. Like most service organizations, you are only elected on the executive level once. You may observe a position before and after, but the first time "the buck stops here" elected, it is totally different from anything you've ever experienced. As an S-Corp sole proprietor, president, treasurer, and member of board of directors of several local, state, and national entities (listed above), I have had the honor and privilege of multiple diverse successful previous financial and budget experiences in business and community, profit and non-profit organizations. I believe my diversity and mentoring leadership is the valuable vehicle the ADA needs now for loyal, long-term and inexperienced, recent members. Like I share with hundreds of former and current students on Facebook, I will always do my best SET TLC with each challenge, but am not perfect, so we have much to share. ADA Treasurer is a unique opportunity and challenge that I have prepared for all my life. Like my father never said, "I love you." He showed me. I hope to get the opportunity to show you.

American Dental Association

Treasurer Curriculum Vitae Form

Describe your background in finance and any service in roles such as: Treasurer of a constituent society or specialty organization; member for two or more years of a Finance Committee or Audit Committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.
The first thing I did when ADA announced the opportunity to become Treasurer, I studied the ADA Constitution and Bylaws revised to January 1. 2017 because both the president and the treasurer as elected officials are accountable as a constitutional responsibility. Their membership expects SET TLC accountability, integrity, and transparency to combat corruption where there is such a powerful, discretionary leadership position. My position as treasurer is to listen to the leadership concerns and follow the constitution to provide common sense conceptual clarifications about due process, transparency, and accountability of fiscal concerns. With the help of professional SET TLC certified public accountants, everyone involved with projections, budget, allocation, and oversight can all be Selfless, Excellent, Trustworthy based on actions that are Truthful, Likable, Compassionate as expected by our membership. After many years of education in Massachusetts, I became the first dentist in my family and finally returned to Hawaii. I had worked as an elementary school teacher who did not make enough money to qualify to buy a home. I was our school's union rep, so when I complained they gave us a raise less than inflation, they said too bad. For my wife and two young children, I went back to school to become a dentist. I was gone so long even my cousins didn't recognized me and thought I talked funny. My older sister recruited me into the Honolulu Chinese Junior Chamber of Commerce where I could meet people and start my practice. I was a paper member my first year because I was too bust surviving. One day, I was called to come to the next chamber meeting, so I went. I said "Aloha" to a lot of members to find out this was a leadership training service organization and this was election night. Since I was a former teacher, they elected me Individual Development Vice President in charge of leadership training. I had to review all the US Junior Chamber leadership training courses, develop an annual curriculum and budget, find a chair, speaker, location, market, present, and write a report that recruited new members, so the chapter could earn its fourth Blue Chip national award and become the largest chapter in Hawaii. As a new member, I was surprised we had no cultural community project, so I contacted Miss Chinatown's national headquarters and started Miss Chinatown Hawaii who ended up winning Miss Chinatown USA. We had so much going on, no one wanted to be our final 5th Blue Chip president to earn our first Gold Chip National Award. I made and trained a lot of new friends and was elected president. We grew to 300 members and earned our first Gold Chip. We planned, budgeted, organized, conducted, reported and evaluated over 100 individual development, community development, and management development projects and had a great time for the benefit of our members and community. Local politics was friendly. State politics was different. Like dental organizations, sometimes you're in and sometimes you're out. For 4 years, we were out of state politics, but again no one wanted to the next Hawaii State Individual Development Vice President, so I won. As Hawaii State IDVP, I did not care which political party they belonged and helped every chapter based on their needs even if I had to be the trainer and fly to another island at my own expense to help. As the year was progressing, the stronger opposing party selected their next state president, but many chapters statewide encouraged me to run. So I did and won the closest election in state history by 4 delegate votes. Soon after the election. the opposing party stopped growing or helping the state, then wrote a letter to the national organization that I was the worst state president ever. The national organization told me that they cannot get involved in local politics and we had to resolve it ourselves. The past state president refused to turn over the financial reports of their last four years. By the time I finally got the financial reports, I already got notified by certified mail that our newsletter publisher, landlord, and local airlines are suing the state for non-payment of debt that stopped publications, started eviction, and ended credit. The state was broke in deep debt facing litigation. I asked the incoming executive board what they wanted to do and they proposed a lawsuit. I appreciated their efforts, but refused to sign something that would take years to resolve and end our organization and community projects. Could any state president or treasurer inherit a worse financial nightmare?

At mid-year meeting, I asked the state to focus on membership, leadership training and community projects like they were elected and expected to do and forget about political retaliation. In a small state, everyone knows everybody, so we never wasted our time on blame. The other half of the state finally realized we were only focused on positive solutions, so they decided to participate amicably and grow. The last 2 months and last quarter, Hawaii was the #1 state in our national "no help" population division. All our state debts and litigation were resolved with a healthy surplus for the next state president who was our treasurer. Our Regional Director who went out with the national recognized recruiters became state president the following year. Our Executive Vice-President was promoted to his major airlines headquarters on the mainland for his work resolving our airline problems. Since then, we continue to be a national award winning state winning national and international awards and elections.

1994-97, I was Public Relations Vice-President for the 1997 Honolulu, Hawaii JCI World Congress Organizing Committee. As a member of the Executive Board, we had oversight of the finances and budget for a 100+ nation JCI World Congress. I represented the Organizing Committee as Public Relations VP at the 1994 Kobe, Japan; 1995 Glasgow, Scotland; 1996 Pusan, South Korea; and 1997 Honolulu, Hawaii World Congress. Just like the 7.6 billion dental patients in the world, no two teeth are the same. We came to report our budget and finances we worked hard to complete, but the overall public relations theme was to share our "Aloha" spirit people skills, so everyone would love to come to Hawaii. I'd like to believe they enjoyed my presentation the most, but I was too busy having fun with too many new smiles. I got the World President from the USA to wear a huge rainbow balloon hat at their Board of Directors meeting.

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In 2001-02, I was elected President of the Greater Boston Chinese Dental Association while I was Advanced Dental Rotation Course Director at Harvard School of Dental Medicine responsible for budget and instructors, but also sponsored dental students to get them involved. A Harvard Post-doc dental student I mentored became the next president.

Most recently in 2015, I was elected State President of the Nevada JCI Senate in Las Vegas. A Senatorship is the highest international honor that can be given to a JCI. Only 1 out of 1000 JCI become a Senator. The US JCI Senate assist and mentor Junior Chamber members, support US JCI Senate Foundation in bestowing college scholarships to high school graduating seniors, and promotes fellowship among its members.

I thought I had faced many challenges until our returning treasurer and foundation rep in Reno suddenly passed away a few months later before I became a signature on the bank account. Of course, we concentrated on his family and services, but I also called the national organization to assume treasurer responsibilities until we could find another replacement. It's amazing how we came together as a state to comfort his family and make the transition. One group helped the out-of-state family gather and move possessions to storage. All the membership and financial information was sent to me in Las Vegas. Another group obtained the dead certificate, so they could access the state's bank account, so we could pay dues and foundation donations on a timely basis. In our state organization, if you paid your dues ten years in advance, you could become a life member, so I recruited ten new life members to exceed our funding projection. Time flew by, so I stayed as President another year and recruited a new treasurer in 2016 until we found replacements to succeed us in 2017. We grew as a state 2015 and 2016. Since I was also from Hawaii, we set up a HI/NV Fellowship Weekend in Las Vegas that expanded this year to Region X JCI Senate and US JCI Meeting in Spring, 2018. I also participated in national and international JCI World Congress in Kanazawa, Japan and Quebec, Canada. The duties and responsibilities of President and Treasurer requires teamwork, but I believe I enjoyed networking with many new people worldwide as the most rewarding.

American Dental Association

Treasurer Curriculum Vitae Form

Describe your experience with the ADA budget process and finances, including any experience gained from serving as a delegate, trustee, council member or similar service.

I have discovered that every budget process and finances already has a parliamentary framework in their constitution that is remarkably similar. Finances begins with listening to people's concerns, but the main treasurer's responsibility is oversight. Just like our patients, we are in the people business. I believe everyone and confirm everything. Due process is an effective "follow-the-money" tracking process with clear rules or regulations guiding budgetary, procurement, and payment activity of all relevant parties. Transparency is an "open" participation pre-condition including clarity of roles and responsibilities; public availability of information; open budget preparation, execution, and reporting with independent assurances on integrity. Accountability is more complex to acquire the necessary performance tools that involve political, administrative, professional, and democratic accountability.

Political accountability is encapsulated in the annual budgets, declarations, and commitments according to a supervised, controlled vertical hierarchy accountable to a horizontal executive. Administrative accountability are the clerical people who actually perform the tasks with a wide variety of tightly governed oversight norms, practices, and behaviors of a technical and professional nature set by the Professional accountability entity. Democratic accountability ensures participation and evaluation of projects and activities.

Explain how you plan to assist in interpreting Association finances and effectively share financial information with the House of Delegates and membership.

Like the California Dental Association, I support members' expectations i.e. dues ROI (Return On Investment) benefits:

Strong protection and a secure future for the Evidence-Based Dentistry Patient-Doctor relationship from all third parties

Less overhead and more control with financial solutions to be more competitive and efficient

Smart analysis & solid guidance to navigate the business side of dentistry with professional advice and guidance

Sharp tools and cutting–edge skills from inspiring lectures, hand-on workshops, and amazing networking opportunities

To assist in interpreting Association finances, I would share financial concerns and 12 questions they need to make sound financial decisions about oversight:

1. Proposal? Estimated resource projections and balanced budget with a savings plan for this year?
2. Possible? How much is budgeted? Is it enough?
3. Proportionate? Is budget comparable to similar organizations?
4. Productive? Budget meets target goals?
5. Proper? Resources fairly allocated i.e. vulnerable?
6. Precise? What is spent on a particular part, problem or solution?
7. Priority? Are resources spent based on importance?
8. Progress? Expenditures improving development?
9. Process? Allocation and expenditure transparent?
10. Powerful? Fund largest impact?
11. Proficient? Operational efficient value, no waste?
12. Pinpoint? Meets members' expectations and changes lives

Recommend Review Fiscal Basics Checklist:

1. Good annual budget preparation

Realistic projections for variables, budget revenues, top-down spending ceilings, cost of new policies, clear presentation of budget: objectives, targets, priorities, risks, etc.

2. Control budget execution

Firm spending controls, adequate internal audit, no payment arrears

3. Strong cash management

Central control over bank accounts, cash flow forecasts

4. Timely, accurate accounts

Monthly/quarterly fiscal reports, audited annual accounts

5. External oversight and evaluation

External auditor, parliamentary committees, anti-corruption commission

To provide and prove ADA accountability, parliamentary, public, and independent monitoring oversight tools are needed.

1. Parliamentary monitoring in budget implementation assesses budget release with powers to conduct investigations, issue summons and warrants to compel attendance and confirmable responses.

2. Public monitoring is a community based auditing mechanism or budget analysis from different points of view.

3. Committee reports assess how far they have been able to fulfill their mandate.

4. Social media technology maintains critical communications and can hold people accountable, and motivated with timely praise or revisit situation

5. Public good litigation protects against monopolistic agencies.

6. Protest or demonstrations hold governing entities accountable

7. Independent Commissions safeguard excesses and helps to enforce laws

What experience in dental association service, dental practice, dental education or private business would qualify you to serve as treasurer of the American Dental Association? What special skills or knowledge do you offer? (250 words or less)

I believe I have been helped on my journey throughout my life from my parents to now. Like most dentists, I investigate opportunities thoroughly before getting involved. I have a long history of volunteering and mentoring, but even my election campaigns “VOTE TOM!” meant “Vote for Together Opportunity’s Magic”. I wish I had the opportunity to go directly to dental school and practice 30-40 years at the same location, but the real world can be much more challenging with many crossroads. Instead of focusing on the dangers, I found many opportunities and SET TLC mentors who were Selfless, Excellent, Trustworthy built on actions that were Truthful, Likeable, Compassionate like my dad. I became a mentor to repay forward and freely share in every opportunity people were ready to learn. I love being a part of their journey because when one mentors, two people learn. As a vehicle on their journey, I practiced like mentoring CARS who Coach strengths, Advise development, Role model, and Sponsor advancement. Hippocratic healthcare is a patient-doctor relationship built on expected art and science in a free enterprise world where SET TLC has become an option, not a privilege to serve. 2006, my mother had a stroke, so went back to SET TLC practice like I taught my students just before the Great Recession and paid the previous Fee For Service owner off in 5 years as many surrounding practices failed. Working together we have much to share.

Why do you want to be the ADA Treasurer? What do you hope to accomplish?
I just became a 40 year ADA Life Member, and was surprised to read that ADA Treasurer was open. I know you have a tough decision to make, but if you have gotten this far, you know my unique, diverse journey involved hard work and luck preparing for opportunities that suddenly appear. We are in the people business and just like you, we have much to share. The fact that this ADA Treasurer position is open is my number one goal to resolve. There are many great potential candidates who just need a mentor. When I mentor students, I find it more educational to practice what you preach. My dad never said, "I love you." He showed me. Working together, I hope to have the opportunity to show you as ADA Treasurer and develop a mentoring "Treasurer" program to help train local, state, and national organizations and practicing members about their SET TLC financial responsibilities and opportunities. A simple internet powerpoint presentation pre-requisite could teach the financial basics as I have outlined in this application. However, a real-world Problem-Based Learning (PBL) workshop each ADA Annual Meeting could better prepare potential incoming treasurers on all levels. That is a long-term value all membership could benefit from and may help eliminate ADA's current treasurer crisis from reoccurring.

American Dental Association

Treasurer Curriculum Vitae Form

Curriculum Vitae Franson K.S. Tom, MS, DMD January 1, 2018

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Work Franson KS Tom, DMD, PC Website: DrFransonTom.com
4138 South Eastern Avenue Las Vegas, NV 89119-6016
Phone: 702-736-6119 F: 702-369-5603 E-mail: tlcdmd2@gmail.com Emergency Mobile: 702-526-0001

Birth Labor Day, September 6 Honolulu, Hawaii

Education
1971 B.S. in P.E. w/ Honors Northeastern University Bouve College
1973 M.S. in Education University Massachusetts Graduate School
1977 D.M.D. Tufts University School of Dental Medicine

Military
1967-1971 Reserve Officers Training Corps Northeastern University
1973-1974 ADT Signal Officer Basic Course Fort Gordon, GA
1971-1979 Captain, U.S. Army Reserve Honorable Discharge

Licensure and Certification
1971-77 Massachusetts Teaching Certificate
1977- Hawaii Dental License (DT1028) to 12-31-2019
1979-86 American Red Cross CPR Instructor
1982- Fellowship of Christian Magicians (04389-82) to 08-04-forever
1986- Marriage Commission License - Hawaii
1999- D.E.A. & Controlled Substance License – 11-30-2020
2003-2010 California Dental License (51835) to 09-30-2018
2006- Nevada State Board of Pharmacy Controlled Substance Certificate 10-31-2018
2006 Certified in Invislign – Invisible Aligners
2007 Certified in Camlog Implants
2009 Certified in ClearCorrect – Invisible Aligners
2009- Nevada State Board of Dental Examiners Dental License (4910) to 6-30-2019
2013- Orange County Dental Society, California Dental Association
2017 American Dental Association Life Member for 40 years of service
2018 California Dental Association Life member

Academic Appointments
1967-71 Teaching Assistant, Newton Public Schools, MA
1971-72 Teaching Fellowship, Education Graduate School, University of Massachusetts
1972-74 Instructor, Newton Public Schools, MA
1975-77 Restorative Tutor, Tufts University School of Dental Medicine (TUSDM)
1980-84 Dean, Hume Lake Christian Camps, CA
1987-89 Instructor in Business Administration, Hawaii Pacific College
1990-98 Instructor in Life & Health Insurance, Mike Russ Schools of Hawaii
1992 Special Parents Information Network (SPIN) Conference Chairman
1996 Reef Interpreter, Waikiki Aquarium, University of Hawaii
1997-99 Instructor in Balloonology Harvard Square Street Performers, Cambridge Center for Adult Education
1996-2000 Visiting General Dentist in Post Graduate Pediatric Dentistry, TUSDM
1997-98 Clinical Instructor in Restorative Dentistry, Harvard School of Dental Medicine
1999-2003 Advanced Dental Rotation Director/Instructor, Harvard SDM
Courses: Cosmetic Dentistry: Smile Analysis, Practice Management, Nitrous Sedation Certification
Committees: NERB & Graduation
Faculty Advisor: Bridge Over Troubled Waters, HSDM (2000)* Student National Dental Association, HSDM (2001)
Operation Mouthguard, HSDM (2002)* Operation Smile (2003)
* Win HMS/HSDM Dean's Community Service Award, 2006 Bridge Over Troubled Waters ADA Golden Apple Award
2001-2003 Patient / Doctor 1 Instructor, Harvard Medical School
2002-2006 Presiding Chair, Yankee Dental Conference: 2002 Oral Cancer Detection/Treat, 2003 Acupressure
2003-2006 Assistant Prof/Mentor, Boston University Goldman School of Dental Medicine
Committees: Medical History, Instruments & Supplies
Faculty Advisor: Student National Dental Association & Vietnamese Student Dental Association
2005 Blackstone School Third Grade Dental Field Trip
EXCEL Program: New England Dental Access Project (NEDAP)
Program White Coat: NE Minority Enrichment Program Robert Wood Johnson
2006 BUGSDM Continuing Education: Local Anesthesia for the Dental Hygienist
2011- now UNLVSDM Juris Prudence (Ethics) Volunteer Guest Lecturer
2014- now NSBDE Certified Instructor Continuing Education Infection Control Course #14-012, 17-012

Hospital Appointments
1980-85 Dental Staff, Queens Medical Center Dental Staff, Saint Francis Hospital

Other Professional Positions

1977-78 Dentist, Strong-Carter Dental Clinic 1978-79 Associate Dentist, Dennis D.O. Lee, Inc.
1979-80 Managing Partner/Dentist, Ala Moana Dental Group 1979- Tufts Alumni Admissions Program Interviewer
1980-86 President, Diversified Dental Services 1980-86 Board of Directors, Dentaguard - Dental Plans
1980-86 Board of Directors, Dental Dynamics Computer Service1980-86 Board of Directors, South Seas Dental Labs
1981-85 Owner, Kona Dental Group 1982-85 Owner, Pali Palms Dental Center
1983-85 Owner, Aloha Family Dental Center at Sears 1986-2000 Dental Consultant, TLC Unlimited
1994-95 President, Ala Moana Dental Clinic 1995-2000 President, TLC Dentist, Inc.
1999-2000 Board of Directors, South Cove YMCA 2000 - Clinical Consultant, The Dental Advisor
2000-2006 Founding Director, Wang YMCA of Chinatown 2003 Founding Board, Believe In Me Eric Williams Foundation
2003-2006 Advisor, New England Board of Higher Education Science Network

Awards and Honor

1971 Boston Bouve College Outstanding Service Award
1975 Tufts University Top First Year Dental Science Student
1976 Tufts University Bates Day Crafts Award
1977 TUSDM Student National Dental Society Outstanding Officer
1979 Hawaii Junior Chamber of Commerce Brownfield Award
1980-82 Outstanding Young Men of America
1982 United States Junior Chamber of Commerce Outstanding State Chaplain
1996-2001 Journal of ADA Continuing Dental Education Program Certificate
1997 53rd Annual NACIVT Team Merit Award Boston Knights C
1998-2002 Dana Farber Boston Marathon Challenge Patient Partner Awards
2000 Faculty Certificate of Appreciation HSDM Class of 2000
2000-2005 ADA Annual Session Recognition of Contributions (Table Clinics)
2001 Ambassador of the Massachusetts Dental Society
2001 Distinguished Faculty Award HSDM Class of 2001
Outstanding Clinical Faculty Teaching Award HSDM Class of 2001
2002 Outstanding Mentor Award HSDM Class of 2002
2003 Outstanding Faculty Award HSDM Class of 2003
2004 Wang YMCA of Chinatown Service Award March 2004
2004 Greater Boston Chinese Dental Association Award of Appreciation
2005 North American Chinese Invitational Volleyball Tournament Service Award
2008-2011 Southern Nevada Dental Society Service Award 2008-2011
2008 Mentor of the Year (UNLV Dental Students) SNDS

Major Committee Assignments

Tufts University

1975-77 TUSDM Committee for Equal Educational Opportunities
1975-77 TUSDM Minority Admissions Committee
1991- Tufts Alumni Admissions Program (TAAP)
2002 TUSDM 25th Reunion Co-Chair (Most funds raised, highest attendance)
2002-2003 TUSDM Paul Wright DMD Memorial Scholarship Founder & Committee
2003 TUSDM Alumni Mentoring Panel (3-25-2003)
2017 TUSDM 40th Reunion Co-Chair

National and Regional

1980-99 Nominating Board, Outstanding Young Americans
1981-82 Board of Directors, United States Junior Chamber of Commerce
1982-83 Metro Conference Regional Director, USJCC
1994-97 Public Relations VP, 1997 JCI World Congress Organizing Committee
1996 First Timers, Junior Chamber International

Memberships, Offices and Committee Assignments in Professional Societies

1975-77 Treasurer, TUSDM Student National Dental Association
1976-77 Talent Show Chair, TUSDM Student National Dental Association
1977-84,94-97 Honolulu County Dental Society
1977-84,94-97 Hawaii Dental Association (Various Table Clinics Presenter) 1998 Massachusetts Dental Association
2007 Nevada Dental Association 2013 California Dental Association
1977-84,94-2003 American Dental Association (Various Table Clinics Presenter)
1977-84 Academy of General Dentistry
1978-2002 Honolulu Marathon Association Start Line Announcer
1978- American Legion Kau-Tom Post No. 11
1979- Fellowship of Christian Magicians (Hawaii Chapter Founding Member)

1979-80 President, Honolulu Chinese Junior Chamber of Commerce
1980-81 State Vice-President, Hawaii Junior Chamber of Commerce (HJCC)
1980-99 Trainer, Junior Chamber of Commerce (HJCC, USJCC, JCI)
1981-82 State President, Hawaii Junior Chamber of Commerce
1982-83 Metro Regional Director, United States Junior Chamber of Commerce
1983-84 State Chaplain, Hawaii Junior Chamber of Commerce
1983-84 President, Hawaii International Junior Chamber of Commerce
1994-99 International Business Network, Junior Chamber International (JCI)
1996-2001 Dental M Club - Tufts University School of Dental Medicine
2001-2002 Dean's Inner Circle – Tufts University School of Dental Medicine
1998-2001 Nathan Cooley Keep Society - Harvard School of Dental Medicine
2000-2001 Vice President, Greater Boston Chinese Dental Association
2001-2002 President, Greater Boston Chinese Dental Association
2002-2003 Chairman of the Board, Greater Boston Chinese Dental Association
2001-2003 Member, Harvard Odontological Society
2001-2006 Member, American Dental Educators Association
2007-2012 Delegate, Southern Nevada Dental Society, Nevada Dental Association, ADA
2007-2010 Chair, Southern Nevada Dental Society Health & Wellness Committee
2009-2012 Chair, Southern Nevada Dental Society UNLV Mentor Program
2009-2014 ADA Speaker Host: Honolulu, Orlando, Las Vegas, San Francisco, New Orleans, San Antonio
2013-2016 CDA Speaker Host: Anaheim, CA
2013-2015 HDA Speaker/Room Host: Honolulu, HI
2015-2017 Junior Chamber International (JCI) Nevada Senate, State President

Major Research Interests (#3,4,6,7,8,9,10,12,13,14,15 ADA Table Clinics)

1. Factors that influence Massachusetts Retirees to purchase dental insurance
2. Oral Health for Medical Students and Physicians
3. Pre-Doctoral Aesthetic Dentistry PBL Curriculum – "Smile Analysis Worksheet"
4. Admissions Meyers-Briggs Type Indicator as a Predictor of Matriculation
5. International Dental Care and Professional Development
6. Proficient Persuasive Case Presentations
7. Composite Shade Selection Protocol or "I'm so cool, I can pick shades"
8. Posterior Composites versus Amalgams
9. Million Dollar Dental Practice - "Quality Practice with Quality Circles"
10. Pre-Doctoral Practice Management PBL Curriculum
11. NERB PBL Curriculum
12. Practice Building Aesthetic Photography
13. Mentoring Your Successful Future
14. Affordable Cosmetic Dentistry Treatment Planning
15. Profound Local Anesthesia

Publications

Balloonology 101
Smile Analysis Worksheet a.k.a. S.A.W. (Smilepix Web site pending)
Lee, Susan J., DMD; Tom, Franson, MS, DMD, "Today's dental student is training for tomorrow's elderly baby boomer", Spec Care Dentist 21(3): 95-97, 2001
Yue, Issac, DMD; Tom, Franson, MS, DMD, "Factors that influence Massachusetts Retirees to purchase dental insurance" submitted
Tom, Dr. Franson, "Profit-making Third Parties, NDA Journal, Winter 2008-2009, Volume 10, Issue 4, page 12.
Tom, Franson KS, MS, DMD,"Universal Oral Health Care Possible Today",NDA Journal, Fall 2011, Volume 13, Issue 3, pages 20-21.
Tom, Franson, DMD, "Together We Can Defeat Non-dentist Management Companies", NDA Journal Summer 2009, page 20.
Tom, Franson, DMD, "Dental Tourism – A wake Up Call To USA", Nevada Dental Association Journal Summer 2010, page 14.
Tom, Franson, DMD, "TRANSITION Strategic Action Plan", submitted NDA Journal Summer 2013
Tom, Franson, DMD, Nevada State Board of Dental Examiners Infection Control Inspection 8-12-11 and updated 6/2013

Current Presentations

Shade Verification Protocol, 141st ADA Annual Session Table Clinic, Chicago, IL, 10/15/00
NERB Review, Harvard School of Dental Medicine 2000-03
Quality Practice with Quality Circles, 142nd ADA Annual Session Table Clinic, Kansas City, MO, 10/14/01
Smile Analysis - Full Day Seminar, St. Vincent's Catholic Medical Centers, Long Island, NY, 9/20/02
Smile Analysis, 143rd ADA Annual Session Table Clinic, New Orleans, LA, 10/20/02
Smile Analysis, New England Dental Society Table Clinic, Waltham, MA, 11/9/02
Smile Analysis, Yankee Dental Conference Smilepix Booth, Boston, MA, 02/01/03
Practice Building Aesthetic Photography, 144th ADA Annual Session Table Clinic, San Francisco, CA, 10/24/03

Mentor Advice for New Professionals, 145th ADA Annual Session Table Clinic, Orlando, FL,10/1/04
Affordable Cosmetic Dentistry Treatment Planning, 146th ADA Annual Session Table Clinic, Philadelphia, PA, 10/7/05
Profound Local Anesthesia, 147th ADA Annual Session Scientific Session Table Clinic, Las Vegas, NV, 10/17/06
NERB Review, ASDA at UNLV School of Dental Medicine, 2009
Practice Preferences, Henry Schein, Las Vegas, NV, 08/20/09
Practice Preferences, ASDA UNLV, Las Vegas, NV, 10/28/09
Practice Preferences, SNDS/UNLV Mentor Program, Las Vegas Institute, Las Vegas, NV, 11/17/09
Continuing Education Units for the benefit of his patients
2006: 95 2007: 64 2008: 120 2009: 79.5 2010: 70.5 2011: 90 2012: 84 2013: 57.5 2014: 62 2015: 30 2016: 32 2017: 50.75

CURRICULUM VITAE
OF CANDIDATE
FOR THE OFFICE OF ADA TREASURER

Dr. Michael R. Varley
Colorado

ADA American Dental Association®
America's leading advocate for oral health

American Dental Association

Treasurer Curriculum Vitae Form

Name: . **Michael R. Varley, M.S.,D.D.S**

PERSONAL INFORMATION		Date	6-15-18
Office Address	8925 South Ridgeline Blvd Suite 110, Highlands Ranch CO 80129	Phone	303-470-0500
		Fax	303-470-1890
		E-mail	mrvarley@msn.com
Home Address	2845 Spring Hill Peak Circle, Highlands Ranch, CO 80129	Phone	720-334-1455
		Fax	
		E-mail	

EDUCATION		Year	Degree
College	Eastern Michigan University	1976	B.S.
Dental School	University Of Detroit School of Dentistry	1983	D.D.S.
Dental Specialty Training			
Other	Wayne State University	1978	M.S.

LICENSURE	State	Year
Northeast Regional Board	MI	1983
Central Regional Board	CO	1988

ACADEMIC or PROFESSIONAL APPOINTMENTS (Location)		Rank	Year(s)
Teaching	The University of Detroit School of Dentistry	Assistant Instructor Histology	1976-78
	The University of Detroit School of Dentistry	Guest Lecturer Histology	1978
	The University of Detroit School of Dentistry	Pre-Clinical Laboratory Assistant Prosthodontics	1983
Research			

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PROFESSIONAL SOCIETY MEMBERSHIPS (excluding ADA)	Offices Held
Metropolitan Denver Dental Society	Treasurer through President
American Equilibration Society	Treasurer
Colorado Dental Association	Treasurer through President

DENTAL PRACTICE (location)	Dates
Warren Dental Associates, Warren MI	1983-1986
Golden Dental Associates, Detroit MI	1985-1987
Willow Creek Family Dentistry, Englewood CO	1988-1999
Distinctive Dentistry at Highlands Ranch, Littleton CO	1998-present

HONORS and AWARDS
International College of Dentists 2016 to present
Pierre Fauchard Academy 2007 to present

COMMITTEES—DENTAL ORGANIZATIONS (including ADA)	Dates
Metropolitan Denver Dental Society: Finance Committee	2001-2003
Metropolitan Denver Dental Society: Program Committee for RMDC	2010-2011
Colorado Dental Association: Council on Peer Review	2008-2009
Colorado Dental Association: Board of Trustees	2008-2009
Colorado Dental Association: Finance Council	2008-2010, 2012-2013
American Dental Association: Membership Reference Committee	2015

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OFFICES HELD—DENTAL ORGANIZATIONS (including ADA)	Dates
President: Colorado Dental Association	2016-2017
President Elect: Colorado Dental Association	2015-2016
Vice President: Colorado Dental Association	2014-2015
Treasurer: Colorado Dental Association	2012-2014
Treasurer: American Equilibration Society *Please see below for additional offices held*	2010-2015

President: Metropolitan Denver Dental Society 2005-2006
President Elect: Metropolitan Denver Dental Society 2004-2005
Vice President: Metropolitan Denver Dental Society 2003-2004
Treasurer and Investment Chairman: Metropolitan Denver Dental Society 2001-2003
President: Metropolitan Denver Dental Foundation 2005-2006
Trustee: Colorado Dental Association 2008-2009
Co-chairman: Rocky Mountain Dental Convention 2011
Delegate: American Dental Association 2013-2017, 2019
Board of Directors: Colorado Dental Association Foundation 2017-2020
Board of Directors: Metropolitan Denver Dental Society 1997-2000, 2001-2007
Delegate: Colorado Dental Association 1992 to 2010
Board of Directors: Dental Professional Liability Trust Exofficio member 2017-2018

PRESENTATIONS—LOCAL, STATE, NATIONAL (list five most recent)		
Topic	Society	Date
1. Phase I, II Periodontal Dentistry Modified Widman Technique Denver CO	Private Offices	1987
2. Domestic Violence Dental Care Program Highlands Ranch CO		2006
3.		
4.		
5.		

ARTICLES PUBLISHED (list three most recent)
1.
2.
3.

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Treasurer Curriculum Vitae Form

PREVIOUS FINANCIAL AND BUDGET EXPERIENCE (including the ADA)
Metropolitan Denver Dental Society Budget and Finance Chairman 2001-2003 Metropolitan Denver Dental Society Investment Chairman 2001-2003 Metropolitan Denver Dental Society Treasurer 2001-2003 Metropolitan Denver Dental Society President 2005-2006 Metropolitan Denver Dental Foundation President 2005-2006 Colorado Dental Association Chairman Budget and Finance Committee 2008-2010 Colorado Dental Association Treasurer 2012-2014 Colorado Dental Association President 2016-2017 Colorado Dental Association Foundation Director 2016 to present American Equilibration Society Budget and Finance Council Chairman 2010-2015 American Equilibration Society Treasurer 2010-2015 Rocky Mountain Dental Convention Co-Chairman 2011 American Dental Association Delegate 2013-present
Describe your background in finance and any service in roles such as: Treasurer of a constituent society or specialty organization; member for two or more years of a Finance Committee or Audit Committee of a constituent society or specialty organization; member of a board of directors of a for-profit corporation or for-profit subsidiary of a constituent society or specialty organization; or any other position(s) providing comparable experience.
T**he Metropolitan Denver Dental Society** was the origin of my initial experience as **Treasurer**. It provided a framework when managing a dental society and its critical income generating general meeting; the Rocky Mountain Dental Convention. This convention is the ninth largest in the nation. Accordingly, as Chairman; It was appropriate to recommend changes to the finance committee regarding investments in addition to general management and budget development. In addition, I was the **2011 Co-chair of the Rocky Mountain Dental Convention** which oversaw all committees including Budget and Finance. The **American Equilibration Society** presented some interesting challenges as **Treasurer** of their organization. This organization was 2-3 years from becoming insolvent after two years of consecutive significant financial losses. Within the first year and for four additional years, working with five different presidents, I was able to bring and maintain this organization to financial solvency. More important, I was able to develop and organize a formal financial system including the implementation of a formal finance council and present a template for board communication. They have remained solvent to this date. This experience remains my most memorable financial achievement. While serving as Treasurer of the AES I was serving on the finance council of the Colorado Dental Association. This evolved into an elected position of **Treasurer of the Colorado Dental Association**. The Colorado Dental Association, historically a financially solid organization, presented some additional challenges. A strategic endorsement was lost thus budgetary adjustments were required at all levels. In addition; the CDA executive board elected to move the CDA office to a location that would better serve Colorado members. This prompted financial oversight of construction designs, construction expenses, the physical move and the sale and purchase of facilities. American Dental Association 14th district caucus meetings I served as 2015 **Chair of Budget to evaluate the ADA budget** for that year and establish caucus position at the House of Delegates. Accordingly attended Reference Committees on Budget and Finance. Finally, over the past year, I had the privilege of being appointed as an exofficio member of The Dentist Professional Liability Trust, a professional liability company that insures over 53% of the membership of the Colorado Dental Association..

American Dental Association

Treasurer Curriculum Vitae Form

Describe your experience with the ADA budget process and finances, including any experience gained from serving as a delegate, trustee, council member or similar service.

My experience with the ADA budget process stems from my participation with the 14th district. Both as a chairman and other years as a committee member. Those opportunities as chairman required summary presentation to the district and recommendation regarding the direction of voting at the ADA House of Delegates.

As an ADA Delegate I believe that I have had a profound effect upon the finances of the ADA currently and in the future. Dr Lemmo illustrated in 2013 the ADA had been incurring a negative membership market trend. The ADA had been losing its membership market share at a rate of 1.5% over the previous twelve or so years. Part of this loss was due to the reducing membership participation of new dentists and membership retention into the ADA. Estimated projections regarding ADA membership market share falling to 45% was communicated emulating similar trends as the AMA which was at a 15%-18% membership market share low. The mission became to provide an original membership financial value that would benefit all new dentists across all employment stratifications. I authored and presented **the Student Loan Interest Rate Reduction resolution at the 2014 ADA annual meeting.** After ADA evaluation it was instituted in 2015. This would be later known as the **DRB plan and now called Laurel Road**. After conversations recently with ADA staff, I was informed this resolution has resulted more than **$474,000,000 in revenue to DRB** since inception. More important however; is the ADA membership market share improving to -.07% vs -1.5% thus a 50% reduction of membership market share rate of decline effective 2015-2016. Confidently, I believe this resolution contributed greatly to membership retention.

Explain how you plan to assist in interpreting Association finances and effectively share financial information with the House of Delegates and membership.

The concept that is intended to be transmitted determines the communication technique. Generally speaking, the interpretation of association assets is most effectively performed by vertical and horizontal analysis. In addition; by identifying historical and current trends to arrive at reasonable projections.

Power point presentations utilizing highlighting remains an effective tool towards sharing financial information. Commonly the primary recipients are an ongoing dialog with the president, CEO and executive director. I have found methods of communication to time challenged larger groups such as; finance committees, boards and houses to be best accomplished through customized visuals that illustrate specific financial trends. For example; the utilization of graphs in instances where the goals are to ascertain longitudinal analysis. Stand-alone data rarely assists a board to exercise its fiduciary responsibility with understanding.

In other situations where more of a cross sectional approach is indicated, for example, within a given year or short number of years, the comparative review by the presentations of balance sheets is effective. Balance sheets are effective snapshots of current statuses of financials and are more effective to be used in a comparative basis.

American Dental Association

Treasurer Curriculum Vitae Form

What experience in dental association service, dental practice, dental education or private business would qualify you to serve as treasurer of the American Dental Association? What special skills or knowledge do you offer? (250 words or less)

After review of my curriculum vitae I am confident that you will conclude that my experience across the tripartite of the American Dental Association is extensive and qualifies my candidacy as treasurer of the American Dental Association. More importantly is the impact I have exerted at each level. Each organization had its unique concerns and customized solutions were generated. For example:

Regarding the Metropolitan Denver Dental Society, the issues were operational including convention management while preserving investment principle in a volatile market environment. In addition; management of their foundation which would eventually generate $1,500,000 in dental services to victims of domestic violence.

Regarding the American Equilibration Society where financial reorganization was indicated to avoid insolvency. This was accomplished immediately by introducing financial systems and understanding to the board and bringing this board together as a cohesive unit. This venerable organization continues to thrive to this day.

Regarding the Colorado Dental Association, in addition to budgetary adjustments stimulated by endorsement changes, a cathartic change has been initiated in governance that will redefine this organization for years to come to be a more responsive organization to its members and to serve as a model for the ADA. In addition; being instrumental in successfully driving a piece of insurance reform legislation (CO SB190) favorable to dentists that had been defeated seven years earlier.

And finally, the ADA itself.

As an ADA Delegate, I have exerted a profound effect upon the finances of the ADA currently and in the future. The problem presented was the ADA had been losing its membership market share at a rate of 1.5% over the previous twelve years. Part of this loss was due to the reducing membership participation of new dentists and membership retention into the ADA. Past actions had been to address this negative trend (2005 New Dentists Dues adjustment program) (2013 Lunch program).

Estimated projections regarding ADA membership market share falling to 45% was communicated emulating similar trends as the AMA which had declined to a 15%-18% membership market share low. The mission became to provide an *original* membership financial value that would benefit all new dentists across all employment stratifications.

I authored and presented **the Student Loan Interest Rate Reduction resolution at the 2014 ADA annual meeting.** After ADA evaluation it was instituted in 2015. This would be later known as the **DRB plan and now called Laurel Road**. After conversations recently with ADA staff, I was informed this resolution has resulted more than **$474,000,000 in revenue to DRB** since inception. More important however; is the ADA membership market share improving to -.07% vs -1.5% thus a 50% reduction of membership market share rate of decline effective 2015-2016. This became a principle subset of **the membership 2020 program** launched in 2013. Confidently, I believe this resolution contributed greatly to membership retention.

In addition to those duties of a Treasurer. I bring innovative thinking to the ADA executive board armed with experiences received at all levels of the tripartite as well as with an international organization.

American Dental Association

Treasurer Curriculum Vitae Form

Why do you want to be the ADA Treasurer? What do you hope to accomplish?
By becoming ADA treasurer and in addition to financial and administrative duties, I will bring strong thought-based leadership to establish those changes appropriate to attain expanded membership market share. I will continue to develop and solicit ideas that will position the ADA towards enhancing market share by increasing value of membership. An example of these ideas is the student loan interest rate reduction or DRB (Laurel Road). This will require the continuance of innovative thinking which I have gained through my past experiences with regional, state and international positions. Therefore, I believe that I can continue to make a difference.

Michael R. Varley, M.S., D.D.S.
8925 South Ridgeline Blvd, Suite 110
Highlands Ranch, CO 80129
303-470-0500 Fax 303-470-1890

Education

Bachelor of Science
Eastern Michigan University, Ypsilanti Michigan 48075

Master of Science
Wayne State University, Detroit, Michigan 48213

Doctor of Dentistry
University of Detroit School of Dentistry, Detroit, Michigan 48213

Professional History

University of Detroit School of Dentistry, Assistant Laboratory Instructor Histology, 1980-1982
Detroit, Michigan 48213

University of Detroit School of Dentistry, Assistant Instructor Pre-Clinical Prosthodontics, 1983-1984
Detroit, Michigan 48213

Warren Dental Associates, Associate General Dentistry, 1983-1986
Warren, Michigan 48071

Golden Dental Associates, Associate General Dentistry, 1985-1987
Detroit, Michigan 48071

Willow Creek Family Dentistry, General Dentistry, 1988 - 1998
Englewood, Colorado 80112

Distinctive Dentistry at Highlands Ranch, General Dentistry, 1997 to present
Highlands Ranch, Colorado 80129

Board Certifications

Northeast Regional Board 1983
Central Regional Board 1987

State Licenses

Michigan, 1983 to present
Colorado, 1987 to present

Professional Memberships

American Orthodontic Society, 1996 to 2005
American Equilibration Society, 1997 to 2015
American Dental Association, 1992 to present
Metropolitan Denver Dental Society, 1992 to present
Colorado Dental Association, 1992 to present
World Clinical Laser Institute, 2004 to present

Professional Awards

Pierre Fauchard Academy
International College of Dentists

Professional Positions

Chairman: MR Howard Library, Metropolitan Denver Dental Society, 1996 - 1999
President: Arapahoe Chapter, Metropolitan Denver Dental Society, 1999 - 2000
Mid-Winter Multimedia Chairman, Metropolitan Denver Dental Society, 1996 - 2000
Board of Directors: Metropolitan Denver Dental Society, 1997 – 2000, 2001 - 2007
Delegate: Colorado Dental Association, 1992 to present

Dental Consultant: Colorado State Board of Dentistry, 2000 to present
Dental Consultant: Colorado State Attorney General, 2000 to present
Treasurer: Metropolitan Denver Dental Society, 2001 - 2003
Investment Chairman: Metropolitan Denver Dental Society, 2001 - 2003
Vice President: Metropolitan Denver Dental Society, 2003 - 2004
President-elect: Metropolitan Denver Dental Society, 2004 - 2005
President: Metropolitan Denver Dental Society, 2005 - 2006
President: Metropolitan Denver Dental Foundation: Domestic Violence Dental Care Program, 2005 - 2006
Alternate Trustee, Colorado Dental Association, 2006 - 2008
Colorado Dental Association, Council on Peer Review, 2008
Colorado Dental Association, Budget and Finance Council, 2008 to 2010
Trustee, Colorado Dental Association, 2008 - 2009
Treasurer, American Equilibration Society, 2010 - 2015
Co-Chairman, Rocky Mountain Dental Convention, 2011
Treasurer: Colorado Dental Association, 2012 - 2014
Vice President: Colorado Dental Association, 2014 – 2015
President-Elect: Colorado Dental Association, 2015 - 2016
President: Colorado Dental Association, 2016 - 2017
Immediate Past President: Colorado Dental Association, 2017 - 2018
Delegate or Alternate Delegate: American Dental Association, 2013 - 2019
Colorado Dental Association Foundation, 2017 - 2019
Colorado Professional Liability Trust Ex-Officio Board, 2017 - 2018.

Major Resolutions (ADA)

American Dental Association, 2014 Authored resolution 64. Student Interest Rate Reduction Plan (a.k.a. DRB plan) (a.k.a) Laurel Road). Status – Passed. Has provided no origination fees, lower interest loans to new dentists after refinancing as a benefit of ADA membership. $474,000,000 loan volume written to date.

American Dental Association, 2013, 2017 Authored DEA resolution 38 to prohibit the DEA registration number from being used as a credentialing criterion by dental benefit carriers. Status – Passed. Partially addresses opioid epidemic by the elimination of the DEA registration number as a credentialing criterion by dental benefit carriers. Finalization to be addressed in 2018 ADA House of Delegates.

Community Access to Care

President: Metropolitan Denver Dental Foundation: Domestic Violence Dental Care Program, 2005-2006. Ultimately generated $1,500,000 in care to victims of domestic violence over a 10-year period.

Dental Line 9, Denver, Colorado, July 2007
Dental Line 9, Denver, Colorado, January 2006
Dental Line 9, Denver, Colorado, January 2005

Community Presentations and Awards

- Domestic Violence Dental Care Program to Highlands Ranch Community Association, Highlands Ranch, Colorado, May 2006

Community Positions

Member: Highlands Ranch Business Park Association, 2000 to present
Delegate: Highlands Ranch Community Association, 2000 to 2010
Public Issues Committee: Highlands Ranch Community Association, 2004 to 2006

Personal

Married; wife Suzanne
Two children; Michael, Kevin

Extracurricular Activities

Skiing, Biking, Scuba Diving, Swimming

Resolution No. 70 New

Report: N/A Date Submitted: October 2018

Submitted By: First Trustee District

Reference Committee: N/A

Total Net Financial Implication: N/A Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

ELECTION OF THE PRESIDENT-ELECT

The following resolution was adopted by the First Trustee District and transmitted on October 10, 2018, by Dr. Rich Rosato, First District Caucus Chair.

Background: Each year the ADA selects its President-elect by a vote of the ADA House of Delegates. In order to introduce themselves to delegates who do not know them and to secure the votes necessary to be elected, in the year leading up to the election, candidates for President-elect spend a substantial amount of their and their volunteer campaign staff's time and a considerable amount of money attending various different state meetings and district caucus events throughout the year. Despite campaign reform, the cost of mounting a competitive campaign remains high, with most campaigns for President-elect budgeting and spending between fifty and seventy-five thousand dollars ($50,000 - $75,000) or more. Each year during the annual session of the House of Delegates, further time is expended with each district caucus as each candidate running for President-elect visits the caucuses to speak and respond to delegates' questions. These visits disrupt caucus activities and consume time that the caucus could otherwise spend studying and discussing the important issues that will be before the House of Delegates. Additional time is spent on the eventual election process, delaying the convening of the House of Delegates which in recent years has already been shortened by a day.

The campaign process for the ADA President-elect is designed to allow delegates and alternate delegates the opportunity to assess the candidates, many of whom are wholly unknown to delegates and alternate delegates prior to the campaign. But in reality, the current system affords delegates and alternate delegates a very short amount of time within which to listen to the candidates, ask questions and consider the candidates' campaign platforms. Candidates' campaign speeches are practiced and polished and positions on issues are the result of months of discussion between the candidates and their campaign staff. In short, many, if not most delegates arrive at their decision on which candidate to support based on only a small slice of knowledge of how the candidate has grappled with issues and collaborated with fellow ADA leaders and with ADA staff in advancing the interests of the ADA.

Candidates for the President-elect office typically come from the ADA Board of Trustees, either as volunteers who have spent four years on the Board as trustees, or having served as a member of the Board of Trustees as a Vice President, Treasurer or Speaker of the House of Delegates. Because of their time on the Board of Trustees, the body having the best knowledge and insights concerning the potential of President-elect candidates to be dynamic and successful leaders of the ADA is the Board of Trustees itself.

It is time to harness that knowledge and allow the ADA Board of Trustees – the agency with the best first-hand knowledge of President-elect candidates – to choose the individual to lead the ADA, first as President-elect and then as the President of the American Dental Association. Not only will this help to ensure that the best candidate in the field is elected, but moving the President-elect election from the House of Delegates will allow meaningful reform of the campaign process and a further streamlining of the annual session of the House of Delegates. Campaigns will become far less costly and time consuming, further leveling the playing field for President-elect candidates coming from smaller and less well-heeled trustee districts. And the time of delegates and caucuses at the annual session can be spent on what they are gathered together for – considering, reviewing, debating and deciding on courses of action to protect the oral health of the public, advance and strengthen the profession of dentistry and help the individual members of the Association succeed in whatever area of dentistry they have decided to pursue.

Consequently, the First Trustee District proposes the following amendments to the ADA *Constitution*, the ADA *Bylaws* and the *Governance and Organizational Manual of the American Dental Association*:

Resolution

70. Resolved, that Article V, Section 10 of the ADA Constitution be amended as follows (additions underscored, deletions ~~stricken through~~):

ARTICLE V • OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a First Vice President, a Second Vice President, a Treasurer and a Speaker of the House of Delegates~~,~~. The Second Vice President, the Treasurer and the Speaker of the House of Delegates each ~~of whom~~ shall be elected by the House of Delegates. The President-elect shall be elected by the Association's Board of Trustees.

and be it further

Resolved, that Chapter III, Section 50.A. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

Section 50. DUTIES: It shall be the duty of the House of Delegates to:

A. Elect the ~~elective officers~~ Second Vice President, Treasurer and Speaker of the House of Delegates.

and be it further

Resolved, that Chapter V, Section 80. of the ADA *Bylaws* be amended by the inclusion of a new duty as follows (additions underscored):

Section 80. DUTIES: It shall be the duty of the Board of Trustees to:

A. Elect the President-elect of the Association at the meeting of the Board of Trustees immediately preceding the annual meeting of the House of Delegates pursuant to the procedure set forth in Chapter III, Section 120. of these *Bylaws*.

with current Sections 80.A. through 80.P. of Chapter V. of the ADA *Bylaws* being relettered accordingly, and be it further

Resolved, that Chapter VI, Section 30. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

Section 30. NOMINATIONS: Nominations for an elective officer for election ~~by the House of Delegates~~ as specified in the ADA *Constitution and Bylaws* shall be in accordance with the procedures contained in the Governance Manual.

and be it further

Resolved, that Chapter VI, Section 70 of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

Section 70. REMOVAL FOR CAUSE:

A. HOUSE OF DELEGATES. The House of Delegates may remove an elective officer for cause by a two-thirds (2/3) affirmative vote of the delegates present and voting in accordance with the procedures contained in *the Governance Manual*. An elective officer may also be removed upon a finding of a violation of the member conduct policy in accordance with these *Bylaws* and the procedures adopted thereunder.

B. BOARD OF TRUSTEES. The Board of Trustees may remove the President or the President-elect for cause by a two-thirds (2/3) affirmative vote of the voting members of the Board of Trustees present and voting in accordance with the procedures contained in *the Governance Manual*, except that the President-elect shall not cast a vote on removal. The President or the President-elect may also be removed upon a finding of a violation of the member conduct policy in accordance with these *Bylaws* and the procedures adopted thereunder.

Resolved, that Chapter VI, Section 80.B. of the ADA *Bylaws* be amended as follows (additions underscored, deletions ~~stricken through~~):

Section 80. VACANCIES: Vacancies in an elective office shall be filled as follows:

* * *

B. PRESIDENT-ELECT: Should the office of President-elect become vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled ~~at~~ by election at the meeting of the Board of Trustees immediately preceding the next annual session of the House of Delegates ~~in the same manner as that provided for the nomination and election of elective officers~~ pursuant to the procedure set forth in Chapter III., Section 120. of these Bylaws, except that the ballot shall read “President for the Ensuing Year.”

and be it further

Resolved, that Chapter VI, Section B.1 of the *Governance and Organizational Manual of the American Dental Association* be amended as follows (additions underscored, deletions ~~stricken through~~):

B. Nominations.

1. ~~President-Elect and~~ Second Vice President. Nominations for the office~~s~~ of ~~President-elect and~~ Second Vice President shall be made in accordance with the order of business. Candidates for ~~these~~ this elective office~~s~~ shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

Resolved, that Chapter VI, Section E. of the *Governance and Organizational Manual of the American Dental Association* be amended as follows (additions underscored):

E. Removal.

1. House of Delegates. The House of Delegates may remove an elective officer for cause in accordance with procedures established by the House of Delegates. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in his or her defense. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to remove a trustee from office.

2. Board of Trustees. The Board of Trustees may remove the President or the President-elect for cause in accordance with procedures established by the Board of Trustees. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in his or her defense. A two-thirds (2/3) affirmative vote of the voting members of the Board of Trustees present and voting is required to remove the President or President-elect from office, except that the President-elect shall not cast a vote on removal.

Resolved, that the appropriate agency of the Association be authorized to make amendments to the *Manual of the House of Delegates* to conform the applicable provisions of the *Manual of the House of Delegates* to the amendments in the ADA *Constitution and Bylaws* and the *Governance and Organizational Manual of the American Dental Association* that are proposed in this Resolution.

SPEAKER'S COMMENT: Resolution 70 requires a change to the ADA Constitution. As such, in accordance with the ADA Constitution, Article VIII. AMENDMENTS, this resolution will lay over to the 2019 House of Delegates.

NOTES

Budget, Business, Membership and Administrative Matters

Resolution No. 36 New

Report: N/A Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $6,000,000 Net Dues Impact: $58

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

SPECIAL ASSESSMENT

Background: The House of Delegates adopted Resolution 67H-2016 (*Trans.*2016:278), a Three-Year Initiative to Drive Utilization of Dental Services for ADA Members. The resolution envisioned a three-year pilot to be implemented from 2017 through 2019. The cost anticipated for 2019 is $6,000,000. During the first two years of the initiative, the campaign either exceeded or met expectations. The campaign measures site visits, completed searches and profiles views. The campaign is designed to get member profile views in front of highly targeted consumers who have an income level where they can afford dental visits and/or a dental benefit. The program is not designed to measure appointments given that few members use online scheduling software. The Board, in its managerial role, recommends to the House that the Find-A-Dentist could be maintained at a funding level of $2,000,000. The $2,000,000 level of spending is expected to generate approximately 1,491,000 site visits, 587,000 profile views, and 294,000 completed searches for Find-a-Dentist in 2019. Instead of funding the pilot at the full 6,000,000, the Board recommends that the House consider funding this project at the $2,000,000 level through a $19 Assessment. At the $6,000,000 level, Find-a-Dentist would be expected to generate approximately 2,026,000 site visits, 502,000 complete searches, and 1,004,000 profile views.

Nevertheless, the Board is forwarding to the House a proposed assessment in the amount of $58. This is necessary to meet the requirements of 67H-2016. In addition, because of notice requirements, a proposed assessment can only be amended to a lower dollar amount. Accordingly, by forwarding a proposed assessment of $58, the House retains flexibility to adopt an assessment at any level from $0 to $58. Any change in the proposed assessment will require a motion to amend the resolution and a two-thirds affirmative vote.

The Board supports funding the program in 2019 only if it can be funded by a special dues assessment. The Board does not support funding this from either an ongoing dues increase nor from reserve funds.

Resolution

36. Resolved that a $58 special assessment for 2019, to fund the House initiative Resolution 67H-2016, Utilization of Dental Services for ADA Members, be approved.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 36

ASAI	Yes	FISCH	No	KLEMMEDSON	No	ROBINSON	Yes
BITTER	Yes	GEHANI	Yes	KYGER	Yes	RODRIGUEZ	Yes
BLACK	Yes	HARRINGTON	Yes	MCDOUGALL	Yes	SABATES	Yes
COHLMIA	Yes	HIMMELBERGER	Yes	MITCHELL	Yes	SHEPLEY	Yes
COLE	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. 36S-1 Substitute

Report: N/A Date Submitted: September 2018

Submitted By: First Trustee District

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $1,965,517 Net Dues Impact: $19.00

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

SUBSTITUTE FOR RESOLUTION 36: SPECIAL ASSESSMENT

The following substitute for Resolution 36 (Worksheet:2000), was adopted by the First Trustee District and transmitted on September 24, 2018, by Dr. Rich Rosato, First District Caucus Chair.

Background: In light of the facts that:

1) House Resolution 67H-2016, Utilization Campaign for ADA Members, was envisioned as a 3-year pilot project with a 2019 spend of $6,000,000.
2) The Campaign is successfully exceeding all metrics.
3) Programs that offer direct membership value are vitally important to attracting and retaining members.
4) The Campaign creates opportunities for collaboration e.g. the CVS/ADA Seal collaboration.
5) Total reserves stand currently at 80% of operating expenses.
6) A large dues assessment at this time could have an adverse effect on member recruitment.

Resolution

36S-1. Resolved, that the Board of Trustees be urged to fund the program established through House Resolution 67H-2016, Utilization Campaign for ADA Members, as follows: $4,000,000 from reserves, and fund the remaining $2,000,000 from a one-year, special assessment of $19, and be it further

Resolved, that the Council on Communications report back to the House on the results of this 3-year pilot program at the 2019 House of Delegates.

BOARD RECOMMENDATION: Received too late for Board comment.

Resolution No. 18 New

Report: Board Report 4 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

REPORT 4 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: REVIEW OF RESOLUTIONS HAVING A FINANCIAL IMPACT

Background: Over the last seven years, an average of almost five resolutions having a financial impact have been introduced to the House too late for review and comment by the Board of Trustees. Such late resolutions give the House members themselves less time to fully consider the financial impact. Accordingly, the Board is offering to the House the proposal set forth in this report to help the House continue to operate effectively and efficiently.

Moreover, in these situations, the House does not have the Board's assessment of whether the resolutions advance the strategic plan or fit within the total budget of the Association.

To its credit, the House acts cautiously about resolutions which have not yet been fully vetted by the Board or a council. Out of the 34 resolutions submitted over the last seven years which would have been affected had the proposal presented here been in effect, 21 were defeated, withdrawn or referred.[1]

During debate at last year's House when the House voted to retain authority over the budget, concern was expressed about resolutions with a financial impact presented to the House too late to be vetted by the Board or appropriate council. The Board agrees with these concerns and proposes a resolution to address them.

The proposed resolution will require resolutions with a financial impact to be submitted in time for the Board to add a comment on the costs and alignment with strategic goals. A resolution submitted too late and without the Board comment could still be considered by the House but only upon a two-thirds vote by the House. Failing that, such resolution will not be considered but may be submitted to the next year's House. The final sentence of the amendment allows the Board the flexibility to consider resolutions submitted after the deadline, should the Board nevertheless have adequate time and opportunity to do its due diligence and offer the House a Board comment on the resolution.

The Board believes this proposal will provide the House with the information it needs to carry out its responsibilities. It will save the House time routinely spent considering late-filed resolutions which are often simply withdrawn, defeated or referred. It will provide the House with the flexibility to address important issues immediately, regardless of when filed, and it will help to ensure that more resolutions are

[1] Other resolutions were adopted, amended by reference committee or otherwise funded.

filed early enough to allow the House adequate time to consider them. For all of these reasons, the Board offers the following resolution for the House's consideration.

Proposed Resolution

18. Resolved, that the "Rules of the House of Delegates" printed in the *Manual of the House of Delegates* be amended effective the close of the 2018 House by addition of the following section before the section titled "Consideration of Budget":

Resolutions Having a Financial Impact

Resolutions having cost implications for the Association shall be submitted prior to ten days before commencement of the last regular board meeting prior to the annual session. This requirement shall be deemed to be met for any amended or substitute resolution arising out of a resolution which had been timely submitted pursuant to this rule. The Board shall provide a written comment to the House on these resolutions to include the Board's recommendation and assessment in light of the strategic plan and Association finances with respect to the resolution. No resolution having a cost implication for the Association submitted later than ten days before commencement of the last regular board meeting prior to the annual session shall be introduced except when it is permitted to be introduced by a two-thirds majority vote of the delegates present and voting. The motion introducing such business shall not be debatable. Resolutions submitted after the deadline and submitted to the House with the required Board comment shall be considered to have met the deadline requirement and shall be considered without a special vote by the House to allow consideration.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 18

ASAI	Yes	FISCH	Yes	KLEMMEDSON	Yes	ROBINSON	Yes
BITTER	No	GEHANI	Yes	KYGER	Yes	RODRIGUEZ	Yes
BLACK	Yes	HARRINGTON	Yes	MCDOUGALL	Yes	SABATES	No
COHLMIA	Yes	HIMMELBERGER	Yes	MITCHELL	Yes	SHEPLEY	Yes
COLE	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. N/A N/A

Report: Board Report 5 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

How does this resolution increase member value: See Background

REPORT 5 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: COMPENSATION AND CONTRACT RELATING TO THE EXECUTIVE DIRECTOR

Background: This report is provided for informational purposes and does not include any resolutions. In March 2018, the Board of Trustees executed a three-year employment agreement with the current Executive Director, which expires on March 17, 2021. The Executive Director is the only member of the ADA staff with a written employment agreement.

Compensation and Benefits: The Executive Director's current annual base salary is $575,250 and is paid in accordance with the Association's standard payroll schedule and policies. The agreement provides that the Board of Trustees will review the Executive Director's salary on an approximately annual basis, and may increase her compensation by up to four percent based on a performance review by the Board. The current salary level was set in March 2018 based on the contracted increase of 3% over the prior annual base salary of $558,502.

The 2018 agreement provides that the Executive Director is eligible to receive an annual bonus ranging from up to twenty (20%) of her base pay, as determined by the Board of Trustees, based on criteria jointly approved by the Executive Director and the Board of Trustees and subject to available funds. In March 2018, the Executive Director received a bonus in the amount of $22,340.10, representing 4% of her 2017 base salary based on 2017 performance.

The Executive Director shall be entitled to fringe benefits offered during the term of the Agreement that are offered to all other similarly situated Association employees having her length of service; provided, however, that such benefits shall not include "Severance Pay" under the ADA Employee Handbook or any other ADA policy or procedure relating to severance pay because such severance pay is covered by the terms of the employment agreement.

The 2018 agreement provides additional fringe benefits including a $15,000 annual contribution to the Great-West Variable Annuity Plan; a parking space in the Association Headquarters building; the reimbursement of reasonable, substantiated expenses incurred to purchase and maintain a membership in one city or athletic club in the Chicago area; one cellular telephone, reasonable expenses for spousal travel to the Association's annual meeting and any other required spousal travel consistent with the ADA Board's spousal travel policy in effect at the time; membership dues in professional associations up to $6,000 (except for the dues of the American Dental Association and its constituent and component dental societies) and a total term life insurance benefit with benefit amounts exceeding group term life policy subject to evidence of insurability (year 2018 - $1,200,000; year 2019 - $1,200,000; year 2020 - $1,000,000 and year 2021 - $1,000,000).

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION

Resolution No. 34-35 New

Report: Board Report 2 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $(2,304) Net Dues Impact:

Amount One-time Amount On-going FTE 430.4

ADA Strategic Plan Objective: 2019 Budget Supports All Strategic Plan Objectives

How does this resolution increase member value: Not Applicable

REPORT 2 OF THE BOARD OF TRUSTEES: 2019 BUDGET

Contents:

1. Summary:

All dollar figures are in thousands unless otherwise indicated with unfavorable variances in parentheses. In accordance with its Bylaws duties, the Board of Trustees is recommending a 2019 operating budget for the Association. The Board of Trustees is recommending a 2019 operating budget of $132,650 in revenues and $134,954 in expenses and income taxes, generating net income loss before reserves of ($2,304). Separately, the Board of Trustees is also proposing an increase in full membership dues from $532 to $554, which would generate additional revenue of $2,275 not reflected in this document. Including the dues increase, the net income before reserves would be ($29). The operating budget also does not include revenue and expenses reported in reserve divisions, such as the revenue from members' insurance plans, any special assessment to cover a portion of the Find-a-Dentist tool, expenses for the Business Model Project, and other special initiatives.

2. Introduction: Overview of the 2019 Budget Process

Budget Approach and Strategic Plan Goals

As always, it is very important to recognize that the budget presented in this report is the result of the combined efforts of many volunteers and staff over many months and these efforts have built on process improvements resulting from suggestions over many years. Engagement of Councils in development of Council priorities is one important way that the House fulfills its fiduciary duty to review and approve the budget. Although there were no any significant proposed changes that affected Council priorities included in the proposed 2019 budget, consistent with the last two years, Council leaders received the first draft of this report in advance of the Board's review meeting to enable input to the Board's discussions before the vote to approve the final budget that will be sent to the House. Many thanks are due to everyone who has contributed to both the content and process improvement suggestions during development of this 2019 budget.

The 2019 budget represents the last year of the Members First 2020 five year Strategic Plan. This strategic plan consists of:

- Three ***Goals*** which are basically fixed,
- Six ***Objectives*** that can be adjusted if met or if major changes in conditions require it, and
- Ten ***Strategies*** which need to be revisited regularly and prioritized.

The ADA Mission Statement is "Helping all members succeed." ADA Core Values related to this mission include:

- Commitment to Members
- Integrity
- Excellence
- Commitment to the Improvement of Oral Health
- Science/Evidence–Based
- Diversity and Inclusion

The following outline shows current strategic plan goals and objectives with detailed strategies:

Membership Goal: The ADA will increase member value and engagement.

Objective 1: The public will recognize the ADA and its members as leaders and advocates in oral health.

1.1 Align public awareness efforts across the tripartite concerning oral health issues
1.2 Position ADA membership as a positive differentiating factor for patients
1.3 Promote oral health through advocacy and science

Objective 2:Achieve a net increase of 4,000 active licensed members by the end of 2019.

2.1 Focus the message to connect with individual members, potential members and key market segments
2.2 Design unique member outreach and benefit programs targeting dental students and new dentists

*Objectiv*e 3: ADA will achieve a 10% increase in the assessment of member value from membership.

3.1 Pursue programs that members value and are "Best in class."

Finance Goal: The ADA will be financially sustainable.

Objective 4: Unrestricted liquid reserves will be targeted at no less than 50% of annual operating expenses.

4.1 Budget for a surplus consistently year to year

Objective 5: Non dues revenue will be at least 65% of total revenue

5.1 Develop cooperative ways to increase non-dues revenue across the tripartite
5.2 Increase member utilization of existing products and services and pursue new markets

Organizational Capacity Goal: All levels of the ADA will have sufficient organizational capacity necessary to meet member needs.
Objective 6: The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.
6.1 Simplify, standardize and rationalize how each level of the ADA operates and delivers programs and services and interacts with members, acting in the best interests of the member rather than the organization

Again this year, membership and non-dues revenue growth as well as building capacity to achieve the first two goals, were identified as the top priorities for the ADA so there were not as many changes in this budget compared to prior years. As a result, virtually all ADA divisions aligned core activities and functions as well as cross functional efforts in support of these objectives in this last year of the strategic plan cycle. Building on this, a more conservative financial budgeting approach which included creation of division targets also helped focus 2019 planning to limit spending so that it could be covered by the ADA's revenue to deliver a balanced budget.

2019 Operating Plan Highlights

While the proposed 2019 ADA budget is summarized by division and account detail, the real story behind the numbers has been the organization's focus on coordinated cross-functional efforts using Agile project management principles in 2018 and 2019. The ADA has adopted Agile project management processes to test new ideas, learn, and either continue or sunset initiatives during the year. In the past, the ADA would start a project and see whether members liked it. Today, we start, then change or stop pilot initiatives to respond to the market more quickly. Strategic teams were formed to align resources and focus on priorities to drive results as shown in the following chart:

STRATEGY TEAM	PROFESSIONAL AFFAIRS	CLIENT SERVICES	NON-DUES REVENUE	STAKEHOLDER ENGAGEMENT

Customer Focus	Members
	• New Dentists
	• Dental Schools & Grad Schools
	Active License Non-Members
	• Individualists
	• Women
	• Diverse Segments
		State & Local Societies
		• Those poised for collaborative support
		• Those poised for membership growth
		• Service model & service agreements
		  • IT, Legal, FIN
		  • Research & Analytics
		  • Syndication
		  • State PA grants
			• Industry
			  • Strategic Partners
			  • Customers
			• Education
			  • Dental
			  • Other High-Stakes testing markets
			• Dentists by Segment
			• Other high-value revenue sources
				• State and Federal Legislators
				• Federal Agencies (NIH, HHS, CMMS, FDA, CDC, EPA)
				• Orgs and individuals that influence healthcare (think tanks, top tier public affairs journalists and media outlets)

Priorities to Advance (rather than maintain or exit)	• Scientific Information • Career Center • 3PP Concierge Model	• Net Member Growth of 3,500 active licensed dentists by end 2019	• Net Revenue • Industry Segment • Products for New Dentists	• Opioids • Oral Cancer • Access to Care

An operating plan oversight team provides high level leadership to help monitor progress and report results through quarterly management reports (QMR).

Membership and non-dues revenue growth and building capacity across the tripartite to achieve strategic plan targets are the top priorities for the ADA in 2019.

Although this 2019 budget has been built and is presented by cost center and division which reflect direct management accountability within the ADA, fundamental changes to the ADA's organizational approach to key initiatives focus on cross-functional efforts across many divisions. The following summarizes key components of the 2019 operational strategy in support of the Members First 2020 Strategic Plan Goals for Member Value and Engagement, Financial Sustainability, and Organizational Capacity at all Levels. This summary focuses on high-level asset development and process improvements that are most likely to have a positive impact on membership growth and non-dues revenue, and are in alignment with the strategic priorities for 2019:

- Secure 3,500-Net new members by EOY 2019
- Achieve a Non-Dues Revenue annual growth rate between 4-6%
- Innovate new sources of Non-Dues Revenue
- Build Capacity to drive and support a net membership increase.

Following is an overview of major initiatives included in the 2019 financial budget and human resource plan as presented.

Member & Client Services Business Model Improvement

As budgeted, Client Services, Membership Operations and Membership Data and Analytics will be further focused on building capacity at that state level, providing actionable real-time reporting on member trends by society, and providing direct support services to societies geared toward retention and recruitment, converting dentists in the pipeline to full membership status.

Member Retention process improvements delivered by Aptify should continue to gain traction on 2019 allowing the ADA to shift resources away from legacy manual processes toward higher value activities that support recruitment and conversion of New Dentists either through the client service model or direct outreach to dentists (list generation, out-bound calling, etc.). Improved Data reporting tools (e.g., state reporting dashboards) and data quality should enable the ADA to achieve better targeting and engagement with dental students, recent grads, graduate students, residents and dentists working in group practice settings. In addition, improving performance on retention processes may reduce the number of dentists defaulting to reduced or discounted dues categories resulting from process inefficiencies.

Client Services is reorganized and resourced to help facilitate and support: collaborative marketing campaigns; the online National Signing Day campaign (eliminating paper application processing by states); easier billing and service for dentists practicing in large group settings; quarterly data reviews with state societies; consistent monthly report reviews; and, to facilitate greater leadership training at both the state and local levels through live trainings, webinars, materials and other resources.

Non-Dues Revenue Business Model

ADA is committed to delivering an experience to every customer that lives up to the ADA Masterbrand promise. In 2019 Conferences & Continuing Education, Product Development & Sales, and Publishing will transition into a consolidated business unit. This strategy should deliver improvements including: a reduction in duplication of effort, process synergies, and more consistent methodologies for pricing, margin analysis and customer segmentation. The strategy also will allow the ADA to redeploy resources from order processing and production activities toward customer insights and analytics, new product development and sales enablement. The strategy will provide for better dentist customer segmentation and a more robust business customer approach. The consolidation strategy also allows for effective product portfolio development and management, and customer relationship management.

The Non-Dues revenue strategy for 2019 also will begin to explore new business opportunities related to data monetization of dental economic and dental scientific information, and data-driven trends in

medicine, consumer and public health, dental markets and dental practice, while continuing to support significant revenue drivers including ADA Seal and Testing Services.

Integrated Marketing Communications (Shared Service)

For 2019, ADA has moved Membership Marketing into Integrated Marketing and Communications (IMC) in order to better target dentist and member communications. A greater portion of ADA marketing effort by design, production and rollout will tie directly to member recruitment and to state and local marketing support. Strategies begun in 2018 will continue in 2019, including redesigned Half-Year and Quarter-Year Dues campaigns, featuring consistent messaging and an integrated look across multiple communications channels. The strategy includes processes to develop customizable materials and assets to support states and locals in their recruitment and retention efforts. IMC will work directly Client Services to provide better marketing and communications support where it's needed the most in priority states.

Integrated Marketing Communications strategy focuses on simplifying the digital member experience, repackaging content and creating more engaging online dentist experiences for both members and prospects in the pipeline (pre-dents, dental students, recent grads, potential renews). Additional channels reaching both new and established dentist are to be emphasized, including the CVS alliance, web and mobile search, paid media, targeted outreach, podcasts, and influencers.

In 2018, the ADA Board approved a new vision and master-brand that will serve as a strategic framework for making decisions as well as communicating in a consistent way. The ADA also created a panel to get on-going, real-time dentist and member feedback to help guide our decisions. These elements are supported under the operations strategy and included in the proposed operating budget.

Based on results with Find-a-Dentist and other initiatives, the ADA has found Search Engine Marketing to be a highly effective method to drive members and dental professionals to online ADA resources. Search engines like Google and Bing are the first place where users look for information on any topic. For the ADA to remain the pre-eminent resource for dentists and dental professionals, the ADA must be present and prominent across search engines to meet the needs of our members. The 2019 budget therefore reflects an additional $2,000 in annual costs for ongoing Search Engine Marketing to support ADA Priorities

Technology (Shared Service)

The ADA has completed the rollout of Aptify to State and Local Societies while continuing to support separate data integration and dues remittance strategies for California, Pennsylvania and Massachusetts. This budget assumes this support model will continue in 2019. The ADA also will continue to provide infrastructure and technology asset support for ADA HQ, DC locations and other enterprise partners including, ADABEI, Foundation, CODA and the New Business Model Pilot.

Technology strategy also will continue to strengthen data architecture, governance and quality for National, State and Local societies, partnered closely with Client Services. Technology also will work closely with Integrated Marketing Communications on simplification of the Digital Member Experience (UX for the member as a customer). 2019 also provides for movement toward emerging data-as-a-service models.

Other Support and Services Agreements

To advance the strategic plan goals for membership and non-dues revenue generation, the 2019 operating budget also expects that many ADA divisions will provide capacity within current structure to provide planning, marketing, communications, technology, data and customer service support to the new business model project. Although the details of resource needs are as yet unidentified for 2019, the

business model project has been identified as the top priority initiative for all divisions to support in the next budget year.

Furthermore, the ADA anticipates providing technology, operations and other general shared services staff support to CODA through a revised services agreement.

In addition, the ADA expects to provide technology, financial planning and accounting, legal and staff support services to Foundation and ADABEI through revised services agreements.

Continuing Innovation

While prior budgets have included many new division initiatives, the 2019 budget assumes support of fewer new programs and instead recognizes that existing ADA staff will need to support the new Business Model Project which resulted from the evaluation of the ADA's business model last year.

Beyond this, the ADA will also explore select opportunities to generate profitable non-dues revenue and more efficient operations. Consistent with prior years, this budget again proposes setting aside up to $1 million from reserves, subject to the approval and oversight of the Board, to support innovation projects. These few projects will continue to come from structured innovation process that identifies new ideas, explores potential value to members, and evaluates the feasibility of new products and/or services to decide if the new idea meets long term goals under the oversight of a Business Innovation Committee of the Board.

Designated Reserve Contributions, Surplus Budgeting, and Use of Reserves

In addition to the annual operating budget, this report also includes a projection of planned contributions to reserves and anticipated spending plans. The capital replacement reserve contribution represents a provision for the future repair and replacement of large and infrequent capital projects. Setting aside these funds in consistent amounts tied to depreciation less the total cost of smaller operating capital projects during each annual budget cycle enables the ADA to avoid special assessments which supports the goal of dues stabilization. Estimates for planned 2018 capital reserve spending projects subject to designated Board review and approval are also included.

In addition, royalty revenue from ADA Members Insurance Plans is also planned for transfer to a designated reserve and *is not included in the calculated net surplus/(deficit) in the ADA operating budget.* This Royalty Reserve is set aside to build member value and long term dues and financial stabilization as directed by the House of Delegates Resolution 84H-2013 and Board action.

While the strategic plan strategy to strive for surplus budgets supports the accumulation of reserves, a long term perspective on the financial stability of the Association should also consider strategic investments – especially during periods of high investment values. Related to this, it should be noted that, in the ADA's budget basis income statement presentation, the ADA's annual contributions to reserves represent additional surplus. For example, if the royalty from the ADA Members Insurance Plans was not transferred to the Royalty Reserve, then the ADA would report a far larger surplus driven by the $6,800 of royalties expected in 2019. The House suggested this royalty recognition and reserve process to avoid automatically enabling increased spending in the ADA's annual operating budget and to ensure that decisions on spending of the Royalty Reserve would be kept separate from the determination of the annual royalty from the ADA Members Insurance Plans. In this way, the ADA would not become dependent on royalties from the plan. However, to realize the intended purpose for the reserves, there must be a common understanding and a will to spend from reserves when it's appropriate.

Financial Budget Development, Review and Approval Process Overview

ADA *Bylaws* charge the Treasurer with design of the budgetary process in concert with the Board of Trustees, oversight of the Association finances and development of a budget for approval by the House of Delegates. The overall planning process stretches almost a year due to: multiple layers of volunteer involvement; the timing of council, committee and Board meetings; and the *Bylaws* requirement that the House be informed of the budget and membership dues 30 days before the annual session. It should also be noted that the 2017 House voted to keep final budget approval authority with the House of Delegates so this extended process culminating in the final vote at the annual meeting will remain unchanged from prior years.

Initial Budget Development: ADA management is tasked by the Board to draft a budget in the best interests of the Association that increases ADA net assets. It should be noted that because the ADA sets aside its annual royalties from member insurance plans each year, the ADA's annual operating budget may report a balanced or "breakeven" budget bottom line but, in fact, the ADA's net assets increase with contributions to the designated royalty reserves.

Given the clarity of the strategic priorities, Membership and Non Dues Revenue growth combined with building capacity in this last year of the current strategic plan, the 2019 financial budgeting process took a different approach compared to prior years. First, ADA Finance worked with divisions to build more achievable revenue goals. Next, a total ADA expense goal was set to equal revenue less taxes. Then, a projection of total ADA 2019 expense was created before alignment to the total revenue target.

It should be noted that planned revenues in this early stage of the budget process do not assume any membership dues increase. As a result, more that 40% of the ADA's revenue, the member dues portion, cannot cover normal inflationary cost increases. This is a big reason that ADA costs grow faster than revenues and effectively requires the ADA to plan to cut costs to deliver balanced budgets each year. Because the total ADA expense goal to balance the budget exceeded the total ADA expense projection, an expense reduction factor was calculated and applied to develop 2019 division expense goals.

In this way, budget expenses were aligned with budget revenues at the beginning of the budget process rather than at the end as in past years. Using the input on strategies gathered from the initial planning process from strategy teams, each ADA division then created draft budgets to support objectives.

At this stage, budget work is initiated by division staff and, from the start, staff are directed to engage ADA councils, committees and commissions in the budget process to help set direction and priorities. Reviews with volunteer leaders were intended to provide an appropriate level of detail, highlighting key changes from prior year budgets in an open discussion whereby staff explained their rationale and listened to volunteer thoughts, concerns and ideas.

The Adaptive Planning budget system was again used by department managers to capture and summarize budget data. Staff input the initial draft budgets into the Adaptive system and were required to meet division expense goals or separately explain any proposed new spends that had been identified separately. Isolation of variances from budget goals gave clear visibility and increased scrutiny on any proposed increase.

Internal Budget Reviews: Although in prior years this first step in the financial budget process would typically reflect a large net deficit because of many "wishlist" items from so many divisions, this year's approach using budget expense targets yielded much more reasonable initial budgets. This new process effectively applies the "what we can forward" filter much earlier in the budget process so the initial net deficit gap was easier to close. After review and revisions with senior staff, the initial draft budget still did not

assume any dues increase. While this provides pricing stability for members, several years with no dues serves as a self-limiting strategy that takes resources away from the ADA that deliver programs.

The Executive Director and Chief Financial Officer held budget internal review meetings with division vice presidents as a group to: evaluate the reasonableness of proposed budgets, identify synergies across the ADA, provide oversight on expenditure effectiveness, and make decisions to prioritize spending for a draft budget that's in the best interests of the ADA that increases net assets. After initial budgets were updated in Adaptive to reflect management decisions, a recommended budget was prepared for the ADA Budget and Finance Committee for its review and approval.

Before the Budget and Finance Committee met for its formal budget review, the ADA Treasurer, the Executive Director, and ADA Financial management reviewed all budget materials in detail. This helped to identify any potentially substantive issues to be considered at the subsequent Committee meeting.

In advance of its meeting, the Budget and Finance Committee was provided with budget reports that included trends in revenues, expenses, and reserve spending.

Budget and Finance Committee Review: Led by the Committee Chair and Treasurer, the Budget and Finance Committee discussed and modified the 2019 budget so that its budget recommendations could be summarized into the first draft of Board Report 2 which would then be sent for review by the Board. Two House members also serve on the Committee and play an invaluable role in the analysis of the proposed budget. It should be noted that this group is essentially the same as the Administrative Review Committee in the past process because it is led by the Treasurer. This name change was only made to simplify board governance since the Admin Review Committee was originally set up as a subcommittee of the Budget and Finance Committee through the Organization and Rules of the Board of Trustees. This meeting is a milestone in the budget process and is where the responsibility for developing the budget passes from management to the Budget and Finance Committee. Similarly, once the proposed 2019 budget reflecting changes approved by the Budget and Finance Committee is sent to the Board, responsibility for refinement of the budget passes from the Budget and Finance Committee to the Board.

Based on many inputs, the Budget and Finance Committee reviewed the budget goal setting process and proposed adjustments from the initial goals, and made some additional adjustments to fund key initiatives. Final budget decisions are always in the hands of the ADA's volunteer leaders, who may also consider other factors.

Once the first draft of Board Report 2 was completed and approved to be sent for Board review, it was also posted for Council leaders as well. This was introduced as a completely new step in the process two years ago and was intended to make the Board's budget review more open to input before the Board votes on the final budget that is sent to the House of Delegates. The Treasurer and appropriate Finance staff were also available to review the budget with the appropriate Council Leadership, as requested. In doing so, Council leaders are provided an opportunity to discuss proposed budget changes with the Council's Board Liaison and, if needed, the rest of the Board Members before the final vote. In this way, the Board has removed barriers to communication during the budget review process.

Board of Trustees Review: Based on the work of the Budget & Finance Committee, the Finance Division staff developed the next iteration of the draft budget for review by the full Board. Budget summaries, including background on the Budget & Finance Committee's view of the merits of the proposed budget, were then prepared for the full Board of Trustees. In addition to the written material, the Treasurer provided guidance and comment to the Board. The Board thoroughly reviewed the work of the Committee and its recommendations, questioned staff on specific issues in the budget and discussed input received by the councils' trustee liaisons.

The Board reviewed, made changes, and approved its recommended budget which is now forwarded to the House.

After the Board approved the recommended budget, the Treasurer was available, as necessary, to meet with Council chairs to discuss the rationale for the Board's decision. At this point in the process, it should be noted that the 2019 budget review and prioritization of resources in support of strategic priorities represents a considerable expenditure of time and effort to arrive at a recommendation. House resolutions passed after this budget process do not go through this same review and prioritization process. However, it is hoped that the House of Delegates, at its annual session, will share this high level view of the ADA and that all resolutions introduced will also be reviewed and prioritized with the same level of rigor and appreciation of the limits of ADA resources.

With this background, it should be noted that this 2019 budget represents the estimates of ADA revenue and expenses to deliver the planned initiatives and member services based on the best information and assumptions available at the time these detail budgets were created and built into the ADA budget in mid-2018. As a result, it is very possible that some estimates or assumptions could change based on new information that becomes available closer to the start of the budget year. If that new information results in significant, quantifiable impacts to the 2019 budget, then those will be reported by the Treasurer to that House at the annual session as possible amendments to the budget subject to the discretion of the House. Unfortunately, potential changes are an inherent risk of any budget process. Some budget estimates made long before the start of the budget period may be less accurate than those that are built later.

House of Delegates Review and Final Approval: In accordance with its *Bylaws* duties, the Board of Trustees presents the preliminary annual operating budget for the Association to the House of Delegates through this document, Board Report 2. This background commentary and any analysis provided, together with Reference Committee testimony and the Reference Committee recommendations, serve as the basis for the House approval of the budget at its Annual Meeting. Following budget approval, resources may be reallocated as required, in an effort to maximize their effective use in executing the ADA's Strategic Plan.

If not funded in the draft budget, councils or caucuses may propose new initiatives which may have a financial impact by sending resolutions to the House of Delegates. State dental societies, trustee districts, the American Student Dental Association, as well as the branches of the federal dental services, may also submit resolutions which have a financial impact to the House of Delegates.

Requests to fund programs that were in the prior year's budget are handled differently than new programs. Programs that were funded in the 2018 budget but recommended for elimination or cost reduction by the Board in the 2019 budget as reflected in Board Report 2 require that the requestor refer the entire budget back to the Board for reconsideration with a recommendation to change that specific item. If the House votes to refer the budget back to the Board for revision is passed, the Board will then meet separately during the annual meeting to decide on the change. The Board could adopt the change but also make other adjustments to pay for the program or vote to resubmit Board Report 2 to the House with no changes. After more testimony, the House could then a) vote again to either accept the budget or b) refer the budget back to the Board again and this process would continue until the House approves a budget.

If approved by House vote, new resolutions for program spending would then be added into the budget and would have to be funded. The final actions of the House of Delegates at each annual session are:

1) Approval of the next year's annual operating budget, and
2) Approval of the dues, and
3) Approval of a special assessment, if any.

Conclusions

This proposed 2019 budget has been built through a rational and systematic process that is focused on strategic priorities on a path to long term goals. This report is intended to document the careful consideration of many inputs including collaboration with many subject matter experts and stakeholders in a transparent budget review process.

This budget is not only the end result of this year's process, it is also an outcome of many years of change built upon the input of many volunteer leaders, key stakeholders, and prior efforts to improve the ADA. During this time, there have been many key learnings that were earned through hard work to drive process improvements.

3. Operating Budget and Changes from Prior Year Budget

ADA Operations Statement of Activities

Excludes Reserve Spending (Find a Dentist, Business Model, etc.) and Reserve Revenue (Insurance Royalties, Appreciation of Financial Assets)
Condensed Income Statement
Millions of Dollars

	2017	2018 Budget	2019 Budget	2019 v 2017 Fav / (Unfav) $	2019 v 2017 Fav / (Unfav) CAGR %	2019 v 2018B Fav / (Unfav) $	2019 v 2018B Fav / (Unfav) %
Membership Dues Revenue	56.5	55.2	55.0	(1.5)	-1.3%	(0.2)	-0.4%
Non Dues Revenue	69.9	75.5	77.6	7.7	5.4%	2.1	2.8%
Total Revenue	**126.4**	**130.7**	**132.6**	**6.2**	**2.4%**	**1.9**	**1.4%**
Employee Costs	59.6	63.2	63.9	(4.3)	-3.7%	(0.7)	-1.1%
Non-Employee Costs	64.2	66.3	69.9	(5.7)	-4.5%	(3.6)	-5.5%
Taxes	1.3	1.3	1.2	0.1	4.5%	0.1	9.5%
Total Expenses & Taxes	**125.1**	**130.8**	**135.0**	**(9.9)**	**-4.0%**	**(4.2)**	**-3.2%**
Net Before Reserves	**1.3**	**(0.1)**	**(2.4)**	**(3.7)**		**(2.3)**	

The 2019 budget projects a revenue growth of 1.4 % from the 2018 budget, driven by the ADA joint dental meeting with the FDI World Dental Federation. Expenses and taxes are budgeted to grow at (3.2) % versus the 2018 budget, due to: inflationary rate increases, higher expenses for the annual meeting, and increased spending on search engine marketing. Compared to 2017 actual results, growth in expense also exceeds growth in revenue. A 2019 membership dues increase that would eliminate nearly all of the net loss will be proposed in a separate report and is therefore not reflected in this report.

The following table provides the 2019 budget by account group.

ADA Operations Statement of Activities

Excludes Reserve Spending (Find a Dentist, Business Model, etc.) and Reserve Revenue
(Insurance Royalties, Appreciation of Financial Assets)
Thousands of Dollars

	2017	2018 Budget	2019 Budget	2019 v 2017 Fav / (Unfav) $	2019 v 2017 Fav / (Unfav) CAGR %	2019 v 2018B Fav / (Unfav) $	2019 v 2018B Fav / (Unfav) %
Membership Dues	56,458	55,199	55,000	(1,458)	-1.3%	(199)	-0.4%
Advertising	6,744	6,537	6,879	135	1.0%	342	5.2%
Rental Income	6,218	6,837	6,737	520	4.1%	(100)	-1.5%
Publication and Product Sales	6,441	6,632	6,525	84	0.6%	(107)	-1.6%
Testing Fees & Accreditation	26,331	27,387	28,122	1,791	3.3%	735	2.7%
Meeting & Seminar Income	6,926	9,652	11,900	4,974	31.1%	2,248	23.3%
Grants, Contributions, Sprship	1,088	1,437	1,249	161	7.1%	(188)	-13.1%
Royalties	10,349	11,206	10,990	642	3.1%	(215)	-1.9%
Investment Income	2,376	1,800	2,000	(376)	-8.3%	200	11.1%
Other Income	3,478	4,100	3,248	(230)	-3.4%	(852)	-20.8%
Total Revenue	**126,408**	**130,787**	**132,650**	**6,241**	**2.4%**	**1,863**	**1.4%**
Salaries and temporary help	44,461	46,604	47,412	(2,951)	-3.4%	(808)	-1.7%
Fringe Benefits	15,091	16,601	16,464	(1,373)	-4.7%	137	0.8%
Consulting Fees & Outside Svcs	10,412	9,481	9,289	1,123	5.3%	192	2.0%
Print., Publicat. & Marketing	8,996	9,324	11,520	(2,524)	-15.2%	(2,196)	-23.6%
Meeting Expenses	2,257	3,219	4,341	(2,085)	-72.4%	(1,123)	-34.9%
Travel Expenses	6,693	6,979	6,890	(198)	-1.5%	89	1.3%
Professional Services	9,323	9,456	9,538	(215)	-1.2%	(82)	-0.9%
Bank & Credit Card Fees	1,507	1,411	1,386	121	3.9%	25	1.7%
Office Expenses	4,374	4,983	5,062	(688)	-8.2%	(79)	-1.6%
Facility and Utility Costs	6,362	6,310	6,531	(169)	-1.3%	(221)	-3.5%
Grants and Awards	2,346	2,627	2,373	(27)	-0.6%	255	9.7%
ADA Health Foundation Grant	2,929	2,200	2,198	731	11.8%	2	0.1%
Endorsement Costs	1,440	1,408	1,565	(125)	-4.4%	(157)	-11.2%
Depreciation and Amortization	6,629	7,098	7,331	(702)	-5.4%	(233)	-3.3%
Other Expenses	1,030	1,825	1,853	(824)	-55.3%	(29)	-1.6%
Total Expenses	**123,850**	**129,525**	**133,754**	**(9,904)**	**-3.9%**	**(4,229)**	**-3.3%**
Income Tax Expense	1,278	1,327	1,200	78	3.0%	127	9.5%
Net Income	**1,280**	**(64)**	**(2,304)**	**(3,584)**		**(2,240)**	
Depreciation	6,629	7,098	7,331				
Operating Capital Expenditures	(2,345)	(2,858)	(3,321)				
Contribution to Capital Reserve	(2,118)	(4,240)	(4,010)				
Operating Surplus	3,446	(64)	(2,304)				

Changes in 2019 Budget Versus 2018

Revenues

Total revenues in the 2019 budget are $132,650. Highlights of various revenue categories are provided below.

Membership Dues: The Division of Member and Client Services estimates the future membership levels for each of 28 dues paying categories and multiplies by the 28 dues rates. The 2019 budget anticipates $55,000, which is relatively flat when compared to the 2018 budget. All figures in this report do not reflect the $22 increase in membership dues that is being separately recommended by the Board of Trustees. Although dues revenue is flat, total membership is expected to increase but the growth will be in discounted categories.

Growth in total ADA membership continues to be driven in part by increased size of dental school classes and conversion and retention of recent graduates. Growth is offset slightly by accelerated retirement among dentists in the Baby Boomer cohort. Dues revenue shows a slight decline year/year as new dentists less than five years from graduation enjoy membership at discounted dues rates. In addition, the number of dentists achieving active life status (75% dues) has increased as the boomers progress toward retirement. These trends are likely to continue for the near term until graduation classes after 2014 begin to reach full dues rates in greater numbers.

Advertising: This category primarily includes advertising sales in ADA publications, electronic media, and secondarily, banner advertising at the ADA Dental Meeting. The 2019 revenue of $6,879 is a $342 or 5.2 % increase from 2018 budget. This positive variance is attributable to an increase in digital advertising, classified advertising and advertising revenue related to the ADA Annual Meeting.

Rental Income: This revenue category primarily includes rental income from the Chicago Headquarters and Washington DC Buildings. Revenue of $6,737 is a decrease of $ (100) or (1.5) % from 2018 budget. Both buildings are currently 100% leased. There is an anticipated temporary vacancy included in the 2019 budget.

Publication and Product Sales: The category is anticipating a minimal decline of $ (107) or (1.6) %. The decline is the result of 2019 not being a year with a HIPAA update. Also contributing to the decline is reductions in sales of practice management and personalized products. Partially offsetting the decline in sales are increased sales in patient education and compliance products.

Testing Fees and Accreditation: This category continues to be the ADA's largest source of non-dues revenue. Revenues from testing and accreditation fees are expected to rise by $735 or 2.7 % versus 2018 budget. 2019 budget includes incremental fee increases in National Board exams and Optometry Admissions test.

Meeting and Seminar Income: This category projects an increase of $2,248 or 23.3 %. The increase is due to the 2019 ADA Annual Meeting being held in San Francisco versus Hawaii in 2018. The 2019 meeting is also a joint meeting with the FDI. As a result, the meeting in San Francisco projects significant increases in exhibit revenue and ticket sales when compared to Hawaii.

Grants, Contributions, and Sponsorships: Grants, contributions, and sponsorships are projected to decrease by $ (188) or (13.1) %. Sponsorship/contribution revenue declines are the result of reductions in grants/sponsorships in Evidence Based Dentistry, Scientific Information and the ADA's Annual Meeting.

Royalties: Includes royalties received from the *ADA Business Resources* program, *CDT* licenses, domestic and international product licenses, selling of mailing lists and JADA royalties paid by Elsevier.

This category is projected to decrease by $ (215) or (1.9) % in 2019. The reduction is largely due to budgeting conservatively as the ADA will be looking to replace a few of the partners in the ADA Business Resources program, partially offset by an increase in CDT Licensing royalty revenue.

Investment Income: A projection for revenue of $ 2,000 for 2019 includes both interest and dividends on reserve fund assets and investment earnings on cash in the operating account. These amounts fluctuate annually.

Other Income: This category is composed of miscellaneous revenue, including such items as overhead reimbursement from subsidiaries and the Members Insurance Plans, Seal Program revenues, Health Policy Institute work for external clients and miscellaneous income from continuing education. The $(852) decline is largely attributable to $ (315) decrease in reimbursable expenses from the Great West life insurance plan, $ (200) decrease in equipment/furniture sales in the Division of Central Administration, $(200) reduction in credentialing and HPI external client revenue, and $ (140) decline related to miscellaneous CE and Annual Meeting revenue.

Expenses

Total operating expenses are budgeted at $133,754, a $(4,229) increase or (3.3) % versus the 2018 budget.

Highlights of various expense categories are provided below.

Salaries (Base Compensation): Base salary expenses are budgeted at $45,842 which is unfavorable by $(1,112) or (2.5) % from the 2018 budget. The number of full time equivalent employees at year end 2019 is projected at 430, which is an increase of 2 FTE's when compared to the 2018 budget. The changes in each division are shown in a following table with heading "ADA Employee Staffing". The 2019 budget includes a 3% merit pool and 1% for market adjustments. The budget also assumes salary offsets due to anticipated open positions throughout the year.

Agency Compensation (includes Severance): This category includes expense associated with severance pay and service awards and the 2019 budget is expected to increase by $(191) when compared to 2018. The increase brings the 2019 more in line with 2017 actuals.

Temporary Help: The ADA hires temporary/interim staff for annual session and to assist divisions when staff positions are open during the year. This category is expected to decrease by $497 when compared to the 2018 budget. Temporary Help was reduced association-wide.

Pension Fund: This category is to cover annual contributions to the scaled back new pension plan that went into effect January 1, 2012 as well as the liability of the full employee pension plan that was offered to employees prior to 2012. The cost reflected in this category represents estimated plan contributions required by the IRS rules for current employees, based on actuarial assumptions. This category is expected to decrease in 2019 by $ 752 when compared to 2018. Favorable market conditions in 2017 allowed for the budgeted 2019 pension contribution to be reduced when compared to 2018.

401K Contribution: No significant change is anticipated for 2019.

All Other Benefit Costs: Expenses in this category include group medical premiums, dental direct reimbursement, life insurance and workers compensation. The expenses in this category are expected to increase by $(655) or (13) % from 2018, driven by increases in group medical premiums.

Payroll Taxes: This category includes expense associated with employer related taxes such as FICA, SUI and FUI. This category is expecting a minimal decline to bring the budget more in line with actual spending.

Travel Expenses: Travel expenses are usually comprised of about three quarters volunteer travel and one quarter staff travel. Budget expenses for travel are projected to decrease by 1.3 % or $ 89 versus the 2018 budget. Travel was reduced in most divisions to bring the budget more in line with historical actuals.

Printing, Publications and Marketing: In 2019, this category anticipates an increase of $ (2,196) or (23.6) % when compared to 2018. The increase is primarily due to funding for Search Engine Marketing to support ADA Priorities. For the ADA to remain the pre-eminent resource for dentists and dental professionals, the ADA must be present and prominent across search engines to meet the needs of our members. Also contributing to the increase in marketing costs is higher commission expense associated with advertising sales at ADA Annual Meeting.

Meeting Expenses: The 2019 budget anticipates an unfavorable variance of $ (1,123) or (34.9) %, largely attributable to expenses associated with the ADA's Annual Meeting site (San Francisco) in 2019. In particular, site distribution payments to the California Dental Association, shuttle service, meeting set-up and exhibit costs are all significantly higher for San Francisco in 2019 versus Hawaii in 2018. Additionally, this is a joint meeting with the FDI which requires the ADA to also compensate the FDI.

Consulting Fees and Outside Services: 2019 expenses in this area decreased by $ 192 or 2 % when compared to the 2018 budget. The decline is largely due to the following divisions bringing their 2019 budget more in line with actual spending rates: Health Policy Institute, Education, Integrated Marketing and Communications, Practice Institute, Science and Finance and Operations. Government Affairs reductions in this category reduces amounts paid to lobbying firms and the vendor who assists with the SPA program. Partially offsetting the declines in this category are forecasted increases in contractual vendor obligations in Product Development and Sales, ADA Publishing, Conferences and Continuing Education and Integrated Marketing and Communications.

Professional Services: 2019 expenses are expected to increase by $ (82) or (0.9) % versus 2018. The minimal increase is due to an increase in test administration fees and trustee stipends.

Bank and Credit Card Fees: This category represents transaction fees paid to financial institutions and reimbursements to state and local societies for credit card fees related to ADA membership dues collection.

Office Expenses: The $ (79) increase is minimal and is due to higher costs related to the ADA Annual Meeting in San Francisco.

Facility and Utility Costs: These expenses represent costs for building management and operations, maintenance, and real estate taxes for the ADA Headquarters and Washington DC buildings. The increase of $ (221) is the due higher cleaning, utilities and general building and property tax expenses.

Grants and Awards: The ADA distributes grants to support various organizations for specific functions. The 2019 budget anticipates a decrease of $ 254 when compared to the 2018 budget. The expense reduction is partially due to elimination of Tangibles and Student Dental Ambassador initiatives totaling $155. Also contributing to the favorable variance is a $ 121 reduction in funds for SPA grants to state societies.

Endorsement Costs: This category represents royalty payments to state dental societies that participate in the *ADA Business Resources* program and to the AMA for use of medical codes in *CDT* related products. The $ (157) increase is a direct result of projected increased royalty payments to state dental societies in 2019.

Depreciation and Amortization: Depreciation is calculated annually based on prior year and proposed current year capital acquisitions. The increase of $ (233) in 2019 is due to capitalization of new software projects in division of Information Technology and the building depreciation for the ADA House in Washington DC.

Other Expenses: Other expenses include general insurance, recruiting costs, staff development, and the Board contingency fund. This category showed a very minimal increase of $ (29).

ADA Foundation Grant: The budget anticipates grants to the ADA Foundation restricted to directly support scientific activities only, not to be used for philanthropic activities nor administrative overhead costs. The amounts and timing of these Grants will be determined during 2019 by the ADA Board of Trustees, based on the Foundation's achievement of specific performance milestones to be specified by the ADA Board of Trustees. The budget assumes that all performance milestones will be achieved resulting in total grants of $2,198 equal to the 2018 budget grant.

4. Budget Summaries by Division

ADA Statement of Activities by Operating Division

Excludes Reserve Spending (Find a Dentist, Business Model, etc.) and Reserve Revenue (Insurance Royalties, Appreciation of Financial Assets)

Thousands of Dollars

	2017	2018 Budget	2019 Budget	2019 v 2017 Variance Fav / (Unfav) $	2019 v 2017 Variance Fav / (Unfav) CAGR %	2019 v 2018B Fav / (Unfav) $	2019 v 2018B Fav / (Unfav) %
Revenue							
Contingency	-	-	-	-	NA	-	NA
Administrative Services	81	75	75	(6)	-3.6%	-	0.0%
Central Administration	4,831	5,329	5,049	218	2.2%	(281)	-5.3%
Communications & Marketing	27	4	7	(20)	-49.4%	3	75.0%
Education	26,776	27,885	28,642	1,866	3.4%	757	2.7%
Finance, Operations & Buildings	9,991	10,053	9,827	(164)	-0.8%	(226)	-2.2%
Government Affairs	122	130	122	-		(7)	-5.7%
Health Policy Institute	99	184	99	(0)	0.0%	(85)	-46.2%
Human Resources	-	-	-	-	NA	-	NA
Technology	3	-	-	(3)	-100.0%	-	NA
LeglAffr - Legal Affairs	36	45	36	(0)	-0.5%	(9)	-20.0%
Member and Client Services	56,658	55,396	55,220	(1,438)	-1.3%	(176)	-0.3%
Practice Institute	134	329	235	101	32.6%	(94)	-28.5%
Science Institute	1,205	1,147	1,010	(195)	-8.4%	(137)	-11.9%
Conferences & Publishing:							
Sr. VP Business Group							
Publishing	8,883	9,040	9,064	181	1.0%	25	0.3%
Conferences and Continuing Education	7,663	10,897	13,014	5,351	30.3%	2,117	19.4%
Product Development and Sales	9,900	10,274	10,250	350	1.8%	(24)	-0.2%
Subtotal Conferences & Publishing	*26,446*	*30,211*	*32,328*	*5,883*	*10.6%*	*2,118*	*7.0%*
Total	**126,408**	**130,787**	**132,650**	**6,241**	**2.4%**	**1,863**	**1.4%**

	2017	2018 Budget	2019 Budget	2019 v 2017 Fav / (Unfav) $	2019 v 2017 Fav / (Unfav) CAGR %	2019 v 2018B Fav / (Unfav) $	2019 v 2018B Fav / (Unfav) %
Expenses							
Contingency	973	750	750	223	12.2%	-	0.0%
Administrative Services	7,217	7,301	7,625	(408)	-2.8%	(325)	-4.4%
Central Administration	9,699	10,092	10,829	(1,130)	-5.7%	(737)	-7.3%
Communications & Marketing	8,795	8,214	9,979	(1,184)	-6.5%	(1,765)	-21.5%
Education	15,688	17,251	16,531	(843)	-2.7%	720	4.2%
Finance, Operations & Buildings	12,293	12,872	13,046	(752)	-3.0%	(174)	-1.3%
Government Affairs	9,455	9,481	9,294	161	0.9%	186	2.0%
Health Policy Institute	2,629	2,970	2,706	(76)	-1.4%	264	8.9%
Human Resources	1,844	2,046	1,968	(124)	-3.3%	78	3.8%
Technology	13,642	13,351	13,795	(153)	-0.6%	(445)	-3.3%
LeglAffr - Legal Affairs	4,078	4,108	4,169	(91)	-1.1%	(61)	-1.5%
Member and Client Services	6,461	6,972	6,883	(422)	-3.2%	89	1.3%
Practice Institute	5,187	5,291	5,550	(363)	-3.4%	(260)	-4.9%
Science Institute	5,168	5,385	5,191	(23)	-0.2%	194	3.6%
Conferences & Publishing:							
Sr. VP Business Group	-	-	518				
Business Relations	-	-	-	-	#VALUE!	-	NA
Publishing	7,942	7,908	7,913	29	0.2%	(6)	-0.1%
Conferences and Continuing Educatior	8,072	10,712	12,243	(4,171)	-23.2%	(1,531)	-14.3%
Product Development and Sales	4,705	4,822	4,762	(57)	-0.6%	61	1.3%
Subtotal Conferences & Publishing:	*20,718*	*23,441*	*25,436*	*4,718*	*10.8%*	*1,995*	*8.5%*
Total	**123,850**	**129,525**	**133,754**	**(9,904)**	**-3.9%**	**(4,229)**	**-3.3%**

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	2017	2018 Budget	2019 Budget	2019 v 2017 Fav / (Unfav) $	2019 v 2017 Fav / (Unfav) CAGR %	2019 v 2018B Fav / (Unfav) $	2019 v 2018B Fav / (Unfav) %
Revenue-Expenses							
Contingency	(973)	(750)	(750)	223	12.2%	-	0.0%
Administrative Services	(7,136)	(7,226)	(7,550)	(414)	-2.9%	(325)	-4.5%
Central Administration	(4,869)	(4,763)	(5,781)	(912)	-9.0%	(1,018)	-21.4%
Communications & Marketing	(8,768)	(8,210)	(9,972)	(1,204)	-6.6%	(1,762)	-21.5%
Education	11,088	10,634	12,111	1,022	4.5%	1,477	13.9%
Finance, Operations & Buildings	(2,303)	(2,819)	(3,219)	(916)	18.2%	(400)	14.2%
Government Affairs	(9,333)	(9,351)	(9,172)	161	0.9%	179	1.9%
Health Policy Institute	(2,530)	(2,786)	(2,607)	(76)	-1.5%	179	6.4%
Human Resources	(1,844)	(2,046)	(1,968)	(124)	-3.3%	78	3.8%
Technology	(13,639)	(13,351)	(13,795)	(157)	-0.6%	(445)	-3.3%
LeglAffr - Legal Affairs	(4,042)	(4,063)	(4,133)	(91)	-1.1%	(70)	-1.7%
Member and Client Services	50,197	48,424	48,337	(1,860)	-1.9%	(87)	-0.2%
Practice Institute	(5,054)	(4,962)	(5,315)	(262)	-2.6%	(354)	-7.1%
Science Institute	(3,964)	(4,238)	(4,181)	(218)	-2.7%	57	1.3%
Conferences & Publishing:							
Sr. VP Business Group	-	-	(518)	(518)	NA	(518)	NA
Publishing	941	1,132	1,151	210	10.6%	19	1.7%
Conferences and Continuing Educatior	(409)	185	771	1,180	NA	586	317.2%
Product Development and Sales	5,195	5,452	5,488	293	2.8%	36	0.7%
Subtotal Conferences & Publishing:	*5,727*	*6,769*	*6,892*	*1,165*	*9.7%*	*123*	*1.8%*
Total	**2,558**	**1,262**	**(1,104)**	**(3,662)**	**NA**	**(2,366)**	**-187.5%**
Taxes	1,278	1,327	1,200	78	3.0%	127	9.5%
Net Income	**1,280**	**(64)**	**(2,304)**	**(3,584)**	**NA**	**(2,240)**	**NA**

Employee Staffing Summary

ADA Operations
Number of Full Time Equivalent Employees
As of Year End; New Positions Assumed to Begin on July 1

	2018 Budget	2019 Budget	Change	
Administrative Services	17.0	17.0	-	
Communications & Marketing	34.0	33.0	(1.0)	-Open marketing coordinator
Conferences and Publishing	55.0	56.0	1.0	+SVP Conferences & Publishing
Education	71.0	72.0	1.0	+Research Test Reporting Analys
Finance, Buildings & Operations	31.8	30.8	(1.0)	-Payroll administrator
Government Affairs	29.0	29.0	-	
Health Policy Institute	14.0	13.0	(1.0)	-Open mgr statisc research
Human Resources	7.4	8.0	0.6	+Staff development to full time
Technology	50.0	51.0	1.0	+IT Developer for CODA
Legal Affairs	16.6	16.6	-	
Member & Client Services	42.0	41.0	(1.0)	-Open director member experience
Practice Institute	27.0	29.0	2.0	+Credentialing, +Elder Care
Science Institute	33.0	34.0	1.0	+Scientific content specialist
Total	**427.8**	**430.4**	**2.6**	

5. Initial Financial Goal Setting and List of Changes

2019 Budget Process Initial Goal Setting

This year, the ADA Executive Leadership Team asked that each division be provided with financial goals prior to creating any detailed financial budgets. This approach enabled divisions' detailed planning to be based on more realistic scenarios for revenue and expenses. In past years, divisions had no constraints on their initial budget submission and tended to plan for unaffordable expense growth that was ultimately removed from the budget prior to submission to the Budget and Finance Committee.

As a result, the 2019 budget presented herein is largely based on the initial budget targets, with subsequent modifications listed below. Therefore, the methodology by which the initial goals were calculated explains most of the resource allocations in the 2019 budget.

An underlying principle in the initial goal setting was that operating budgets should not need to fund major new ADA initiatives since creation of any new lines of business is the responsibility of the Business Model work that is funded from reserves. This assumes that many ADA resources may be requested to support the Business Model project for as yet undefined tasks. So no big new initiatives were planned by divisions in 2019.

The first step in setting goals was to establish the revenue target. The Financial Planning & Analysis team worked with the following divisions to create 2019 revenue goals: Member & Client Services, Education, Conferences and Continuing Education, Product Development & Sales, and Publishing. The smaller amount of revenue from all other divisions was assumed to be equal to 2017 actual. Conferences and Continuing Education also provided expense estimates based on the cost structure for the San Francisco meeting. Based on the revenue projection, the expenses that the ADA could afford were solved for as the dependent variable in the table shown below:

Dues Revenue	$55.0
Non Dues Revenue	76.3
Total Revenue	131.3
Expense	129.9
Taxes	1.4
Net Income	0

Expense Goal is set to equal revenue less taxes

The $129.9M total expense target was then split into goals for each division. The first step was to calculate a baseline scenario for each division based on:

1. Employee Costs: Equal to the 2018 budget plus a pool for rate increases included in the Central Administration division of 3 % merit plus 1 % market adjustments.
2. Non-employee costs:
    a. Annual Meeting: Initial goal expenses were provided by the Conferences and Continuing Education area, based on the specifics of the San Francisco cost structure.

b. All Other Divisions: The lower of the 2018 budget or the 2017 actual. This avoided the risk that spends expected to end after 2017 would be inadvertently reintroduced in 2019.

The sum of the division baseline scenarios was $132.8M, 2.2 % above the target of $129.9. Therefore a 2.2 % reduction factor was applied to each division's baseline to arrive at each division's 2019 expense goal.

Exceptions to Goals That Were Accepted Into the 2019 Budget

The Executive Leadership Team, Budget and Finance Committee, and Board of Trustees met in succession to review budget submissions and requests for spending above the initial goals. The following list of adjustments from initial goals were approved and included in the 2019 budget. Some changes represented new costs that were considered unavoidable in 2019, while others may be considered refinements to the original goal setting process.

Roll forward from Initial Goal to 2019 Budget	2019 Rev Goal	2019 Exp Goal	2019 Net Goal	Initial FTE Total
ADA Initial Budget Goal	$ 131,311	129,881	22	427.8
Description of Changes from Goal to Budget	Revenue Adjustment Inc/(Dec)	Expense Adjustment Dec/(Inc)	Net Adjustment	FTE Change
Administrative Services exceeded goal due to HOD costs in San Francisco and promotion of staff member to VP position	(6)	(517)	(523)	-
Administrative Services - Joint BOT and ASDA meeting	-	(40)	(40)	-
Administrative Services - B102 - Additional BOT Meeting to Approve 2020 Budget	-	(40)	(40)	-
Administrative Services - B94 - Fund 10 Under 10 Award	-	(15)	(15)	-
Member & Client Services favorable to goal due to elimination of Director position	-	212	212	(1.0)
Member & Client Services - Funding to increase membership outreach expenses	-	(150)	(150)	-
Business Group exceeded goal due to funding additional Sr. VP compensation and non-comp expenses	-	(376)	(376)	1.0
DCCE - Additional Annual Meeting revenue and expense	650	(855)	(205)	-
PDS - Additional revenue and expense related to CVS deal	350	(160)	190	-
Publishing - additional revenue related to Morning Huddle royalties and digital advertising	166	-	166	-
Publishing - Add Publisher position for remaining 9 months of 2019	-	(135)	(135)	1.0
Science - Reduce Seal Revenue	(195)	-	(195)	
Education - Increase in DAT Fees	-	-	-	
Education - CDEL Added expense for joint task force on Assessment of Readiniess for Practice	-	(56)	(56)	
Education - Add Revenue to National Board Part 2	58	-	58	
Education - Eliminate Coordinator position and Additional FTE moving to R&D Fund	-	329	329	(1.0)
Practice Institute - Increase Revenue (Credentialing)	100	-	100	
Practice Institute - Fund Elder Care initiative	-	(188)	(188)	1.0
Information Technology - Data Warehouse in the Cloud	-	(115)	(115)	-
Information Technology - Big Data	-	(100)	(100)	-
Information Technology - CERP (CNEPR) Implementation	-	(125)	(125)	-
Information Technology - IT person to support CODA	-	(120)	(120)	1.0
HR convert position from part-time to full-time	-	(32)	(32)	0.6
HR reduce training costs	-	32	32	-
HR - Microsoft Office Training	-	(30)	(30)	-
Central Administration - Increase ADABEI royalty revenue and endorsement costs	218	(118)	100	-
Legal exceeded goal due to Audit Fees and other miscellaneous costs	-	(143)	(143)	-
Integrated Marketing & Communications - Add Search Engine Marketing into the operating budget	-	(2,000)	(2,000)	-
Integrated Marketing & Communications - B96 - Enhance Advocacy for Fluoridation via the Internet	-	(144)	(144)	-
Government & Public Affairs - Senate Building Expenses	-	(22)	(22)	-
Income Tax Reduction	-	208	208	-
Reduction in Pension Contribution Expense Association-Wide	-	1,000	1,000	-
Miscellaneous - Divisions with minimal budget to goal changes	-	33	33	-
Total Changes from Initial Goal to 2019 Budget	1,341	(3,667)	(2,326)	2.6
			2019 Net Budget	FTE Total
Budget Surplus/(Deficit) after Board of Trustees Budget Approval			$ (2,304)	430.4

6. Capital Expenditures and Capital Replacement Fund

American Dental Association		
Budget Depreciation and Capital Expenditures		
$ 000		
	2018 Budget	**2019 Budget**
Depreciation/Amortization	**$7,098**	**$7,331**
Operating Capital Expenditures		
Science Institute	(553)	(39)
Division of Conferences and Continuing Education	(105)	(52)
Finance & Operations, Buildings	(518)	(687)
Information Technology	(1,682)	(2,543)
Total	**(2,858)**	**(3,321)**
Net-Contribution to Replacement Fund	**(4,240)**	**(4,010)**
Total Operating Capital + Contribution to Replacement Fund	**(7,098)**	**(7,331)**
Capital Replacement Fund		
Contributions	**(4,240)**	**(4,010)**
Replacement Fund Capital Expenditures		
Finance and Operations, Buildings	(1,253)	(789)
Replacement Fund Net Contributions Less Expenditures	**$ 2,987**	**$ 3,221**
Operating Capital Expenditures	(2,858)	(3,321)
Replacement Fund Capital Expenditures	(1,253)	(789)
Total Capital Expenditures	**$ (4,111)**	**$ (4,110)**

7. Recap of 2017 Actual Results

ADA Operations

2017 Statement of Activities
Excludes Non-Operating Revenue and Expenses
Thousands of Dollars

	2016 Actual	2017 Budget	2017 Actual	2017 v 2016 Fav / (Unfav) $	2017 v 2016 Fav / (Unfav) %	2017 v 2017B Fav / (Unfav) $	2017 v 2017B Fav / (Unfav) %
Revenue							
Membership Dues	$ 54,476	$ 55,869	$ 56,458	$1,982	3.6%	$ 588	1.1%
Education Division	25,110	26,848	26,331	1,221	4.9%	(517)	-1.9%
Publishing, Products, Annual Meeting	20,722	22,215	20,111	(610)	-2.9%	(2,104)	-9.5%
Other Revenue	21,107	22,697	23,508	2,401	11.4%	811	3.6%
Total	121,415	127,629	126,408	4,993	4.1%	(1,221)	-1.0%
Expenses							
Employee Costs	58,287	59,263	59,553	(1,266)	-2.2%	(290)	-0.5%
Outside Services							
Education	6,606	6,661	6,622	(16)	-0.2%	38	0.6%
Publishing, Products, Annual Meeting	13,538	14,139	12,946	592	4.4%	1,193	8.4%
Information Technology	3,339	3,998	4,114	(774)	-23.2%	(116)	-2.9%
Buildings	6,224	6,152	6,825	(601)	-9.7%	(673)	-10.9%
Board Contingency	327	1,000	552	(225)	-68.9%	448	44.8%
Communications & Marketing	2,675	3,724	3,597	(922)	-34.5%	126	3.4%
Administrative Services	2,509	2,707	2,570	(61)	-2.4%	137	5.1%
Member and Client Services	1,326	1,386	1,241	86	6.5%	145	10.5%
Government Affairs	4,082	4,173	4,278	(196)	-4.8%	(105)	-2.5%
Other Divisions	5,809	5,644	5,301	508	8.7%	343	6.1%
Total Outside Services	46,436	49,583	48,047	(1,611)	-3.5%	1,536	3.1%
		0					
Travel Expenses	6,426	7,202	6,693	(266)	-4.1%	509	7.1%
ADA Health Foundation Grant	2,361	2,629	2,929	(568)	-24.1%	(300)	-11.4%
Depreciation and Amortization	6,325	6,988	6,629	(304)	-4.8%	359	5.1%
Total Expenses	119,835	125,665	123,850	(4,015)	-3.4%	1,815	1.4%
Taxes	1,251	1,650	1,278	(28)	-2.2%	372	22.5%
Net Income before Reserves	329	315	1,279	951	289.1%	965	306.6%

Membership dues revenue increased slightly more than anticipated in the budget, while Education related revenue grew but not quite as fast as budgeted. Publishing, Products, and Annual Meeting came in below budgeted revenue in 2017 driven primarily by the Annual Meeting in Atlanta.

Within employee costs, base salaries and fringe benefits were above budget but temporary and interim employees were slightly below budget. Outside services, which includes expenses for consulting, printing, and marketing, was up from last year and had been budgeted to grow by 7%. Much of the expected growth in outside services was in Communications/Marketing and Information Technology with both coming in above prior year and close to budget. Also in outside services, spending from the Board Contingency remained at a typical level rather than growing as assumed in the budget. Travel expenses were budgeted to increase by 12% and came in lower than budgeted but higher than prior year. The Grant to the ADA Foundation was budgeted to increase by 11% and come in slightly above that budget. Depreciation was close to budget but up from prior year with the Lurie lease buildout the main contributor.

8. Headquarters Building Valuation

The House adopted Resolution 69H-2002 (Trans.2002:372) directing that the estimated market value of the ADA headquarters building be included in Board Report 2. In July of 2018, real estate transaction professionals in Chicago estimated a gross sale value (before transaction costs) of $80.2 million. This is nearly even with last year's estimate but reflects changes due to upcoming turnover of several existing tenant leases.

As added reference points, below is some additional information on the other real estate properties owned by the ADA.

1. The ADA office building on 14th Street in Washington D.C.: Real estate professionals estimated the gross sale value (before transaction costs) at $16.1 million. This also reflects a reduction due to the expiration of tenant leases not yet renewed. The ADA will continue to review and adjust its needs for space and pro-actively lease excess space to generate new non-dues revenue while maintaining control of the buildings for future growth.
2. ADA House on 137 C Street: This property was purchased in 2015 and the purchase cost plus subsequent capital expenditure upgrades totals $ 2.9 million.
3. ADA Building on 400 C Street: This property was purchased in 2018 for $2.7 million and the expected future renovation costs are $1.0 million. ADA Government Affairs plans to move its lobbying staff to this new office space in 2019 so that they are closer to Capitol Hill. As a result, the ADA will reorganize space and has asked the leasing agent to market one additional floor at the 14th street building for tenant rentals by 2020. Other Government Affairs staff will remain in the 14th Street building, enabling the profitable non-dues revenue from other tenants in the building to remain exempt from federal income taxes.

Appendix:

Detail on Each Operating Division

The following provides further detail on the budgets of each operating division. Each division section includes a financial summary, department budgets, and descriptions of the work produced by each department in the division.

Administrative Services

Divisional Summary by Natural Account

Administrative Services				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Meeting & Seminar Income	5	8	8	3	53.8%	-	0.0%
Grants, Contributions, Sprship	67	67	67	-	0.0%	-	0.0%
Other Income	9	-	-	(9)	(100.0%)	-	(100.0%)
Total Revenue	**81**	**75**	**75**	**(6)**	**(7.1%)**	**-**	**0.0%**
Expense							
Salaries and Temporary Help	2,572	2,505	2,657	(85)	(3.3%)	(152)	(6.1%)
Fringe Benefits	700	703	727	(27)	(3.9%)	(23)	(3.3%)
Consulting Fees & Outside Svcs	473	572	588	(115)	(24.3%)	(16)	(2.8%)
Print., Publicat. & Marketing	97	82	85	11	11.8%	(3)	(3.8%)
Meeting Expenses	91	93	85	6	6.9%	8	8.9%
Travel Expenses	1,376	1,339	1,434	(58)	(4.2%)	(95)	(7.1%)
Professional Services	1,361	1,381	1,420	(59)	(4.4%)	(39)	(2.8%)
Bank & Credit Card Fees	0	0	-	0	100.0%	0	100.0%
Office Expenses	524	601	596	(71)	(13.6%)	5	0.8%
Facility and Utility Costs	0	2	-	0	100.0%	2	100.0%
Grants and Awards	21	18	30	(9)	(41.8%)	(12)	(66.7%)
Other Expenses	3	5	4	(1)	(41.2%)	1	20.0%
Total Expense	**7,217**	**7,301**	**7,625**	**(408)**	**(5.7%)**	**(325)**	**(4.4%)**
Net Income/(Loss)	(7,136)	(7,226)	(7,550)	(414)	(5.8%)	(325)	(4.5%)

Summary by Department

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1050000000 - Office of the Executive Director	10.0	-	2,048	53	52	-	(2,153)
1050010000 - Strategy Management	0.0	8	-	21	22	-	(35)
1050050000 - Board of Trustees	5.0	-	642	60	1,391	-	(2,094)
1050050015 - BOT-Annual Meeting	0.0	-	-	80	-	-	(80)
1050050020 - BOT-Committee Meetings	0.0	-	-	462	8	-	(470)
1050050025 - BOT-Constituent Annual Meetings	0.0	-	-	56	-	-	(56)
1050050030 - BOT-In District Travel	0.0	-	-	21	-	-	(21)
1050050035 - BOT-Conferences	0.0	-	-	71	5	-	(76)
1050050050 - BOT-Liaison Activities	0.0	-	-	76	-	-	(76)
1050100000 - Office of the President	1.0	-	380	103	18	-	(501)
1050150000 - Office of the President-Elect	1.0	-	313	90	5	-	(407)
1050250000 - Office of the Treasurer	0.0	-	-	18	68	-	(86)
1050300000 - House of Delegates	0.0	-	-	51	757	-	(807)
1300800000 - International Relations	0.0	-	-	31	35	-	(65)
1300800020 - FDI World Dntl Federation	0.0	12	-	55	378	-	(421)
1050050055 - December Board Retreat	0.0	-	-	97	27	-	(124)
1050500100 - New Dentist Committee	0.0	55	-	92	41	-	(78)
AdminSvc - Administrative Services	**17.0**	**75**	**3,384**	**1,434**	**2,808**	**-**	**(7,550)**

Department Descriptions

1050000000 - Office of the Executive Director
The OED budget serves primarily as administrative infrastructure to the Association through implementation of actions and policies of the HOD and BOT; supervision of activities of Association staff and agencies by the Executive Director. Supports the President, President-elect and ED by coordinating schedules of meetings, travels and budget as well as Reference Committee, Honorary Membership, Distinguished Service Award Nominations and Presidential appointments.

1050010000 - Strategy Management
The budget includes the implementation of the current ADA Strategic Plan and development of the next Plan (2020-2024) and support of the Strategic Planning Committee.

1050050000 - Board of Trustees
This budget includes annual trustee stipends, spouse travel and office expenses related to the Board of Trustees including meetings that facilitate the work of the Board.

1050050015 - BOT-Annual Meeting
This budget includes travel funding for the Board for annual session, NDC and Diversity Conference, travel for New BOT and New Trustees and spouse travel.

1050050020 - BOT-Committee Meetings
This budget includes travel and meeting expenses to support the Board Standing Committees, Admin Review and New BOT orientation.

1050050025 - BOT-Constituent Annual Meetings
This budget includes travel related expenses for Board members to attend constituent society and caucus meetings.

1050050030 - BOT-In District Travel
This budget includes travel expenses for Board members attendance at in-district meetings.

1050050035 - BOT-Conferences
This budget includes Board funded conferences such as ASAE, Student Lobby Day, an conference of choice and PRC visit for new trustees and second VP.

1050050050 - BOT-Liaison Activities
This budget includes Board travel for activities related to their liaison duties.

1050050055 - December Board Retreat
This budget supports all expenses related to the Board Retreat and meeting including volunteer, spouse and staff travel, AV rental and consulting fees.

1050100000 - Office of the President
This budget supports the Office of the President including meeting travel, professional and office related services and expenses.

1050150000 - Office of the President-Elect
This budget supports the Office of the President Elect including meeting travel, professional and office related services and expenses.

1050250000 - Office of the Treasurer
This budget supports the Treasurer including meeting travel and annual stipend.

1050300000 - House of Delegates
This budget includes expenses related to the annual House of Delegates meeting including contracted meeting expenses, volunteer travel, HOD session refreshments, staff meals, outside services, furniture and equipment rental, telephone and Internet access and meeting supplies.

1300800000 - International Relations
This budget includes ADA Humanitarian Award (prize funds, travel for winner and spouse to attend ceremony at annual meeting); hosting international VIP's at Chicago Midwinter Meeting and annual meeting; ADA President and spouse's travel to American Dental Society of Europe ADSE meeting.

1300800020 - FDI World Dntl Federation
This budget includes FDI membership dues, ADA/FDI Delegation travel and registration for the FDI Annual World Dental Congress.

1050500100 - New Dentist Committee
This budget includes funding for the work of the NDC to advise the Board on needs, interests and concerns from the perspective of new dentists. Provide strategic oversight to the ADA Success program. Will hold two meetings in 2019.

Business Group Consolidate P&L (Consolidates the divisions of Conference & CE, ADA Publishing, Product Development and Sales and Sr. VP Business Group)

Divisional Summary by Natural Account

Business Group				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Advertising	6,744	6,537	6,879	135	2.0%	342	5.2%
Rental Income	60	140	73	13	21.3%	(67)	(47.9%)
Publication and Product Sales	6,410	6,621	6,515	105	1.6%	(106)	(1.6%)
Testing Fees & Accreditation	2	-	-	(2)	(100.0%)	-	(100.0%)
Meeting & Seminar Income	6,489	9,187	11,497	5,008	77.2%	2,310	25.1%
Grants, Contributions, Sprship	657	892	748	91	13.8%	(144)	(16.2%)
Royalties	5,624	6,129	6,082	458	8.2%	(47)	(0.8%)
Other Income	461	705	536	75	16.2%	(169)	(24.0%)
Total Revenue	**26,446**	**30,211**	**32,328**	**5,883**	**22.2%**	**2,118**	**7.0%**
Expense							
Salaries and Temporary Help	5,311	5,506	5,704	(393)	(7.4%)	(198)	(3.6%)
Fringe Benefits	1,774	2,090	2,180	(406)	(22.9%)	(89)	(4.3%)
Consulting Fees & Outside Svcs	2,256	2,475	2,871	(616)	(27.3%)	(396)	(16.0%)
Print., Publicat. & Marketing	6,495	6,702	6,855	(360)	(5.5%)	(153)	(2.3%)
Meeting Expenses	1,489	2,462	3,626	(2,137)	(143.5%)	(1,164)	(47.3%)
Travel Expenses	630	938	716	(86)	(13.6%)	222	23.7%
Professional Services	946	1,123	1,066	(120)	(12.7%)	57	5.1%
Bank & Credit Card Fees	355	392	413	(58)	(16.2%)	(21)	(5.4%)
Office Expenses	1,286	1,532	1,778	(491)	(38.2%)	(246)	(16.1%)
Facility and Utility Costs	22	39	42	(19)	(86.3%)	(3)	(8.2%)
Grants and Awards	40	-	-	40	100.0%	-	100.0%
Depreciation and Amortization	58	98	98	(39)	(67.5%)	(0)	(0.0%)
Other Expenses	56	87	89	(33)	(58.5%)	(2)	(2.7%)
Total Expense	**20,718**	**23,441**	**25,436**	**(4,718)**	**(22.8%)**	**(1,995)**	**(8.5%)**
Net Income/(Loss)	**5,727**	**6,769**	**6,892**	**1,165**	**20.3%**	**123**	**1.8%**

Conferences & CE

Divisional Summary by Natural Account

DCCE				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Advertising	163	103	250	87	53.8%	147	142.7%
Rental Income	60	140	73	13	21.3%	(67)	(47.9%)
Publication and Product Sales	-	-	50	50	100.0%	50	100.0%
Meeting & Seminar Income	6,489	9,187	11,497	5,008	77.2%	2,310	25.1%
Grants, Contributions, Sprship	650	892	748	98	15.0%	(144)	(16.2%)
Royalties	74	100	92	18	24.2%	(8)	(8.0%)
Other Income	228	475	305	77	33.9%	(170)	(35.8%)
Total Revenue	**7,663**	**10,897**	**13,014**	**5,351**	**69.8%**	**2,117**	**19.4%**
Expense							
Salaries and Temporary Help	2,063	2,113	1,914	149	7.2%	199	9.4%
Fringe Benefits	682	839	840	(158)	(23.2%)	(1)	(0.2%)
Consulting Fees & Outside Svcs	589	854	1,077	(487)	(82.7%)	(223)	(26.2%)
Print., Publicat. & Marketing	533	873	1,134	(600)	(112.6%)	(261)	(29.9%)
Meeting Expenses	1,444	2,368	3,588	(2,143)	(148.4%)	(1,220)	(51.5%)
Travel Expenses	514	800	543	(28)	(5.5%)	257	32.1%
Professional Services	788	1,079	1,040	(253)	(32.1%)	39	3.6%
Bank & Credit Card Fees	156	171	212	(56)	(36.1%)	(42)	(24.3%)
Office Expenses	1,202	1,461	1,693	(492)	(40.9%)	(232)	(15.9%)
Facility and Utility Costs	16	23	35	(19)	(122.1%)	(12)	(52.5%)
Depreciation and Amortization	58	98	98	(39)	(67.5%)	(0)	(0.0%)
Other Expenses	26	35	70	(44)	(166.3%)	(35)	(100.0%)
Total Expense	**8,072**	**10,712**	**12,243**	**(4,171)**	**(51.7%)**	**(1,531)**	**(14.3%)**
Net Income/(loss)	**(409)**	**185**	**771**	**1,180**	**288.5%**	**586**	**317.2%**

Summary by Department

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1350000000 - Managing VP Conference Services	2.0	-	416	27	7	-	(450)
1350050000 - Council on ADA Meeting	6.0	11,865	791	240	8,048	-	2,786
1350050010 - Annual Meeting Staff Travel	0.0	175	3	223	0	-	(50)
1350100000 - New Dentists Conference	0.0	67	-	16	307	-	(256)
1350150000 - Conference Services	6.0	150	729	20	175	1	(774)
1350200000 - Meeting_Management	0.0	135	0	-	43	51	41
1350500000 - ADA Video Studio	0.0	10	-	9	33	47	(79)
1390200000 - Ctr Contin Ed & Lifelong Learn	7.0	612	816	8	236	-	(447)
Conferences&CE - Conferences and Continuing	**21.0**	**13,014**	**2,754**	**543**	**8,849**	**98**	**771**

Department Descriptions

1350000000 - Managing VP Conference Services
The VP of the division, one SPA salaries & benefits along with some travel and supply costs make up this cost center.

1350050000 - Council on ADA Meeting
This cost center is made up of the revenue and expenses for the ADA annual meeting. It is also the cost center for the Committee on Annual Meetings and the six FTE salaries and benefits whose 100% time is allocated to the management of the committee and production of the annual meeting.

1350050010 - Annual Meeting Staff Travel
The Annual Meeting Staff Travel cost center is for all the travel costs associated for all staff traveling and working on, for, during the annual meeting. There is some revenue associated with this cost center in the form of hotel credit based on the number of rooms picked-up during the meeting. There are no HR costs allotted to this cost center.

1350100000 - New Dentists Conference
The New Dentist Conference cost center is for the revenue and expenses related to producing the conference. There are no HR costs allotted to this cost center.

1350150000 - Conference Services
This costs center covers HR costs for six FTEs. Revenue from royalties of the member's hotel program as well as some other travel royalties are in this cost center. The work associated with the cost center are both annual meeting and non-annual meeting related. Annual meeting management of housing, registration, ICW (in conjunction with) meetings management, all social events, HOD logistics and onsite management of the HQ hotel. Non-annual meeting management consists of the hotel program, staff and volunteer travel management, conference center management and logistics management for Management Conference, all Board meetings, Lobbyist Conference and ADA Lobby Day.

1350200000 – Meeting Management
The Meetings Management cost center is mainly for costs associated with running the conference center and cafe.

1350500000 - ADA Video Studio
This costs center is for all costs associated with the video studio. No staff HR costs are associated with this cost center.

1390200000 - Ctr Contin Ed & Lifelong Learn
The Center for Continuing Education and Lifelong Learning is the cost center for seven FTE's whose main responsibility is the development and management of content for all continuing education for the ADA -both annual meeting and non-annual meeting meetings. Revenue for on-line CE and any other live CE is credited to this cost center as well as the sponsorship for those courses.

Publishing

Divisional Summary by Natural Account

ADA Publishing				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Advertising	6,581	6,434	6,629	48	0.7%	195	3.0%
Publication and Product Sales	113	82	40	(73)	(64.7%)	(42)	(51.2%)
Grants, Contributions, Sprship	7	-	-	(7)	(100.0%)	-	(100.0%)
Royalties	1,949	2,294	2,165	216	11.1%	(129)	(5.6%)
Other Income	233	230	231	(3)	(1.1%)	1	0.2%
Total Revenue	**8,883**	**9,040**	**9,064**	**181**	**2.0%**	**25**	**0.3%**
Expense							
Salaries and Temporary Help	1,936	2,077	1,959	(23)	(1.2%)	118	5.7%
Fringe Benefits	634	745	732	(98)	(15.5%)	13	1.7%
Consulting Fees & Outside Svcs	1,430	1,330	1,427	3	0.2%	(97)	(7.3%)
Print., Publicat. & Marketing	3,564	3,470	3,553	11	0.3%	(83)	(2.4%)
Meeting Expenses	18	21	19	(1)	(3.0%)	3	11.9%
Travel Expenses	67	77	68	(1)	(0.8%)	9	11.6%
Professional Services	158	44	25	133	83.9%	18	41.6%
Bank & Credit Card Fees	51	43	52	(1)	(1.8%)	(8)	(19.8%)
Office Expenses	51	52	58	(7)	(13.6%)	(6)	(12.5%)
Facility and Utility Costs	7	16	7	(0)	(4.3%)	9	55.7%
Other Expenses	26	33	13	13	49.4%	19	59.2%
Total Expense	**7,942**	**7,908**	**7,913**	**29**	**0.4%**	**(6)**	**(0.1%)**
Net Income/(Loss)	**941**	**1,132**	**1,151**	**210**	**22.3%**	**19**	**1.7%**

Summary by Department

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1700000000 - Managing VP Publishing G & A	2.0	-	548	28	43	-	(619)
1700050000 - JADA	2.0	2,002	215	-	1,175	-	611
1700050020 - JADA Specialty Newsletters	0.0	85	-	-	32	-	53
1700100000 - ADA News	7.0	4,554	952	4	3,076	-	521
1700100601 - ADA News International	0.0	3	-	-	10	-	(7)
1700200000 - AS ADA News Daily	0.0	70	-	-	94	-	(24)
1700250000 - Sales & Marketing	6.0	-	618	1	57	-	(675)
1700350000 - JADA Editorial Office	0.0	30	-	35	268	-	(273)
1700750000 - Digital Advertising	2.0	805	357	-	216	-	232
1700750010 - Digital Adv Vendor Showcase	0.0	1,155	-	-	180	-	975
1700750020 - Digital Adv Product Guide	0.0	-	-	-	2	-	(2)
1700750040 - ADA Morning Huddle	0.0	360	-	-	-	-	360
ADAPub - ADA Publishing	**19.0**	**9,064**	**2,691**	**68**	**5,155**	**-**	**1,151**

Department Descriptions

1700000000 - Managing VP Publishing G & A
Office of the Senior Vice President of Business and Publishing Division, its mission to produce and distribute, at a profit, credible, high quality publications that inform the dental profession about the latest scientific, socioeconomic and political developments affecting dental practice and oral health care.

1700050000 - JADA
The Journal of the American Dental Association, the most important and tangible member benefit at the ADA. The journal is the central source of clinical, research, practice management and policy information for dentists nationally and internationally.

1700050020 - JADA Specialty Newsletters
Dental Practice Success is a quarterly digital magazine that features articles from well-known experts on a broad range of useful topics and ideas on how dentists can improve their practices. JADA Specialty Scans are quarterly emails highlighting compilations of articles for the general dentist on news and developments in selected dental specialties.

1700100000 - ADA News
Newsletter published 22 times a year as member benefit and ranked as best read dental publication.

1700100601 - ADA News International
Servicing ADA News international subscribers

1700200000 - AS ADA News Daily
ADA News Daily reports from the annual meeting site on events each day at the convention, highlights of the ADA elections, continuing education and speakers. The paper is distributed to the thousands of attendees at the convention center and at major convention hotels first thing in the morning.

1700250000 - Sales & Marketing
Sales and marketing efforts for all publication produced in Publishing

1700350000 - JADA Editorial Office
To support the JADA Editor and his office and the editorial board

1700650000 - Sponsored Programs
Educational programs supported by sponsorship and registration revenues.

1700750000 - Digital Advertising
Advertising sales and support for all digital publications.

1700750010 - Digital Adv Vendor Showcase
The vendor showcase is an online marketing tool resides at ADA.org.

1700750040 - ADA Morning Huddle
ADA Morning Huddle is a daily e-mail roundup of the latest news about the dental profession that lets members know what the media is saying about dentistry and health care.

Product Development & Sales

Divisional Summary by Natural Account

PDS	2017 Actual	2018 Budget	2019 Budget	$ Var 19B vs 17A Fav/(Unfav)	% Var 19B vs 17A Fav/(Unfav)	$ Var 19B vs 18B Fav/(Unfav)	% Var 19B vs 18B Fav/(Unfav)
Revenue							
Publication and Product Sales	6,297	6,539	6,425	128	2.0%	(114)	(1.7%)
Testing Fees & Accreditation	2	-	-	(2)	(100.0%)	-	(100.0%)
Royalties	3,601	3,735	3,825	224	6.2%	90	2.4%
Total Revenue	**9,900**	**10,274**	**10,250**	**350**	**3.5%**	**(24)**	**(0.2%)**
Expense							
Salaries and Temporary Help	1,312	1,315	1,446	(134)	(10.2%)	(131)	(9.9%)
Fringe Benefits	458	507	512	(54)	(11.9%)	(5)	(1.1%)
Consulting Fees & Outside Svcs	237	292	368	(131)	(55.3%)	(76)	(26.1%)
Print., Publicat. & Marketing	2,398	2,359	2,168	230	9.6%	191	8.1%
Meeting Expenses	26	72	14	13	48.8%	59	81.3%
Travel Expenses	48	61	77	(29)	(60.2%)	(16)	(26.3%)
Bank & Credit Card Fees	149	178	149	(0)	(0.3%)	29	16.3%
Office Expenses	34	19	22	11	34.2%	(3)	(15.4%)
Grants and Awards	40	-	-	40	100.0%	-	100.0%
Other Expenses	4	19	6	(2)	(59.3%)	13	70.3%
Total Expense	**4,705**	**4,822**	**4,762**	**(57)**	**(1.2%)**	**61**	**1.3%**
Net Income/(Loss)	**5,195**	**5,452**	**5,488**	**293**	**5.6%**	**36**	**0.7%**

Summary by Department

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1380250100 - PDS-Administrative	14.0	760	1,958	77	1,824	-	(3,100)
1380250105 - PDS-Patient Education	0.0	1,800	-	-	275	-	1,525
1380250110 - PDS-Practice Management	0.0	517	-	-	200	-	317
1380250120 - Compliance	0.0	1,020	-	-	100	-	920
1380250135 - PDS-Coding Insurance	0.0	5,230	-	-	225	-	5,005
1380250155 - PDS-SP/Personalized Products	0.0	195	-	-	100	-	95
1380250160 - PDS-Database Licensing	0.0	728	-	-	2	-	726
ProdDevSales - Product Development and Sales	**14.0**	**10,250**	**1,958**	**77**	**2,726**	**-**	**5,488**

Department Descriptions

1380250100 - PDS-Administrative
The Department of Product Development and Sales (PDS) produces patient education and professional resources for sale primarily to ADA member dentists. The 500+ PDS products include printed materials such as books, brochures and postcards, as well as, e-books, apps and web content. Major topic areas include dental disease prevention and treatment, dental coding, staff training and management, HIPAA and OSHA compliance, and practice marketing. PDS generates significant additional revenue by licensing CDT codes and other content to U.S. licensees. Sales of the ADA member mailing list sales are also handled in this department.

1380250105 - PDS-Patient Education
Revenue and cost of materials sold for patient education products

1380250110 - PDS-Practice Management
Revenue and cost of materials sold for practice management products

1380250120 - Compliance
Revenue and cost of materials sold for HIPAA and OSHA products

1380250125 - PDS-HIPAA
This cost center has been combined into 138-025-0120. No data should be entered here.

1380250135 - PDS-Coding Insurance
Revenue and cost of materials sold for Coding products and CDT Licensing royalties

1380250155 - PDS-SP/Personalized Products
Revenue and cost of materials sold for personalized products

1380250160 - PDS-Database Licensing
Revenue from mailing lists royalties and royalties other

Sr VP Business Group

Divisional Summary by Natural Account

Sr. VP Business Group				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Expense							
Salaries and Temporary Help	-	-	385	(385)	(100.0%)	(385)	(100.0%)
Fringe Benefits	-	-	95	(95)	(100.0%)	(95)	(100.0%)
Meeting Expenses	-	-	6	(6)	(100.0%)	(6)	(100.0%)
Travel Expenses	-	-	28	(28)	(100.0%)	(28)	(100.0%)
Office Expenses	-	-	4	(4)	(100.0%)	(4)	(100.0%)
Total Expense	**-**	**-**	**518**	**(518)**	**(100.0%)**	**(518)**	**(100.0%)**
Net Income/(Loss)	**-**	**-**	**(518)**	**(518)**	**(100.0%)**	**(518)**	**(100.0%)**

Summary by Department

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1850000000-Sr. VP Business Group	**2.0**	**-**	**480**	**28**	**10**	**-**	**(518)**

Department Descriptions

185-0000-000 – Sr. VP – Business Group
This department has direct oversight of the consolidated Business Group programs/activities. The Business Group is a consolidation of the divisions of Conferences and CE, ADA Publishing and PDS.

Central Administration

Divisional Summary by Natural Account

Central Administration	2017 Actual	2018 Budget	2019 Budget	$ Var 19B vs 17A Fav/(Unfav)	% Var 19B vs 17A Fav/(Unfav)	$ Var 19B vs 18B Fav/(Unfav)	% Var 19B vs 18B Fav/(Unfav)
Revenue							
Royalties	4,685	5,053	4,907	223	4.8%	(145)	(2.9%)
Other Income	146	276	141	(5)	(3.2%)	(135)	(48.9%)
Total Revenue	**4,831**	**5,329**	**5,049**	**218**	**4.5%**	**(281)**	**(5.3%)**
Expense							
Salaries and Temporary Help	1,400	2,809	3,083	(1,683)	(120.3%)	(274)	(9.8%)
Fringe Benefits	762	411	730	32	4.3%	(319)	(77.5%)
Consulting Fees & Outside Svcs	149	71	140	9	5.8%	(69)	(97.2%)
Travel Expenses	12	4	-	12	100.0%	4	100.0%
Professional Services	47	44	36	11	23.2%	8	18.6%
Bank & Credit Card Fees	30	27	27	3	8.9%	0	0.4%
Office Expenses	41	94	41	(0)	(0.1%)	53	56.6%
Facility and Utility Costs	5	2	5	0	5.4%	(3)	(203.0%)
Grants and Awards	73	73	73	-	0.0%	-	0.0%
ADA Health Foundation Grant	2,629	2,200	2,198	431	16.4%	2	0.1%
Endorsement Costs	1,137	1,108	1,255	(118)	(10.4%)	(147)	(13.3%)
Depreciation and Amortization	3,074	2,913	2,898	176	5.7%	15	0.5%
Other Expenses	342	336	344	(2)	(0.5%)	(8)	(2.5%)
Total Expense	**9,699**	**10,092**	**10,829**	**(1,130)**	**(11.7%)**	**(737)**	**(7.3%)**
Net Income/(Loss)	(4,869)	(4,763)	(5,781)	(912)	(18.7%)	(1,018)	(21.4%)

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1410700000 - Grants to Related Health Groups	0.0	-	-	-	2,271	-	(2,271)
1410900005 - Fringes & Taxes - Retirees	0.0	-	730	-	-	-	(730)
1410900010 - General Fund	0.0	5,049	3,083	-	1,848	2,898	(2,781)
CentAdmin - Central Administration	**0.0**	**5,049**	**3,813**	**-**	**4,119**	**2,898**	**(5,781)**

Department Descriptions

Central Administration - includes budget for ADABEI Royalty revenue, miscellaneous income (overhead recovery), pre-2012 asset depreciation expense, association wide merit increase, retiree medical and dental benefits, ADAF grant, National Foundation of Dentistry grant, Alliance of the ADA grant and other miscellaneous association-wide expenses.

Education

Divisional Summary by Natural Account

Education				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Publication and Product Sales	11	-	-	(11)	(100.0%)	-	(100.0%)
Testing Fees & Accreditation	26,329	27,387	28,122	1,792	6.8%	735	2.7%
Meeting & Seminar Income	321	330	317	(4)	(1.3%)	(13)	(3.9%)
Grants, Contributions, Sprship	-	53	87	87	100.0%	34	64.7%
Other Income	114	116	116	2	1.4%	-	0.0%
Total Revenue	**26,776**	**27,885**	**28,642**	**1,866**	**7.0%**	**757**	**2.7%**
Expense							
Salaries and Temporary Help	5,369	5,775	5,696	(326)	(6.1%)	79	1.4%
Fringe Benefits	1,886	2,503	2,103	(217)	(11.5%)	400	16.0%
Consulting Fees & Outside Svcs	160	295	219	(59)	(36.9%)	76	25.8%
Print., Publicat. & Marketing	22	30	29	(7)	(34.1%)	0	1.0%
Meeting Expenses	14	34	22	(8)	(56.9%)	12	35.5%
Travel Expenses	1,810	1,961	1,840	(30)	(1.6%)	122	6.2%
Professional Services	5,485	5,503	5,578	(93)	(1.7%)	(75)	(1.4%)
Bank & Credit Card Fees	495	455	408	87	17.6%	47	10.4%
Office Expenses	140	396	327	(187)	(134.0%)	70	17.5%
Grants and Awards	0	-	-	0	100.0%	-	100.0%
Endorsement Costs	303	300	310	(7)	(2.1%)	(10)	(3.3%)
Other Expenses	4	-	-	4	100.0%	-	100.0%
Total Expense	**15,688**	**17,251**	**16,531**	**(843)**	**(5.4%)**	**720**	**4.2%**
Net Income/(Loss)	**11,088**	**10,634**	**12,111**	**1,022**	**9.2%**	**1,477**	**13.9%**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1600000000 - Sr. VP Education/Prof Affairs	4.0	-	719	7	2	-	(728)
1600050000 - Council Dentl Educ & Licensure	5.0	-	665	98	62	-	(826)
1600050005 - Commission Dentl Accreditation	15.0	3,899	1,610	1,061	59	-	1,169
1600050020 - CERP	2.0	317	263	53	10	-	(9)
1600050601 - International Consultation and Accre	0.0	73	-	28	-	-	45
1600050602 - International PACV	0.0	85	-	40	-	-	45
1600100000 - Nat?l Board Dental Exam Pt I	28.0	5,595	2,917	319	1,311	-	1,048
1600100100 - Nat?l Board Dental Exam Pt. II	0.0	5,221	-	-	1,459	-	3,762
1600100200 - Nat?l Board Dental Exam Hyg	0.0	3,792	-	-	1,351	-	2,441
1600150000 - Admission Tests	4.0	7,039	466	47	1,542	-	4,984
1600150005 - Outside Client Services	2.0	2,275	278	19	572	-	1,406
1600150100 - Advanced Dental Admission Test	0.0	256	-	65	76	-	115
1600200000 - Library Services	5.0	2	564	19	299	-	(880)
1600300000 - Research and Dev Fund	4.0	-	-	-	-	-	-
1600500000 - Objective Structured Clinical Examina	2.0	-	159	56	146	-	(360)
1600600000 - Commission on the Recognition of D	1.0	87	160	26	5	-	(103)
Educ - Education	**72.0**	**28,642**	**7,799**	**1,840**	**6,892**	**-**	**12,111**

Department Descriptions

1600050000 - Council Dentl Educ & Licensure

The Council on Dental Education and Licensure (CDEL) develops and implements programs, projects, and policies to support and advance the strategic plan of the Association in the areas of dental education and licensure, such as: consideration and investigation of emerging issues; responding to directives received from the HOD and BOT; proposal of new policies and rescission/amendments to existing policies; and serving as a source of expert information. Other specific duties include: recognition of dental specialties and approval of dental specialty certifying boards; approval of allied dental certifying boards; recognition of categories of allied dental personnel; and monitoring/dissemination of information on continuing education. In addition, CDEL develops guidelines, policy, and continuing education on dental anesthesia and airway management and oversees the Dental Admission Testing Program (DAT and ADAT). These programs primarily benefit the profession, all dentists, and various stakeholder groups, including dental educators, state boards of dentistry, dental students, and the public.

1600050005 - Commission Dental Accreditation

The Commission on Dental Accreditation offers accreditation services for U.S. based dental and dental related education programs, in accordance with CODA's established accreditation process. Dental and dental related education programs seek accreditation for the purpose of obtaining an independent, external review. This program primarily benefits the profession and various stakeholder groups, including dental educators and programs, state licensing agencies, and the public.

1600050020 - CERP

The Commission on Continuing Education Provider Recognition (CCEPR) evaluates and recognizes providers of continuing dental education within the US and internationally, based on the Continuing Education Recognition Program (CERP) Standards. Its goal is to improve the quality of CE available for the profession, assist dentists in selecting quality CE to meet their CE re-licensure and/or re-certification requirements, and assist stakeholders such as dental regulatory agencies and certifying boards in establishing a sound basis for increasing their uniform acceptance of CE credits. The CCEPR program also provides a mechanism of acceptance of the CE activities offered by international providers. This program primarily benefits the profession, state boards of dentistry, and the public. The AGD Pace provider recognition program provides direct competition to CCEPR.

1600050601 - International Consultation and Accreditation

Accreditation services are provided through the Commission on Dental Accreditation, following an international program's successful completion of the international consultative process. The Commission accredits international dental education programs, in accordance with CODA's established accreditation process for programs interested in the United States Commission on Dental Accreditation process for accreditation. International dental education programs may seek accreditation for the purpose of obtaining an independent, external review for benchmarking. This program primarily benefits the profession and various stakeholder groups, including international dental educators and programs, state licensing agencies, and the public.

1600050602 - International PACV

Accreditation consultation services are provided through the Commission on Dental Accreditation's Standing Committee on International Accreditation. This Standing Committee includes joint Commission and ADA membership. The committee reviews survey materials, evaluates self-study documents, and conducts site visits for international predoctoral dental education programs interested in the United States Commission on Dental Accreditation process for accreditation and makes a determination whether the programs have the potential to be successful going through the CODA accreditation process. International dental education programs also seek consultation for the purpose of obtaining an independent, external review for benchmarking. This program primarily benefits the profession and various stakeholder groups, including international dental educators and programs, state licensing agencies, and the public.

1600100000 - Natl Board Dental Exam Pt I

The Joint Commission on National Dental Examinations (Joint Commission) governs the National Boards Dental Examinations (NBDE) Part I and Part II, as well as the National Board Dental Hygiene Examination (NBDHE). The JCNDE develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure of oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment for the oral health care profession.

1600150000 - Admission Tests

The Dental Admission Test (DAT) is governed by the Council on Dental Education and Licensure. The Council establishes the policies of the programs and the Department of Testing Services implements those policies and manages day-to-day operations. This program primarily benefits the profession and various stakeholder groups, including dental education programs, potential dental students and graduate students, and the public. The DAT is designed for use by dental schools in making admissions.

1600150005 - Outside Client Services
Professional examination development, administration, scoring, reporting, and client services for outside clients. This includes activities involving the Optometry Admission Test (OAT) and the Canadian Dental Aptitude Test (CDAT), as well as custom work for outside clients such as AGD and SCDA. This program primarily benefits other dental and health profession agencies, including education programs, potential students, and the public.

1600150100 - Advanced Dental Admission Test
"The Advanced Dental Admission Test (ADAT) is governed by the Council on Dental Education and Licensure. The ADAT is designed to provide advanced dental education programs with insight into applicants' potential for success in their program. The ADAT enables programs to quantitatively compare applicants using a nationally standardized and objective test. The ADAT can be used in conjunction with other assessment tools to help inform program admission decisions".

1600200000 - Library Services
The ADA Library & Archives is a premier dental research library serving the information needs of the association and its members. Services and resources include expert literature and database searching services in support of research and clinical questions; evidence-based clinical point-of-care tools; thousands of scientific journals and eBooks; and healthcare management resources. The ADA Library & Archives is also the repository of the ADA archives, and provides archival and dental history reference.

1600500000 -Dent Licensure OSCE
The Dental Licensure Objective Structured Clinical Examination (DLOSCE) is envisioned as a high-stakes licensure examination which will require candidates to use their clinical skills to successfully complete one or more dental problem solving tasks. The DLOSCE pilot exam will be available in late 2019, with anticipated deployment in 2020.

Finance, Operations & Buildings

Divisional Summary by Natural Account

FINOPS				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Rental Income	6,146	6,697	6,652	507	8.2%	(45)	(0.7%)
Royalties	10	5	1	(9)	(90.0%)	(4)	(80.0%)
Investment Income	2,376	1,800	2,000	(376)	(15.8%)	200	11.1%
Other Income	1,459	1,550	1,173	(286)	(19.6%)	(377)	(24.3%)
Total Revenue	**9,991**	**10,053**	**9,827**	**(164)**	**(1.6%)**	**(226)**	**(2.2%)**
Expense							
Salaries and Temporary Help	2,814	2,855	2,884	(70)	(2.5%)	(29)	(1.0%)
Fringe Benefits	964	1,187	1,200	(235)	(24.4%)	(13)	(1.1%)
Consulting Fees & Outside Svcs	87	326	227	(140)	(161.1%)	99	30.4%
Print., Publicat. & Marketing	29	28	28	2	5.5%	(0)	0.0%
Meeting Expenses	2	-	-	2	100.0%	-	100.0%
Travel Expenses	64	87	65	(1)	(1.7%)	22	25.4%
Professional Services	441	329	318	123	27.9%	11	3.4%
Bank & Credit Card Fees	0	-	-	0	100.0%	-	100.0%
Office Expenses	149	150	145	3	2.3%	5	3.1%
Facility and Utility Costs	6,299	6,204	6,397	(98)	(1.6%)	(193)	(3.1%)
Depreciation and Amortization	1,360	1,686	1,686	(327)	(24.0%)	0	0.0%
Other Expenses	86	22	97	(11)	(12.9%)	(75)	(341.5%)
Total Expense	**12,293**	**12,872**	**13,046**	**(752)**	**(6.1%)**	**(174)**	**(1.3%)**
Net Income/(loss)	**(2,303)**	**(2,819)**	**(3,219)**	**(916)**	**(39.8%)**	**(400)**	**(14.2%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1400000000 - Chief Financial Officer	2.0	2,000	465	1	58	-	1,476
1400050000 - Accounting Department	15.8	-	1,964	14	35	-	(2,013)
1400150000 - Council on Mbr Ins & Rtrmt Prg	2.0	1,186	242	45	158	-	741
1400200000 - Central Services	8.0	50	889	0	86	78	(1,003)
1400400000 - Financial Planning and Analysis	3.0	-	524	4	31	-	(559)
1361111000 - HQ Building Facility	0.0	-	-	-	601	-	(601)
1360300000 - Headquarters Building	0.0	4,699	-	-	5,109	1,207	(1,617)
1370000000 - Washington DC Building	0.0	1,892	-	-	1,134	401	357
4001111000 - Washington Building Operations	0.0	-	-	-	-	-	-
FinOpsBld - Finance and Operations - Buildings	**30.8**	**9,827**	**4,083**	**65**	**7,211**	**1,686**	**(3,219)**

Department Descriptions

1400000000 - Chief Financial Officer
The overall role of The CFO is to provide guidance in managing the financial, business and administrative affairs of the Association. Among the duties of the CFO are oversight of the budget process, financial matters, central services, business planning, CMIRP, and Washington & HQ Buildings.

1400050000 - Accounting Department
The Department of Accounting is responsible for accounting matters for the ADA and subsidiaries, including audited financial statements, tax returns, monthly financial reports, monthly budget status reports, monthly general ledger, reserve investments, listing of cost centers and chart of accounts. It includes the areas of Financial Reporting, Accounts Payable, Accounts Receivable, and Payroll.

1400150000 - Council on Members Insurance & Retirement Programs
The Council on Members Insurance and Retirement Programs is the agency of the American Dental Association whose purpose is to enhance the value of membership by overseeing the ADA member's insurance and retirement programs and by aiding dentists in the management of their personal and professional risks through development of educational programs and resources.

1400200000 - Central Services
The Department of Central Services is an administrative support agency for other departments within the organization. Primary services at the Chicago building include purchasing, duplicating, mailroom services, receiving, building facility services, stocking, distribution of office supplies, delivery of supplies for ADA floor coffee and tea stations, and record archiving.

1400400000 - Financial Planning and Analysis
The Financial Planning & Analysis team leads the Association's operational financial planning, analyzes performance trends, and creates ad-hoc predictive financial models. FP&A helps ADA operating units create departmental budgets and forecasts and provides summaries to executive leadership and volunteer oversight bodies. FP&A also analyzes results and trends to improve forecast accuracy and guide operational improvement strategies.

1360300000 - Headquarters Building
The HQ Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The HQ team manages all day to day aspects of the HQ building.

1361111000 - HQ Building Facility
The HQ Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The HQ team manages all day to day aspects of the HQ building.

1370000000 - Washington DC Building
The Washington Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The Washington team manages all day to day aspects of the Washington building.

Government Affairs

Divisional Summary by Natural Account

Government Affairs				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Rental Income	12	-	12	-	0.0%	12	100.0%
Meeting & Seminar Income	25	55	25	-	0.0%	(29)	(53.6%)
Grants, Contributions, Sprship	9	-	9	-	0.0%	9	100.0%
Other Income	76	75	76	-	0.0%	1	1.4%
Total Revenue	**122**	**130**	**122**	**-**	**0.0%**	**(7)**	**(5.7%)**
Expense							
Salaries and Temporary Help	3,127	3,204	3,177	(50)	(1.6%)	27	0.9%
Fringe Benefits	1,018	1,118	1,130	(112)	(11.0%)	(12)	(1.1%)
Consulting Fees & Outside Svcs	1,507	1,336	1,206	301	20.0%	130	9.7%
Print., Publicat. & Marketing	79	63	91	(12)	(15.1%)	(28)	(44.8%)
Meeting Expenses	425	371	341	85	19.9%	30	8.2%
Travel Expenses	922	934	899	23	2.5%	36	3.8%
Professional Services	25	30	28	(3)	(10.2%)	2	6.7%
Bank & Credit Card Fees	3	0	3	0	8.5%	(2)	(654.1%)
Office Expenses	197	259	237	(40)	(20.3%)	22	8.7%
Facility and Utility Costs	21	43	67	(46)	(220.2%)	(24)	(56.6%)
Grants and Awards	2,019	2,122	2,000	19	0.9%	122	5.7%
Depreciation and Amortization	111	-	111	-	0.0%	(111)	(100.0%)
Other Expenses	2	0	6	(4)	(219.4%)	(6)	(2374.8%)
Total Expense	**9,455**	**9,481**	**9,294**	**161**	**1.7%**	**186**	**2.0%**
Net Income/(Loss)	**(9,333)**	**(9,351)**	**(9,172)**	**161**	**1.7%**	**179**	**1.9%**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1200000000 - Sr. VP Government/Public Aff.	4.0	-	671	44	536	-	(1,252)
1200050000 - Council on Government Affairs	0.0	-	-	75	1	-	(76)
1200100000 - State Government Affairs	5.0	17	735	131	105	-	(954)
1200150000 - ADPAC Gov	4.0	-	535	367	368	-	(1,271)
1200250000 - Congressional Affairs	4.0	-	643	22	31	-	(697)
1200300000 - Federal Affairs/Policy	5.0	-	720	3	20	-	(743)
1200700000 - State Public Affairs Program	0.0	-	-	30	2,598	-	(2,628)
1200800000 - ADA Townhouse	0.0	88	-	1	93	111	(117)
1500300000 - CAAP - Administrative	7.0	-	1,001	112	99	-	(1,213)
1500300005 - Fluoridation	0.0	-	-	15	1	-	(16)
1500300010 - Interprofessional Relations	0.0	8	-	6	2	-	1
1500300015 - Access and Community Health	0.0	-	-	23	32	-	(55)
1500300025 - Geriatric Oral Health Program	0.0	-	-	19	6	-	(25)
1500300045 - Preventative Health	0.0	-	-	51	53	-	(104)
1500300033 - Natl Childrens Dental Health	0.0	9	-	-	10	-	(1)
GovPubAffr - Government & Public Affairs	**29.0**	**122**	**4,307**	**899**	**3,978**	**111**	**(9,172)**

Department Descriptions

1200000000 - Sr. VP Government/Public Aff.
Sr. VP over sees all production and administration within the division.

1200050000 - Council on Government Affairs
CGA is the voluntary agency within in the ADA that provides input on legislative and regulatory policy matters for the association.

1200100000 - State Government Affairs
SGA is a resources for state dental assoc. and ADA members in their state-level advocacy efforts. It identifies legislative trends, advises states with sound pub policy advice and develops advocacy materials and research for member needs.

1200150000 - ADPAC Gov
ADPAC is responsible for raising money, distributing political contributions, grassroots advocacy and political education.

1200250000 - Congressional Affairs
Develops strategy and appropriate arguments for legal action in accordance with ADA policy. They lobby both the Legislative branch and the executive branch with the policy team.

1200300000 - Federal Affairs/Policy
Responsible for legislative and regulatory policy matters that impact the profession, dental practices and federal dental services. This includes legislative analysis, in person meetings and regulatory comments on behalf of the association.

1200700000 - State Public Affairs Program
Grant program offered by the ADA to assist state assoc. in their advocacy efforts. State grantees use SPA funds to deal with issues including: workforce and Medicaid reimbursement rates, then share their learning and results with other state assoc.

1500300000 - CAAP - Administrative
Provides support for the Coordinator for Action for Dental Health to capture metrics, provide educational information to members and coordinate measure for initiatives with member activities. Also, this program provides support for two Council meetings; doing the business of the Council between those meetings. CAAP Admin contains efforts to implement Action for Dental Health Initiatives.

1500300005 - Fluoridation
Fluoridation is the only entity within the ADA that assists members and state assoc. in technical assistance for community water fluoridation issues at the state and local level.

1500300010 - Interprofessional Relations
This program area assists members by actively supporting them in activities to promote oral health and treatment in collaboration with members of the medical community such as: pediatricians, family medicine and hospital communities.

1500300015 - Access and Community Health
Assists members in their practice and community based activities which promote access to dental care and prevention of dental disease.

1500300025 - Geriatric Oral Health Program
This program area guides members in their activities which address the needs of older Americans and promotes improved oral health status.

1500300045 - Preventative Health
This is the only program area which assists our members in their efforts to improve health literacy for underserved populations as well as guide member activities with school based health, oral cancer prevention and nutritional guidance.

Health Policy Institute

Divisional Summary by Natural Account

HPI				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Publication and Product Sales	13	3	10	(3)	(21.6%)	7	233.3%
Other Income	86	181	89	3	3.2%	(92)	(50.8%)
Total Revenue	**99**	**184**	**99**	**(0)**	**(0.0%)**	**(85)**	**(46.2%)**
Expense							
Salaries and Temporary Help	1,461	1,495	1,499	(38)	(2.6%)	(4)	(0.3%)
Fringe Benefits	485	533	539	(54)	(11.1%)	(6)	(1.1%)
Consulting Fees & Outside Svcs	607	869	590	17	2.8%	279	32.1%
Print., Publicat. & Marketing	0	1	0	(0)	(48.3%)	1	85.0%
Meeting Expenses	10	2	10	(0)	(3.7%)	(8)	(400.0%)
Travel Expenses	41	42	42	(1)	(3.3%)	0	0.0%
Bank & Credit Card Fees	0	-	-	0	100.0%	-	100.0%
Office Expenses	26	29	26	0	1.0%	3	9.3%
Other Expenses	(1)	-	-	(1)	100.0%	-	100.0%
Total Expense	**2,629**	**2,970**	**2,706**	**(76)**	**(2.9%)**	**264**	**8.9%**
Net Income/(loss)	**(2,530)**	**(2,786)**	**(2,607)**	**(76)**	**(3.0%)**	**179**	**6.4%**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1550000000 - Health Policy Institute	**13.0**	**99**	**2,038**	**42**	**626**	**-**	**(2,607)**

Department Descriptions

1550000000 - Health Policy Institute

HPI delivers critical policy knowledge related to the U.S. dental care system by generating, synthesizing, and disseminating innovative research on a variety of topics that are relevant to ADA leadership, policy makers, health care advocates and providers. The key issues that HPI focuses on include health policy reform, access to dental care, the dental workforce, dental care utilization and benefits, dental education and oral health outcomes.

Human Resources

Divisional Summary by Natural Account

Human Resources				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Expense							
Salaries and Temporary Help	896	993	923	(26)	(3.0%)	70	7.1%
Fringe Benefits	212	283	296	(84)	(39.6%)	(12)	(4.4%)
Consulting Fees & Outside Svcs	69	22	40	29	41.7%	(18)	(81.8%)
Print., Publicat. & Marketing	115	112	152	(37)	(32.5%)	(40)	(35.7%)
Meeting Expenses	2	-	-	2	100.0%	-	100.0%
Travel Expenses	25	8	11	14	55.7%	(4)	(47.9%)
Office Expenses	17	18	17	(0)	(2.8%)	1	4.3%
Other Expenses	509	610	529	(20)	(3.9%)	81	13.3%
Total Expense	**1,844**	**2,046**	**1,968**	**(124)**	**(6.7%)**	**78**	**3.8%**
Net Income/(Loss)	**(1,844)**	**(2,046)**	**(1,968)**	**(124)**	**(6.7%)**	**78**	**3.8%**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1050400000 - Human Resources	**8.0**	**-**	**1,219**	**11**	**738**	**-**	**(1,968)**

Department Descriptions

1050400000 - Human Resources

Responsible for employee benefits, staffing, training, and compensation. The benefits function identifies, designs, and manages delivery of a broad range of employee benefit plans and services. These include health and life insurance and retirement plans, and wellness services, and employee assistance programs. Staffing includes hiring and placement of ADA staff into open jobs including oversight of search firms and the filling of approved job positions. Human Resources also establishes, organizes, designs, administers and delivers cost efficient training programs and content including, critical learnings and development services to ADA staff. The compensation function establishes and manages ADA's pay philosophy, salary grade system and pay increases.

Legal Affairs

Divisional Summary by Natural Account

Legal Affairs				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Other Income	36	45	36	(0)	(1.0%)	(9)	(20.0%)
Total Revenue	**36**	**45**	**36**	**(0)**	**(1.0%)**	**(9)**	**(20.0%)**
Expense							
Salaries and Temporary Help	2,369	2,359	2,432	(62)	(2.6%)	(72)	(3.1%)
Fringe Benefits	749	701	708	41	5.5%	(8)	(1.1%)
Consulting Fees & Outside Svcs	(4)	3	-	(4)	100.0%	3	100.0%
Print., Publicat. & Marketing	2	10	5	(3)	(210.2%)	5	51.2%
Meeting Expenses	5	2	2	3	65.5%	0	15.0%
Travel Expenses	45	81	68	(23)	(52.1%)	13	16.0%
Professional Services	876	913	920	(44)	(5.0%)	(7)	(0.8%)
Office Expenses	31	32	31	0	0.2%	2	5.0%
Facility and Utility Costs	1	-	-	1	100.0%	-	100.0%
Grants and Awards	4	7	4	0	3.5%	3	42.9%
Other Expenses	1	-	-	1	100.0%	-	100.0%
Total Expense	**4,078**	**4,108**	**4,169**	**(91)**	**(2.2%)**	**(61)**	**(1.5%)**
Net Income/(Loss)	**(4,042)**	**(4,063)**	**(4,133)**	**(91)**	**(2.3%)**	**(70)**	**(1.7%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1150000000 - Chief Legal Counsel	14.0	36	2,708	21	487	-	(3,180)
1150050000 - Council Ethics Bylaws & Judic	2.6	-	432	47	14	-	(493)
1150240000 - Internal Audit Services	0.0	-	-	-	212	-	(212)
1150250000 - Annual External Audit & Tax Fees	0.0	-	-	-	248	-	(248)
LeglAffr - Legal Affairs	**16.6**	**36**	**3,140**	**68**	**961**	**-**	**(4,133)**

Department Descriptions

1150000000 - Chief Legal Counsel

The Division of Legal Affairs provides the Association with (1) legal advice and guidance in carrying out its mission in a legally acceptable manner that accords with Association policies; (2) drafts of appropriate agreements and other legally binding documents to facilitate the conduct of the activities and business of the ADA and its affiliates; (3) effective and efficient management of the Association's litigation; (4) assistance to members in making informed decisions about signing participating dental provider contracts with insurers and health plans, and accepting dental school scholarships offered by organizations in exchange for a future work commitment following graduation; and (5) enhanced value of the ADA Seal of Acceptance by allowing Seal Program participants to use the ADA Seal on accepted over-the-counter (OTC) products distributed outside of the United States.

1150050000 - Council Ethics Bylaws & Judic

The Council on Ethics, Bylaws and Judicial Affairs (CEBJA), (1) contributes to the highly ethical image of the ADA and its members with the public, the media and government decision makers; (2) protects the dentistry's privileges of self-regulation by keeping the ADA Principles of Ethics and Code of Professional Conduct strong and relevant and as the appellate tribunal for members disciplined by component/constituent societies, ensures a fair and uniform disciplinary process; (3) administers the ADA member conduct policy; (4) creates awareness of ethics and professionalism among dental students, including the obligation to participate in organized dentistry; (5) attracts and retains members by fostering pride in the high ethical standards set by the ADA; (6) provides professional ethical guidance to constituent and component societies and members; (7) reviews proposed revisions to the ADA Constitution and Bylaws to maintain Bylaws currency and relevance; and (8) responds to requests from the tripartite and membership for Bylaws interpretations.

11500240000 – Internal Audit Services

Internal auditing is an independent appraisal function to assist management and the Audit Committee of the Board of Trustees in the effective discharge of their responsibilities through the objective review, risk assessment and evaluation of the business processes and internal controls of the Association. Additionally, the services of a certified public accounting firm are utilized to facilitate the preparation of required tax filings for local, state and federal governments. The audit function is housed in the Legal Division.

11500240000 – Annual External Audit & Tax Fees

The external audit of the ADA financial statements is an independent review conducted in accordance with generally accepted standards that results in an independent opinion of the fairness of the presentation of those statements. The external audit of the ADA financial statements is required at least annually by the ADA Bylaws. The audit function is housed in the Legal Division.

Integrated Marketing & Communications

Divisional Summary by Natural Account

Integrated Marketing & Communications				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Meeting & Seminar Income	7	4	7	(0)	(5.2%)	3	75.0%
Grants, Contributions, Sprship	20	-	-	(20)	(100.0%)	-	(100.0%)
Total Revenue	**27**	**4**	**7**	**(20)**	**(74.4%)**	**3**	**75.0%**
Expense							
Salaries and Temporary Help	3,867	3,889	3,700	167	4.3%	190	4.9%
Fringe Benefits	1,184	1,343	1,253	(69)	(5.8%)	90	6.7%
Consulting Fees & Outside Svcs	1,719	930	909	809	47.1%	20	2.2%
Print., Publicat. & Marketing	1,791	1,777	3,778	(1,987)	(110.9%)	(2,001)	(112.6%)
Meeting Expenses	11	15	107	(96)	(894.4%)	(92)	(611.0%)
Travel Expenses	146	158	181	(34)	(23.5%)	(23)	(14.4%)
Professional Services	4	3	4	(1)	(14.3%)	(1)	(15.9%)
Office Expenses	69	98	47	22	31.9%	51	51.9%
Depreciation and Amortization	1	1	1	(0)	(0.0%)	(0)	(0.0%)
Other Expenses	4	-	-	4	100.0%	-	100.0%
Total Expense	**8,795**	**8,214**	**9,979**	**(1,184)**	**(13.5%)**	**(1,765)**	**(21.5%)**
Net Income/(Loss)	**(8,768)**	**(8,210)**	**(9,972)**	**(1,204)**	**(13.7%)**	**(1,762)**	**(21.5%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1240000000 - Sr VP Communications	3.0	-	542	22	56	1	(620)
1240050000 - Integrated Marketing	6.0	-	925	10	3,072	-	(4,007)
1240100000 - Digital Services	8.0	-	1,134	20	909	-	(2,063)
1240200000 - Communications	6.0	7	887	53	476	-	(1,409)
1240250000 - Council on Communication	2.0	-	282	69	2	-	(352)
1240400000 - Video Studio - Comm	3.0	-	376	-	-	-	(376)
1240280000 - Research Insights & Intelligence	2.0	-	408	4	198	-	(610)
1300400000 - Dept of Membership Marketing	3.0	-	399	3	133	-	(535)
Comm - Integrated Mktg & Communications	**33.0**	**7**	**4,952**	**181**	**4,845**	**1**	**(9,972)**

Department Descriptions

1240000000 - Sr VP Communications
The Chief Communications Officer cost center champions integration and communications excellence across the ADA, focusing on integrated campaigns, member and stakeholder communications, public affairs, research, digital and creative services and issues management programs that are directly tied to ADA Strategic Goals and Mission.

1240050000 - Integrated Marketing
Integrated Marketing Cost Center Drives Master Brand Strategy across the enterprise while collaborating with ADA divisions to develop large-scale integrated content and marketing initiatives through a Design Thinking approach to insight and analytics.

1240100000 - Digital Services
The digital services cost center encompasses strategy and execution of the Digital Member experience initiative, including the redesign of ADA.org, support for users publishing content on ADA sites, SEO, SEM and Social Media strategy. Digital supports states and locals in launching sites on the Branded WebTemplates, providing site planning, content strategy, content management system training and client service to member societies. ADA's visual branding, creative design, photography and video storytelling are also included in the Digital cost center.

1240200000 - Communications
Elevates ADA’s visibility and influence as the leading authority on oral health to multiple stakeholders including members and potential members, federal legislators and regulatory agencies, national news media, and think tanks. Leads ADA’s reputation management/crisis communications and thought leadership strategies and outreach. Provides executive communications support for ADA President, President Elect and Executive Director.

1240250000 - Council on Communication
The Council on Communications advises on the reputation and brand of the ADA. It provides strategic oversight on the strategic communications plan that supports the ADA strategic plan (currently Members First 2020) and recommends strategies for significant communications campaigns across the Association.

1240280000 - Research Insights & Intelligence
Leads qualitative and quantitative marketing research initiatives for the ADA, including managing the ADA’s Advisory Circle (a research panel of ADA members), which provides an ongoing business intelligence feedback loop that helps inform decisions on marketing campaigns for membership recruitment and retention, and product and services.

1240400000 - Video Studio - Comm
The video studio cost center provides funds for the ADA staff salaries and equipment needed to develop ADA videos and maintain the ADA Video Studio and operatory.

1300400000 - Dept of Membership Marketing
The Membership Marketing department conducts research, develops and implements recruitment and retention initiatives for direct members, and develops and directs communication with underrepresented segments.

Member & Client Services

Divisional Summary by Natural Account

Member & Client Services	2017 Actual	2018 Budget	2019 Budget	$ Var 19B vs 17A Fav/(Unfav)	% Var 19B vs 17A Fav/(Unfav)	$ Var 19B vs 18B Fav/(Unfav)	% Var 19B vs 18B Fav/(Unfav)
Revenue							
Membership Dues	56,458	55,199	55,000	(1,458)	(2.6%)	(199)	(0.4%)
Grants, Contributions, Sprship	200	197	220	20	10.0%	23	11.7%
Total Revenue	**56,658**	**55,396**	**55,220**	**(1,438)**	**(2.5%)**	**(176)**	**(0.3%)**
Expense							
Salaries and Temporary Help	3,586	3,583	3,589	(2)	(0.1%)	(6)	(0.2%)
Fringe Benefits	1,211	1,456	1,445	(234)	(19.3%)	11	0.7%
Consulting Fees & Outside Svcs	44	76	102	(58)	(130.9%)	(26)	(33.9%)
Print., Publicat. & Marketing	209	321	389	(180)	(86.0%)	(68)	(21.2%)
Meeting Expenses	83	135	21	63	75.1%	114	84.6%
Travel Expenses	423	375	457	(34)	(8.0%)	(81)	(21.7%)
Professional Services	8	-	-	8	100.0%	-	100.0%
Bank & Credit Card Fees	615	530	528	87	14.1%	2	0.4%
Office Expenses	143	79	92	51	35.8%	(13)	(16.6%)
Facility and Utility Costs	-	9	7	(7)	(100.0%)	2	22.2%
Grants and Awards	138	405	250	(112)	(81.2%)	155	38.3%
Other Expenses	-	4	4	(4)	(100.0%)	0	0.0%
Total Expense	**6,461**	**6,972**	**6,883**	**(422)**	**(6.5%)**	**89**	**1.3%**
Net Income/(Loss)	**50,197**	**48,424**	**48,337**	**(1,860)**	**(3.7%)**	**(87)**	**(0.2%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1300000000 - Sr. VP Membership & Client Svcs	2.0	-	459	9	3	-	(470)
1300100000 - Client Services	9.0	20	1,174	204	307	-	(1,664)
1300200050 - Council on Membership Admin.	2.0	-	254	75	252	-	(581)
1300250000 - Member Service Center	15.0	-	1,633	2	4	-	(1,639)
1300450000 - Department of Membership Info	11.0	55,080	1,289	5	654	-	53,132
1300500000 - Dental School Programs	0.0	120	-	121	71	-	(72)
1300550000 - Office of Student Affairs	2.0	-	224	41	102	-	(367)
MbrTriMktg - Member and Client Services	**41.0**	**55,220**	**5,034**	**457**	**1,393**	**-**	**48,337**

Department Descriptions

1300000000 - Sr. VP Membership & Client Svcs
Provides strategic leadership and guidance to the departments within the division of Member and Client Services in support of the ADA's Membership Recruitment and Retention goals per the ADA.

1300100000 - Client Services
Client Services is comprised of Dental Society, Dental School, and Diversity and Inclusion Outreach. They are committed to supporting state and local dental societies to foster member growth, deliver services and build community to positively impact membership across the ADA.

1300200050 - Council on Membership Admin.
Supports the ADA's membership recruitment and retention strategic plan goals by facilitating the bylaws responsibilities of the Council in formulating membership policy recommendations, analyzing membership trends, and developing programs to enhance involvement particularly among underrepresented segments

1300250000 - Member Service Center
The Member Service Center improves the member/customer experience as the first point of contact in support of the ADA's recruitment, retention and non-dues revenue strategies by centralizing transactions such as orders and inquiries

1300450000 - Department of Membership Info
The Department of Membership Operations implements membership policies and procedures in accordance with the ADA Constitution and bylaws, and maintains the ADA dentist master file database of over 300,000 records and annually handles over $55 million in member dues processing.

1300550000 – Dental School Programs
The Dental Student Program is designed to help dental students be successful in the transition to practice, and is often one of their first introductions to the ADA. The purpose of the program is to educate students about life after dental school, which conveys member value. The Success programs reach approximately 8,000 dental students each year, introducing both member and non-member students to the ADA as a lifelong resource and helping them prepare for success in the profession.

1300550000 - Office of Student Affairs
The Office of Student Affairs fosters collaboration between the ADA and ASDA, and keeps students and the ADA informed on important issues while creating more than 5,000 new student records annually, and continually maintains a database of 22,000+ student records; and processes ADA student membership dues.

Practice Institute

Divisional Summary by Natural Account

Practice Institute				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Publication and Product Sales	7	8	-	(7)	(100.0%)	(8)	(100.0%)
Meeting & Seminar Income	6	19	47	40	656.1%	28	144.7%
Grants, Contributions, Sprship	39	83	106	67	171.8%	23	27.2%
Royalties	30	19	-	(30)	(100.0%)	(19)	(100.0%)
Other Income	52	200	83	31	60.8%	(117)	(58.5%)
Total Revenue	**134**	**329**	**235**	**101**	**75.9%**	**(94)**	**(28.5%)**
Expense							
Salaries and Temporary Help	3,008	3,045	3,222	(214)	(7.1%)	(177)	(5.8%)
Fringe Benefits	1,058	1,074	1,119	(61)	(5.8%)	(45)	(4.2%)
Consulting Fees & Outside Svcs	149	203	149	1	0.4%	54	26.6%
Print., Publicat. & Marketing	87	127	69	18	21.1%	59	46.1%
Meeting Expenses	45	50	67	(22)	(49.0%)	(17)	(33.9%)
Travel Expenses	673	606	718	(45)	(6.6%)	(112)	(18.4%)
Professional Services	5	2	33	(28)	(622.2%)	(31)	(1525.0%)
Bank & Credit Card Fees	1	1	1	0	15.2%	(0)	(47.1%)
Office Expenses	160	179	169	(9)	(5.7%)	10	5.3%
Grants and Awards	1	3	4	(3)	(207.7%)	(1)	(33.3%)
Total Expense	**5,187**	**5,291**	**5,550**	**(363)**	**(7.0%)**	**(260)**	**(4.9%)**
Net Income/(Loss)	**(5,054)**	**(4,962)**	**(5,315)**	**(262)**	**(5.2%)**	**(354)**	**(7.1%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1450500000 - Standards Admin	4.0	-	530	348	119	-	(997)
1450500005 - U.S. Sub-Tags	0.0	49	-	5	43	-	0
1500000000 - VP Practice Institute	3.0	-	756	27	15	-	(799)
1500050000 - Center for Dental Practice	6.0	67	911	200	85	-	(1,130)
1500050100 - Center for Professional Success	4.0	50	501	12	135	-	(599)
1500050300 - PCSS O Grant	0.0	35	-	-	5	-	30
1500200000 - Ctr for Den Ben, Code & Qlty	10.0	34	1,304	125	23	-	(1,418)
1500400000 - Dental Informatics	2.0	-	338	-	66	-	(404)
PracticeInst - Practice Institute	**29.0**	**235**	**4,341**	**718**	**491**	**-**	**(5,315)**

Department Descriptions

1450500000 - Standards Admin
This department directs the development of national and international standards utilizing over 500 volunteers from the dental profession, industry, academia and government. The standards affect all aspects of dentistry.

1500000000 - VP Practice Institute
The senior vice president's office provides leadership, vision, management and coordination of ADA activities in the areas of access, prevention and interprofessional relations and oral cancer; dental benefit programs; dental practice management; dental informatics; health policy resources; and ADA surveys. This office pursues liaison activities with outside public and private agencies involved in health care issues and oversees the responses of agencies within the division to directives from the Board of Trustees and House of Delegates.

1500050000 - Center for Dental Practice
The center develops content and offers assistance in dental practice management, regulatory compliance and marketing; dental group practice and practice models; monitors workforce issues; the dental economy; dental team and dental laboratory industry liaison activities; dentist health, wellness and well-being activities; ergonomics; and emerging issues. The Council on Dental Practice oversees the activities of the Center.

1500050100 - Center for Professional Success
CPS is an interactive web portal developed for members to access practice management content, decision support tools, other unique business applications and health and wellness resources.

1500050300 – PCSS O Grant
PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to provide web-based training to dental providers in the evidence-based prevention and treatment of opioid use disorders and treatment of pain.

1500200000 - Ctr for Den Ben, Code & Qlty
The Center advocates on behalf of members regarding third party payer issues, educates dentists and dental offices on dental benefit plans, supports resolution of claims issues for individual members, maintains the CDT Code, provides ADA input into ICD codes and electronic transactions, oversees the Dental Quality Alliance and supports the ADA's Credentialing Service powered by CAQH. The Council on Dental Benefit Programs oversees the Center's activities.

1500400000 - Dental Informatics
Directs the ADA's Dental Informatics activities; e.g., activities related to electronic data interchange (EDI); electronic health records; health information exchange, structured clinical terminology, national and international standards; provides liaison to government agencies and national organizations responsible for policy that affects the administrative and clinical components of IT use in health care.

Science Institute

Divisional Summary by Natural Account

Science Institute				$ Var	% Var	$ Var	% Var
	2017	2018	2019	19B vs 17A	19B vs 17A	19B vs 18B	19B vs 18B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Meeting & Seminar Income	73	50	-	(73)	(100.0%)	(50)	(100.0%)
Grants, Contributions, Sprship	96	145	12	(84)	(87.5%)	(133)	(91.7%)
Other Income	1,036	952	998	(38)	(3.7%)	46	4.8%
Total Revenue	**1,205**	**1,147**	**1,010**	**(195)**	**(16.2%)**	**(137)**	**(11.9%)**
Expense							
Salaries and Temporary Help	3,145	3,039	3,150	(5)	(0.2%)	(111)	(3.7%)
Fringe Benefits	1,103	1,225	1,038	66	5.9%	187	15.3%
Consulting Fees & Outside Svcs	28	130	48	(20)	(72.6%)	82	62.9%
Print., Publicat. & Marketing	40	72	39	0	0.8%	33	45.3%
Meeting Expenses	76	56	62	14	18.2%	(6)	(11.6%)
Travel Expenses	332	393	402	(70)	(21.2%)	(9)	(2.2%)
Professional Services	126	128	136	(10)	(7.8%)	(8)	(6.3%)
Bank & Credit Card Fees	3	1	3	1	18.4%	(1)	(108.3%)
Office Expenses	213	248	211	2	0.9%	36	14.6%
Facility and Utility Costs	3	1	3	0	0.8%	(1)	(73.6%)
Grants and Awards	-	-	12	(12)	(100.0%)	(12)	(100.0%)
Depreciation and Amortization	93	82	82	12	12.5%	0	0.0%
Other Expenses	6	11	6	0	7.0%	5	45.5%
Total Expense	**5,168**	**5,385**	**5,191**	**(23)**	**(0.4%)**	**194**	**3.6%**
Net Income/(Loss)	**(3,964)**	**(4,238)**	**(4,181)**	**(218)**	**(5.5%)**	**57**	**1.3%**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1650000000 - Sr. VP Science Prof. Affairs	3.0	-	562	37	22	-	(621)
1650050000 - Council on Scientific Affairs	3.0	12	439	108	81	-	(615)
1650100000 - Research and Laboratory	9.0	-	992	50	173	51	(1,266)
1650200000 - Product Evaluations	2.0	-	288	8	36	22	(354)
1650200001 - OTC Seal Program	4.0	998	512	30	108	8	340
1650300000 - Scientific Information	7.0	-	663	54	33	-	(750)
1650500000 - Evidence Based Dentistry	6.0	-	734	114	67	1	(917)
Sci - Science	**34.0**	**1,010**	**4,188**	**402**	**520**	**82**	**(4,181)**

Department Descriptions

1650000000 - Sr. VP Science Prof. Affairs
The Office of the Vice President is responsible for overseeing all programs within the Science Institute. This includes setting strategy and prioritization as well as providing administrative and logistical support to all programs. The Vice President also acts as liaison to the VRC and scientific advisor to the FDI Science Committee.

1650050000 - Council on Scientific Affairs
The Council on Scientific Affairs meets in person twice a year and serves the public, the dental profession and other health professions as an authoritative source of timely, relevant and emerging information on the science of dentistry and promotion of oral health. The CSA provides recommendations to the ADA's policymaking bodies on scientific issues, and promotes, reviews, evaluates, and conducts studies on scientific matters. The CSA produces content for a Science track of CE courses for the ADA Annual Meeting and is also responsible for overseeing three Award Programs - the Gold Medal Award, the Norton M. Ross Award and the 3M Innovative Fellowship.

1650100000 - Research and Laboratory
The ADA Department of Research and Standards tests and evaluates dental products and materials and provides unbiased, scientifically sound, clinically relevant, and user-friendly results in a timely manner. The Research and Standards program leads the development of standards and guidelines for product testing and evaluation and works with national and international stakeholders to ensure ANSI standards are the highest quality available.

1650200000 - Product Evaluations
The Product Evaluation program manages the ADA Clinical Evaluators (ACE) Panel. ACE Panel members participate in clinically oriented studies, evaluate professional dental products, and educate with peer-to-peer insights on proper clinical techniques, good prescribing habits and scientific topics of immediate concerns.

1650200001 - OTC Seal Program
The ADA Seal Program manages the ADA Seal of Acceptance Program. Based on CSA recommendation and approval, the program awards the ADA Seal to over-the-counter (OTC) oral care products that have met criteria for safety and effectiveness. This program reviews and updates

the requirements for all of the categories and works with subject matter experts to create requirements for new product categories.

1650300000 - Scientific Information
The department of scientific information is responsible for the analysis and development of scientific information relevant to the dental profession, the press, the public and public policy makers. This department is the key scientific contact for member dentists, external agencies and other divisions within the Association. The department of scientific information is responsible for Oral Health Topics pages and Science in the News articles on ADA.org and "For the Patient" pages in JADA. Scientific Information is also responsible for responding to House Resolution 86H-2016 and to work with other ADA agencies on the development of ADA policies.

1650500000 - Evidence Based Dentistry
The ADA Center for Evidence-Based Dentistry facilitates access to the available scientific information related to oral health care, and develops evidence-based resources for use in clinical practice including Clinical Practice Guidelines, systematic reviews, and chair side guides. The Center for Evidence-Based Dentistry also provides continuing education opportunities through workshops at ADA headquarters and dental schools.

Information Technology

Divisional Summary by Natural Account

Information Technology	2017 Actual	2018 Budget	2019 Budget	$ Var 19B vs 17A Fav/(Unfav)	% Var 19B vs 17A Fav/(Unfav)	$ Var 19B vs 18B Fav/(Unfav)	% Var 19B vs 18B Fav/(Unfav)
Revenue							
Other Income	3	-	-	(3)	(100.0%)	-	0.0%
Total Revenue	**3**	**-**	**-**	**(3)**	**(100.0%)**	**-**	**0.0%**
Expense							
Salaries and Temporary Help	5,536	5,547	5,697	(161)	(2.9%)	(151)	(2.7%)
Fringe Benefits	1,986	1,974	1,998	(12)	(0.6%)	(23)	(1.2%)
Consulting Fees & Outside Svcs	2,702	2,174	2,200	502	18.6%	(25)	(1.2%)
Meeting Expenses	5	-	-	5	100.0%	-	100.0%
Travel Expenses	75	53	60	15	19.6%	(7)	(12.6%)
Bank & Credit Card Fees	6	5	5	1	9.6%	-	0.0%
Office Expenses	1,374	1,269	1,346	28	2.1%	(77)	(6.0%)
Facility and Utility Costs	10	11	11	(1)	(7.3%)	0	1.8%
Depreciation and Amortization	1,932	2,318	2,455	(523)	(27.1%)	(137)	(5.9%)
Other Expenses	18	-	24	(6)	(33.9%)	(24)	(100.0%)
Total Expense	**13,642**	**13,351**	**13,795**	**(153)**	**(1.1%)**	**(445)**	**(3.3%)**
Net Income/(Loss)	**(13,639)**	**(13,351)**	**(13,795)**	**(157)**	**(1.1%)**	**(445)**	**(3.3%)**

Department Summary

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1450000000 - Chief Technology Officer	4.0	-	665	3	37	-	(705)
1450350000 - Enterprise Services	18.0	-	2,407	8	1,982	862	(5,259)
1450400000 - Data Management	6.0	-	1,251	6	276	849	(2,383)
1450450000 - Digital Member Experience	9.0	-	1,329	8	506	381	(2,224)
1450700000 - Aptify Enterprise Solutions	14.0	-	2,043	35	784	364	(3,225)
InfoTech - Information Technology	**51.0**	**-**	**7,695**	**60**	**3,585**	**2,455**	**(13,795)**

Department Descriptions

1450000000 - Chief Technology Officer
This cost center provides the leadership and guidance for the Association's technology, which includes all core business applications; all web-based applications, all other software applications; network infrastructure and telecommunications services for the Chicago, DC and VRC offices. It also provides day-to-day business and administrative support for the division.

1450350000 - Enterprise Services
This cost center provides the systems, software, network infrastructure, telecommunications and technical support services that support ADA business operations.

1450400000 - Data Management
This cost center provides the systems, policies and governance to manage how data is acquired, shared, governed and reported for the ADA and the Tripartite.

1450450000 - Digital Member Experience
This cost center provides the integration of tools and services to connect ADA members to relevant content, industry experts and each other.

1450700000 - Aptify Enterprise Solutions
This cost center provides the system for the ADA and the Tripartite to manage membership, commerce, meetings and legislative activities. It also provides a system for Testing Services and Dental Accreditation to manage their day-to-day business activities.

Resolutions

(See Resolution 34; Worksheet:2072)
(See Resolution 35; Worksheet:2073)

Resolution No. 34 New

Report: Board Report 2 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $132,650,000 (Revenue)
$134,954,000 (Ongoing Expense)
Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

APPROVAL OF 2019 BUDGET

Background: (See Report 2 of the Board of Trustees to the House of Delegates: 2019 Budget, Worksheet:2006). The Board of Trustees is recommending a 2019 operating budget of $132,650,000 in revenues and $134,954,000 in expenses and income taxes, generating a net loss before reserves of $(2,304,000). In addition, the budget anticipates $3,321,000 of operating capital expenditures. These figures do not include any potential dues increase, nor revenue and expenses reported in reserve divisions such as revenue from members insurance plans and investment capital gains, nor any potential reserve spending such as for Find-a-Dentist, the Business Model Project, and other special initiatives.

Resolution

34. Resolved, that the 2019 Annual Budget of revenues and expenses, including net capital Requirements, be approved.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 35 New

Report: Board Report 2 Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $2,274,800 Net Dues Impact: $22

Amount One-time _____ Amount On-going _____ FTE _____

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

ESTABLISHMENT OF DUES EFFECTIVE JANUARY 1, 2019

Background: The Board of Trustees at its August 2018 meeting approved a preliminary budget with net loss before reserves of $(2,304,000) based on the current full dues rate of five hundred and thirty-two dollars $(532). A dues increase of $22 is being sought to cover $2,000,000 annual costs associated with increasing Search Engine Marketing to support ADA Priorities.

Search engines like Google and Bing are the first place where users look for information on any topic. For the ADA to remain the pre-eminent resource for dentists and dental professionals, the ADA must be present and prominent across search engines to meet the needs of our members.

The Board views the $2,000,000 as an ongoing operational expense. This level of spending will allow the ADA to support strategic ADA priorities through Search Engine Marketing and drive members and dental professionals to use trusted ADA online resources and products. The funds will ensure that the ADA has enhanced presence on search engines for key topics that are most important to members and the ADA, and the flexibility to adjust topics as new ADA priorities arise.

Notification of the proposed dues level will be circulated electronically to all constituent dental societies and announced in an official Association publication. The following resolution is submitted by the Board of Trustees.

Resolution

35. Resolved, that the dues of ADA active members shall be $554.00, effective January 1, 2019.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 56 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, REMOVAL OF 25% AND 75% FINANCIAL HARDSHIP WAIVERS

Background: At its December 2017 meeting, the ADA Board of Trustees adopted the following resolution:

> **B-128-2017. Resolved,** that the Board urged the Council on Membership to consider proposals to streamline the number of dues categories, and be it further
>
> **Resolved,** that the Council is asked to report back to the Board with its proposal to the House of Delegates or with a report to the Board on its thoughts at the August 2018 Board meeting.

In 2018, the Council began the study of streamlining the current number of dues categories by reviewing all membership dues categories at the ADA. The purpose of reviewing the categories was to consider categories that could be eliminated or combined in the interest of minimizing the complexity of the amount of dues categories.

In an effort to further streamline the number of dues discount categories offered, the Council studied underutilized dues waivers and recommends the elimination of the 25% dues waiver and the 75% dues waiver.

In addition, the ADA does not limit the number of dues waivers that a member can receive and relies on the state and local dental societies to make that determination. In the interest of maintaining members who have hardships for a number of years the Council recommends that the cap on the number of waivers a member can receive at a state or local dental society be removed.

Proposed Resolution

56. Resolved, that the *ADA Governance and Organizational Manual*, Chapter I. MEMBERSHIP MATTERS, Subsection B. DUES, SPECIAL ASSESSMENTS AND RELATED MATTERS, subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph d. Financial Hardship Waivers, be amended as follows (deletions ~~stricken~~):

> d. Financial Hardship Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment ~~of twenty-five percent (25%),~~ fifty percent (50%)~~, seventy-five percent (75%)~~ or all of the current year's dues and/or any special assessment as determined by their

constituents and components. The constituents and components shall certify the reason for the waiver, and the constituents and components shall provide the same proportionate waiver of their dues as that provided by this Association.*

and be it further

Resolved, that the state and local dental societies be urged to remove the limit on the number of financial hardship waivers that a member can receive.

*Members with disabilities who were granted dues and any special assessment disability waivers prior to 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the *Bylaws* and hey submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability, upon request of the Association, during the exemption period.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 57 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, PARALLEL MEMBERSHIP CATEGORIES

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy on Parallel Membership Categories (*Trans.* 2008:482) and determined that the policy should be amended to include all membership categories, not just direct membership categories. The Council therefore recommends the following revisions.

Proposed Resolution

57. Resolved, that the ADA policy, Parallel Membership Categories (*Trans.* 2008:482), be amended as indicated (deletions ~~stricken~~, additions underscored):

Parallel Membership Categories

Resolved, that ~~constituent societies~~ state and local dental societies be urged to ~~develop opportunities for direct members to join the tripartite by creating~~ create parallel membership categories ~~at the state and local levels~~ to mirror those available at the ADA level.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 58 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

AMENDMENT OF ADA POLICY, TRIPARTITE MEMBERSHIP APPLICATION PROCEDURES

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Tripartite Membership Applications Procedures (*Trans*. 1998:685; 2014:524) and determined that the policy should be amended to remove out of date references to the Tripartite System which is no longer the database utilized by the ADA. During its policy review, the Council determined there is duplicative language in another existing policy, Processing of New Member Applications (*Trans.* 1998:685; 2014:524), and, therefore, recommends that the policy on Processing of New Membership Applications be rescinded.

Accordingly, the Council recommends adoption of the following resolution.

Proposed Resolution

58. Resolved, that the ADA policy, Tripartite Membership Application Procedures (*Trans.* 1998:685; 2014:524), be amended as indicated (deletions ~~stricken~~, additions underscored):

Tripartite Membership Application Procedures

Resolved, that the ADA urges state and~~/or~~ local ~~constituent~~ dental societies to review their own membership application procedures to ensure that they support a consistent application process that minimizes membership barriers and presents a positive member experience, and be it further

Resolved, that the ADA urges the use of its ~~Tripartite System and its related software~~. ADA Universal membership application, and be it further

Resolved, that the ADA, ~~constituent and component~~ state and local dental societies be urged to process new members applications within a combined timeframe of 30 days.

and be it further

Resolved, that the ADA policy, Processing of New Member Applications (*Trans.* 2000:452; 2002:381; 2003:353), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
POLICY TO BE RESCINDED

Processing of New Member Applications

Resolved, that the ADA, constituent and component dental societies be urged to process new members applications within a combined timeframe of 30 days.

Resolution No. 59 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, TRANSFER NONRENEWS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Transfer Nonrenews *(Trans.*1995:605), and determined the policy should be updated to reflect the current process of transferring nonrenewed members between state and local dental societies by managing list views in the Aptify system, where feasible, instead of lists being produced and emailed from the ADA to the state and local dental societies.

Proposed Resolution

59. Resolved, that the ADA policy, Transfer Nonrenews (*Trans.*1995:605), be amended as indicated (deletions ~~stricken~~, additions <u>underscored</u>):

Resolved, that the Association strongly encourage <u>state and local</u> ~~constituent and component~~ dental societies to address the issue of transfers who do not renew their membership, and be it further

Resolved, <u>that the state and local dental societies be urged to review the list from the ADA Association Management System for</u> ~~the Association send constituent dental societies lists of~~ known transfers into their jurisdiction for address verification and follow-up, and be it further

Resolved, that ~~component~~ <u>state and local</u> volunteers be encouraged to make personal contact with transfers and invite them to join their societies.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 60 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, UTILIZATION OF TRIPARTITE RESOURCES

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Utilization of Tripartite Resources (*Trans.*1995:604), and determined the policy should be should be amended to remove the outdated reference to the tripartite system database.

Proposed Resolution

60. Resolved, that the ADA policy, Utilization of Tripartite Resources (*Trans.*1995:604), be amended as indicated (deletions ~~stricken~~, additions underscored):

Utilization of Tripartite Resources

Resolved, that state and local ~~constituent and component~~ dental societies be encouraged to utilize tripartite resources in planning and implementing their respective membership communications to demonstrate the full array of member benefits available ~~through the tripartite system.~~

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 61 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, DIFFERENTIAL CHARGES ACCORDING TO MEMBERSHIP STATUS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Differential Charges According to Membership Status (*Trans.* 1982:506; 2004:294), and determined that the policy should be amended to reflect that the information on membership applicants is now housed in the ADA *Governance Manual* instead of the ADA *Bylaws*.

Proposed Resolution

61. Resolved, that the ADA policy, Differential Charges According to Membership Status (*Trans.*1982:506; 2004:294), be amended as indicated (deletions ~~stricken~~, additions underscored):

Differential Charges According to Membership Status

Resolved, that those activities of the ADA that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association, except that membership applicants who are eligible to receive interim services under the ~~Bylaws~~ ADA *Governance and Organizational Manual* may, during the interim period in which their applications are being processed, purchase items at a member rate through the ADA Catalog, receive complimentary copies of the *Journal of the American Dental Association* and the *ADA News* and have access to the ADA.org member-only areas, and be it further

Resolved, that all constituent societies of the Association be urged to adopt similar policy.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 62 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, FINANCIAL HARDSHIP DUES WAIVERS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Financial Hardship Dues Waivers (*Trans*.2002:381), and determined that the policy should be amended to reflect the current preferred online dues waiver application process of receiving membership waivers from state and local dental societies.

Proposed Resolution

62. Resolved, that the ADA policy, Financial Hardship Dues Waivers (*Trans.* 2002:381), be amended as indicated (deletions ~~stricken~~, additions underscored):

Financial Hardship Dues Waivers

Resolved, that as a membership retention tool, the ADA strongly encourages its ~~constituent and component~~ state and local dental societies to grant full or partial waivers to members who experience a significant limitation in income, whether it is due to family leave, other life disruption or practice circumstances, and be it further

Resolved, that ~~constituent and component~~ state and local dental societies be urged to use the online dues waiver application ~~process most recent version of the ADA dues waiver form for making an application for waiver,~~ and be it further

Resolved, that ~~constituent and component~~ state and local dental societies be urged to offer the same level of waivers that are available from the ADA so that members are afforded the same opportunities for assistance, regardless of state or local dental society.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 63 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, STREAMLINING MEMBERSHIP CATEGORY TRANSFERS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Streamlining Membership Category Transfers (*Trans*.2001:426), and determined that the policy should be amended to reflect the current definition of an active member of the Association.

Proposed Resolution

63. Resolved, that the ADA policy, Streamlining Membership Category Transfers (*Trans.* 2001:426), be amended as indicated (deletion ~~stricken~~, additions underscored):

Streamlining Membership Category Transfers

Resolved, that in order to ensure the smooth transition of dental students to active tripartite membership upon graduation from dental school, the~~constituent and component~~ state and local dental societies be urged to implement the following steps to streamline membership processing.

- Revise ~~constituent and component~~ state and local dental society bylaws language, if necessary, to eliminate approval by a volunteer agency or by vote of the membership, or other procedural barriers to active membership for dental students graduating from a dental school who are eligible for tripartite membership in that state.
- Identify, annually, fourth-year students who plan to enter practice in the state following graduation.
- Accept into active membership any person holding a D.D.S., D.M.D. or equivalent degree ~~the students identified, following graduation and licensure~~, including assignment to a component.
- Expedite completion of a transfer to active membership at all three levels of the tripartite through the established processes.
- Invoice new active members at the appropriate first-year-out rate through the reduced dues program in accord with regular dues renewal process.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 64 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

AMENDEMENT OF POLICY, OTHER ORGANIZATIONS' SUPPORT FOR ADA RECRUITMENT AND RETENTION ACTIVITIES

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Review (*Trans.* 2102:370), the Council reviewed the current ADA policy, Amendment of Other Organizations' Support for ADA Recruitment and Retention Activities (*Trans.*1989:540; 1997:659), and determined that the policy should be amended to reflect the current collaborative nature of recruitment and retention activities with other organizations.

Proposed Resolution

64. Resolved, that the ADA policy, Other Organizations' Support for ADA Recruitment and Retention Activities (*Trans.*1989:540; 1997:659), be amended as indicated (deletions ~~stricken~~, additions underscored):

Collaboration with Other Organizations to Support ~~for~~ ADA Recruitment and Retention Activities

Resolved, that the American Dental Association urge other dental organizations to ~~suppor~~t collaborate with the membership recruitment and retention activities of the American Dental Association, and be it further

Resolved, that the American Dental Association encourage other dental organizations to collaborate with the exchange of current information on membership and specialty status with the ADA on an annual basis.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 65 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

RESCISSION OF POLICY, ALTERNATE METHODS OF DUES PAYMENTS

Background: In accordance with Resolution 170H-2012, Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy on Alternate Methods of Dues Payments (*Trans.* 1988:456; 2012:511). The Council recommends the policy be rescinded as the adoption of Resolution 28H-2017, Implementation of a Uniform Dues Transaction, (below) is more inclusive.

> **28H-2017. Resolved**, that to simplify the member experience, all constituent societies are urged to use a uniform dues transaction which allows acceptance of dues payments in installments, permits payment of dues with a credit or debit card, and permits auto-renewal of dues, with an opt-out option.

Resolution

> **65. Resolved,** that the ADA policy, Alternate Methods of Dues Payments (*Trans.*1988:456; 2012:511), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
POLICY TO BE RESCINDED

Alternate Methods of Dues Payments (Trans. 1988:456; 2012:511)

Resolved, that constituent and/or component societies be urged to offer an alternative method of dues payment, and be it further

Resolved, that the Association offer its assistance in recommending such a plan to those constituent and/or component societies that request such assistance.

Resolution No. 66 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

RESCISSION OF POLICY, AVAILABILITY OF SURVEY RESULTS

Background: In accord with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, Availability of Survey Results (*Trans.* 2008:474), and consulted with the Health Policy Institute (HPI); formerly known as the "Survey Center." It was recommended that this policy be rescinded since the policy pertained to results of "appropriate" surveys conducted by the Survey Center. There is an area on the HPI website that lists the surveys that were made free to members after that 2008 policy took effect.

However, currently, from an HPI perspective, everything currently published is open access. The mission of the HPI is to inform strategic decision making within and outside the ADA, and the main audience is not dentists, but researchers and policymakers. Therefore, HPI cannot keep its publications behind a members-only firewall.

In addition, while 2008 the Survey Center was the centralized area for all of ADA's surveys, that is no longer the case for HPI.

Proposed Resolution

66. Resolved, that the ADA policy, Availability of Survey Results (*Trans.* 2008:474), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

WORKSHEET ADDENDUM
POLICY TO BE RESCINDED

Availability of Survey Results (Trans.2008:474)

Resolved, that all appropriate Survey Center results be published in the “MEMBERS ONLY” section of the ADA website and there be no cost associated with this information for members of the ADA.

Resolution No. 67 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Membership

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

RESCISSION OF POLICY, ADA NOTIFICATION OF NEW TRIPARTITE MEMBERS BY CONSTITUENT SOCIETIES

Background: In accord with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.* 2012:370), the Council reviewed the current ADA policy, ADA Notification of New Tripartite Members by Constituent Societies (*Trans*. 2000:446), which urges state and local dental societies to notify ADA of all new tripartite members as soon as their applications are approved and dues have been paid so the members can receive benefits as soon as they are eligible.

The Council recommends that this policy be rescinded due to updated mechanisms and policies that are in place. The ADA's management database platform gives ADA access to relevant member applicant data entered by the constituent dental societies. This facilitates the delivery of benefits right away. Moreover, interim benefits, as set forth in the ADA *Governance and Organizational Manual* (Chapter I, Section C), and the policy on Differential Charges According to Membership Status (*Trans.* 1982:506; 2004:294), can be made available when an applicant submits a completed application. The current policy on Differential Charges According to Membership Status reads as follows:

> **Resolved,** that those activities of the ADA that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association, except that membership applicants who are eligible to receive interim services under the *Bylaws* may, during the interim period in which their applications are being processed, purchase items at a member rate through the ADA Catalog, receive complimentary copies of the *Journal of the American Dental Association* and the *ADA News* and have access to the ADA.org member-only areas, and be it further
>
> **Resolved,** that all constituent societies of the Association be urged to adopt similar policy.

Accordingly, the Council recommends that the House review and approve the rescission of the following policy statement related to notification of new tripartite members.

Resolution

67. Resolved, that the ADA policy, ADA Notification of New Tripartite Members by Constituent Societies (*Trans.* 2000:446), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM

POLICY TO BE RESCINDED

ADA Notifications of New Tripartite Members by Constituent Societies (Trans. 2000:446)

Resolved, that constituent societies be encouraged to notify the ADA of all new tripartite members, as soon as their application has been approved and their dues have been paid to ensure that the Association can make it a priority for new members to begin receiving membership benefits as soon as they are eligible.

Resolution No. 73 New

Report: N/A Date Submitted: September 2018

Submitted By: Ninth District

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Net increase of 4,000 active licensed members by end of 2019

How does this resolution increase member value: See Background

LIMITED PRACTICE MEMBERSHIP CATEGORY

The following resolution was adopted by the Ninth Trustee District and transmitted on September 12, 2018, by Michelle Nichols-Cruz, governance manager, Michigan Dental Association.

Background: The American Dental Association represents all dentists and should work to decrease the financial burden of full-active dues for part-time practitioners who have limited income so they remain members in good standing.

The Ninth District is requesting that the ADA Board of Trustees have the appropriate Councils and/or agencies evaluate creation of a new membership category for dental professionals who hold a D.D.S., D.M.D. or equivalent degree and practice on a limited basis. There have been many instances where members in different age groups are not working full time (30+ hours). A Limited Practice category could help the ADA continue to serve part-time practitioners of different age groups (e.g., new parents, family caregivers, semi-retired) who are practicing in various positions (e.g., faculty, administrators, charitable dental clinic staff). In addition, this category could help reduce the number of dues waiver requests and the number of non-members who are avoiding membership all together because of the cost of tripartite dues.

Information was gathered from the New Jersey, Louisiana, Arizona, Minnesota and Michigan Dental Associations and the Chicago Dental Society to help identify what is working well in their states and component in regards to reduced dues categories for members in a limited practice category. The Michigan Dental Association currently has 120-125 members that fit into this limited time practice/professional leave membership category. MDA has an income level that is established by the Board of Trustees and requires an affidavit to be submitted to the local component to be considered for this category.

Current membership categories and dues history were reviewed to find trends and discover where this category might have helped some dentists choose to renew rather than drop their membership.

Research shows that many dentists working limited hours do not categorize themselves as retired members and cannot justify paying full-active dues on a reduced income choose to not renew their membership or not join as a new member, therefore be it

Resolution

73. Resolved, that the ADA Board of Trustees refer to the appropriate ADA Councils and agencies to evaluate the need of a new membership category for Limited Practice dentists with a report back to the 2019 ADA House of Delegates with specific evaluation regarding, but not limited to, the following:

- Determine the level of dues and assessment to be paid
- Same rights and privileges as an active member in good standing
- Limited to practicing dentists who earn $50,000 or less.
- A member's limited practice membership qualifications may be audited or investigated

BOARD COMMENT: The Board recognizes that the Council on Membership is entering its second year of a membership dues category simplification study. Through this study, the Council is reviewing the structure of the current categories and will be developing a strategy to recommend to the House. Resolution 73 would require the Council to undertake work which it may or may not deem necessary. The Board believes that the Council on Membership should have flexibility in the conduct of its study rather than be limited as to the parameters of the evaluation of this category as outlined in the original resolution. Accordingly, the Board recommends adoption of the following substitute resolution.

73B. Resolved, that the Council on Membership consider the practice status of dentists when evaluating membership dues categories as a part of its dues simplification study.

BOARD RECOMMENDATION: Vote Yes on the Substitute.

BOARD VOTE: UNANIMOUS.

Resolution No. N/A New

Report: CMIRP Report 1 Date Submitted: September 2018

Submitted By: Council on Members Insurance and Retirement Programs

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

REPORT 1 OF THE COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS TO THE HOUSE OF DELEGATES: RESPONSE TO RESOLUTION 2H-2017: FEASIBILITY STUDY OF A NATIONAL HEALTH INSURANCE PLAN

Background: This report is in response to ADA House of Delegates Resolution 2H-2017.

Resolution 2H-2017 reads as follows:

> **2H-2017 Resolved,** that the American Dental Association investigate the financial and legal possibilities of offering a national association health plan for its members and report to the 2018 ADA House of Delegates.

Resolution 2H-2017 was assigned to the Council on Members Insurance and Retirement Programs. The ADA retained the consulting firm of Milliman to conduct a feasibility study to investigate the financial implications and legal possibilities of offering a national association health plan for ADA members. The scope of the study was defined to broadly include an identification and assessment of the federal legislative and state regulatory environments for structuring a national association health plan ("AHP"), competitive market conditions, potential legal risks and financial implications to ADA, including any possible reserve or funding requirements of plan sponsors, and plan design, administrative and marketing related issues and considerations.

As matter of background, on January 5, 2018 the Department of Labor ("DOL") released the proposed rule for AHP's for public comment which triggered hundreds of responses, including one from the ADA. As is customary with matters impacting small business owners, ADA attorneys, Washington DC legislative staff and respective council agencies reviewed the proposed rule and submitted comment on behalf of state dental societies with existing association health plans ("AHP's"), including multiple employer welfare arrangements ("MEWA's"), currently operating under established federal and state regulations.

The proposed rule stalled until June 21, 2018 when the DOL finally issued the Final Rule for structuring AHP's, ceding oversight and authority to state regulators. The overly complex rule has prompted considerable industry debate and multiple state legal actions over interpretation and applicability with existing federal and state regulations for employer group plans. There is growing uncertainty as to what additional future changes may be imposed on AHP's pending the outcome of this market disruption.

As part of the feasibility study, Milliman conducted a comprehensive review of Final Rule and its impact on coverage availability and affordability for association groups. The consultants assessed the design flexibility of AHP's, allowable rating variations, how it impacts consumer protections, pre- and post-rule distinctions, the competitive landscape and state dental society endorsed offerings, key benefits and challenges including potential issues of insurance market and sustainability of AHP's long-term.

In addition, Milliman held discussions with the top five national carriers which have the network capability to underwrite a fully-insured program to determine their level of interest in structuring a new AHP for ADA members under the new rule. United HealthCare, currently the leading health insurance company in the employer group market, was potentially interested but not willing to enroll sole proprietor dentist members due to underwriting rules and concerns over adverse selection. Other carriers either declined, expressed similar underwriting concerns or would only offer a self-funded plan approach which is not a financially viable option for the ADA.

The results of the study are outlined in Appendix 1 of the Milliman report which was presented to the Council for consideration at its August 24, 2018 meeting. In addition, the Council was guided by professional expertise provided by outside counsel with Bose McKinney & Evans, LLP, a legal firm engaged by ADA. The Council found the consultant's report to be thorough and complete with compelling factual information in support of Milliman's recommendation that it is not feasible to offer a national AHP for ADA members.

The consultants key findings are also consistent with the Board's May 2017 comment in response to Resolution 2H and in particular, the concerns expressed regarding the fundamental inherent risks in the pricing of voluntary group health plans, namely adverse selection, the tripartite competitive market considerations given the availability of state-endorsed offerings in at least 31 states and the potential to jeopardize the stability of existing plans. Additionally, the Board noted the broad accessibility of online member resources available nationally through the ADA-endorsed AHIX.com web portal, brokered by JLBG Health, Inc.

As part of its Bylaws responsibilities, the Council will continue to monitor health insurance market conditions and emerging changes that impact ADA members.

Resolutions

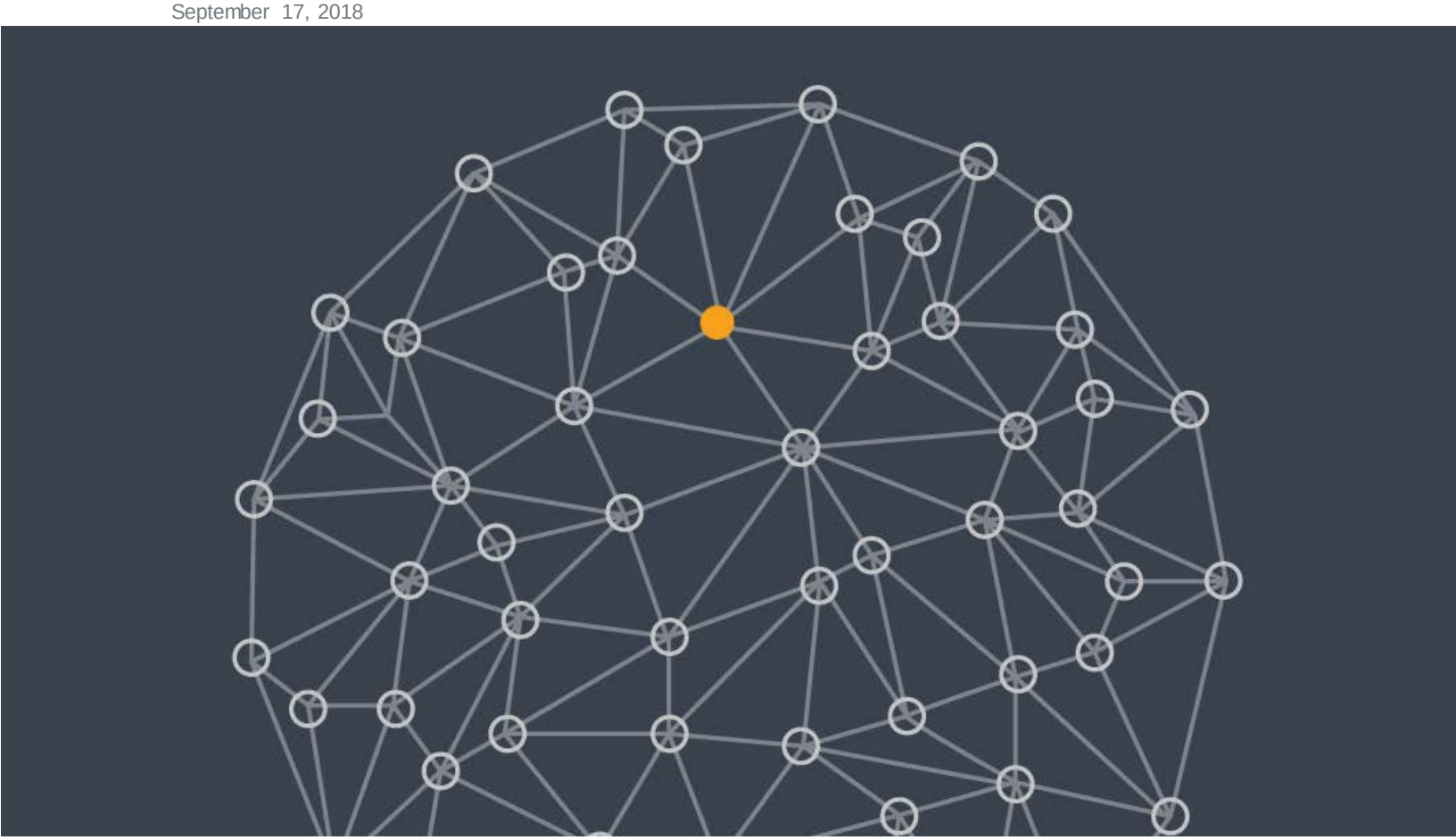
This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

American Dental Association / Milliman National Association Health Plan Feasibility Study

September 17, 2018



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September 17, 2018

Ms. Rita Tiernan
Senior Manager
Council on Members Insurance and Retirement Programs
American Dental Association
211 E. Chicago Ave.
Chicago, IL 60611

Re: American Dental Association / Milliman National Association Health Plan Feasibility Study

Dear Rita:

Milliman appreciates the opportunity to assist the American Dental Association with its national health plan feasibility study. This report summarizes our scope, findings, and recommendations related to the feasibility of offering a nationwide association health plan for members of the American Dental Association.

In developing this report, we relied on information provided in the Department of Labor's final rule on association health plans, released on June 21, 2018. Our results and interpretations could change with any future changes to the final rule or guidance. This report is intended for the internal use of the American Dental Association and should not be distributed, in whole or in part, to any external party without the prior written permission of Milliman.

Please let me know if you have any questions or would like to request more information. I can be reached at 262 796 3429. We appreciate our partnership with the American Dental Association and thank you for working with us on this project.

Regards,

Jason K. Sciborski, FSA, MAAA
Principal and Consulting Actuary

JKS/mmd

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SCOPE OF STUDY

The American Dental Association (ADA) engaged Milliman to conduct a feasibility study to investigate the financial and regulatory possibilities of ADA offering a national association health insurance plan for ADA members. The study's scope specifically included the following items:

1. Identification and assessment of the federal legislative and state regulatory environments to determine what opportunities exist (if any) for structuring a national association health plan (AHP)

2. Identification and assessment of the current market providers and competitive considerations at the national and state level

3. Identification and assessment of the potential regulatory risks and financial implications to ADA of offering a national health plan, including any possible reserve or funding requirements that may apply to plan sponsors

4. Identification and assessment of the plan design, underwriting, administrative, and marketing considerations associated with the potential offering of a national health plan

5. Identification and assessment of any other related issues that Milliman, in light of its expertise, determines as being necessary to achieve a meaningful study related to ADA

This report addresses items 1, 2, 3, and 5 above. Item 4 was not proceeded with, as offering a national association health insurance plan is not feasible.

EXECUTIVE SUMMARY

After a thorough review and assessment of the numerous complexities and potential risks associated with AHPs, I concluded it is not feasible for the ADA to offer a national AHP for its members. Pros and cons of offering a national AHP include, but are not limited to:

Pros

- New flexibility in plan design and rating under the final AHP rule.
- Final rule for AHP's offers greater flexibility in plan design and rating which should attract more carriers to the association group market.
- Expanded access to the formation of AHPs is intended to broaden the competitive market options for small business owners and other individuals.

Cons

- A magic formula does not exist, as there will be 'winners' and 'losers' in pricing a national AHP offering compared to current Affordable Care Act ("ACA") premiums.
- Current state specific offerings create complexities for a national ADA plan offering, particularly adverse selection risk.

  Long-term sustainability of a national offering is uncertain, principally in light of the 12 or more current attorneys general lawsuits filed and other regulatory risks, which could trigger additional changes to the rules governing association health plans and potential market shifts.
- Economies of scale are essential to establish and maintain competitive premiums and a financially successful group health plan. However, the ability to achieve and sustain participation levels and premium volume is highly unknown and difficult to predict in a voluntary group plan.

  Entry into the national health insurance market represents a significant undertaking and commitment of resources
  National AHPs face a wide web of state regulatory compliance requirements which vary by state

This report discusses these items, among others, in greater detail to further support my recommendation.

REGULATION SUMMARY

On October 12, 2017, the Trump administration issued the "Executive Order Promoting Healthcare Choice and Competition Across the United States", which sought to provide additional health insurance coverage options outside of the Patient Protection and Affordable Care Act (ACA) market. One of the options the Executive Order addressed directly is the formation of AHPs for small employer groups and certain other individuals. On January 5, 2018, the proposed rules for AHPs were issued and the final rule was released by the Department of Labor on June 21, 2018.

This section is not intended to be a comprehensive summary of all the topics covered in the AHP rule. Instead, it summarizes key issues from the AHP rule.

Summary of the AHP Rule

AHPs have been offered for decades under state law. AHPs that offered health insurance to individuals and small employers lost significant flexibility during the implementation of the ACA. The ACA requires AHPs that are unable to meet ERISA's commonality of interest provision (i.e., the requirements to be a 'bona fide' association) to rate individual and small group members according to the market rules these members are otherwise subject to. Because the commonality of interest provision under the former Administration was relatively strict, the ACA effectively limited the ability of AHPs to distinguish themselves from other market competitors. Many associations, therefore, ceased to offer health coverage, sending members who still desired health insurance to the individual and small group markets.

The final rule restores some lost flexibility to AHPs and allows some insureds that currently only have access to the individual and small group markets to take advantage of large group market rules. AHP coverage will face few direct federal restrictions beyond some prohibitions on health status rating. However, it is important to note that state regulators maintain authority over AHP's and these laws vary by state.

Highlights of the Rule

New Flexibility Offered to AHPs

The final rule provides flexibility to AHPs by:

- Eliminating the federal look-through requirement, thereby allowing associations to follow insurance rules based on the aggregate size of the association group. In other words, an AHP comprised of multiple small dental practices of ADA members can be treated as one large group whereas current law requires each individual group to be treated separately. This expands the eligibility pool that can benefit from more flexible large group rating rules.

- Expands the commonality of interest requirement thereby allowing associations to form based on trade / industry or geography (including multi-state metropolitan region).

- Allows AHPs to form for the purposes of offering health coverage to their members, provided they have one other significant reason for forming (for example, furthering industry or professional business goals) that would survive the existence of the health plan.

- Allows AHP's to vary rates based on valid large group factors and the composition of those eligible for the AHP.

- Grants AHPs the option to enroll sole proprietors.

Consumer Protections

Although eligibility and rating rules have expanded, many consumer protections are included in the final rule. The rule notes many prior well-publicized abuses of AHPs – particularly self-funded AHPs – following the passage of ERISA, and notes that ERISA requires an employer-employee relationship. Many of the limitations on AHPs described in the rule are premised on these considerations. In particular, the rule would require associations to:

- Comply with all HIPAA[1] health status rating restrictions as expanded by the ACA
- **Remain subject to any state laws that regulate Multiple Employer Welfare Arrangements (MEWAs)**
- Meet formal organizational structure requirements, including functional control of the health plan by association member groups[2]
- Rate similarly situated employees of the AHP by the same criteria

Allowable Rate Variations for AHP Coverage

While not fully addressed within the text of the proposed rule, AHPs that meet large group market size requirements will have relatively few federal limitations on rating practices. Federal non-discrimination protections established by HIPAA and expanded by the ACA only limit health status rating to the following:

- Employees can be rated for health factors based on bona fide employment classifications, including full versus part time, current versus former employee, and geographic location.
- Precludes AHPs from denying individuals coverage or varying premiums based on the health status.
- May vary premiums for health factors, marital status, and age and student status of dependent children.

Our interpretation of rating practices within classifications of similarly situated individuals include:

- Age, industry, and gender are allowable rating variables. This is important because only gender is allowed under current ACA rating rules.
- Tobacco use is generally considered a health factor, and so cannot be used in rating in the absence of a compliant wellness program that allows individuals to waive any surcharge, similar to regulations in the small group market.
- **Limited by state insurance laws, whether through the insurer for a fully insured association or direct regulation by the state.**
- **The exact nature of any state restrictions will play a significant role in the value proposition for certain prospective members and for the AHP as a whole.**

[1] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided several nondiscrimination protections that limit health status rating of similarly situated individuals. Employees can be separately experience rated by valid business classifications, such as part time versus full time or current versus former employee status. Other beneficiary rates are allowed to reflect health status for the classification of the employee through whom they are eligible, as well as by relationship to the employee, marital status, age and student status of children, or any other factor that is not a health factor.

[2] Functional control requires association members to have control, either directly or through elected representatives, of the operations of the association including decisions related to health coverage.

Pre-Rule vs. Post-Rule AHP Distinction

AHPs can be structured under "Pre-Rule" or "Post-Rule" guidelines. Under a fully insured plan, the insurance carrier will choose which path they would like to follow. The ADA may be able to encourage one or the other, but ultimately the insurer has the leverage to decide how much risk they are willing to take and thus which path they are comfortable pursuing.

- **Pre-Rule AHPs**
  - Allowed to underwrite at the member / group level (i.e., small dental practice level)
  - Cannot enroll sole proprietors (working owners) and dependents
- **Post-Rule AHPs**
  - Can enroll sole proprietors (working owners) and dependents
  - Are not allowed to underwrite at the member / group level (i.e., small dental practice level)
  - Underwriting / experience rating is allowed for the entire AHP in aggregate

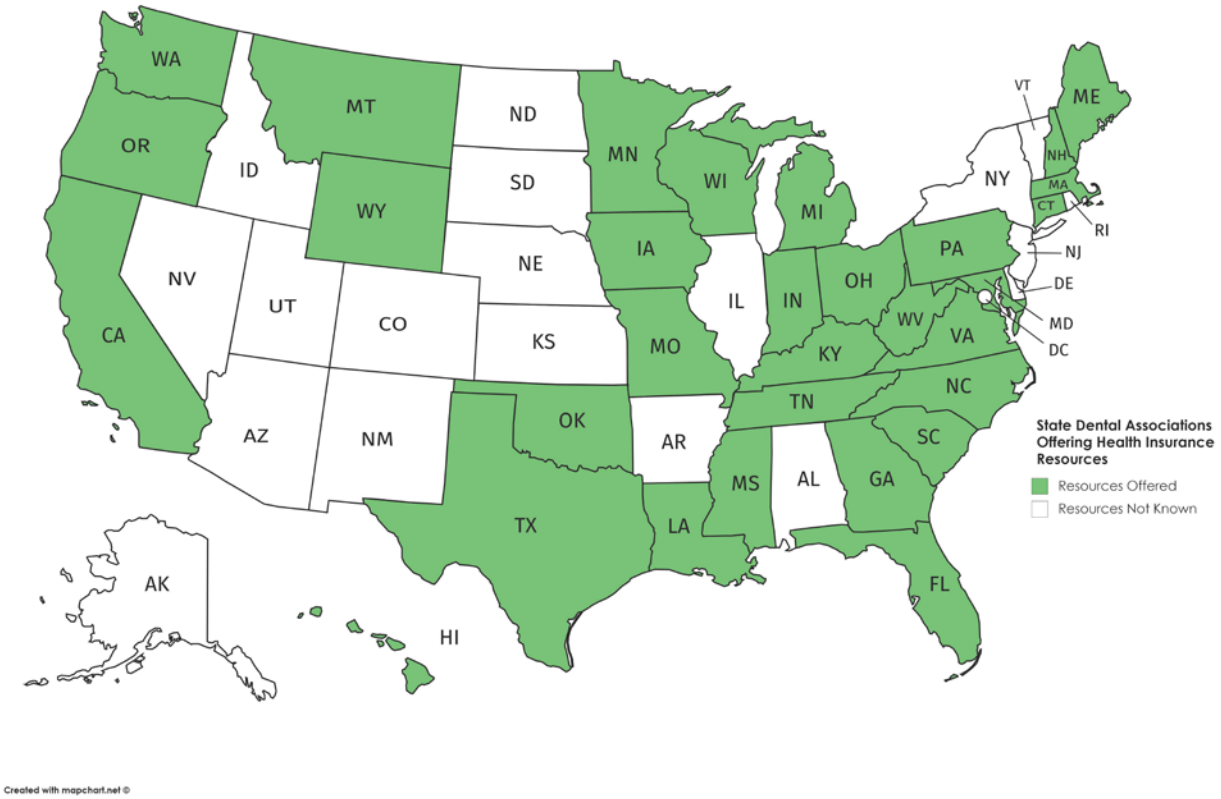
This is an important distinction for ADA because under the Pre-Rule structure the ADA would not be able to enroll sole proprietors which comprise a significant percentage of its potentially eligible membership.

Under the Post-Rule, ADA can enroll sole proprietors, but would not be allowed to underwrite at the member / group level. This is a significant risk for insurers as they would be limited in the amount of control they have over the ADA's AHP risk pool.

The inability to underwrite a voluntary group insurance program will lead to adverse selection. Unless a reasonable balance of insured's is obtained (healthy vs. sick, young vs. old), the financial position of the health plan will be poor. This poor experience will be detrimental to the long-term viability of the plan because rate increases beyond medical inflation will be needed to cover the risk. These increases will make it such that healthy / younger individuals being able to obtain lower premiums through another health plan, which leads to a higher cost risk pool remaining in the AHP. This cycle will continue, ultimately undermining the value and sustainability of the program.

CURRENT STATE DENTAL ASSOCIATION LANDSCAPE

Based on the information we were able to obtain from the ADA's website, 31 State Dental Associations currently offer health insurance resources. These resources include a range of support from full MEWAs to endorsed plans, insurance subsidiary operations and other agent / broker partnerships. For example, the State of Indiana created a self-funded MEWA several years ago that has performed well and is adequately funded. Other states refer members to their endorsed plan or agent / broker which assists them in purchasing coverage similar to the ADA's endorsed web portal, powered by JLBG Health, Inc. The map below outlines the State Dental Associations that offer at least some type of resource for obtaining health insurance.



The number of states currently offering support, particularly those with established MEWAs, poses a challenge for a nationwide ADA offering. We discuss the state / national dynamic in the challenges section of this report.

COMPETITIVE LANDSCAPE

The national carrier landscape for AHPs is very limited. The carriers with the capability to underwrite a nationwide solution along with their current stance on potential offerings include:

- Aetna: Offering self-funded approaches and are lukewarm at best on fully-insured AHPs.
- Anthem / Blue Cross Blue Shield: Offers BlueCard which provides nationwide access and thus the potential for a national offering. However, since enrollment would be voluntary under the ADA's national plan, they would follow the 'Pre-Rule' path which allows them to underwrite all eligible members and employees of members in order to control the risk. We believe this is a deal breaker for the ADA as mentioned in the regulation summary above as sole proprietors make up a substantial portion of the potential membership and they would be excluded from the AHP.
- Cigna: Not interested in fully insured AHPs, but are open to self-funded offerings.
- Humana: Potentially interested in a national offering, but they do not have an organized strategy as of yet.
- United Healthcare: Willing partner but, like Anthem, only under the "Pre-Rule" path given their concerns over the risk of adverse selection. This would exclude sole proprietors which represents a large portion of the potential eligible membership and also greatly reduces any potential gains in economies of scale from a national ADA offering.
- Third Party Administrator: Options may exist; however, these organizations typically achieve lower network savings and thus are less competitive on premium rates.

Alternative Considerations – Local, State, Regional Market Conditions

Local and State Carrier Options - The state specific landscape potentially has more insurer carrier options for structuring AHP's based on the variations in state laws. This is true of the number of insurance carriers offering coverage in the large employer group market which varies greatly by state.

Regional Carrier Options - Some insurance carriers may only offer coverage in a specific metropolitan area (provider owned plans for example) while others will have a broader service area. United Healthcare is an example of a national insurer who is not willing to offer an AHP for ADA members under the "Post-Rule", but would discuss state specific offerings.

Another example is the Blue Cross Blue Shield federation of insurance companies which operate as independent licensees (Anthem is the Blue Cross Blue Shield parent company), offering health insurance plans defined by region under one or both of the association brands across the states.

CONSIDERATIONS, BENEFITS, AND CHALLENGES

Fully Insured vs. Self-funded Considerations

State law is a heavy determinant in the decision to fully insure or self-fund. Several states do not allow self-funding or its variants due to past challenges with MEWAs. Obtaining the capital necessary to self-fund an AHP is also a challenge as the capital requirements for offering health plan coverage are significant. For these reasons, a national AHP offering would almost certainly need to be under a fully insured structure.

Conversely, a carrier-based fully insured offering would bring value through its turnkey, end-to-end solution (although this also brings limited flexibility), which includes established healthcare networks, negotiated pricing, administration, compliance, and strategy.

Considerations for sponsoring an AHP

Any entry into the major medical market represents a significant undertaking and commitment of resources because healthcare is overly complicated and costly. Thus the decision to offer a national group health plan product must include a comprehensive evaluation of the association's resources, capabilities, overall mission, and competing priorities. There are business, insurance, and reputational risks that are not insignificant and that must be considered carefully before committing the time and resources of the association.

While low price will be critical, an AHP still has to offer overall compelling product value. In other words, ADA members will consider price heavily, but features not related to price may very well be significant factors in the choice between AHP coverage and competitive options in their state.

Key Benefits of AHP Coverage

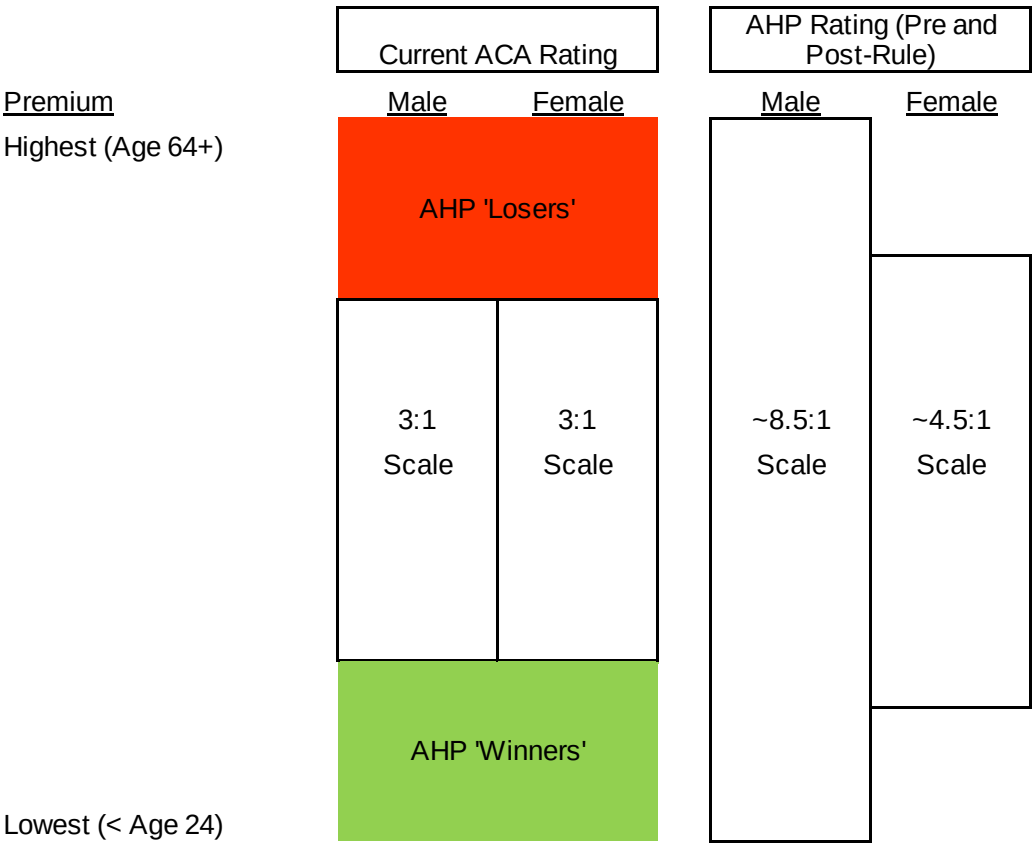
Expansion of AHP coverage under large group rating rules has potential cost benefits for associations and their member groups, including:

- AHPs would not be subject to the ACA's risk adjustment program, which currently requires healthy groups to subsidize the costs of unhealthy groups.
- AHPs would have additional plan design flexibility because they would not be required to cover all Essential Health Benefits (EHBs) or meet actuarial value (AV) metallic tier requirements (i.e., based on the percentage the plan pays of the average overall cost of benefits) that are currently required in the individual and small group markets.
- AHPs would be exempt from the federally prescribed age curve and three-to-one age rating limitation. AHPs can instead use a more actuarially appropriate age curve that reduces subsidization between older and younger members. This is a benefit, but also a potential detriment for AHP insured members as we discuss in the 'winners and losers' section below.
- Geographic rate variations are more flexible than current individual and small group regulations.
- AHPs are not restricted to a single risk pool, but can develop rates based on health status subject to HIPAA non-discrimination provisions. As noted previously, the rule prohibits health status rating at member / group level (i.e., small dental practice level).

Age rating winners and losers

The chart below illustrates the age curve differences between current ACA premiums and potential AHP premiums. The AHP rating columns reflect the true expected claim costs by age and gender. In contrast, ACA rating mandates unisex rating and limits the highest and lowest premiums to a 3:1 ratio which forces younger individuals to subsidize the premiums of older individuals.

In general, older individuals will experience higher costs and young individuals will see lower costs under AHP rating. This generalization assumes all other rating factors such as geography and benefits offered are equal.



The 3:1 age scale means if the lowest premium offered to a member is $100 the highest can only be $300. Under AHP rules this scale expands such that insurers are able to rate for the true expected cost difference by age and gender. For example, the lowest premium may be $50, but the highest could be $425 ($50 times 8.5 equals $425).

Key Challenges for AHP Coverage

AHP coverage has the potential to benefit association member groups, but AHPs face several challenges that could limit their expansion:

- National AHPs face a wide web of state insurance laws (need to comply with different regulations of all states).
  - States retain authority to regulate multiple employer welfare arrangements (MEWAs).

- A magic potion does not exist as there will be 'winners' and 'losers' in an AHP offering compared to current ACA premiums. As noted above, a national AHP will not yield lower premium rates for all individuals. Rather, some individuals will realize savings while others will see higher costs. In many cases, such as older individuals or young females, these higher costs will be significant. This phenomenon will undoubtedly cause confusion among ADA's membership and lead to numerous complaints. Moreover, an AHP national offering compared to plan options at the state or local level may yield more competitive rates depending on the carrier and healthcare market conditions.

  In addition to age rating, the introduction of medical underwriting will exacerbate the number and magnitude of winners and losers as healthy individuals will be offered lower premium rates while sick individuals will be rated up.

- Current state dental society plan offerings as noted above create complexities for a national ADA offering. A large potential adverse selection issue exists (for both the national AHP and the state plan) if the plans were to compete against each other. A national health plan in direct competition with a state endorsed or funded plan (MEWA) will create a situation that is not beneficial to either program and could diminish member value.

  AHP rates will vary by geography as offering a nationwide premium is not feasible. Healthcare costs vary significantly by county or local districts due to cost of care differences, variations in practice patterns and provider networks along with many other nuances. A national AHP program, therefore, needs to adapt a premium structure that reflects local medical costs. As a result, this decreases the economy of scale typically gained by structuring a national plan wherein risk can be aggregated across all policyholders.

- Long run sustainability of a national offering is unknown.

  - Regulations on rating and benefits will vary by state making the navigation and coordination of coverage between states a challenge.

  - Twelve attorneys general filed a lawsuit on July 26, 2018 against the Department of Labor (DOL) arguing the DOL overstepped its authority with the AHP final rule. The viability of a nationwide plan could certainly be impacted depending on the outcome of this litigation. The 12 attorneys general that filed the suit are: California, Delaware, Kentucky, Maryland, Massachusetts, New Jersey, New York, Oregon, Pennsylvania, Virginia, Washington, and the District of Columbia.

  - Viability at the individual state level is also unknown as states have regulatory authority over AHPs. Offering a national plan magnifies the uncertainty.

- Participation in an ADA AHP would be voluntary and, therefore, subject to change each year. Like any large group, higher participation and premium volume and sustained growth is essential to reduce monthly and annual claims volatility. It can also improve rate stability, reduce administrative fixed costs on a per member basis, improve the chances of obtaining a balanced, competitive risk profile, and make the AHP more attractive to payer and provider partners.

- AHP leadership should be well versed in health insurance risk to avoid pitfalls that ensnare many startups.

- Financial experience and participation statistics do not currently exist for a national ADA AHP, creating an underwriting risk for potential insurers. This risk could lead to higher premium rates, at least initially, as carriers may want to price conservatively.

RECOMMENDATION

Based on the myriad of challenges discussed in this report, I believe offering a national AHP for ADA members is not feasible. The primary areas of concerns include:

- A national AHP will not yield lower premium rates for all individuals compared to plans currently available at the state or local level or ACA marketplace options.
- The insurance carrier partners willing to offer coverage are only willing to do so under the 'pre-rule' at a national level and thus would not be able to enroll sole proprietors. This provision makes sense from an insurer's standpoint because they want to be able to underwrite and better control the risk of the AHP population. However, this is a deal breaker for the ADA as it severely limits the members that would be eligible for AHP coverage.
- Competing directly with current state solutions will create tripartite implications and, therefore, is not a viable option. Doing so would create adverse selection concerns for both the national and state plan offerings which ultimately would negatively impact rates and diminish member value.
- The long-term sustainability of a national offering is unknown due to regulations on rating and benefit coverage varying by state. The pending lawsuits challenging the DOL's authority on AHPs further complicates the future outlook for a national AHP. These items also lead to potential reputational risk for the ADA.
- Regulations will vary by state meaning a nationwide plan would need to navigate 50 sets of regulations simultaneously. Some states will be relatively easy to work with, but others will undoubtedly be difficult in their requirements. There is also the risk of a state not approving an insurer's filing for an AHP that does not meet compliance.
- Numerous state specific benefit mandates and other regulations along with the voluntary enrollment structure of a national health plan offering significantly reduce economies of scale for a national AHP.

CAVEATS AND LIMITATIONS OF USE

The information contained in this report is intended to assist the ADA with understanding some of the policies proposed in the AHP rule that could affect the ADA's decision to offer national coverage to its members. It is a summary and does not capture every item in the final AHP rule. It may not be appropriate for other purposes.

In developing this report, we relied on information provided in the Department of Labor's rule on AHPs, released on June 21, 2018. Our results and interpretations could change with any future changes to the final rule or guidance. Milliman is not a law firm and does not provide legal advice.

This report is intended for the internal use of the ADA and should not be distributed, in whole or in part, to any external party without the prior written permission of Milliman. We do not intend this information to benefit or create a legal liability to any third party, even if we grant permission to distribute this information to such third party. AHP premium costs will depend on the demographic and health status of members who select AHP coverage.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses herein.

This information and its use are subject to the terms of our Consulting Services Agreement with ADA, effective January 1, 2016.

Resolution No. N/A New

Report: Council on Communications Report 1 Date Submitted: September 2018

Submitted By: Council on Communications

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON COMMUNICATIONS REPORT 1 TO THE HOUSE OF DELEGATES: UTILIZATION

Background: Resolution 67H-2016 calls for a three-year campaign to increase utilization of dental services for ADA members. The resolution provides in full:

> **67H-2016. Resolved,** that the initiative "Drive Utilization of Dental Services for ADA Members" be approved, and be it further
>
> **Resolved,** that the Council on Communications submit annual status updates to the House of Delegates for the duration of the campaign, and be it further
>
> **Resolved,** that the House of Delegates urges funding for this program shall come from the reserves for the first year, and be it further
>
> **Resolved,** that funding for the second and third years shall be at the discretion of the Board of Trustees[1], and be it further
>
> **Resolved,** that the Council on Communications shall provide evidence of the value of this media campaign to the 2017 HOD.

This report summarizes progress since the September 2017 report.

Campaign Background: In response to Health Policy Institute data showing a decline in dental visits since 2007, Resolution 90-2015 from District 2 was referred by the 2015 House of Delegates to the Council on Communications. Here is the process used to develop the three-year Utilization campaign, which will enter its third year in 2019.

- The question before the council was should the ADA address the busyness issue. The Council created the resolution for a three-year campaign because of the time it would take to create behavior change in consumers. The funding level was identified to be on par with competitors in the dental space, further described below and in Appendix A.

[1] This report does not address the source of funding for the program. Funding is addressed by the Board in Board Report 2; Resolution 36: Worksheet:2000. It is also addressed by the Council on Communications Report 2 to the House of Delegates about Funding Third Year of Resolution 67H-2016 Three-Year Initiative to Increase Utilization of Dental Services for ADA Members

- Resolution 67H-2016 for the Utilization campaign was informed by a comprehensive consumer research study to identify who was not going to the dentist and why. The study identified 19.6 million people who valued dental care and could afford to go to the dentist, but were not making the appointment because of busy schedules.
- Upon adoption of the resolution, the ADA built a new Find-a-Dentist tool and worked with ad agency GMMB to create the "Your Teeth Are Amazing" ads, as well as a paid search strategy to reach the target audience.
- Results in the first two years met or surpassed expectations, delivering, on average, more than 1 million member profile views per year.

Third-Year Funding: At its August 17, 2018 meeting, the Council on Communications adopted the following resolution:

> **Resolved,** that the Council on Communications supports the full funding of the third year of the three-year initiative to increase utilization of dental services for ADA members, often referred to as the ADA Find-a-Dentist Campaign.

The Council on Communications believes that the utilization program is poised to deliver even more member value in its third year. The Council position in support of full funding is more fully set forth in Council on Communications Report 1 to the House of Delegates: Further information about funding third year of Resolution 67H-2016 Three-Year initiative to increase Utilization of dental Services for ADA Members.

Success Metrics

Following is a summary of success measures to date. They are described in more detail later in the report.

Projected Year End Goal 2018	Actual as of August 15, 2018	Success measure
65,000 member photo profiles by December 31, 2018	60,490 photo profiles	93% to total goal
2,000,000 total visits to Find-a-Dentist	1,795,371	81% of total goal
500,000 total completed searches through Find-a-Dentist	479,593	96% of total goal
850,000 profile views	707,547	83% of total goal

Activity on Member Profiles

Between January 1 and August 15, 2018, the campaign delivered 709,012 member profile views, as well as the following activity:

- 76,985 clicks to member websites
- 23,773 clicks to open an email message to member dentist
- 18,891 clicks on phone number
  - *Mobile phones auto dial upon click*

Total: 119,649 total actions taken within member profiles

Visuals of the success measures are in Appendix B. Members can view their individual profile activity on their MyADA page.

Populate Find-a-Dentist: Because the new Find-a-Dentist tool includes fields patients are looking for, such as office hours, it is essential that all participating members update their profiles and upload a photo,

which makes the member appear higher in search criteria. The goal for photo profiles is 65,000 by December 31, 2018. The goal is based on a critical mass of members in the tool to offer options to potential patients and demonstrate engagement by member dentists. ADA data since January 1, 2018 indicates that photo profiles receive an average of 9.6 views and photos without profiles receive an average of 7.1 views.

As of August 15, almost 59,000 photo profiles are in Find-a-Dentist. The year-end goal of 65,000 photo profiles will represent 57.7% of eligible members. A state-by-state breakdown is in Appendix C.

Efforts to encourage profile updates and photo uploads continued as a key priority of the campaign in 2018. The most effective by far is the continued use of outbound calling. The ADA Member Service Center manages approximately 10 staff members from an outside agency who are solely dedicated to contacting offices to obtain updated information and photos. When they call, offices pick up because they see on caller ID that the ADA is calling. On average, 2,500 profiles are updated each month, with an average overall conversion rate of 45%. Of the nearly 59,000 profiles updated through August 2018, this team has been responsible for more than 30,000 of them. With these dedicated efforts, the campaign is on track to surpass the established goal of 65,000 profile photo uploads by December 31, 2018. In addition to helping members take advantage of a high-performing campaign, this portion of the initiative helps improve data for the ADA to use in other programs.

State and local societies continue to support the effort to upload photo profiles through photo booth presence at local meetings. This year alone, photo booth events were held at more than a dozen meetings including: Star of the South, Yankee Congress, Rocky Mountain Dental Convention, Midwinter Chicago, Greater Long Island Dental Meeting, Star of the North, CDA Anaheim, CSDA, Garden State Dental Conference, New Orleans Dental Meeting, TDA, Gulf Coast Dental Conference, Oregon Dental Conference and Pacific Northwest Dental Conference. A photo booth was also held at Townie Meeting, Dentaltown's annual conference. Additional marketing efforts surrounding America's Dental Meeting in Hawaii, the Ohio Dental Association Annual Session and additional events in Pennsylvania and South Carolina will also contribute to the overall profile goal.

Paid Search, Display Ads and Social: Paid search has proven the most effective way to reach potential patients in the target audience. When a consumer in the target audience (Consumers who have income $60,000-$200,000 and/or a dental benefit) searches for a dentist, the ADA Find-a-Dentist search ad should show up toward the top of the list. On average, paid search is driving 200,000 visits per month to Find-A-Dentist.

In June, the campaign began seeing increased paid search competition from "aspendental" and "1-800-Dentist". Despite this competition, the ADA maintained an impression share above 50% for find-a-dentist terms.

The advertising agency provided data indicating that a higher number of adults search for a dentist during the July/August/September months. In mid-July, a social media and display advertising campaign started running to promote dental visits during high utilization months of July – September. Promoted social posts show up on Facebook pages of people in the target audience. Targeted display advertisements appeared among sites the target audience visit, including weather.com, espn.com, cnn.com and usatoday.com. The combination of paid search, social and display advertising helped make August the site's most successful month of the year, with 361,344 visits to Find-A-Dentist (a 50% increase over August 2017). Visuals of the ads and paid social posts are in the Appendix D of this report.

Results to date are strong and tracking to achieve goals before December. As of August 31, 2018, clicks to Find-a-Dentist are at 90% of goal, completed searches are at 96% of goal and profile views are at 83% of goal. Visuals depicting progress year-over-year are available in the appendix. Contributing to this success is bi-weekly optimization increases traffic and reduces cost, thus extending the budget.

State and Local Matching Funds: Each year the budget includes funds to help state and local dental societies amplify the national campaign in their areas. The workgroup of the Council on Communications voted to match funds at a 1:1 ratio. Dental societies had the choice to opt for digital advertising and/or the member outreach option to help their members further populate the tool. The campaigns will amplify the national advertising and will be complete by the end of 2018, providing metrics to inform the 2019 campaign strategy.

The following states elected to participate in the matching funds program: Georgia, Michigan, New York, Oklahoma, South Carolina, Virginia and Wisconsin. The following local societies elected to participate: Dallas County, Fort Worth, Queens County, San Antonio, West Coast District, Pennsylvania Ninth District and Nassau County (NY). To date, total cost of matching funds is $158,670 plus $19,600 agency commission, for a total spend of $178,270.

Member Awareness: In May 2018, a short survey was distributed to members. 756 responses were recorded, with some having updated profiles and some needing to update theirs. The profile survey had three primary objectives: 1) gauge awareness among rank and file member dentists of the marketing campaign to drive consumers to ADA's Find-a-Dentist website; 2) gauge awareness among dentists of their own dentist profile on the Find-a-Dentist website; 3) assess how many dentists are gaining new patients directly from the FAD website.

Awareness of the consumer campaign is solid with two thirds reflecting some level of awareness and half of them saying they are "very" or "moderately" aware. Awareness of member profiles on the FAD website is also strong with 75 percent expressing some level of awareness. The third objective of assessing how many dentists are gaining new patients from the consumer campaign proved to be elusive, and was not established by this study.

While this survey provided useful information about member awareness of their profiles and the campaign, a more accurate measure of the success of the campaign will continue to be a composite of other measures, including visits to the Find-a-Dentist website, completed searches, and profile views, all of which are strong. Customer satisfaction ratings of experience on the site are currently tracking at 67 percent positive. A full narrative is in Appendix E.

Find-a-Dentist Promotion at CVS Pharmacy: In January 2018, the ADA announced a three-year alliance with CVS Pharmacy® to promote oral health to millions of consumers. The theme of the program is "better oral health from dental chair to daily care" and features heavy promotion of Find-A-Dentist and the ADA Seal of Acceptance as two trusted pillars of the alliance. Find-A-Dentist has been heavily promoted in quarterly full page circular ads, and the Find-A-Dentist search widget is permanently embedded on CVS.com/ADADental so consumers can search for a local ADA dentist while shopping for ADA Seal products. By September 2018, Find-A-Dentist will have been promoted to more than 200 million CVS consumers, with further promotions planned for the end of 2018 and 2019. Visuals of the ads are in the Appendix F of this report.

Enhance Find-a-Dentist: The ADA is working with a digital agency to conduct a technical site review to ensure that consumers searching for dentists through search engines like Google will land on local ADA members in Find-A-Dentist. This review will provide the ADA with a report on consumer on-site behavior and search engine optimization recommendations. The report will be complete in early Q4.

Conclusion and Ongoing Monitoring: The goals outlined at the beginning of this report provide benchmark numbers for measuring success. The program is on track to meet or exceed each of its success measures in 2018. Metrics are measured each month and an update is provided for every meeting of the Board of Trustees. Every two weeks the amount spent on advertising can be adjusted to optimize results based on ad performance. Should the goals not be met, the Council will consult with staff on a change in strategy. If the program fails to perform, the Council may recommend to the Board and the House that it be discontinued.

In addition to continuously monitoring the performance of the campaign in terms of completed searches for members through the Find-a-Dentist tool, the annual Health Policy Institute survey will monitor whether members feel busy enough. Because the survey results are expected in October, the program will not contribute to results in 2018.

Estimated campaign costs 2018: total $6,000,000

- Enhancements to FAD site: $50,000
- Populate Find-a-Dentist (outbound calling/photo booths): $525,000
- Promote Find-a-Dentist: Paid Search $4,457,059
- Promote Find-a-Dentist Display Advertising and Sponsored Social Posts: $610,270
- Ad serving $14,671
- State and Local Matching Program: $200,000
- Administrative Expenses: $130,000

Assuming full funding, projected spending for the $6,000,000 budget for 2019 includes:

- Enhancements to FAD site: $50,000
- Populate Find-a-Dentist (outbound calling/photo booths): $215,000
- Promote Find-a-Dentist: Paid Search $5,050,000
- Promote Find-a-Dentist: GMMB Creative & Account Management: $100,000
- State and Local Matching Program: $500,000
- Administrative Expenses: $85,000

Budgets will be refined based on performance of the 2018 campaign and funding decisions made by the House of Delegates.

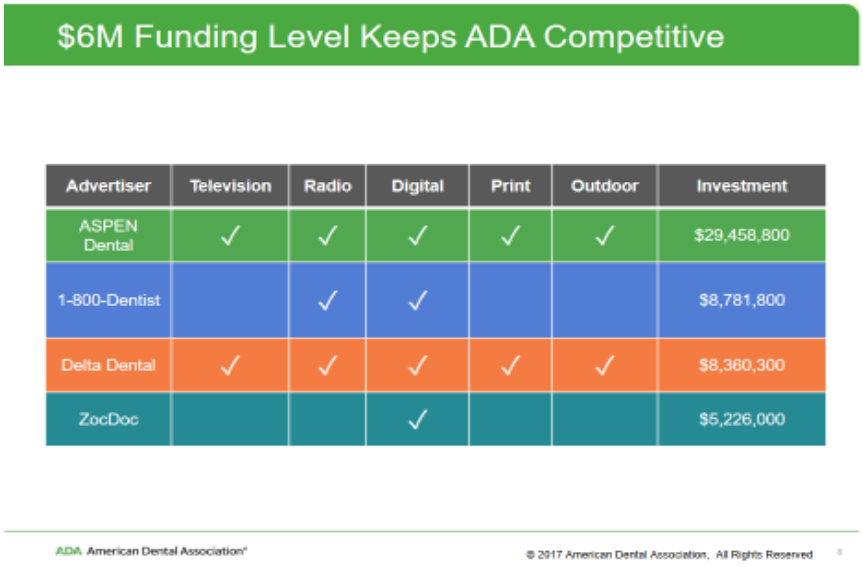
Resolutions

This report is informational and no resolutions presented.

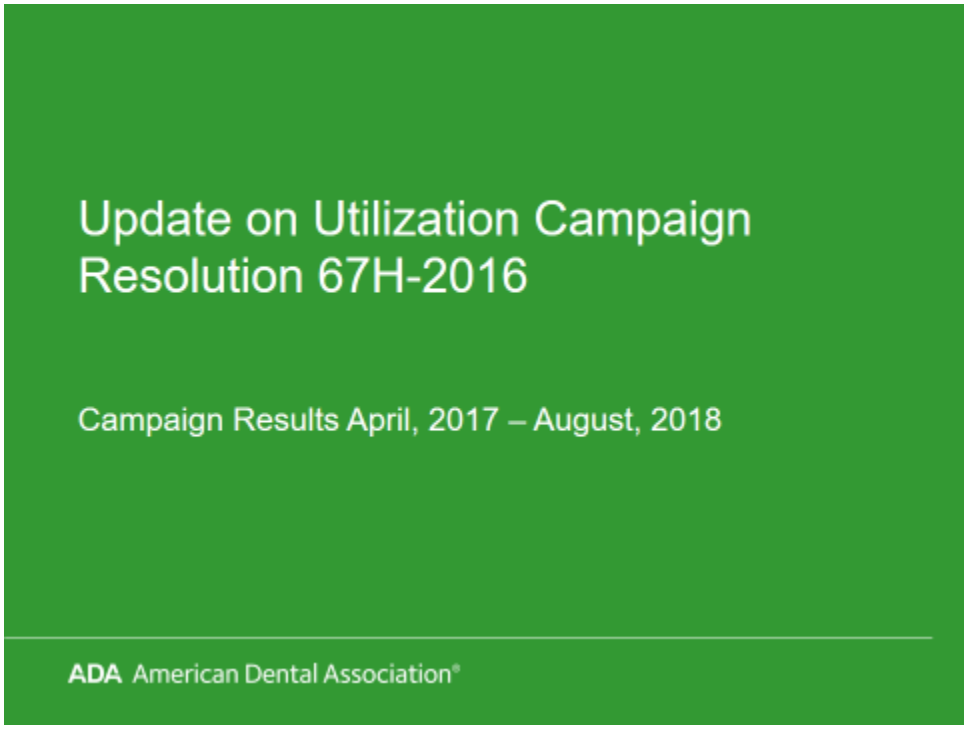
BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

APPENDIX A: COMPETITIVE ANALYSIS OF ADVERTISING SPENDS IN 2017



APPENDIX B: Performance Results through August 31, 2018



2018 Goals and Key Performance Indicators

Consumer Campaign

2017 Actuals	Our 2018 Goals	Current: 1/1/18 –8/31/18	% to Goal
401,965 Complete searches	**500,000** Total completed searches through Find-a-Dentist	**479,539** Completed searches since 1/1/18	**96% of goal**
740,368 Profile views	**850,000** Profile views	**707,547** Profile views since 1/1/18	**83% of goal**
1,693,816 Visits to Find-a-Dentist	**2,000,000** Visits to Find-a-Dentist	**1,795,371** Visits since 1/1/18	**90% of goal**

Find-a-Dentist Population Goals

2017 Actuals	Our 2018 Goals	Current: 1/1/18 – 8/31/18	% to Goal
40,703 Member photo profiles by 12/31/17	**65,000** Member photo profiles by 12/31/18	**60,490** With photo profiles	**93% to total goal** (80% of 2018 goal of 25K additional photo profiles)

See Your ADA Dentist – The Metrics *(April 1, 2017 – August 31, 2018)*

3.5MM Visits

If a potential patient clicks on the ad, and it takes them to the Find-a-Dentist tool, that's called a Click Through* to the page. It counts as a "visit."

*A click through rate is determined by the number of people who see the ad compared to the number who click through to the site.

880K Complete Searches

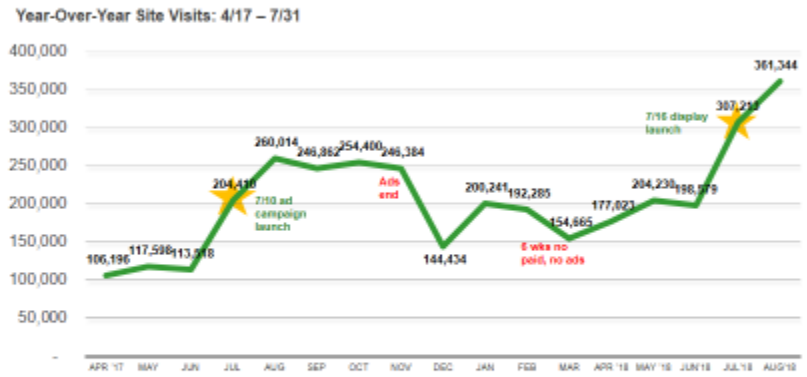
After they click to Find-a-Dentist, if they put in an address or zipcode and click "Search," that is considered a complete search.

1.45MM+ Profile Views

Once they've done a search, if they click on a dentist in the search results, and go to a profile, that is a Profile View.

*This number is often larger than searches because a person may go back and look at a different dentist in the same search.

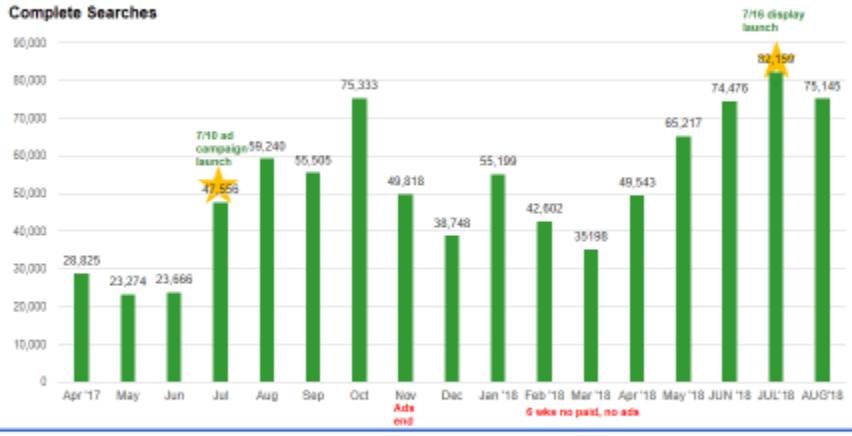
Results to Date: Find-a-Dentist Traffic



3,492,386 site visits 4/1/17 through 8/31/18

ADA American Dental Association®

Results to Date: Find-a-Dentist Tool Completed Searches



881,504 searches using the
Find-a-Dentist tool 4/1/17 through 8/31/18, and 1,450,000 profile views

Note: Complete searches KPI unavailable in old FAD tool

ADA American Dental Association®

Members See Results: Jan. 1 – Aug. 15, 2018

- **709,012 Profile Views**
- 76,985 clicks to member's website
- 23,773 clicks to open an email message to member dentist
- 18,891 clicks on phone number
  - *Mobile phones auto dial upon click*

119,649 total actions taken within member profiles

APPENDIX C: Population by State as of August 31, 2018

STATE	FAD ELIGIBLE	w/Photos	% of Total
DE	322	268	83.2%
MT	476	377	79.2%
SD*	387	303	78.3%
WY*	227	171	75.3%
NE*	760	561	73.8%
NM*	464	339	73.1%
ND*	316	230	72.8%
ID*	646	470	72.8%
WI	2174	1565	72.0%
NH*	576	413	71.7%
RI*	388	269	69.3%
MN	2135	1475	69.1%
OR*	1513	1028	67.9%
NV*	728	488	67.0%
IN	2232	1495	67.0%
GA*	2728	1824	66.9%
IA	1186	791	66.7%
IL*	4975	3255	65.4%
MD	1816	1185	65.3%
AZ	1745	1120	64.2%
VT	290	186	64.1%
ME*	479	304	63.5%
OK	1124	713	63.4%
WA*	3218	2032	63.1%
CO	2491	1560	62.6%
MO	1778	1110	62.4%
MS*	754	467	61.9%
AR	829	513	61.9%
KS*	893	540	60.5%
UT*	1134	685	60.4%
AK*	269	162	60.2%
VA*	2771	1666	60.1%
LA	1438	854	59.4%
CT	1597	942	59.0%
KY	1064	616	57.9%
NC*	2918	1669	57.2%
SC*	1704	972	57.0%
FL*	5610	3179	56.7%
TN*	1945	1097	56.4%
AL	1096	614	56.0%
MI	4137	2217	53.6%
TX	7133	3698	51.8%
OH	3757	1927	51.3%
D.C.	252	123	48.8%
HI*	795	387	48.7%
NJ*	3123	1499	48.0%
MA	3632	1704	46.9%
WV	491	230	46.8%
PA	3533	1569	44.4%
NY*	7744	3369	43.5%
CA	18623	7191	38.6%
PR	168	19	11.3%
Totals	**112584**	**61441**	**54.6%**

APPENDIX D: NEW 2018 DIGITAL DISPLAY ADS

Paparazzi

Germ Spotter

PAID FACEBOOK POSTS

APPENDIX E: Find-a-Dentist Profile Survey

Objective: The Find-a-Dentist profile survey had three primary objectives: 1) gauge awareness among rank and file member dentists of the marketing campaign to drive consumers to ADA's Find-a-Dentist website; 2) gauge awareness among dentists of their own dentist profile on the Find-a-Dentist website; 3) assess how many dentists are gaining new patients directly from the FAD website.

Summary of Findings: Awareness of the consumer campaign is solid with two thirds reflecting some level of awareness and half of them saying they are 'very' or 'moderately' aware. Awareness of member profiles on the FAD website is also strong with 75 percent expressing some level of awareness. The third objective of assessing how many dentists are gaining new patients from the consumer campaign proved to be elusive, and was not established by this study.

Methodology: The survey questionnaire was developed internally within the Integrated Marketing and Communications division. It was short, just 7 questions. About 15,000 member dentists were selected for the study. 10,000 were known to have a photo on their profile. The remaining 5,000 did not have a photo on their file. The list was provided by Health Policy Institute staff. The list did not include any of the following:

- Retired or otherwise non-active licensed dentists
- Known volunteer leaders
- Dentists not in private practice (Federal dentists, full-time faculty, etc.)

The survey deployed on 5/15/2018 to 14,693 recipients. 465 emails bounced, leaving 14,228 valid invitations. A survey reminder was sent one week later on 5/22/2018. Ultimately, 756 completed surveys were received (5.3 percent of invitees). The margin of error is +/- 3.6 percent

Detailed Findings: Two out of three respondents (68 percent) had some level of awareness of the national consumer campaign. One in three said they were "very aware" or "moderately aware". The final third answered that they were "not at all aware" of the campaign.

The second question was an aided awareness question. Before asking participants if they were aware of their online ADA member profile, they were first shown an image of what a typical profile looks like. Three out of four respondents (75 percent) had some level of awareness (from very aware to slightly aware) of their online member profile. 45 percent said they were 'very aware' or 'moderately aware'. Just one in four answered that they were 'not at all aware' of their profile.

The 75 percent who showed awareness were asked a second question on whether they, or their staff, had updated their online profile in any way. Of this group, 48 percent said they had uploaded their photo, and 51 percent said they had updated other profile information. 37 percent reported that they had done both (photo and profile information).

Those who said they had not updated their profile in any way were asked why they had not. The top two responses were 'didn't know I had one' (46 percent) and 'haven't found the time' (30 percent).

Respondents were also asked "How often do you ask new patients how they found you?" 78 percent of respondents indicated they 'always' or 'often' ask.

The final step was to try to ascertain how many dentists gained new patients directly as a result of the Find-a-Dentist website. This objective proved to be elusive for the following reasons:

- The FAD website does not have an online scheduling tool. Appointments made after a prospective patient visits the site are not able to be accurately tracked, and self-reported information has proven to be unreliable.
- Many patients simply cite "Google" as their source of information, and they often don't recall or report the specific site they visited to get the doctor's contact information.
- Additionally, more detailed website information can get lost in the tracking process within the dental office depending on whether they talk to the front desk staff, hygienist, or doctor.

Not surprisingly, the number of members who said they knew of a patient they received in this manner was relatively few, and most could not recall any.

Conclusion: While this survey provided useful information about member awareness of their profiles and the campaign, a more accurate measure of the success of the campaign will continue to be a composite of other measures, including visits to the Find-a-Dentist website, completed searches, and profile views, all of which are strong and improving.

APPENDIX F

CVS Promotion

Put some spring in your smile with the ADA Seal

Stock up on safe and effective products today.

Shop now >

ADA. Find-a-Dentist®

Address or ZIP Code (* Required)	
Distance	Select
Specialty	Select
Dentist's Name	

SEARCH

Resolution No. None N/A

Report: Council on Communications Report 2 Date Submitted: September 2018

Submitted By: Council on Communications

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON COMMUNICATIONS REPORT 2 TO THE HOUSE OF DELEGATES: FURTHER INFORMATION ABOUT FUNDING THIRD YEAR OF RESOLUTION 67H-2016 THREE-YEAR INITIATIVE TO INCREASE UTILIZATION OF DENTAL SERVICES FOR ADA MEMBERS

Background: The Council commends the Board on its Resolution 36 urging funding for the third year of Resolution 67H-2016 Three-Year Initiative to Increase Utilization of Dental Services for ADA Members.

At its August 17, 2018 meeting, the Council reviewed Board Resolution 36 and adopted the following resolution:

> **Resolved,** that the Council on Communications supports the full funding of the third year of the three-year initiative to increase utilization of dental services for ADA members, often referred to as the ADA Find-a-Dentist Campaign.

In submitting this report, the Council on Communications wishes to make the House of Delegates aware of information not contained in the background statement the Board submitted with Resolution 36. The Council believes this information is vital for the House to make a fully informed decision regarding the level of 2019 funding for year three of Resolution 67H-2016.

Although Resolution 36 is for a special assessment to provide full funding for the Find-A-Dentist Campaign, the background statement of Resolution 36 reads:

> The Board, in its managerial role, recommends to the House that the Find-A-Dentist could be maintained at a funding level of $2,000,000…Instead of funding the pilot at the full $6,000,000, the Board recommends that the House consider funding this project at the $2,000,000 level through a $19 Assessment…The Board supports funding the program in 2019 only if it can be funded by special dues assessment. The Board does not support funding this from either an ongoing dues increase nor from reserve funds.

The Council on Communications believes that to reduce funding during the third year of the pilot would cripple the program at a time when it is poised to deliver even more member value. Results to date have met or exceeded goals. The program is clearly working, driving highly-targeted audiences to more than one million member profile views each year at a cost of approximately $6 per profile view, a bargain by any marketing standard. In addition, by being part of a well-supported, high-traffic site, participating members are enjoying a boost in traffic to their own practice websites at a fraction of the cost they would spend on marketing.

In the background statement, Board Resolution 36 states that $2 million in funding may be sufficient, but reducing funding to that level would substantially reduce site traffic to both the ADA as well as to individual member websites within months.

Here is a comparison of the two spending levels under consideration:

$6 Million Funding Level

Visits to Find-a-Dentist	Completed Searches	Profile Views
2,058,095	514,407	1,029,314

- Paid search on par with competition that would place Find-a-Dentist toward the top of Google, directing more patients into ADA member dentist offices. The 2018 budget delivers $4.1 million in paid search, making it comparable to competitors like ZocDoc and 1-800 Dentist. Search results would decline dramatically under the reduced budget.
- Unpaid search, also known as organic search. Because Google rewards paid search, it boosts traffic to sites that use paid search. The Find-a-Dentist site would see a dramatic decline in unpaid traffic within six months.
- Search marketing for our members. By being part of the Find-a-Dentist site, members are getting a boost in search ranking that delivers higher traffic to their individual member websites, due to the ADA's Find-a-Dentist linking back to member practice websites.
- Better member data for other uses at the ADA. The campaign has included a budget to call member offices to update their practice information. Without accurate member information, the ADA cannot effectively deliver a personalized experience. This impacts not only Find-a-Dentist, but all member programs, communications, recruitment and retention.

$2 Million Funding Level

Visits to Find-a-Dentist	Completed Searches	Profile Views
1,491,428	293,656	587,312

- At the $2 million funding, the campaign would include paid search only, and at a level less than half of the current spend.
- In addition, it is difficult to calculate the rate at which the unpaid search would decline. As mentioned above, Google rewards paid search by boosting unpaid search. This decline would begin within months.
- Participating members would also see a decline in traffic to their individual sites.

Here is further background about the campaign:

- The Utilization campaign came about as a result of a Res 90-2015 Marketing the ADA Member Brand from the Second District, which did not pass and was referred to the Council on Communications, as well as HPI data that showed a decline in dental visits since 2007.
- The question before the Council was: Should the ADA address the busyness issue?
- Resolution 67H-2016 for the Utilization campaign was informed by a comprehensive consumer research study to identify who was not going to the dentist and why. The study identified 19.6 million people who valued dental care and could afford to go to the dentist, but were not making the appointment because of busy schedules.
- Upon adoption of 67H-2016, the ADA built a new Find-a-Dentist tool and worked with ad agency GMMB to create the "Your Teeth Are Amazing" ads, as well as a paid search strategy to reach the target audience.
- Results in the first two years met or surpassed expectations, delivering on average more than 1 million member profile views per year.

A report on the results of the Utilization is submitted in the Council on Communications Report 1.

Resolutions

This report is informational and no resolutions are presented.

BOARD COMMENT: Based on new information contained in the Council on Communications Reports 1 and 2, the Board no longer believes that the Utilization campaign would be adequately funded at a level of $2 million, and that it should be funded at a level of $6 million through a special assessment. The Board has already submitted a resolution to create the special assessment.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. None N/A

Report: Board Report 8 Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT 8 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: BOARD AUTHORIZED PILOT PROGRAMS

Background: Chapter V, Section 70M of ADA Bylaws provides that the Board of Trustees may authorize pilot programs of limited scope subject to the provisions in the *Governance and Organizational Manual* of the American Dental Association (ADA *Governance Manual*). Pursuant to the ADA *Governance Manual*, Chapter V. Section E, the Board of Trustees, as the managing body of the Association, is vested with the following power:

E. Powers.

****

2. Consistent with the exercise of its power to authorize limited scope pilot programs, approve guidelines relating to the conduct of the program when authorizing a pilot program. No pilot program authorized by the Board of Trustees shall exceed a period of three years without approval by the House of Delegates. The Board of Trustees shall annually report to the House of Delegates on any authorized pilot program during the program's duration.

In 2018, the Board approved the following three pilot programs:

1. **Business Model Project.** See Separate Board Report 9. Board Report 9 includes background information and critical decisions since the projects inception. Looking forward, it will provide an overview of future milestones and project goals.

2. **Tripartite Dues From DSOs.** At its April 2018 meeting, the Board of Trustees adopted Resolution B-77-2018, which authorized the development and implementation of a pilot program to allow the ADA to collect the tripartite dues of dentist employees from large, multi-state practices and distribute the appropriate share on dues to the affected state and local societies. Resolution B-77, in its entirety, reads as follows:

> **B-77-2018. Resolved,** that the ADA develop and implement a pilot program to allow the ADA to collect tripartite dues from large, multi-state practices on behalf of the dentists in those practices and distribute the appropriate shares of dues to the affected state and local societies, and be it further

Resolved, that the pilot program operate in such a manner that the state and local societies received the same dues as they would under current processes, and be it further

Resolved, that the Council on Membership be asked to assess the pilot project on year after it has been implemented.

The Department of Membership Operations (DMO) has reached out to Great Expressions Dental Centers (GEDC) and has come to an agreement to pilot a program with them in order to streamline the annual dues collection process for their 443 employee dentists, as well as to the exchange and collection of GEDC employee biographical data for import into Aptify. These dentists practice in the following states: CT, FL, GA, MA, MI, NJ, NY, OH, TX and VA. In addition to working with GEDC to move this pilot forward, DMO has been working with Aptify support to create an invoice for dues collection within the Aptify database.

DMO will continue to work with Aptify programmers and state membership staff to have all necessary technology in place by the end of third quarter. The DSO pilot program will kick off in the fourth quarter after the close of the HOD when the full dues rate is determined for 2019. DMO will work closely with GEDC and the state membership staff to ensure a smooth transition to the new invoicing process.

3. **Graduate Student Dues Waiver Pilot.** At its August 2018 meeting, the Board of Trustees adopted Resolution B-97-2018, which approved a pilot program proposed by the Council on Membership to waive graduate student dues in New York in 2018 and in select states in 2019. Resolution B-97, in its entirety, reads as follows:

B-97-2018. Resolved, that the ADA Board of Trustees authorize a pilot program of three years duration starting in 2018 with New York followed by additional states in 2019 identified by ADA membership staff and approved by the Council on Membership leadership to exempt post-doctoral students and residents from the payment of membership dues, and be it further

Resolved, that the appropriate ADA agency implement a targeted recruitment and retention program to coincide with the pilot program, and be it further

Resolved, that the Council on Membership report back to the Board of Trustees annually on the results of the pilot program for the duration of the pilot.

In 2018, the ADA and NYSDA will begin to pilot this program with waiving graduate member dues for residents and postdoctoral students in NY. Subsequent states will be identified to participate in the pilot for 2019. States with the most opportunity for post-graduate/resident student engagement that also charge $0 for graduate student dues will be encouraged to participate in this pilot program. Success of the pilot will be measured by the increase in the number of contact information collected on graduate students, and the successive conversion into full active membership following completion of their graduate student years.

When this pilot concludes in 2020, the Council on Membership will assess the results and metrics. Assuming the pilot validates the Council's position that this is a useful recruitment tactic, the Council will ask the House of Delegates to change its current dues policy so that all post-graduate students and residents are exempt from the payment of dues.

Resolution

This report is informational and not resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION

Resolution No. None N/A

Report: Board Report 9 Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

REPORT 9 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: BUSINESS MODEL PROJECT UPDATE

Note: In addition to this report, there is a Town Hall scheduled for Thursday, October 18 from 10:00am to 11:30am in Hawaii at the House of Delegates meeting. The Town Hall is hosted by the Governance Team of this project named by the Board of Trustees[1], as well as the staff management team. Its purpose is to allow interaction around specific questions and concerns. At this meeting, the management team anticipates being able to share the new name of the service, its logo, the pilot states selected and several other key aspects of the project not yet determined prior to the submission of this report.

Executive Summary

One of the most important career moments for a dentist has to do with adding an Associate to a practice – both the Associate dentist coming on board and for the hiring dentist who employs them. In some cases, that Associate will go on to purchase the practice from the established owner dentist. The current market for facilitating this important transaction is fragmented and inconsistent. It is also narrow in its purpose – it is often just about the transaction itself, not the hard work necessary to establish better matches, stronger relationships or managing success afterwards.

The ADA is piloting a new service that will enable a marketplace and offer a platform that efficiently matches dentists seeking to be an Associate or buy a practice with owner dentists seeking to hire an Associate or sell their practice. It starts with bringing more tools and information to bear in facilitating good matches and then offers training and coaching for both the established and the new dentist – all with a focus on allowing them to achieve their individual and mutual goals. Each matched relationship is assigned an ADA Advisor who helps make sure the relationship is successful every step of the way. When it comes time to sell the practice, the new service performs many of the functions of a practice broker. Many dentists report that most practice brokers are narrowly focused on the transaction (the wedding); the new ADA service will be about the comprehensive relationship (the marriage - everything from dating through the event to how to be successful long term). Both before and after these major events the new service platform will be proactive in serving up training and coaching necessary to help each participant meet both their career goals.

[1] The Board thanks the Governance Team for its fine work on this project. The Governance Team members are: Dr. Kirk Norbo, Dr. Joseph Crowley, Dr. Jeffrey Cole, Dr. Gary Roberts, Dr. Kathleen O'Loughlin, Dr. Thomas Paumier, Ms. Kathleen Swan, Mr. Thomas Churchwell and Mr. Paul Sholty.

The goal of the project: *To enhance the financial sustainability of the ADA by proactively supporting new and established dentists at their most important transitions in ways that maintain access to care and provide optimal health for all while supporting independent dentistry.*

The service platform to be developed in this pilot project maintains the model of autonomous practice ownership, clarifies dentist-to-dentist expectations, fosters better connections between dentists and provides the necessary structure and support for every dentist using the platform. Decisions on associateship and ownership transitions can be more timely and successful, making practice ownership a more attractive and manageable proposition.

The proposed platform will have an online technology component to support personal interactions and will consist of five major parts:

- **Profile**: This is a profile that captures who a participating dentist is and what he or she currently seeks. For a new dentist, this might be an associateship or the possibility of purchasing a practice. For an established dentist, this might be finding an associate or finding a buyer for the practice. This profile will be much more robust and comprehensive than anything currently available in the market.

- **Match**: The service will have an algorithm that matches new dentists with established dentists by considering things like philosophy of care and personality characteristics as well as typical things like location and desired practice attributes.

- **Advise/Facilitate/Support/Guide**: Once the match occurs, there will be an “ADA Advisor” coach assigned to the relationship (not to an individual). Similar to a marriage counselor, this advisor will work with both the new dentist and the established dentist to make sure that both sides of the relationship are comfortable with the arrangement and to help them manage both their individual and mutual goals.

- **Develop**: Participants in the service will be given training, some as part of the service and some at additional cost, which will help them achieve their career goals. This training will be a combination of online, phone and in person and will run the spectrum from clinical (e.g., education on new techniques or materials) to business (e.g., how to negotiate with a third party payer or adding digital marketing to your practice) to lifestyle (e.g., tips on managing work/life balance or planning for retirement).

- **Transition**: The goal of many of these matched relationships will be the hiring of an associate and/or the transition of the practice. In these instances, the new service will play a role similar to the one played by employment or practice brokers in the current market. While there are certainly good brokers, the research revealed many instances of an ineffective or inefficient market for identifying associates and enabling practice sales. With the foundation of the four previous elements, the new service can provide a more robust and effective opportunity to facilitate finding associates and practice sales with a higher rate of success and lower costs.

The modular components of the service are intended to work successfully within the context of an ongoing dental practice. In addition, a dental practice that would otherwise shut down for lack of a new owner could be sustained by finding and supporting a new owner dentist or even purchasing the practice for a period of time while training the new owner. The final piece of the pilot involves purchasing up to two dental practices to use as a kind of “learning laboratory” for fine-tuning the elements of the service while providing a lower risk alternative for dentists who aspire to ownership. The target for purchasing practices will be successful practices in rural areas or smaller cities that have been on the market for at least one year without receiving any offers.

In the initial funding request to the ADA Board of Trustees, the management team projected owning no more than 50 practices at any one time, ideally holding them for an average of two years while a new dentist gains necessary business skills working as an employee of the practice. At the end of a defined period of time, the new company would sell the practice to the employee dentist or another dentist who would go on to be an owner-operator of the practice. Under this scenario, the new company would buy practices fitting a particular criteria with the intent of re-selling them, rather than holding them on a long-term basis. Research revealed that when the ADA was the owner of a practice, particularly in a rural area or smaller town, a potential owner dentist would be more likely to consider going to the practice as an employee while evaluating his or her "fit" for the practice and willingness to purchase it. The coaching and training provided by the ADA Advisor would help mitigate the perceived risks of moving to a non-urban area. This would also provide the organization a unique opportunity to develop systems which can help practice owners become more efficient and decrease overhead by mastering the "back office" for solo and small group practice owners. Developing these best practices would expand the value of the service to any dentist who is responsible for managing a practice.

By the time of the House of Delegates meeting, the management team will be able to share:

- The name of the service
- The logo and brand identity
- The formation of a new Board of Directors
- The full legal structure of the for-profit entity
- The selected pilot states
- The criteria for the practice(s) to be purchased (up to two practices)
- A preview of the platform

To-date, the Business Model Project Management Team has completed work on-time and below-budget. This track record was among the factors that supported the Governance Team's confidence in its recommendation to the Board of Trustees.

High Level Timeline

June 2016 - Board embarks on a consulting project to reconsider the ADA Business Model

Feb 2017- ADA hires Frog Design to perform the initial evaluation and recommend a path forward

Aug 2017 - Board approves moving forward to define the features necessary to create a new service for members

Sept 2017 - The Board authorized the formation of a Governance Team to have oversight of the project, as well as a Management Team and Funding Authorization Process

Nov 2017 - The Governance Team selects Continuum to define the features of the new service

Feb 2018 - Board authorized formation of new for-profit entity to build the new service called ADA Business Innovation Group (ADABIG)

April 2018 - Board authorizes the management team of the new entity to build a minimum viable service to test in no more than two states

August 2018 - ADA Board authorizes the formation of a new Board of Directors for ADABIG that is composed of a minority of ADA-affiliated Directors in order to protect the tax-exempt status of the ADA.

The following pages provide a detailed history of the project and the decisions made along the way.

Project Origins: For the last few years, the ADA Board of Trustee's Budget and Finance Committee has taken a detailed look at the financial trends of the organization. The ADA is delivering balanced budgets while contributing to reserves, but this is getting more and more difficult to achieve each year. Dues revenue has been slowly falling. While total revenues are growing, they are not keeping pace with expense growth.

After the meeting, a Request for Proposal was sent to seventeen firms to collaborate on a vision and plan for the future business model of the Association. This Business Model Project, when fully implemented and operational, would need to generate between $5-$7 million dollars net income (profit) annually, in addition to other considerations, in order to be considered a success.

The Budget and Finance Committee narrowed the responses to four firms which presented to the Committee in person. The Committee selected Frog Design as its recommendation to the Board of Trustees, which approved Frog for the initial phase of the project, completed in 2017.

In March of 2017, Frog began a five month project which began with an extensive review of previous ADA research. Frog Design then completed a number of qualitative interviews with dentists in multiple career stages and practice models by meeting with them in their practice for 2.5 hour individual qualitative interviews. They consolidated their learnings and introduced archetypes to describe the thinking of significant customer segments. Overlying the archetypes was the idea that all dentists fall on a continuum between "Collectivists" who believe in organized dentistry because it represents the profession and "Individualists" who share similar values but expect a direct benefit as a result of paying dues. The ADA struggles to attract Individualists. It is important to note that these characteristics are not related to age – in other words, Baby Boomers are not all Collectivists and Millennials are not all Individualists. In fact, this context helps explain why the ADA market share is declining across all age groups.

Frog confirmed all of the Budget and Finance Committee's conclusions about both the relative current health of the organization and the significant risk in the future for financial sustainability. They complimented the organization for addressing the issue now rather than waiting until it is "too late to fix." Frog then offered a dozen different ideas for new services that would either grow membership or generate additional revenue by adding significant value for a practicing dentist – ideally, the idea would contribute to both goals. Frog worked with the Budget and Finance Committee, the Board of Trustees and staff to select a single idea as the focus for a new relevant service.

The original idea was tentatively called "Bridge" and functioned as a sort of AirBnB for dentistry. New dentists have significant debt and do not feel they have the credit capacity or business knowledge to buy a practice or start one on their own. Established dentists have a physical site that costs upwards of a million dollars to build and it often sits empty at least three days a week – often on weekends and evenings when many consumers would prefer to utilize dental services. The idea was to create a sharing economy where new dentists could use an established dentist's office during hours when it was not currently being used.

Creation of Governing Bodies: Frog strongly recommended that the ADA form a smaller group to guide the decisions related to this new business venture. In their experience, having a decision-making body as large and diverse as the Board of Trustees puts hurdles in place to keep the new organization from moving quickly and nimbly. Based on this input, a Management Team, a Governance Team and a Process for Requesting Funds was each proposed and adopted by the Board in September 2017.

The Management Team Charter outlined the staff roles anticipated to be needed to work through the project. Through the Definition phase of the project, the only direct employee was Bill Robinson, VP Member & Client Services. He utilized contractors to manage cost most efficiently, hiring a Project Manager and a Consulting Dentist to work closely with the consulting firm selected. The Governance Team, discussed below, was intimately involved in all of the critical decisions.

The Governance Team Charter outlined the oversight group to provide guidance to the Management Team. The Governance Team, accepted by the Board, included the following roles (current person filling that position is in parenthesis):

- ADA Executive Director (Dr. Kathy O'Loughlin)
- ADA President (Dr. Joe Crowley)
- ADA President-Elect (Dr. Jeff Cole)
- ADA immediate past President (Dr. Gary Roberts)
- ADA Chief Financial Officer (Paul Sholty)
- Volunteer Leader 1 – appointed by President (Dr. Kirk Norbo)
- Volunteer Leader 2 – appointed by President (Dr. Tom Paumier)
- Non-Dentist Business Expert in Venture Capital (Tom Churchwell – CEO, ViMedicus)
- Non-Dentist Business Expert in Start-ups & Innovation (Kathleen Swan – Partner, Locke Lord, LLP)

Expenditure Authorization Process: Business Model Project Reserve Spending Authorizations are established by separate ADA Board of Trustees resolutions for each phase of the project. Each board spending authorization represents a commitment to spend from reserves. Best practices for financial planning and control of completely new lines of business and startups are different from that for existing businesses. Typically the start-up begins as a high level concept with only enough committed funding to reach its next milestone. The new business idea then moves through sequential "stage gates" at which the project is either terminated or given a green light for its next round of funding.

For each Business Model Project Reserve Spending Authorization, the Business Model Governance Team (as defined by the *Charter: Business Model Project Governance* document) will approve major agreements with long term implications including lease or revenue sharing agreements. Reserve spending for ongoing costs below the $100,000 level without long term impacts will be made by the Business Model Project Management Team consistent with existing ADA approval policies and processed with ADA operating transactions subject to ADA internal controls.

A brief activity report will be prepared by the Business Model Project Governance Team in advance of each meeting of the Budget and Finance Committee and then presented at the next regular meeting of the Board of Trustees. This report will include a summary of all expenditures tracked against each reserve spending authorization.

The expenditure of all Business Model Project funds will be tracked in a separate cost center as part of the ADA Reserve Account with separate appropriate monthly reporting of activity and remaining account balance for each project.

As the Business Model Project progresses, and if the completed work continues to indicate a positive outlook, then the Business Model Project Governance Team will submit additional requests to the Board to fund the next phase of activity.

Shift in Vendors: Frog offered its plan for defining, designing and building this service. Since the costs were so significant, the Governance Team directed staff to seek alternative vendors to check the market and confirm the work that Frog Design had done. Three firms provided responses to a new Request for Proposal and the two final firms, Frog Design and Continuum, presented to the Governance Team in Atlanta at the conclusion of the House of Delegates meeting in October 2017. Both proposals were strong, but the Governance Team felt that Continuum had the best plan for moving forward with defining the service in the most efficient and effective way. The selection of Continuum was not a rejection of the work performed by Frog. Rather, it was the selection of a new firm to move that work forward to the next stage.

Continuum Innovation and the Business Model Project: Like Frog, Continuum is a design firm that practices qualitative research, collecting data from participant observation and interviews—it's an approach that is well-suited to creating something new. This is different from quantitative research which collects data by measurement of known quantities—that approach is well-suited to optimizing something that already exists. The underlying intention of qualitative research is not to provide statistical evidence but to clarify a strategic direction. This direction can then be verified by developing a limited pilot or minimum viable product (MVP) that can be tested and further refined in the marketplace.

Continuum organized its work into short multi-week cycles or "sprints." Each sprint included resonance testing, a process where ideas and prototypes are shown to potential customers to assess whether or not the ideas have merit with the intended customer. Continuum performed resonance testing with established dentists, new dentists and patients in Boston, Chicago, Raleigh and Dallas.

Continuum began by testing the concept, code named Bridge, which had been proposed by Frog. Bridge was a space-sharing platform that would connect established dentists who own under-utilized space with dentists who would like to rent that space to see their own patients. In testing the idea with dentists, Continuum found that established dentists were reluctant to take on the task of making their space available to a revolving cast of dentists, noting that it sounded like a nuisance. Meanwhile new dentists were reluctant for different reasons, citing the difficulty of attracting patients as well as acclimating to equipment, materials and dental teams in different settings. Other problematic assumptions inherent in Bridge were surfaced, including the difficulty of metering usage of supplies and materials by individual dentists, and the difficulty in linking practice management software to multiple users in different locations.

Continuum did find significant resonance around common problems expressed by all dentists interviewed. Established dentists wanted to cultivate constructive relationships with new dentists, particularly around finding associates, partners or dentists who may want to purchase their practice. New dentists often felt as though they were not ready for practice ownership but wanted business guidance while they developed their own patient base. Additional research showed that a significant number of dentists reach the point of retirement without having an ownership transition plan in-effect; some of these dentists close down their practices. Given the large number of dentists at or near retirement age, combined with the large number of dentists moving into the career stage where practice ownership is a possibility, there is a window of opportunity for the ADA.

Based on this research, the Governance and Management Teams in coordination with Continuum decided to "pivot" away from the space-sharing idea and develop a service focused more on the relationship between new and established dentists. The foundational pieces of the platform in the new service would also be necessary to support space-sharing. While space-sharing is not the focus for entering the market or the pilot suggested, it may play a role in future iterations of the service. Continuum developed a plan for a new service that will proactively support new and established dentists in their most important career transitions in a way that will improve oral health and increase access to care.

It should be noted that naming a product or service is a complicated and nuanced process that requires communications expertise and market testing. In order to distinguish the new service idea from the space sharing idea, Continuum used the code name "Mortar" for this phase of testing. A final name has not yet been selected.

Continuum recommended a "pivot" to a new service that will support new and established dentists at their most important career transitions in ways that will improve oral health and increase access to care by supporting independent dentistry. The rest of the project focused on resonance testing these ideas by building a mock-up of the platform so that respondents could react to the new service. The reactions were extremely positive. Even more encouraging was the feedback that the ADA was the most appropriate organization to undertake these tasks. In addition, the financial modeling suggested that this service could achieve the stated goal of contributing $5 - $7 million of net income (profit) to the association once the service achieved scale. These developments prompted a strong recommendation

from the Governance Team to the Board to move forward with testing the idea with a pilot in no more than two locations.

Formation of New Corporate Entity: Given that the new entity would be a For Profit enterprise, it was necessary to separate it from the American Dental Association in a formal way.

The ADA recently engaged the firm of DLA Piper to help form the new corporate entity under the name ADA Business Innovation Group in order to distinguish it from the ADA. Similar to the other critical decisions, a number of firms were considered, four were interviewed in person and DLA Piper was selected as the best match for the skills needed. They have significant depth of experience in advising entrepreneurial clients concerning corporate structure. Identifying the proper corporate formation is especially important in the context of the ADA so that the relationship between the tax exempt parent and a for profit subsidiary corporate entity allows for the maintenance of the ADA's tax exempt status and the shielding of the ADA from any liability arising from the activities of the subsidiary. Additionally, given the business model being proposed, the attorney retained should be in a position to access expertise in other legal specialties such as healthcare practice acquisitions, tax, capital formation and trade regulation.

"Mortar" is a service, not a software application. While there will be a significant digital component, there will also be a need for skilled people to support digital interactions. And because it is modular, it's not an all-or-nothing proposition for the user.

How the Service Differs from Existing ADA Activity: The ADA has a proven track record of leading dentistry in the creation of knowledge and scholarship that benefits the profession. The ADA has less experience in creating outcome-driven results for individual dentists. The service presents an opportunity to take the foundations built by the Practice Management Institute and others as the basis of a platform that supports dentist-to-dentist transfers both of information and dental practices.

How the Service Generates Revenue: The service is designed to connect revenue to outcomes:

At this point, there are five different opportunities to gain revenue:

1. Subscription fee – ADABIG anticipates a modest monthly subscription fee to participate in the service. This will allow the customer to build their online profile, participate in training and enable potential matches. There will be typical discounts and trials to encourage participation.
2. Associate Dentists – When a match is made, the established dentist will pay a fee for identifying the potential associate. Current employment brokers charge at least $5,000 - $7,000 for this service; ADABIG has modeled charging $3,000.
3. Practice Transition – When a practice is sold, the established dentist will pay a fee for finding the buyer and managing the ancillary services related to practice transition. Current Practice Brokers charge 7% - 10% of the value of the practice. The average value of a dental practice is currently approximately $600,000 according to data from the Health Policy Institute. ADABIG has modeled charging 3% - 5% of the value of the practice resulting in revenue of $18,000 - $30,000 for each practice sold.
4. Operating profit from practice ownership – ADABIG will purchase up to two practices as part of the pilot. ADABIG will place employee dentist(s) in these practices while supporting all the costs related to operating these practices. As the owner, ADABIG will enjoy the profit of these practices. While there is wide variability in the profitability of practices, the average annual profit is approximately $100,000.
5. Dental Practice Sales – One of the assumptions to be tested in the pilot is the ability to purchase practices at a favorable price and then resell the practice two years later to the employee dentist using a transparent process for establishing the value of the practice. The profitability of this strategy is yet to be determined.

At scale, by 2023, all components of the platform described above are projected to produce revenues of roughly $9 million annually, with costs in the $5 million range; this delivers $4 million of net income (profit)

to the ADA. The practice acquisition portion of the pilot described below is projected to produce up to $40 million of revenue with costs in the $32 million range. This could contribute another $8 million in net income (profit).

It should be noted that these are good-faith estimates of both pricing and participation that were informed by the field research. They provide sufficient confidence to test the concepts with the understanding that assumptions will be updated after evaluating the response by the marketplace.

Practice Acquisition: During this research period, the ADA heard repeatedly about retirement-aged owner-dentists who had their practices on the market for an extended time with no buyers. Very often these practices are thriving businesses in rural or smaller-cities--locations that make it more challenging to attract a qualified buyer. Some number of these owners, having found no buyer, choose to simply close down their practices. In more remote locations, not served by multiple dentists, the closure of these practices can contribute to a reduction in access to care, as well as the loss of revenue to the owner-dentist. It seems that every dentist the team encountered knows multiple colleagues who fall into this situation. In addition, research confirmed that over 60% of dentists under the age of 40 aspire to practice ownership, with 75% of them hoping to achieve this goal in the next five years.

The ADA has not pursued practice ownership in the past. While there are undoubtedly legal barriers and objections from state or local dental societies in some locations, other locations have both favorable regulations and willingness by state and local dental societies to participate in a pilot project of this kind. If the pilot is deemed successful, purchasing practices may also require updating existing ADA policy to accurately reinforce the authority of the dentist as the sole clinical decision-maker in all circumstances while permitting ADA Business Innovation Group ownership of practices.

In addition to the value of using an ADA Business Innovation Group-owned practice as a laboratory, there is potential for the organization to purchase a small number of practices, holding them during the *Build and Develop* period in which a new dentist gains necessary entrepreneurial skills while working as an employee of the practice, and then selling the practice to that new dentist or another dentist who would go on to be an owner-operator of the practice. Under this scenario, the ADA Business Innovation Group would buy select practices with the intent of re-selling them, rather than holding them on a long-term basis.

Purchasing practices also provides a unique opportunity to develop systems which can help practice owners become more efficient and decrease overhead. By mastering the “back office” for practice owners in the purchased practices, the organization can market and sell those services (standardizing to the extent possible IT, HR, marketing, billing, patient records, etc.) to other solo and small group practice owners. This would provide much of the value currently provided in the traditional DSO model, while continuing to protect independent dentistry and highlighting the authority of the dentist in treatment planning and patient care. This would also expand the value of the service beyond those who are working in a practice owned by ADA Business Innovation Group. There are likely additional costs as well as revenue streams that could come from this strategy, but it is premature to estimate those revenues and costs without the learnings from the pilot.

How Practice Acquisition Generates Revenue: Practice acquisition, with the intent to sell to the new dentist employee who is working in the practice, has three key components:

- **Buy:** Eligible practices are thriving businesses for which the owner has not found a suitable buyer. A criteria for viability, including support from the state and local dental society and a cooperative dental practice act will inform which practices are selected. The plan is to only consider practices that have been on the market for a year or more with no purchase offers. As such, the owner may be willing to consider a below traditional valuation offer as an alternative to simply closing the practice down. The Business Innovation Group is not trying to take advantage of members; to the contrary, the goal is to provide an alternative to the owner dentist while investing in the training and mentoring of a new owner.

- **Own and Operate:** A new dentist will work as an employee of the practice, developing his or her business skills using the new service. While the Business Innovation Group owns the practice, it would enjoy the profitability of that practice as the owner. This revenue would support the ongoing operation of the service. Using Health Policy Institute averages suggests this plan is financially viable, but it is important to note that each practice is different and it will be extremely important to select appropriate practices that meet all of the requirements established by the Business Innovation Group in conjunction with its Governance Team.
- **Sell:** Ultimately the employee dentists will be in an ideal position to buy the practice. The Business Innovation Group will establish a transparent process for establishing the value of the practice to be sold to the employee dentist as well as planning and coaching on how to be financially ready for such a transaction. There will be opportunities to build the compensation for the employee dentist that encourage purchase of the practice where they have been placed as an employee of the Business Innovation Group.

The model assumes that as the ADA Business Innovation Group sells practices, it acquires new ones, holding each practice for a target of two years and never holding more than 50 at any given time.

The Business Model Project Governance Team noted that it will be difficult to reach the stated net income (profit) goals of $5-7 million annually without including practice acquisition as a strategy. There are, however, many possible obstacles that could stand in the way of the ADA Business Innovation Group implementing this approach at scale. Given all considerations, the Governance Team recognizes great value in purchasing no more than two practices as part of a pilot test. In addition to serving as "learning laboratories" for testing and improving the components of the service, purchasing and operating one or two practices will provide significant information on the difficulties of purchasing practices, the ways in which those difficulties can be removed or mitigated, and the advisability of pursuing this strategy on a larger scale as part of future iterations of the Business Model Project. In addition, the field research confirmed that the current practice broker market is fragmented and inconsistent; many dentists report wide variability in the quality and value they receive in the current practice broker model.

Expenditures Authorized to Date and Going Forward:

Phase One – Evaluation of Business model (completed with Frog Design) - $1.5 million

Phase Two – Service Definition (completed with Continuum) - $1.2 million

Phase Three – Design & Build of the service platform through pilots in two locations and purchase of up to two practices – budgeted at up to $3.5 million

The $3.5 million provided by the Board of Trustees is intended to support the cost of developing software, re-purposing existing content (for instance using an existing PDF as the foundation for a new training video), Business Innovation Group staffing and overhead expenses. Since the new company is a for profit entity, it will pay the ADA for services rendered under a contractual services agreement the same way that ADABEI or the ADA Foundation does. The estimate for software development was based on a calculation provided by Continuum in collaboration with the ADA. In its oversight role and as part of due diligence, the Governance Team directed staff to hire a consultant to evaluate Continuum's technology plan and do an environmental scan to discover if there were existing platforms that could be purchased, licensed or re-purposed to fulfill the platform goals. In late April, management hired a firm called The Bridger Group to do this evaluation. In a four week period, they did extensive interviews and evaluation and confirmed the reasonableness of the plan to move forward with building the technology platform.

Pilot Project Rationale: The service is well suited to be tested as a pilot project:

- **Consistent with Overall ADA Strategy:** The service supports the independent, autonomous practice of dentistry while maintaining and increasing access to care. It

increases the likelihood of member engagement, and it has the potential to generate at least $5-$7 million dollars net income (profit) annually.

- **Clear Metrics for Success of a Pilot:** Success at the pilot level means that the pilot demonstrates both a clear path to profitability and a service and software model that can be scaled to nationwide coverage. Furthermore, while complete success on every measure is both unlikely and unrealistic, a pilot must deliver primarily positive feedback from all key stakeholders—established dentists, new dentists, patients, participating state and local dental societies, and volunteer leaders. It would be difficult, perhaps impossible, to measure feedback without an active pilot.
- **Critical Assumptions to be Tested:** The ADA is wise to exercise caution in the face of these assumptions. A pilot provides a lower-risk way to test these assumptions:
  - The service can do a superior job of matching dentists
  - Dentists are willing to pay for this matching service
  - New dentists are willing to pay for an ongoing training in practice management skills
  - The ADA Business Innovation Group can partner with independent third parties, such as those with expertise in assessing the value of a practice
  - The ADA Business Innovation Group can purchase and successfully operate a practice
  - The ADA Business Innovation Group can both add value to a purchased practice and find a buyer for that practice where previously one did not exist.
- **Possibility for Course-Correction:** It is not the expectation that every assumption contained in this report will be proven true over the course of the pilot. It is instead the expectation that additional information will prompt changes that will increase the chance for success. Indeed, that is a key purpose behind proceeding as a pilot. Alternatively, additional information could indicate that a particular path leads to a dead-end and that the ADA should devote its resources elsewhere. This course correction also holds for ADA's reputation among dentists. While initial response to the idea has been positive, it is possible that some members may object to some elements of the pilot. Rather than attempt to anticipate and mitigate all possible objections in advance, a pilot offers an opportunity to test and iterate within a limited location and to best adjust based on feedback.

Timeline:

- **June 2018**
  - **Technology Vendor Selection:** The Business Model Project Governance Team reviews candidates and make a final selection.
  - **Management Team Staffing:** The Business Model Project Management Team will post job descriptions and begin to hire and or contract staff to build a lean team.
- **July 2018**
  - **Pilot State Selection:** Begin working with two states to plan for the pilot and design the implementation plan when the platform will be available later in 2018.
  - **Practice Purchase Initiation:** The ADA Business Innovation Group will begin preparing for the purchase of not more than two practices for the pilot.
  - **Launch Software Design and Development:** The draft schedule developed by Continuum assumes a 33 week schedule:
  - **Elapsed Time 12 Weeks**: *Define* built and ready to test with dentists
  - **Elapsed Time 18 Weeks**: *Match* built and ready to test with dentists
  - **Elapsed Time 24 Weeks:** "Lite" version of *Build and Develop* ready to test with dentists

- **Elapsed Time 33 Weeks:** Full feature list with workable prototype in the market ready to test with dentists
- **August 2018**
  - Appoint Nominating Committee to recommend the new ADA Business Innovation Group Board of Directors to the ADA Board of Trustees
  - Hire team required to staff the project
    - Manager of Projects, Administration & Operations
    - VP, Dental Practice & Relationships
    - Senior Executive to run the new company
- **October 2018**
  - Reveal the name, logo and pilot states

Risks/Benefits: The benefits of implementing a pilot program are that the ADA will make significant progress towards increasing operating revenue by supporting new and established dentists during their most important career transitions while improving oral health and access to care.

The risks of piloting *Define and Match* and *Build and Develop* include identifying an appropriate technology vendor with the ability to implement the many components of the service. A risk of *Transition* is that the ADA will not be seen as a sufficient improvement over the existing practice broker model.

The risks of purchasing a dental practice can be mitigated by developing the right criteria for practices that are eligible for purchase and that support a win for the seller, the buyer, and for the patients. Additionally, there is a risk that existing ADA policy could not be modernized to reinforce the authority of the dentist as the sole clinical decision-maker in all circumstances while permitting ADA Business Innovation Group ownership of practices.

Another risk is that volunteer leaders throughout the tripartite may not support the vision of the Board of Trustees—the Governance Team and Board of Trustees, as well as the volunteer leaders in the pilot states must be prepared to speak on behalf of the pilot and its benefits.

Conclusion: What the ADA is proposing to build with this pilot has a number of challenges and will be difficult to achieve. Like any new initiative, there are many unknowns but all of the work done so far supports the viability and value of this idea. The Board of Trustees, the Budget and Finance Committee of the Board, and certainly the Governance Team have put countless hours into debating, discussing and evaluating each step in the process. While success is not guaranteed, the initial reception from the qualitative research and potential pilot states has been extremely positive. This project offers the organization an opportunity to support independent dentistry by proactively helping new and established dentists during their most important career transitions in ways that promote oral health and increase access to care.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. None N/A

Report: Board Report 10 Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Finance-Obj. 4: Unrestricted liquid reserves targeted at no less than 50%.

How does this resolution increase member value: See Background

REPORT 10 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: TECHNOLOGY INITIATIVES, EXPENDITURES AND ESTIMATED COSTS, AND ANTICIPATED FUTURE PROJECTS

Background: This report to the House of Delegates on the ADA's Technology initiatives, expenditures and future projects is submitted as required by Resolution 30H-2003 (*Trans.*2003:334), which urged the Board to provide an annual report summarizing technology initiatives, expenditures, estimated costs, anticipated projects and their sources of funding. This report is informational only; there are no resolutions.

As part of the due diligence around technology planning and budgeting, the Board regularly validates ADA technology spending as compared to other associations. This year, the ADA compared its technologies and expenditures on technology to a group of associations that are of similar size (# of members and consolidated net revenue). In 2018, the exercise included 4 other associations. These associations all had an annual technology expenditure of 9-10% of annual consolidated net revenue. This level of expenditure is consistent with ADA spending on technology, which has averaged 9.98% over the last 5 years. The Association will continue this method of comparing itself to similar member associations in addition to reviewing other benchmarks periodically.

Projects and Expenditures: As of this report, the following significant projects are completed and others are currently in the working stages with a completion goal by the end of the year.

- *Enterprise Reporting & Analytics*. A data management project is underway that will have a major impact on data usage and reporting at the National, State and Local levels. This project encompasses defining the reporting and data standards for use across the National, States and Locals. For this multi-phased project, the ADA decided to limit the scope of Phase I to reporting and data governance related to membership data only. In 2018, work was completed on developing and deploying membership-related dashboards and reports to the state societies using the ADA's existing business intelligence software, Information Builders. The first six (6) states were deployed in June with a plan to roll out 15 states every two weeks and complete the deployment in September. The next phase of dashboards development is underway, which focuses on dues revenue information. Any additional licenses needed will be purchased in 2018 to accommodate the rollout of this project to existing and new users. In 2019, a software upgrade is planned to bring Information Builders software to the current version. This version will offer additional and new features and functionality for the users. A project to move the current server-based data warehouse environment to a cloud-based environment is also planned. This move would give users guaranteed 24x7 access to dashboards and reporting capabilities, which greatly benefits all users as the data warehouse services are expanding to the state societies.

• *Websites*. In 2018, work is underway to move from WebTrends, the ADA's current web analytics product to Oracle Infinity and Google Analytics. Google Analytics is used for tagging and tracking visitors' usage on ADA websites, while the Oracle Infinity product allows for tracking members' usage/visitation of the sites. A project to move the current Coveo Search software to the Cloud is scheduled to begin later this year. This move is necessary because the vendor will discontinue support of the current software by May 2019. In 2019, an upgrade is planned for Sitecore, the web content management software used on all ADA websites. This upgrade will bring the software to the current version, which will ensure compliance and offer new features and functionality for the users.

As part of the Power of 3 initiative, the ADA developed branded website templates to deploy to the states and local societies that were also converting from the Tripartite System (TS) to Aptify. The branded templates offer the states and locals a similar "look and feel" web presence, which gives visitors a similar web experience at the local, state and national level. By the end of 2018, 119 states and locals will have been rolled out. The branded template platform will also be used to launch a website for the FDI World Dental Congress. In 2018, an initiative is planned to update the security on the branded website templates and Power of 3 pages to include Secure Sockets Layer (SSL) certificates, which will establish an encrypted link to prevent sites from being flagged as "non-secure" websites by web browsers. In 2019, an upgrade is planned to Sitefinity, the web content management software used for these websites. This upgrade will bring the software to the current version, which will ensure compliance and offer new features and functionality for the users.

• *Digital Member Experience.* This project provides an improved online experience offering tailored experiences based on individual interests as determined through purchases, online interactions, demographic data and geo location. Industry experts will help develop the User Experience strategy that balances current technology investments with innovation. In 2018, an updated design is being developed with new features and an improved user experience as well as migrating to a modern web framework library. In 2018 and 2019, work will continue to enhance and improve the Digital Asset Management System (DAM). In addition, a new Find-a-Dentist (FAD) search tool was built and implemented supporting the FAD initiative.

• *Mobility*. Existing mobile apps have been updated to current mobile platforms. In 2018, a project will begin on a major redesign of the Chairside Instruction mobile application, which has not been updated in several years. In 2019, required platform updates will be implemented as well as any enhancements to the existing mobile applications as identified and requested by the business.

• *ADA Connect*. The ADA Connect upgrade to MS SharePoint 2013 is completed. The new design improves the look and feel of the user experience and enhanced the interaction with discussions and documents. The upgrade also integrated ADA Connect and ADA Knowledge Center to ensure each maintains a secure environment while allowing the proper level of collaboration as appropriate. An ADA Connect Pilot with the states began in 2017. The same ADA Connect functionality used by the Board, House, Committees and Councils would be available to any state society. Currently, two states are using this offering. If the pilot proves viable and additional states show interest, a rollout plan will be scheduled using existing staff resources.

• *Finance/HR/Payroll*. The ADA selected NetSuite to replace PeopleSoft Financials. The first release of NetSuite was deployed in January 2018. A list of system enhancements and updates has been identified and developed with the users. These updates are being implemented, with work continuing into 2019. UltiPro, the new HR/Payroll system went live in October 2016. In 2018 and 2019, Technology staff will work with users on developing reports that are outside the standard system reports currently offered.

• *Infrastructure, Hardware and Software Licenses*. The Association maintains hardware and software licenses necessary for the Association's network infrastructure as well as end-user equipment such as desktops, laptops and printers. In addition, funding is budgeted annually for a manufacturer-certified on-site technician. This technician is available on-site to fix hardware under warranty instead of depending on "depot warranty service" thus minimizing downtime for users. An Exchange server upgrade is underway and will be completed later this year. This upgrade is necessary to keep the environment

current and in compliance. PCI compliance and network security continue to be monitored with network security improvements implemented as needed. AV upgrades are planned for the Chicago and Washington DC offices in 2018 and 2019. The ADA's telephone system is scheduled for replacement in 2019. This system has been operational for over 15 years and certain components are at or nearing end of support. A replacement system will offer features and functionality to support staff that are working remotely.

- *Aptify*. All Aptify rollouts to the states are now completed. As of this report, 47 states, Washington DC and Puerto Rico are on Aptify. The ADA currently has two (2) Aptify environments – Enterprise and DTS with a third environment for CODA coming on in 2019. Each environment requires a separate upgrade due to the customization of each environment. The current upgrade schedule allows for one upgrade to one environment annually. A new system interface was developed and deployed that will allow data obtained through the new CAQH Credentialing system to be stored in Aptify. In 2018 and 2019, system enhancements are planned for all areas of Aptify as requested by the business users at the ADA, the States and Local Societies.

- *Aptify/Education*. A project to move the existing CODA Accreditation database and the CODA Consulting Training website to Aptify is underway and is slated to be completed in 2019. In 2018 and 2019, system enhancements are planned for this area as identified by Education staff. Also in 2019, a project is scheduled to move the CCEPR database to Aptify.

The table below outlines actual expenditures in the core areas in 2017; projected spending in 2018 and planned spending in 2019. Also disclosed is spending related to infrastructure hardware and major projects.

IT Core Area	2017 Actual Spending	2018 Projected Spending	2019 Planned Spending
Enterprise Reporting & Analytics	0	20,000	330,000
Enterprise Reporting & Analytics (Contingency)	250,000	0	0
Websites (National)	6,000	48,500	62,500
Websites (States & Locals)	12,450	0	0
Mobile Applications	0	61,520	20,000
Digital Member Experience	95,812	95,938	390,500
ADA Connect	77,093	0	0
ADA Connect (Reserves/Capital Replacement Fund)	120,085	0	0
Finance/HR/Payroll	733,330	320,575	155,500
Finance/HR/Payroll (Contingency Fund)	192,000	0	0
Finance/HR/Payroll (Reserves/Capital Replacement Fund)	0	45,000	0
Adaptive Budgeting System	39,158	0	20,000
Infrastructure, Hardware & Software Licenses	765,918	970,808	1,494,500
Aptify (National)	367,672	175,000	425,750
Aptify (National) (Reserves/Capital Replacement Fund)	245,905	181,670	0
Aptify (States & Locals)	296,000	160,000	175,250
Total Project Spending	3,201,423	2,079,011	3,074,000
Balance of IT Operating Budget	10,364,577	11,272,989	10,721,000
Total IT Spending	13,566,000	13,351,000	13,795,000

Resolution

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION

Resolution No. N/A N/A

Report: Board Report 11 Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: Not Applicable

REPORT 11 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ADA PENSION PLANS

Background: This report is in response to House of Delegates Resolution 77H-2011 (*Trans.*2011:444).

Resolution 77H-2011 reads as follows:

> **77H-2011. Resolved,** that the Board of Trustees provide to the House of Delegates an annual executive summary on the status of the Pension Plan as reflected in the annual ADA audit reports and the annual actuarial certification of the pension plan funding status.

The ADA reviewed its employee benefits as part of a larger project to assess total compensation in 2011 and made significant changes to retiree benefits effective January 1, 2012 that reduced both future costs and risks while still providing a market competitive total compensation package.

To summarize, that decision was based on the following facts which still apply to the plan:

- The new terms of the pension plan reduce future costs and risks by more than 60% compared to the old plan terms.
- Supplemental pension funding is not optional and represents payment of prior service costs under the old pension plan. This funding is the majority of the ADA's annual budget cost and is required even if the plan is terminated.
- If the pension plan were terminated completely, the ADA would not have access to plan assets to reduce costs in future periods.
- A "hard freeze" plan termination would come at a high price because conservative accounting rules lock in the value of the liability based on an assumed liquidation of pension benefits as of the termination date using current, historic low interest rates. This liability can only be reduced by the future payment of those plan liabilities.
- The long term economic costs of the plan are ultimately tied to the payout of future benefits over many years, in fact, decades into the future. ADA contributions that go into the plan do not come out except to pay plan benefits. Because pension benefits, since 1993, are only paid as a monthly annuity to retirees, cash flows are predictable and plan assets are invested to balance long term returns, risks, and costs in relation to the maturity of the long term pension liabilities.

Resolution 77H-2011 asks for reporting on the ADA Pension Plan using two sources of information that provide two perspectives of plan status based on two different actuarial calculations of the future pension benefit liability:

a. the accrual basis liability included in the ADA's 12/31/17 balance sheet (based on ASC 715 accounting rules), and
b. the "cash basis" liability, percent funded status and funding requirements included in the ADA's 1/1/18 Adjusted Funding Target Attainment Percentage ["AFTAP"] Certification Report (based on government ERISA calculation rules).

Although these two liability calculation methods differ, in general terms the net Pension liability represents the amount of projected total pension contributions would be needed to cover "100% funding" of future benefits less the value of actual funds invested in pension plan assets. In each case, this "100% funded" liability is an amount calculated by our actuary based on a formula that uses certain assumptions including interest rates and mortality tables determined by either government or accounting rules. When interest rates go down or longevity estimates increase, the amount needed to reach 100% funded status goes up. Conversely, if interest rates go up or longevity estimates decrease, which actually happened in 2017, then the calculated amount to reach fully funded status goes down.

The pension liability, under both methods, accrual basis and cash basis, is recalculated by our actuary as of the end of every plan year, December 31.

Accrual Basis Pension Liability (included in the ADA's 12/31/17 audited balance sheet): The following roll-forward analysis of the ADA's 12/31/17 balance sheet liability shows all the changes in the net accrual basis liability since the beginning of the year compared to prior periods.

There are four major types of changes that affect the ADA's net pension liability:

1. The ADA's contribution of cash to the plan assets which reduces the liability includes two parts:
   a. The funding of "normal service" costs for current employees of the ADA who earn benefits during the plan year; and

   b. The funding of supplemental payments to help get the plan to 100% funded status which represent "catch up" funding of benefits earned in prior periods as defined by government funding rules initially introduced by the Pension Protection Act ("PPA") of 2006; and

2. The increase in the net plan liability due to the accrual of the "normal service" benefit costs plus interest on the pension liability; and

3. The decrease in the net pension liability due to the increase in the value of the plans investment assets; and

4. The impact of an increase or decrease in the net pension liability due to the decrease or increase in the "spot rate" of interest used to calculate the actuarial present value of those future retirement benefits at December 31 each year.

In addition to these changes to the pension liability, the ADA also made the "one time" change to future employee benefits effective January 1, 2012 that significantly reduced the ADA's accrual basis pension liability as well as its ongoing pension expense. This one time change reduced the liability by $8.9 million at 12/31/2011 and reduces "normal service costs" annually in 2012 and future years by over $3 million compared to 2011.

Finally, studies of mortality experience for participants in pension plans have been published by the Society of Actuaries in recent years. While these studies have often indicated that pension plan participants are generally living longer, sometimes revised mortality tables adjust life expectancy estimates downward. As such, updated mortality assumptions have been published to reflect the results of these studies. The ADA has made changes to its mortality assumptions as a result of these studies, and the impact on results due to these changes is included in the chart below.

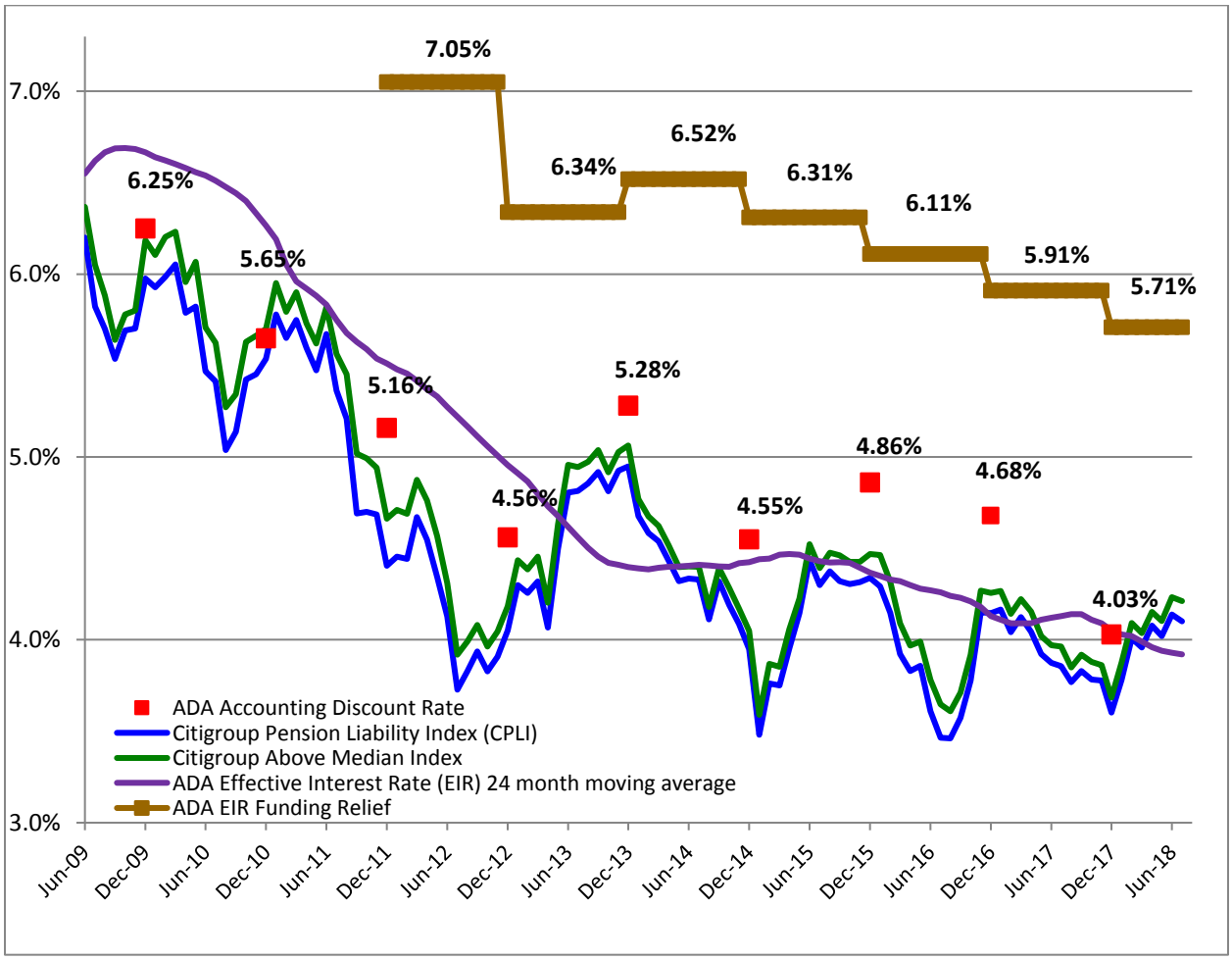
The following historical roll-forward analysis chart shows a seven year history of the pension plan since 2011, the year before the plan benefit reduction. The results for fiscal year 2011 show normal service costs under the old plan while years 2012 through 2017 present the actual results after plan changes. Beyond normal service costs and interest on the pension liability (i.e., Expected Obligation Increase), the biggest change to the accrual basis Net Pension Liability is the non-cash impact of the discount rate on the year-end valuation. For year-end 2012, discount rates dropped from 5.16% to 4.56%, which was offset by favorable investment performance. For year-end 2013, discount rates increased from 4.56% to 5.28% and the Plan experienced favorable investment performance. For year-end 2014, the liability increased due to a decrease in discount rates from 5.28% to 4.55%, updated mortality assumptions, and a one-time adjustment to reflect the impact of a change in IRS regulations. These increases were partially offset by favorable investment performance. For year-end 2015, the liability decreased due to an increase in discount rates from 4.55% to 4.86%, but was offset by unfavorable investment performance and updated mortality assumptions. For year-end 2016, the liability increased due to a decrease in discount rates from 4.86% to 4.68%, but was offset by favorable investment performance. For year-end 2017, the liability increased due to a decrease in discount rate from 4.68% to 4.03%, which was offset by favorable investment performance and revised mortality improvement expectations. So far in 2018, interest rates have been increasing while asset performance has also been trending upward. The impact of increasing “spot” interest rates has a big impact on the year-end valuations of future benefit liabilities but these are non-cash adjustments. For further reference, the rates used for accounting purposes, and approved by our auditors, are shown at the bottom of this chart for each year.

ADA Consolidated
Net Pension Liability Analysis - Historical
Millions of Dollars; Increase/(Decrease) in Liability

	Fiscal Year Ending							
	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**Notes**
Beginning Balance, December 31 of prior year	48.8	51.1	56.8	29.0	50.4	54.1	56.4	Net Liability, based on discount rate in effect at start of year less plan assets
Contributions (Cash Funding):								Actual cash cost to ADA in each plan year:
Normal Service Cost - Current Employees	(5.2)	(1.7)	(1.8)	(2.0)	(2.1)	(2.1)	(2.2)	Based on Old Plan formula in 2011; New Plan formula for 2012 to 2017
Supplemental/Catch-up - Prior Service	(7.6)	(4.6)	(4.4)	(5.1)	(3.0)	(3.5)	(4.1)	Required contributions of prior service costs on path to 100% status
Expected Obligation Increase	13.4	10.0	10.0	10.5	11.1	11.5	11.8	Service Cost (benefit accrual) and Interest Cost (interest on prior obligation)
Net Investment (Gains)/Losses	(2.0)	(16.7)	(15.5)	(13.0)	3.1	(10.5)	(27.6)	Actual plan investment results based on market values at each year end
Actuarial (Gain)/Loss	2.1	4.5	0.4	0.6	1.5	2.1	1.9	Impact of updated participant population, salaries and mortality experience
Reduction in Benefits	(8.9)	-	-	-	-	-	-	2011 reflects impact of change in Plan formula
Annual FAS 158 Actuarial Valuation Adjustment								
Discount Rate	10.0	14.1	(16.4)	18.2	(7.9)	4.7	18.1	Estimated non-cash impact of changing discount rate per accounting rules
Mortality Assumption Change	N/A	N/A	N/A	9.0	1.1	0.1	(1.4)	Estimated non-cash impact of updating mortality assumption per actuarial studies
Impact due to adjustment for IRS Reg. 415	-	-	-	3.1	-	-	-	
Supplemental Benefit Trust	0.5	0.1	(0.1)	0.1	(0.1)	-	0.1	Net Change in supplemental plan liability as reported
Ending Balance, December 31	**51.1**	**56.8**	**29.0**	**50.4**	**54.1**	**56.4**	**53.0**	Net Liability, based on discount rate in effect at end of year less plan assets
Discount Rate								
Beginning of Year	5.65%	5.16%	4.56%	5.28%	4.55%	4.86%	4.68%	
End of Year	5.16%	4.56%	5.28%	4.55%	4.86%	4.68%	4.03%	

Low interest rates, more than any other factor, typically result in increases to the year-end valuations of Retirement Benefit Obligations. The next graph shows the general downward trend of the rates used to calculate these long term liabilities. Rates decreased during 2017 but have increased to date in 2018.

The funded status calculated based on accrual basis liability and fair value of plan assets included in the ADA's 12/31/17 balance sheet was 76.6% which compared favorably to 72.7% funded status as of 12/31/16.



The "ADA Accounting Discount Rate" shown in the graph above reflects the rates used for the year-end financial statements. The "ADA Effective Interest Rate (EIR)" is a 24 month moving average of rates published by the IRS which would typically apply to funding requirements. However, the "MAP-21 Rates", further modified by "HATFA", reflect higher rates based on a 25 year average to provide pension relief which reduced the Plan's funding requirements for 2012 through 2018.

The Citigroup Indexes are also included as an indicator of current interest rate trends. These rates moved downward in 2017 resulting in a lower accounting rate at 12/31/17 than at 12/31/16. So far during 2018, these rates have increased noticeably.

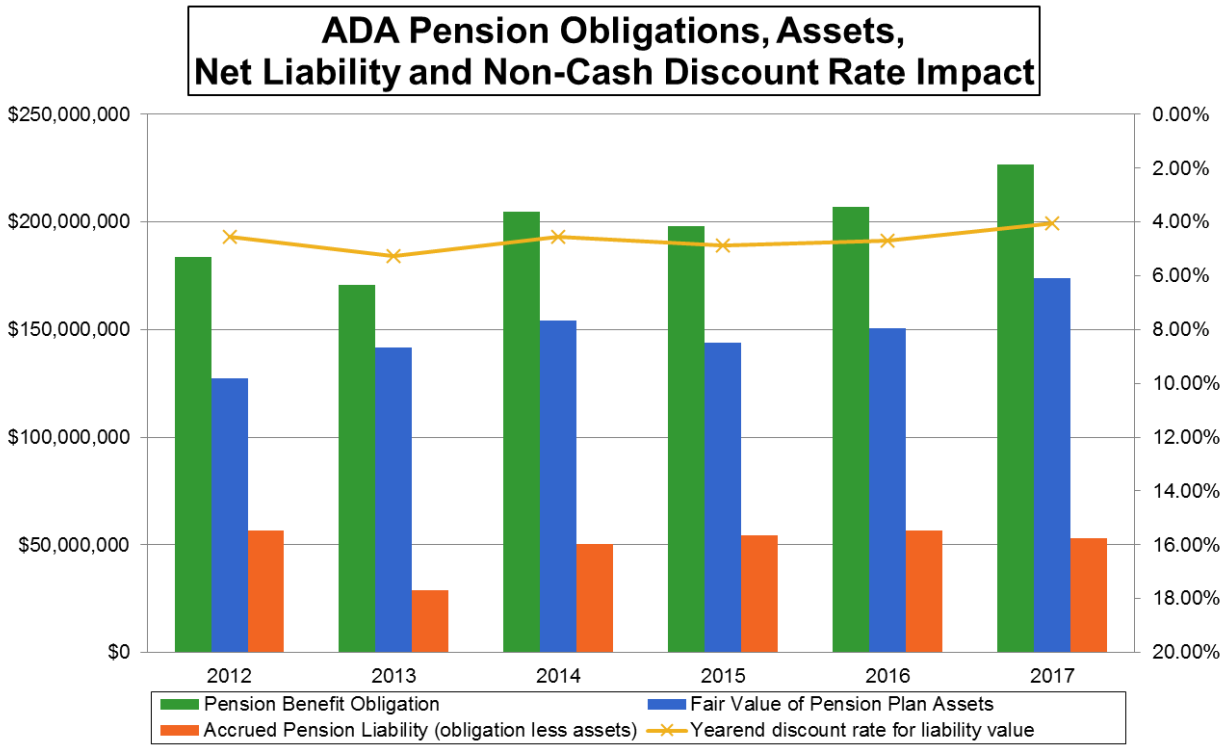
The inverse relationship between interest rates and the valuation of the year-end pension liability can also be seen in the following multi-year graph that includes:

a) the gross pension obligation,

b) the pension plan asset balance,

c) the net ADA pension liability balance, and

d) the year-end discount rate used to value the pension liability.



The line graph of the year-end discount rate is shown at the top of the chart with a separate vertical axis on the right side with "zero" at the top of the chart and higher rates extending downward. In this format, the chart shows the correlation between the changes in the discount rate and the liability balance. It should also be noted that this graph also shows the benefits of a consistent funding policy and investment results through the steady increase in plan assets.

Each year, the ADA's investment advisors review the pension benefit obligation in relation to the pension plan asset strategy to provide investment recommendation updates. As part of this review, these advisors estimate the non-cash impact of interest rates on the "net" accrued pension liability. The latest estimates indicate that a 1% change in the year-end spot rates will result in an impact of $25.0M on the liability with an offsetting impact on the plan assets estimated at $11.0M which combine to a total "net impact" of $14.0M. Because U.S. interest rates remain historically low and the Federal Reserve continues to raise the Fed Funds Target, there is considerable potential for favorable valuation adjustments if and when longer-term interest rates rise in the future.

It is important to note that although the use of year end "spot rates" determines the value of the liabilities for accounting purposes at year end, and while lower rates can also drive higher contribution rates to plan assets, it is the actual cash payout of the retirement benefits that will only happen over many decades that represents the true economic cost of the plan. Cash contributed to the plan to fund future benefits stays in the plan until those benefits are paid. And the actual payout of the 12/31/17 pension plan liability through monthly benefits to retirees will only happen over the next 30 to 40 years with the final payments expected into the next century. The following graph shows these expected annual payments to plan participants from plan assets:

This graph effectively shows that the maturity of the ADA's pension liability is made up of predictable annuities unlike many other plans that allow lump sum benefit payouts.

Pension Relief: Because so many actuaries for large pension plans questioned the use of "spot rates" to value pension liabilities and lobbied legislators to use a longer 25 year average interest rate to calculate the requirements for cash contributions to pension plans, "pension relief" was passed under MAP-21 in 2012 to reduce the short-term funding burden on pension plan sponsors caused by the current, low interest rate environment. This "pension relief" was further modified and extended by HATFA in 2014 and the Bipartisan Budget Act (BBA) of 2015.

Cash Basis Pension Liability (included in the annual actuarial certification of the pension plan funding status): The other pension liability recalculated by our actuary each year is the Cash Basis Pension Liability which is published in the ADA's annual Adjusted Funding Target Attainment Percentage ["AFTAP"] Certification Report (based on ERISA calculation rules). This report is significant because it includes the annual funded status of the plan. In addition, as this "cash basis" liability fluctuates, the amount of annual cash contributions required from the next year's Operating Budget will also fluctuate.

The following chart shows the Cash Basis Pension Liability based on the AFTAP certification report:

American Dental Association Employees' Retirement Trust Adjusted Funding Target Attainment Percentage ("AFTAP") Funding Status as of January 1 (valuation date) ($000s)	Year End 2013		Year End 2014		Year End 2015		Year End 2016		Year End 2017	
	amount	%	amount	%	amount	%	amount	%	amount	%
AFTAP Net Effective Interest Rate	**6.52%**		**6.31%**		**6.11%**		**5.91%**		**5.71%**	
Cash Basis Target Liability (= 100% status)	$ 147,812	100.0%	$ 156,344	100.0%	$ 163,231	100.0%	$ 170,791	100.0%	$ 178,074	100.0%
Less: Plan Assets	(148,591)	100.5%	(159,182)	101.8%	(143,349)	87.8%	(150,126)	87.9%	(178,530)	100.3%
Net AFTAP Report Unfunded Plan Liability	$ (779)	-0.5%	$ (2,838)	-1.8%	$ 19,882	12.2%	$ 20,665	12.1%	$ (456)	-0.3%

The data in this chart also shows, in a simple format, how the year end valuation of investments also contributes to the funded status of the plan.

Conclusions: Although the use of "spot" rates of interest, in effect at the end of each year, determine the GAAP accounting basis of the liabilities and, although the annual cash basis valuation can drive higher contributions to the plan's assets, the final cost of the plan is ultimately tied to the payment of these benefits to plan participants.

Because the ADA stopped lump sum payments for benefits earned after 1993, the pension plan operates as a simple annuity plan which greatly reduces transactions other than normal portfolio management and the payment of monthly benefits to participants. This results in very predictable cash flows.

Once the ADA contributes cash into the plan, it stays in plan investments to generate long term returns until benefits are paid out. Under this plan structure, the ADA's actuaries and investment advisors have explained that temporary investment valuation and interest rate volatility have minimal impact on the long term economics of the pension plan.

Board changes to retirement benefit plans helped reduce total pension liabilities by over $7 million at 12/31/11 (all plan changes actually account for $21.8 million of direct reduction which was partially offset by the impact of interest and investment).

In addition, the significant cut in pension plan benefits reduced "normal" pension costs, for 1 year of service, from $5.2 million in 2011 to $1.7 million in 2012 to $1.8 million in 2013 to $2.0 million in 2014 to $2.1 million in 2015 to $2.1 million in 2016 and to $2.2 million in 2017.

Although the historic low "point in time" interest rates at year end (in conjunction with mortality changes) have resulted in higher pension liability valuations, expected long term higher interest rates will turn this liability into an asset in the future. Pension relief intended to reduce the funding burdens on pension plan sponsors caused by the current, low interest rate environment was signed into law in 2012 as part of the MAP-21 Act and further modified by both HATFA in 2014 and BBA in 2015. While these laws will provide some relief from the low interest rate environment, prolonged decreasing rates, the application of updated mortality assumptions for 2019, and investment performance during 2018 could result in higher contribution requirements in future years.

Over the long term, the plan will provide the ADA with a valuable benefit to attract and retain employees critical to its mission based on an asset that will eventually pay for itself once 100% funded status is reached.

Without any continuing pension plan in place, there would be a long term risk of an overfunded pension plan, with the ADA being unable to utilize any portion of the resulting overfunded asset balance.

With a continuing pension plan, any overfunding that may occur due to fluctuating interest rates can be used to help minimize annual plan contributions going forward.

On a related topic, the Board's action in 2011 to reduce retiree health benefits resulted in an immediate $10 million improvement in the ADA's financial position at December 31, 2011. That reduction also eliminated the ADA's exposure to escalating health care costs by capping the future maximum annual cost per retiree.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION

Resolution No. None New

Report: Board Report 12 Date Submitted: September 2018

Submitted By: Board of Trustees

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: $143,914 Net Dues Impact: $1.39

Amount One-time _____ Amount On-going $143,914 FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

REPORT 12 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: CREDIT CARD PROCESSING FEE REIMBURSEMENT

Background: The ADA House of Delegates passed Resolution 74H-2003 (*Trans.*2003:337) at the 2003 Annual Session.

> **Resolved,** that beginning with the 2005 membership year, the ADA remit to each constituent and component dental society billing ADA dues the ADA's pro-rata share of the cost incurred by that dental society in collecting ADA dues payments by credit card, and other electronic means.

In response, the ADA Division of Membership and Dental Society Services conducted a survey that all states seeking information regarding credit card acceptance, processing charges, and ADA dues paid by credit card.

Following the survey and audit, the Board considered several reimbursement policy options before selecting an approach.

The reimbursement process worked as follows:

1. Each year in October, each dental society accepting dues payment by credit card would submit to the ADA a report that shows the percentage of their total dues for the current membership year paid by credit card. Standard cash receipts accounting reports for credit card payments should capture dues paid by credit card.

2. The ADA would apply that percentage to each dues remittance received from a dental society to calculate ADA dues paid by credit card.

3. The ADA would then reimburse the society 2% of the calculated ADA dues paid by credit card. This 2% rate represented the weighted average processing fee for all ADA credit card transactions.

4. Dues rebates due to a society would then be calculated on the full dues remittance amount less the calculated amount of payments by credit card.

It has been 14 years since this was revisited and credit card processing fees have been on the rise thus burdening the dental societies with the difference of the 2% reimbursement to actual rates and costs of processing dues for the ADA. The ADA has conducted research with Chase and Best Card on the current fees that are incurred by the Dental Societies for processing credit card payments and calculated

an updated percent of 2.5% (Chase represent approximately 5 states while Best Card represents about 43, thus we captured 48 State Dental societies with this research.

Also in our research, we discovered that there are Dental Societies that are currently charging members a fee ranging from $10 to $50 to pay their member dues by credit card. It is also recommended that those societies not be eligible for reimbursement as those societies are already being reimbursed for the credit card fees incurred directly by the members.

The Board of Trustees, at its September 2018 meeting, adopted the following resolution to adjust the reimbursement rate from up to 2% to up to 2.5%:

> **B-131. Resolved,** that beginning with the 2019 membership year, the ADA shall reimburse each dental society 100% of credit card processing fees incurred up to 2.5% to collect and remit ADA dues; provided, however, that any dental society that is currently charging members a fee to pay dues with a credit card will not be eligible for reimbursement.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. 79 New

Report: N/A Date Submitted: September 2018

Submitted By: Ninth Trustee District

Reference Committee: A (Budget, Business, Membership and Administrative Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE

ADA Strategic Plan Objective: Membership-Obj. 2: Net increase of 4,000 active licensed members by end of 2019

How does this resolution increase member value: See Background

MEMBERSHIP REPORTING

The following resolution was adopted by the Ninth Trustee District and submitted on September 27, 2018, by Michelle Nichols-Cruz, governance manager, Michigan Dental Association.

Background: The American Dental Association is an influential health care professional membership organization and has a strong membership compared to other similar associations. The ADA membership includes both actively practicing dentists (active and active life) and those who have retired (retired and retired life) and this information is reported annually in the ADA Membership Statement.

In addition, the ADA provides the Recruitment and Retention Report on an annual basis, which focuses on the market share of actively practicing dentists. The market share metric is the primary metric that is used when positioning the ADA and its constituent dental societies with legislators and the public. Quarterly reports from the ADA to the constituent societies provide the opportunity for the societies to focus on progress by demographic category and by component society for actively practicing dentists. It is recognized that there may be a difficulty in incorporating all members into the market share calculation, because while we are certain of our membership data, the information for nonmember retirees may be difficult to obtain.

Trends show that market share has declined, but the total number of ADA members remains robust. The Ninth District believes that the ADA should review the way it reports its members to ensure that all members are represented. Emphasizing our entire membership is most representative of our cumulative strength in advocating for public policy and for quality oral health care.

For that reason, the Ninth District recommends that the ADA review and evaluate options to present membership participation information in the most favorable light.

Resolution

79. Resolved, that the appropriate agencies of the ADA evaluate the way the ADA tracks and reports membership participation information, to include alternatives for reporting market share and options that are more inclusive of all membership categories, with a report back to the 2019 House of Delegates.

BOARD RECOMMENDATION: Received After the September 2018 Board of Trustees Meeting.

REPORT OF PRESIDENT

Good afternoon:

My name is Joe Crowley and I am your outgoing ADA President. It has been an honor and a privilege, in fact, the thrill of a lifetime to have served you and the ADA in this remarkable profession. Dentistry is an outstanding and service-oriented profession that allows us to contribute to the overall health of our patients.

Each of us has chosen this profession for various reasons, but I would suggest that each of us wanted to contribute to society in a meaningful way.

I used to ask myself, "What do I want to be when I grow up?"

"What role will I play in this global world, and rather than just exist in it, how can I, how will I, make an impact in it?"

For many of us, the idea of "work" comes from our family, watching our parents and possibly older siblings enter into the real world and make a difference.

I have known for a long time that I wanted to be a dentist, and I know I want to make an impact in my world. Can these coexist? My answer is certainly yes.

My family dentist, Dr. Norb Ranz, who I admire immensely, was so much more than just a dentist to the people he served. He was a role model and a mentor: teaching me that if you treat people the way you wish to be treated, success will follow. Be fair, talk with people, engage them and be the best you can be in your given profession.

This vision has served me well in practice and it has guided me during my years of service to the American Dental Association. Every few years, and especially during transitions such as the one I am about to make, I again ask myself the same question I asked as a kid:

"What do I want to be when I grow up?"

That is a question that we never fully answer and we have to ask ourselves over and over again. Doesn't that make life so much more interesting?

Let me say from the start that I am so very proud of the work that the ADA has accomplished this year. I discovered early that not only is the ADA the standard and the watch dog for the profession of dentistry nationally, but the ADA holds an enormous footprint in dentistry on the worldwide stage as well. Our role and successes at the FDI clearly speak to that.

I am honored to have served this House of Delegates. I hope that none of us stop asking ourselves what we want to be when we grow up and how can we impact the lives of those around us.

That very question was asked of the ADA this year, and it led to the adoption of a new vision statement for our organization:

Empowering dental professionals to achieve optimal health for all.

You have to admit, that is a tall order. We are no longer talking just about oral health, but of optimal health; not health just for those who can afford to maintain good health or who live in urban areas where there are so many options for healthcare, but optimal health for everyone.

To you and me, this is not a new concept. It is who we have always been in this service-oriented profession. Now we are letting our voices be heard and declaring it for all to hear.

We want to be at the table that subscribes to the notion of optimal health for all and we want to be able to direct it from our focal point. It is not just words. It is talking the talk and walking the walk. This is who we are as ADA professionals. We are using our role as dentists to effect change and impact our patients' lives.

We, the ADA, are putting that attitude into everything we do and every decision we make. ADA is listening, learning and ultimately leading with purpose.

Just recently our ADA team met with the Surgeon General of the United States, Vice Admiral Jerome Adams. We discussed how dentistry is critical to the future wellness of all. He agrees and understands that the ADA can and will make an impact toward this goal.

One of the most exciting things happening in health care today that will affect dentistry going forward is that the world is beginning to understand that oral health is a major component of the total health of each person.

That means that dentists and the ADA will play a bigger role in building a healthier future for all.

At many dental schools, I've said I believe this is a new "golden age" for dentistry, and the ADA has taken important steps toward the goal of achieving optimal health for all.

This year, the ADA took a bold stand on the tragic opioid crisis in the country by publicly backing mandatory continuing education for all dentists so that we understand the issues around opioids.

We support prescribing limits that the scientific evidence validates and we are on record for encouraging dentists to register with and use prescription drug monitoring programs to promote appropriate opioid use.

We are all well aware of the havoc misuse and addiction can cause, and the genuine heartache for those in the throes of this crisis, including those we know in our own families.

We've all known personally people who have experienced a death due to overdose and misuse, and we know it has affected our dental family, too.

Let's continue to be leaders in this fight against opioid abuse.

Thanks to a systematic review in *JADA* by renowned researchers and our Science Institute staff, we know how we can virtually eliminate opioids to manage acute pain. The science says, "Yes, we can."

With the national attention, we've showed that dentistry is part of the solution in helping solve this epidemic. We as the ADA should be very proud that we have taken this role.

Another step the ADA has taken is its partnership with CVS Pharmacy to help patients take better care of their oral health.

As the leader in dentistry, the ADA has an opportunity to educate, protect and connect millions of patients to products that are proven safe and effective through the highly regarded ADA Seal of Acceptance.

Through this CVS initiative, patients can connect directly to ADA member dentists through the Find-A-Dentist campaign.

This campaign includes in-store signage, circular advertising, and special displays in the oral care aisle. It will help us fully utilize the Find-a-Dentist program to link those in dental need directly with dentists within their residential zip codes.

The ADA has taken difficult and sometimes controversial steps this year as we aim to live up to our new vision, by asking difficult questions about our stake in the national conversation regarding dental benefits in Medicare.

In less than 20 years, the number of adults age 65 and older will outnumber those under 18 according to the U.S. Census Bureau. The impact of this demographic shift on our profession and the health of the country is going to be dramatic.

Several diverse entities recently began promoting the addition of a dental benefit in Medicare, including extremely influential consumer advocacy groups such as AARP, Justice in Aging, and Families USA. The ADA was faced with the critical choice of allowing these groups to drive the agenda on this issue, or of actively participating in the process to ensure that the dentist perspective is represented and understood.

The ADA sat at the table and participated by being fully engaged in a leading role in order to anticipate and influence any potential changes ahead. We must have a voice in the implementation of the changes in the future of dentistry, so our dentists and our patients will benefit from the progress.

In a development that's close to home for many of you, and aims to "empower dental professionals," the Joint Task Force on Assessment of Readiness for Practice, a collaboration between ADA, the American Dental Education Association (ADEA), and the American Student Dental Association (ASDA), released its report. After two years of research, discussion and cooperation, the task force proposed new licensure requirements consistent from state to state that include passing a clinical assessment that does not require single-encounter, procedure-based exams on patients. This has been ADA policy. Now, one of our dreams is becoming reality.

Another significant part of this work aims to improve professional mobility through greater portability of dental licenses. We all have many stories that connect us to this issue. This has been a longtime goal of ours, and we will continue the work we have been doing with our state licensing boards to move this issue forward.

While the work of the Joint Taskforce is now completed, a newly formed national coalition for modernizing dental licensure, founded by the ADA, ADEA, and ASDA, will continue this work. We are leading the charge as we make the task force's recommendations reality.

Everyone involved with this task force over the last two years deserves our tremendous gratitude as we move forward.

The ADA has also followed through on its promise to move the Business Model Project forward in order to support the financial sustainability of our organization.

This project provides real and tangible benefits to our members and can help address access to care issues in a way that is beneficial to both patients and dentists. The model includes building relationships between dentists and dental practice owners at important transitions in their careers.

It will connect dentists who are looking to join a practice with owners who are seeking a partner, associate, or someone to purchase their practice.

This can be a lucrative business in the dental marketplace – and our testing has confirmed that members are grateful that the ADA is entering this game. A new subsidiary was formed, the ADA Business Innovation Group, to lead the project forward in a way that protects the tax-exempt status of the ADA. Again, we want to walk the walk, so a pilot will begin early next year.

Two years of research and development has indicated that this will be positive for the ADA, and we have heard encouraging feedback from dentists who have told us that this will make their lives easier and transitions smoother.

There has been so much additional work done this past year by the ADA that I don't have time to discuss it all in detail:

A credentialing service, growing our ADA Foundation, third party payer concierge, a proposed resolution for HPV vaccination to prevent oral cancer, educating patients regarding the potential dangers of direct-to-consumer dentistry, and of course the successful advocacy for dentistry in Washington D.C. and our individual constituent associations and societies.

New investments have been made that support women dentists, dental students and diverse groups who make up the melting pot of our profession. We know we have dentists from a variety of backgrounds, cultures, and perspectives and we believe this is one of our strengths.

That's why we added diversity and inclusion to our core values this year, as a reminder to each of us that we consider diversity an asset and something to be incorporated into everyday decisions and interactions.

I know there are good efforts already in place across the tripartite.

I commend the Diversity and Inclusion Committee, the Institute for Diversity in Leadership graduates, and the state and local societies engaged in this work, for leading this change.

Steve Jobs said, "Start small and think big!" What I think he meant was to make big plans and dream big dreams. But only in the movies do those dreams become reality overnight. We realize big dreams by taking many small, consistent steps that live up to our core values.

The ADA is not made or broken by one decision, and our minds are rarely changed by one speech.

We succeed or fail because of the courage we have to walk the walk and live up to the vision we set for ourselves, our organization, our members, our patients, and our world.

This annual meeting of the House matters because each of us is taking individual steps to help our ADA realize a shared vision. Each of us has to take steps that are consistent with our values and that drive us toward our common goal.

I challenge you to look to the future to continue to stay informed of the issues, stay engaged in the process, encourage your colleagues to become involved in whatever way they can, and continue to ask yourselves, "What impact can I make on my profession and in my world?" Our profession is changing in many ways, and it's our responsibility at the ADA to lead this change.

As I make my transition from ADA president to being just Joe, I again ask what it is that I want to be when I grow up.

What I know for sure is that I want to continue with each of you making an impact on our profession and continue to do it proud.

Dental Benefits, Practice and Related Matters

Resolution No. 1 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on Dental Benefit Programs

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

REVISION OF POLICY, STATEMENT ON PREVENTIVE COVERAGE IN DENTAL BENEFITS

Background: This resolution is submitted by the Council on Dental Benefit Programs as a result of its scheduled review of ADA policies to ensure their continuing relevance. Suggested revisions update procedures that should be included as covered services in a dental plan.

Evidence based guidelines recommend sealants for children and adolescents. Benefit plans have varying age limits for sealants with some covering sealants only for young children. While sealants should be applied soon after tooth eruption, they may need replacement. Emerging evidence suggests silver diamine fluoride (SDF) as an effective intervention for preventing and arresting dental caries in both children and adults. Coverage should be available for these services for plan beneficiaries with the need for application determined by the dentist and the patient.

Proposed Resolution

1. Resolved, that the Statement on Preventive Coverage in Dental Benefits Plans (*Trans.*1992:602; 1994:656; 2013:306) be amended as follows: (additions are underscored)

Statement on Preventive Coverage in Dental Plans

Resolved, that preventive dentistry refers to the procedures in dental practice and health programs which aid in the prevention of oral diseases, and be it further

Resolved, that the American Dental Association recognizes the importance of implementing preventive oral health practices as an effective means of promoting optimal oral health to all individuals, and be it further

Resolved, that the ADA urges that all dental benefit plans include the following procedures as covered services:

- prophylaxis;
- topical fluoride applications for all patients;
- application of pit and fissure sealants and reapplication as necessary for all ages;
- interim caries arresting medicament application (e.g. silver diamine fluoride);
- space maintainers;
- oral health risk assessments;
- screening and education for oral cancer and other dental/medical related conditions;

- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion;
- athletic mouth guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, (i.e. oral hygiene instruction, dietary counseling and tobacco cessation counseling with regard to the promotion of good oral and overall health).

and be it further

Resolved, that the Council on Dental Benefit Programs continue to recommend to third-party payers, service plans, prospective purchasers and policyholders that contract limitations on frequency of providing benefits allow for coverage of preventive services at least “twice in a calendar (or contract) year” and more frequently if risk factors are identified that warrant increased frequency.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 2 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on Dental Practice

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

DIRECT TO CONSUMER DENTAL LABORATORY SERVICES

Background: There appears to be a growing presence of direct to the consumer dental laboratory services, where patients are instructed to take their own impressions and order products such as mouth guards, snoring appliances, teeth whitening trays and bleaching products, partial dentures, veneers and aligners. A policy on Do-It-Yourself Teeth Straightening was adopted by the 2017 House of Delegates and states ADA's position on self-directed orthodontic treatment (Resolution 50H-2017). The Council discussed broadening this concept beyond orthodontics.

Recently, a number of dental laboratories have advertised to sell dental prosthetic products directly to the public. Products advertised in these direct to the public online websites include snoring appliances, teeth whitening trays and bleaching products, partial dentures, mouth guards and veneers. Direct to consumer laboratory services circumvents the involvement of a licensed dentist in the provision of dental laboratory services. It eliminates the intellectual contribution of the dentist to diagnose, create a treatment plan and safely manage treatment needs throughout the course of care. Self-delivered, unsupervised dental treatments have the potential to cause damage and irreversible complications for patients.

Licensure of individuals by a state ensures that a practitioner in a field has the required training, knowledge and experience to ensure competency and protects patients and consumers. By requiring licensure, a state has the ability to determine whether the individual may perform these activities after verifying educational requirements and/or testing procedures to ensure a minimal degree of competence. In the dental profession, dentists and hygienists are licensed in all states. State level oversight of dental assistants is more varied; they may or may not be licensed or registered by the state. State dental practice acts define the scope of practice for dentists, hygienists, and licensed or registered dental assistants.

Dental laboratory technicians and businesses are generally not licensed. In 2013, an ADA policy was added to encourage state boards to register dental laboratories. Currently, seven states require dental laboratory registration. No states require registration of dental laboratory technicians. In most, if not all states, specific scope of practice statements for dental laboratory technicians are not defined.

The traditional role of a dental laboratory has been to manufacture prosthetics or devices at the written request of a licensed dentist. ADA's policy, *Statement on Prosthetic Care and Dental Laboratories* (*Trans.*1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430) specifies that "…the dentist-provider is ultimately responsible for the patient's care, the Association believes that he or she is the only individual qualified to accept responsibility for prosthetic care." Dentists are responsible for all

aspects of the manufacture of prosthetic devices through ordering or prescribing the prosthetic device, receiving the notifications of materials and country of origin, and delivering prosthetics to patients.

Therefore, the Council recommends adopting the ADA policy on Direct to Consumer Dental Laboratory Services.

Proposed Resolution

2. Resolved, that the ADA strongly discourages the practice of direct to the consumer dental laboratory services because of the potential for irreversible harm to patients.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 3 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on Dental Practice

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT TO THE ADA STATEMENT ON PROSTHETIC CARE AND DENTAL LABORATORIES

Background: The amended resolution is submitted by the Council on Dental Practice to maintain consistency between this policy and its proposed policy for Direct to Consumer Dental Laboratory Services.

The Statement on Prosthetic Care and Dental Laboratories limits diagnosis and treatment by a licensed dentist to complete and partial denture patients. Amending the policy to include all dental laboratory appliances supports the Direct to Consumer Dental Laboratory Services proposed policy. (Res. 2: Worksheet:3002)

Proposed Resolution

3. Resolved, that the ADA policy Statement on Prosthetic Care and Dental Laboratories (Trans.1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430) be amended as follows (additions are underscored; deletions are ~~stricken~~).

Statement on Prosthetic Care and Dental Laboratories

Introduction: Patient care in dentistry often involves the treatment, restoration or reconstruction of oral and peri-oral tissues. The dentist may elect to use various types of prostheses to treat the patient and may utilize the supportive services of a dental laboratory and its technical staff to custom manufacture the prostheses according to specifications determined by the dentist.

Since the dentist-provider is ultimately responsible for the patient's care, the Association believes that he or she is the only individual qualified to accept responsibility for prosthetic care. At the same time, the dental profession recognizes and acknowledges with gratitude and respect the significant contributions of dental laboratory technicians to the health, function and aesthetics of dental patients.

This statement outlines the Association's policy on the optimal working relationship between dentist and dental laboratory, the regulation of dental laboratories and issues regarding the provision of prosthetic care. A glossary of terms is a part of this statement.

Because of the dentist's primary role in providing prosthetic dental care, the Association, through its Department of State Government Affairs and the Council on Dental Practice,

provides upon request assistance to state dental societies in dealing with issues addressed in this statement.

Diagnosis and Prosthetic Dental Treatment: It is the position of the American Dental Association that diagnosis and treatment of ~~complete and partial denture~~ patients utilizing oral appliances must be provided only by licensed dentists and only within the greater context of evaluating, treating and monitoring the patient's overall oral health. The Association believes that the dentist, by virtue of education, experience and licensure, is best qualified to provide ~~denture~~ oral appliance treatment to the public with the highest degree of quality. As a result of its belief that dental care is the responsibility of a licensed dentist, the Association opposes prosthetic dental treatment by any other individuals. Further, the Association will actively work to prevent the enactment of any legislation or regulation allowing such activity or programs, on the grounds that it would be dangerous and detrimental to the public's health.

Working Relationships between Dentists and Dental Laboratories: The current high standard of prosthetic dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the abilities and contributions of each member. The following guidelines are designed to foster good relations between dental laboratories, dental laboratory technicians and the dental profession.

Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.

The Dentist:

1. The dentist should provide written instructions to the laboratory or dental technician. The written instructions should detail the work which is to be performed, describe the materials which are to be used and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be retained for a period of time as may be required by law.

2. The dentist should provide the laboratory/technician with scanned digital or accurate impressions, casts, occlusal registrations and/or mounted casts. Materials submitted should be identified.

3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any areas to be ~~relieved~~ modified and the type of design of the ~~removable partial dentures~~ appliance on all cases.

4. The dentist should furnish instruction regarding preferred materials, coloration, and description of prosthetic tooth/teeth to be utilized for fixed or removable prostheses which may include, but not be limited to a written description, photograph, drawing or shade ~~button~~.

5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any appropriate change(s) to the written instructions as the dentist deems necessary, when notified by a laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.

6. The dentist should clean and disinfect all items according to current infection control standards prior to sending them to the laboratory/technician. All prostheses and other materials that are forwarded to the laboratory/technician should be prepared for transport utilizing an appropriate container and packaged adequately to prevent damage and maintain accuracy.

7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a prosthesis/appliance does not fit properly, or if shade selection is incorrect.

The Laboratory/Technician:

1. The laboratory/technician should custom manufacture dental prostheses/appliances which follow the guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for a period of time as may be required by law.

   When a laboratory provides custom-printed written instruction forms to a dentist, the laboratory document should include the name of the laboratory and its address, provide ample space for the doctor's written instruction, areas to indicate the desired delivery date, the patient's name, a location for the doctor to provide his/her name and address, as well as to designate a site for the doctor to provide a signature. The form should also allow for other information which the laboratory may deem pertinent or which may be mandated by law.

2. The laboratory/technician should return the case to the dentist to check the mounting if there is any question of its accuracy or of the bite registration furnished by the dentist.

3. The laboratory/technician should match the shade which was described in the original written instructions.

4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if there is a reason for not proceeding with the work. Any changes or additions to the written instructions must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any changes shall be sent to the dentist upon completion of the case.

5. After acceptance of the written instructions, the laboratory/technician should custom manufacture and return the prostheses/appliances in a timely manner in accordance with the customary manner and with consideration of the doctor's request. If written instructions are not accepted, the laboratory/technician should return the work in a timely manner and include a reason for denial.

6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.

7. The laboratory/technician should inform the dentist of the materials present in the case and may suggest methods on how to properly handle and adjust these materials.

8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards.

   All prostheses and related items which are returned to the dentist should be cleaned and disinfected, according to current infection control standards, placed in an appropriate container, packed properly to prevent damage, and transported.

9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.

10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The laboratory should not discuss or divulge any business arrangements between the dentist and the laboratory with the patient.

Instructions to Dental Laboratories: Complete and clearly written instructions foster improved communication and working relationships between dentists and dental laboratories and can prevent misunderstanding. State dental practice acts may specify the extent and scope of written instructions that are provided to dental laboratories for the custom manufacture of dental prostheses. These acts may describe the written instructions from the dentists to the dental laboratory as a "prescription" while other states refer to the instructions as a "work authorization" or "laboratory work order." Realizing that terminology in state dental practice acts differ, constituent dental societies are urged to investigate appropriate terminology for their dental practice acts regarding the term(s) used to describe the written instructions between a dentist and a dental laboratory and between dental laboratories for subcontract work, since the term selected may have tax implications depending on state tax revenue codes.

Identification of Dental Prostheses: The Association urges members of the dental profession to mark, or request the dental laboratory to mark, all removable dental prostheses for patient identification. Properly marked dental prostheses assist in identifying victims in mass disaster, may be useful in police investigations and help prevent loss of the prostheses in institutional settings.

Shade Selection by Laboratory Personnel: Selection of the appropriate shade is a critical step in the custom manufacture of an aesthetically pleasing prosthesis. The Association believes that when a dentist requests the assistance of the dental laboratory technician in the shade selection process, that assistance on the part of the dental laboratory technician does not constitute the practice of dentistry, providing the activity is undertaken in consultation with the dentist and that it complies with the express written instructions of the dentist. The shade selection site, whether dental office or laboratory (where lawful), should be determined by the professional judgment of the dentist in the best interest of the patient and where communication between dentist, patient and technician is enhanced. When taking the shade in the laboratory, the dental technician should follow the appropriate clinical infection control protocol as outlined in the ADA's infection control guidelines when dealing with the patient.

Regulation of Laboratories: The relationship between a dentist and a dental laboratory requires professional communication and business interaction. The dental laboratory staff may serve as a useful resource, providing product and technical information that will help the dentist in the overall planning of treatment to meet each patient's needs. The dental laboratory staff may also consult with the dentist about new materials and their suggested uses. The Association applauds such cooperative efforts so long as the roles of the parties remain clear; the dentist must be responsible for the overall treatment of the patient and the dental laboratory is responsible for constructing high quality prosthetic appliances to meet the specifications determined by the dentist.

Some dentists may choose to own or operate a dental laboratory for the custom manufacture of dental prostheses for their patients or those patients of other dentists. The Association opposes any policy that prevents, restricts, or precludes dentists from acquiring ownership in dental laboratories.

In some states the issue of dental laboratory regulation has been addressed through requirements for registration, certification, licensure bills and some hybrids thereof. The Association believes the basic tenet of regulation by any governmental agency is the protection of the public's health and welfare. In the delivery of dental care, that collective welfare is monitored and protected by state dental boards that have the jurisdictional power, as legislated under the state dental practice act, to issue licenses to dentists. These boards also have the power to suspend or revoke such licenses if such action is deemed warranted.

For decades, the public health and welfare has proven to be adequately protected under the current system of dental licensure. The dentist carries the ultimate responsibility for all aspects of the patient's dental care, including prosthetic treatment. In a free market society, dentists select dental laboratories that provide the best quality services and prostheses. The Association opposes the creation of additional regulatory boards to oversee dental care and therefore, opposes any form of governmental regulation or licensure of dental laboratories not promulgated under the auspices of the state board of dentistry. The Association believes that a single state board of dentistry in each state is the most effective and cost-efficient means to protect the public's dental welfare.

Notification of Prosthetic Cases Sent to Foreign or Ancillary Domestic Labs for Custom Manufacture: Constituent dental societies are urged to pursue legislation or voluntary agreements to require that a domestic dental laboratory which subcontracts the manufacture of dental prostheses notify the dentist in advance when such prostheses, components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a foreign dental laboratory or any domestic ancillary dental laboratory.

Glossary of Terms Relating to Dental Laboratories

Introduction: This glossary is designed to assist in developing a common language for discussion of laboratory issues by dental professionals and public policy makers. Certain terms may also be defined in state dental practice acts, which may vary from state to state.

Must: Indicates an imperative need or duty; an essential or indispensable item, mandatory.

Should: Indicates a suggested way to meet the standard; highly desirable.

May or Could: Indicates a freedom or liberty to follow suggested alternatives.

Dental Appliance: A device that is custom manufactured to provide a functional, protective, esthetic and/or therapeutic effect, usually as a part of oro-facial treatment.

Dental Laboratory: An entity that engages in the custom manufacture or repair of dental prostheses/appliances prostheses as directed by the written prescription or work authorization form from a licensed dentist.

Dental Prosthesis: An artificial appliance custom manufactured to replace one or more teeth or other oral or peri-oral structures in order to restore or alter function and aesthetics.

Laboratory Certification: A form of voluntary self-advancement in which a recognized, nongovernmental agency verifies that a dental laboratory technician or a dental laboratory has met certain predetermined qualifications and is granted recognition.

Laboratory Registration: A form of regulation in which a governmental agency requires a dental laboratory or dental laboratory technician to meet certain predetermined requirements and also requires registration with the agency and payment of a fee to conduct business within that jurisdiction.

Laboratory Licensure: A form of regulation in which a governmental agency, empowered by legislative fiat, grants permission to a dental laboratory technician or dental laboratory to provide services to dentists following verification of certain educational requirements and a testing or on-site review procedure to ensure that a minimal degree of competency is attained. This form of regulation requires payment of a licensing fee to conduct business within a jurisdiction and may mandate continuing education requirements.

Work Authorization/Laboratory Work Order: Written directions or instructions from a licensed dentist to a dental laboratory authorizing the construction of a prosthesis. The directions or instructions included often vary from state to state but typically include: (1) the name and address of the dental laboratory, (2) the name and identification number, if needed, of the patient, (3) date, (4) a description of the work necessary and a diagram of the design, if appropriate for the appliance, (5) the specific type of the materials to be used in the construction of the appliance, (6) identification of materials used and submitted to the laboratory, and (7) the signature and license number of the requesting dentist. In those states where the term “prescription” is used in place of the term “work authorization” or “laboratory work order,” prescription is defined as written instructions from a licensed dentist to a dental laboratory authorizing the construction of a prosthesis to be completed and returned to the dentist.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 4 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on Dental Practice

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, ADA STATEMENT ON ALCOHOLISM AND OTHER SUBSTANCE USE DISORDERS

Background: The Council on Dental Practice reviewed the current policy Statement on Alcoholism and Other Substance Use Disorders (*Trans*.2005:328) and is proposing the following revisions for continued relevance related to substance abuse disorders research, treatment protocols and advocacy for substance use disorders among ADA members.

Proposed Resolution

4. Resolved, that the ADA Statement on Alcoholism and Other Substance Use Disorders (*Trans.*2005:328) be amended as follows (additions are underscored; deletions are ~~stricken~~):

1. The ADA recognizes that alcoholism and other substance use disorders are primary, chronic, and often progressive diseases that ultimately affect every aspect of health, including oral health.

2. The ADA recognizes the need for research on the oral health implications of chronic alcohol, tobacco and/or other drug use.

3. The ADA recognizes the need for research on substance use disorders and successful treatment protocols among dentists, dental and dental hygiene students, and dental team members.

4. The ADA encourages the states to create and maintain well-being programs that address substance use disorders as well as other mental and physical challenges that dentists might experience throughout their career.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 19 New

Report: N/A Date Submitted: August 2018

Submitted By: Board of Trustees

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

REVIEW AND CONSIDERATION OF ADA INTERIM POLICY ON OPIOID PRESCRIBING

Background: Pursuant to the ADA *Bylaws*, Chapter V, Section 70, the Board of Trustees, as the managing body of the Association, is vested with the following power:

> H. Establish ad interim policies when the House of Delegates is not in session and when such policies are essential to the management of the Association provided, however, that all such policies must be presented for review and consideration by the House of Delegates at its next session.

At its March 2018 Special Session, the Board of Trustees adopted interim policy supporting mandatory continuing education for opioid prescribers, limits on the number of pills that can be prescribed for initial acute pain, and use of prescription drug monitoring programs. The interim policy was requested by the Council on Governments Affairs ahead of the ADA Dentist and Student Lobby Day, with input from the Councils on Education and Licensure, Scientific Affairs, and Dental Practice.

According to numerous health professional organizations, opioid abuse was the topic that members of Congress most wanted to talk about during constituent fly-in visits. In fact, congressional leaders were projecting that a consensus bill with prescriber mandates would pass at least one chamber by Memorial Day.

The Council on Government Affairs felt that a clear and meaningful position on opioid prescribing – even a limited one – would give the ADA a credible bargaining position to mitigate the impact of potential mandates. It would also enable Lobby Day attendees to paint a positive image of dentistry during their Hill visits.

After discussion and an amendment from the Board, Resolution B-37-2018, Interim Policy on Opioid Prescribing, was adopted.

> **B-37-2018. Resolved,** that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and diversion. Any such mandatory CE requirements should:
>
> 1. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements,
> 2. Provide for coursework tailored to the specific needs of dentists and dental practice,
> 3. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance,

and be it further

Dosage and Duration

Resolved, that the ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with Centers for Disease Control and Prevention (CDC) evidence-based guidelines.

and be it further

Prescription and Drug Monitoring

Resolved, that the ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes and deter the misuse, abuse and diversion of these substances.

and be it further

Resolved, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.

Subsequent to the adoption of B-37-2018, and in consultation with the Speaker of the House of Delegates, it was determined that language in the third resolving clause of the interim policy contained duplicative language already existing in bullet number three of the ADA policy Statement on the Use of Opioids in the Treatment of Dental Pain (*Trans*.2019:286):

Statement on the Use of Opioids in the Treatment of Dental Pain (*Trans*.2016:286)

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.

2. Dentists should follow and continually review Centers for Disease Control and State Licensing Boards recommendations for safe opioid prescribing.

3. Dentists should register with and utilize prescription drug monitoring program (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.

4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.

5. Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.

6. Dentists should consider non-steroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.

7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.

8. Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.

9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.

10. Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

Accordingly, the Resolution offered to the House of Delegates for its consideration does not include the resolving clause already reflected in current ADA Policy.

Based on the forgoing, the Board tenders the following Resolution to the House of Delegates:

Resolution

ADA POLICY ON OPIOID PRESCRIBING

Continuing Education

19. Resolved, that the ADA supports mandatory continuing education (CE) in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, and diversion. Any such mandatory CE requirements should:

1. Provide for continuing education credit that will be acceptable for both DEA registration and state dental board requirements,
2. Provide for coursework tailored to the specific needs of dentists and dental practice,
3. Include a phase-in period to allow affected dentists a reasonable period of time to reach compliance,

and be it further

Dosage and Duration

Resolved, that the ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with Centers for Disease Control and Prevention (CDC) evidence-based guidelines.

and be it further

Resolved, that the ADA supports improving the quality, integrity, and interoperability of state prescription drug monitoring programs.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 25 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on dental Benefit Programs

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: 2.03 million Net Dues Impact: $19.00

Amount One-time	Amount On-going	FTE
2.03 million	Year 2: 2.62 million; Year 3: 2.82 million	3.5

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESPONSE TO HOUSE RESOLUTION 56H-2017: FEASIBILITY OF A CLINICAL DATA REGISTRY

Background: Resolution 56H-2017 calls for "an investigation into the feasibility and impact of establishing a comprehensive oral health clinical registry."

A clinical data registry/warehouse can organize data from disparate patient management/electronic health record systems into a standardized database to facilitate aggregated queries of large patient populations. Such data can be useful for scientific (health services) research to understand treatment patterns and outcomes to answer important questions that relate to health policy, treatment guidelines, medical necessity rules, population health and quality of care.

The rationale for this initiative is as follows:

- Organized dentistry must lead in identifying the requisite evidence base to support uniform dental necessity rules and clinical guidelines across payers.
- Patient care is at risk if payers with large amounts of aggregated information are allowed to dictate treatment guidelines and medical necessity rules.
- Dentistry requires uniform guidelines instead of individual payers establishing rules, guidelines and quality scores based on individual databases.
- Data gathered from each patient encounter can be harnessed in "real time" to answer clinical questions impacting individual and population health outcomes; such data will enhance decision-making by moving beyond sole reliance on clinical trials as a primary source of evidence.
- Individual dentists, regardless of practice size, must have access to local, regional and national peer-identified and reviewed data to provide the highest quality personalized care to their patients.

Several medical specialties currently host clinical data registries. The American Association of Oral and Maxillofacial Surgeons (AAOMS) is the only dental specialty that is developing two registries; one to understand treatment patterns related to third molar extractions and the second related to anesthetic complications. "BigMouth" is an oral health registry hosted by University of Texas that brings together data from several dental schools and is specific to the populations seeking care at dental schools.

The Council investigated the following areas:

1. feasibility of gathering clinical data;

2. technology availability;
3. impact for profession/ member value; and
4. cost of establishing a data warehouse & Potential for non-dues revenue.

Following a comprehensive assessment, the Council concludes that it is feasible to gather data to populate a registry through partnerships with software vendors and clearing houses. Current computing technologies (e.g. cloud computing, elastic computing) make it possible to take on such an initiative with the flexibility to scale on demand. Data dictionaries that specify the types of data needed to be collected from office software would be developed to guide establishment of the registry. Data quality issues would need to be addressed through education and training. Appropriate authorization and patient data protection issues need to be addressed when structuring the registry. The registry can be designed to automatically pull data from patients' management software once a dentist agrees to participate. Over time, richness of the data collected can be enhanced with effort from participating dentists to include information as structured data within the patient's record (e.g. standardized forms for dental and medical history, diagnostic codes etc.).

A 2018 survey of ADA members focused on the perceived value of the registry for dentists, propensity to participate, tolerance for extra work (on the practitioner's behalf) and perceived barriers informed this assessment. The table below provides the detailed results from this survey.

	Strongly Agree	Somewhat Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
A clinical dental data repository would help me improve on treatment and outcomes of patient care	34.75	41.29	18.05	3.26	2.66
A clinical dental data repository would help the dental profession improve on treatment and outcomes of patient care.	28.32	40.55	22.33	5.75	3.05
A clinical dental data repository would provide me with integrated patient care information that is necessary for me to remain competitive.	31.83	38.83	18.40	5.0	5.95
I would be more likely to participate in the dental data repository if my current practice management system could support participation in the ADA's repository.	37.34	38.31	15.28	4.39	4.68
I would participate in a clinical dental data repository even if it requires extra time and effort on my part.	16.33	33.22	23.81	15.54	11.09
A clinical dental data repository would provide credible, up-to-date information to assist clinicians in making patient-specific dental care decisions.	16.88	25.15	33.92	15.31	8.73

If the ADA provided and managed a clinical dental data repository, would you:	Yes	No	Maybe
Provide data for the repository	52.24	40.79	6.97
Use data from the repository	62.43	31.37	6.20

In general, dentists under age 40 expressed greater support for this initiative.

From a financial perspective the costs to build and maintain a registry were based on a three year projection. Year 1 focuses on a minimal viable product (MVP). Years 2 and 3 focus on including more data sources and additional reporting capabilities. The following table illustrates projected costs for three years and includes projections for new staff hired in Year 1.

	Year 1 (MVP)	Year 2	Year 3
Software Development*	$1,117,140	$1,612,500	$1,741,500
Project Management	$269,000	$269,000	$269,000
Product Support (1.5 FTE)	$210,000	$210,000	$210,000
Marketing/ Education (2 FTE)	$280,000	$280,000	$280,000
Marketing Activity	$50,000	$100,000	$125,000
Technology Platform (Saas)	$100,000	$150,000	$200,000
Grand Totals	$2,026,140	$2,621,500	$2,825,500

*Software development includes developing the patient data model and data dictionary, establishing preliminary report queries, establishing API's to automatically pull data from patient management software (Year 1), establishing the tools to provide reports back to participating dentists (Year 2) and developing custom queries to generate reports (Year 3).

The potential for non-dues revenue was also investigated. In general, there is a potential for non-dues revenue although the robustness of the data collected would determine actual value. Non-dues revenue opportunities include allowing access to data extracts, allowing custom queries and developing predictive models. Revenue should only be anticipated after Year 3. Preliminary estimates for non-dues revenue are approximately $1.3 million per year assuming successful establishment of a minimum viable product, followed by member education and marketing. Such revenue would be generated from external stakeholders like research entities seeking to use data and product companies looking to understand disease patterns.

In summary, the Council believes it is feasible for the ADA to host a large clinical data warehouse to answer important questions that relate to health policy, treatment guidelines, medical necessity rules, population health and quality of care. The project, if approved, would entail significant investment and will take at least three years to establish before providing member value and non-dues revenue. While there are commercial data aggregators who aggregate data from multiple payers (e.g. Truven and P & R Dental), they are limited to dental claims and do not capture contextual information such as patient history or clinical findings. Further, these data sources are limited to the population covered by a dental benefit plan and do not capture information for cash paying patients. Benefit determination rules established by payers limit utility of this data to determine treatment outcomes.

Proposed Resolution

25. Resolved, that the American Dental Association establish a comprehensive clinical data warehouse/registry to support development of health policy, treatment guidelines, medical necessity rules, and to define population health and quality of care.

BOARD COMMENT: The Board appreciates the work of the Council and the value of a data registry, but believes that this should be a part of a comprehensive strategy discussion rather than an independent project. Moreover, at this time, with the existing financial priorities of the Association, this is not the most effective use of Association funds.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 25

ASAI	Yes	FISCH	No	KLEMMEDSON	Yes	ROBINSON	No
BITTER	Yes	GEHANI	Yes	KYGER	No	RODRIGUEZ	No
BLACK	No	HARRINGTON	No	MCDOUGALL	No	SABATES	No
COHLMIA	No	HIMMELBERGER	No	MITCHELL	No	SHEPLEY	No
COLE	No	HUOT	No	NORBO	No	THOMPSON	No

Resolution No. 33 New

Report: N/A Date Submitted: August 2018

Submitted By: Council on Dental Benefits Report 1

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON DENTAL BENEFIT PROGRAMS REPORT 1 TO THE HOUSE OF DELEGATES:
FINANCING CARE FOR SENIORS: DENTAL BENEFIT IN MEDICARE

The Changing Environment: *Retiring Baby Boomers.* The number of retiring baby boomers is expanding. In 2017**,** Medicare covered over 59 million beneficiaries. The United States (U.S.) Census Bureau projects that the U.S. population**,** aged 65 and older**,** will grow by 9 percentage points from 2014 to 2040, making it the fastest growing age group. By 2040, the number of seniors over 65 will be greater (82 million) than people under 18 (78 million). Half of all Medicare beneficiaries have annual incomes below $26,200. Data indicates that less than half the adults over age 65 have had a dental visit in any given year even though the associations between oral and overall health are well established. Cost is cited as the primary barrier to seeking dental care by nearly 50% of senior citizens.

Coalition Activity. Several external entities are actively promoting a dental benefit in Medicare as a policy priority for the 2020 election cycle. The coalition engaged in this effort includes consumer advocacy organizations like Families USA, Justice in Aging, Center for Medicare Advocacy and American Association for Retired Persons (AARP). The coalition is conducting pilot programs in several cities to build grassroots support and outreach for this initiative.

Some organizations are also independently advocating for a benefit within Medicare for medically compromised individuals including those with diabetes or cardiovascular disease through a regulatory effort. These organizations are arguing that the statute limits “routine dental care” and that the Centers for Medicare & Medicaid Services (CMS), through federal rulemaking, has the authority to pay for dental services for medically compromised individuals. If included through a regulatory effort, funding for any new benefit would be drawn from existing Medicare funding streams as medically necessary care, tied to medical conditions, rather than for dental care on its own merits. It is unclear how fees would be determined in this instance and whether medical necessity for these services would need to be established through a physician referral.

Political Environment. Healthcare expenditures are cause for significant concern among lawmakers in Congress. The current Republican Congress is wary of any expansion to the entitlement programs including Medicare. The cost savings being purported by those lobbying for a dental benefit is a key positive driver. The majority of baby boomers, a large voting cohort, have enjoyed employer sponsored dental benefits as part of their health benefits and seek the same privileges from Medicare following retirement. Congress may be amenable to expanding entitlement funding if it is politically expedient.

Medicare. Medicare is the health care financing program administered federally across the U.S. through the CMS. As currently structured, eligibility for Medicare is not means-tested, i.e. all seniors over 65 are eligible for benefits regardless of income (there are a few exceptions unrelated to income bands). However, the premium paid for Medicare Part B (physician services) is higher for high-income individuals. Low-income individuals receive a subsidy. Medicare has two Trust Funds: the Hospital Insurance (HI) Trust Fund and the Supplementary Medical Insurance (SMI) Trust Fund. The Trustees project that the HI Trust Fund will pay full scheduled benefits until 2026. The SMI Trust Fund, which includes Medicare Part B and Medicare Part D (prescription drugs), remains adequately financed into the future due to financing being derived from general revenues and beneficiary premiums.

Commercial Financing Options. There are several commercial options in place to support financing dental care for seniors. Over 50% of Medicare Part C (Advantage) plans include a dental benefit in their policy and an additional 13% offer it as a voluntary buy-up option. Dental coverage within these plans is highly variable with most limiting coverage to exams, radiographs and annual prophylaxis. Richer plans charge a higher premium. Employed seniors may continue to receive a dental benefit through their employers. Some group policies are available to seniors through organizations such as AARP. Some commercial carriers (e.g. Delta Dental) also offer individual policies through brokers and online sites. Further, many dental offices offer in-office dental plans and care financing programs for their patients. While private financing options for seniors exist, from a consumer standpoint, the problem is not the lack of commercial choices for dental plans but a preference for entitlement funding to support premium costs. While a direct reimbursement-like model (e.g. discount cards/debit cards) can be suggested as a new model within Medicare, this does not seem to have support among the external groups involved.

Historical ADA Activity Regarding Senior Care: Resolution 5H-2006 detailed a comprehensive strategy to address oral health issues of vulnerable elders. This resolution called for various strategies related to:

- Advocacy to Address Elders' Health Care
- Education of Health Care Workers to Support Elders' Oral Health Care
- Education of the Public and Policymakers to Enhance Elders' Oral Health
- *Exploring New Types of Dental Insurance for Elders*
- Exploring Dental Workforce Needs to Support Elders' Oral Health Care
- Research to Support Oral Health for Elders

In 2008, the Council on Dental Benefit Programs (CDBP) and the Council on Advocacy for Access and Prevention (CAAP, formerly the Council on Access, Prevention and Interprofessional Relations: CAPIR) reported working toward structuring a program for the 2008 National Dental Benefits Conference to focus on insurance plan models for people over age 65. However, no specific new insurance products for seniors were identified.

The National Elder Care Advisory Committee (NECAC), formerly under CAAP and currently under the Council on Dental Practice (CDP) is continuing work related to advocacy, education and research to support care for seniors. As part of these activities, NECAC will be hosting an Elder Care Symposium in 2019 whose anticipated goals are to boost awareness of the broader elder care issues of this highly vulnerable population and to develop a variety of strategies to increase access to oral health care.

Current ADA Policy on Medicare: The following are current policies regarding a Medicare dental benefit.

Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357, 596) …..

13. Emphasize comprehensive dental services in addressing the need of the elderly.
14. Intensify efforts to amend Medicare to include dental benefits.
……

Education of AARP on Benefits of Oral Health Agenda (*Trans.*1989:568)

Resolved, that agencies of the ADA continue efforts to educate the leadership of the American Association of Retired Persons (AARP) on the benefits of an acceptable oral health agenda for older Americans together with appropriate financing mechanisms.

Elimination of Disparities in Coverage for Dental Procedures Provided Under Medicare (*Trans.*1993:705)

Resolved, that the Association seek legislation to provide fair and equitable treatment to all Medicare recipients by eliminating disparities in coverage for dental procedures, and be it further **Resolved,** that the Association seek legislation which would provide for payment of dental services under Part B of Medicare in cases where the dental procedure is necessary and directly associated with a medical procedure or diagnosis.

Medicare as a Financing Option for Seniors: Given the increased activity from various stakeholders demanding a dental benefit in Medicare, in spite of availability of other commercial insurance options, the ADA needs to be engaged in discussions regarding a financing solution for senior oral care, advocating on behalf of members, to prevent another underfunded public program.

Overall, the CDBP and CAAP believe that the following concepts are vital requirements for the ADA's advocacy position regarding a dental benefit in Medicare.

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

Comprehensiveness of Benefits: Medicare should cover dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions among seniors. A subsidized model should be in place to prioritize the premium support for low income individuals while ensuring all seniors over age 65 are eligible for the benefit.

Provider Reimbursement: Funding a benefit at appropriate levels to support participation is essential to assure adequate access for Medicare beneficiaries. The ADA's Survey of Dental Fees provides a useful tool in identifying fee levels that may attract a reasonable number of providers to assure access for patients with a Medicare benefit. Using this tool when instituting a new dental benefit, total program costs should be derived from provider remuneration at the median (50^{th} percentile) of dentist fees. In other words, the fee schedule to calculate initial program costs when instituting the benefit should represent the full fee of at least 50% of practicing dentists to encourage participation in the program. Fees reported in this survey represent full fees charged by dentists and includes overhead and lab fees for individual procedures.

Technical Support: Over the last several years various mandates to transition into value-based payment models have been supported with significant levels of funding to educate physician practices and allow

them to adopt new health information technology (IT) infrastructure (e.g. the electronic health record incentive program aka the "Meaningful Use" program). Most dental practices are not equipped to handle these requirements. Legislation for a dental benefit in Medicare should include adequate appropriations to support any potential mandates such as adoption of health information technology.

Administrative Burden: Physicians often cite complex administrative rules as a significant challenge resulting in long hours and exorbitant paperwork. For example:

- Medicare uses medical necessity guidelines and prior authorization requirements to manage utilization. Physician practices often have to submit multiple rounds of paperwork to allow reimbursement for a service. While it is understandable that a benefit without annual maximums would have alternate mechanisms to manage utilization, these rules should be reasonable and established through multi-stakeholder processes.
- Medicare has a complicated and time intensive process for quality reporting. Even with significant IT infrastructure, physicians spend considerable time addressing these requirements in order to receive payment for services. It is important that the ADA lead the establishment of reporting requirements for a dental benefit in Medicare.

Proposed Resolution

33. Resolved, that if potential legislation is being developed then a dental benefit in Medicare shall provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

BOARD COMMENT: The ADA Board of Trustees appreciates the hard work of all of the Councils, especially the Council on Dental Benefit Programs, to further refine current ADA policy regarding a potential dental benefit in Medicare. The Board also has a keen understanding of the complexity of the issues related to oral health care for a rapidly growing elderly segment of the U.S. population. This complexity is documented through the diversity of opinion expressed by the four Councils that have evaluated this issue. As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060.[1] Currently, approximately one half of the U.S. population do not see a dentist for at least one visit a year.

Clearly this is a significant issue for our country and deserves a well thought out comprehensive strategy and set of ADA policies to support that strategy in order to address elder oral health in this country. A comprehensive strategy will go beyond a dental benefit design and address multiple consequences that currently limit elders from seeking and receiving oral health care. Additionally, barriers that could affect the clinical or administrative practices of our members and the profession of dentistry need to be fully evaluated. The Board recommends that this resolution be referred back to the ADA Board of Trustees, so that a Board workgroup be convened in order to oversee the development of a comprehensive strategy

[1] CDC 2017

for elder oral health including any ADA policy for the House's future consideration that would support this comprehensive plan.

33B. Resolved, that if potential legislation is being developed then a dental benefit in Medicare shall minimally provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

BOARD RECOMMENDATION: Vote Yes on Referral.

Vote: Resolution 33B

ASAI	Yes	FISCH	Yes	KLEMMEDSON	Yes	ROBINSON	Yes
BITTER	Absent	GEHANI	Yes	KYGER	Yes	RODRIGUEZ	Yes
BLACK	Yes	HARRINGTON	Yes	MCDOUGALL	Yes	SABATES	Yes
COHLMIA	Yes	HIMMELBERGER	Yes	MITCHELL	Yes	SHEPLEY	Yes
COLE	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. 33BS-1 Amendment

Report: N/A Date Submitted: September 2018

Submitted By: First Trustee District

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT TO RESOLUTION 33B—FINANCING CARE FOR SENIORS: DENTAL BENEFIT IN MEDICARE

The following amendment to Resolution 33B (Worksheet:3022), was adopted by the First Trustee District and transmitted on September 24, 2018, by Dr. Rich Rosato, First District Caucus Chair.

Background: While the Oral Healthcare Coalition is actively pursuing an oral health benefit in Medicare, it may not necessarily be the best way to achieve the objective of delivering that care to elderly patients. To limit consideration to a huge government system such as Medicare may not be in the best interest of our patients or our members. Therefore, we move to amend Resolution 33B to direct the Board of Trustees to look at alternative ways to deal with elder oral health care other than Medicare and that the ad hoc committee include, but not be limited to, one member from each of the following councils: Council on Government Affairs, Council on Dental Practice, Council on Dental Benefit Programs, Council on Advocacy for Access and Prevention, and the New Dentist Committee.

Additions double underscored.

Resolution

33BS-1. Resolved, that if potential legislation is being developed, then a dental benefit in Medicare shall minimally provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

and be it further

Resolved, that the Board of Trustees look at alternative ways to deal with eldercare other than only with Medicare, and be urged to form an ad hoc committee that includes, but not be limited to, one

member from each of the following councils: Council on Government Affairs, Council on Dental Practice, Council on Dental Benefit Programs, Council on Advocacy for Access and Prevention, and one member from the New Dentist Committee, to assist with this directive, with a status report submitted to the 2019 House of Delegates.

BOARD RECOMMENDATION: Received too late for Board comment.

Resolution No. 33BS-2 Substitute

Report: N/A Date Submitted: October 2018

Submitted By: Sixth Trustee District

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: $30,000 Net Dues Impact: $0.29

Amount One-time _____ Amount On-going _____ FTE .25

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT TO RESOLUTION 33B—FINANCING CARE FOR SENIORS: DENTAL BENEFIT IN MEDICARE

The following substitute for Resolution 33BS-1 (Worksheet:3022a), was adopted by the Sixth District and transmitted on October 2, 2018, by Dr. Tom Leslie, delegation chair.

Background: The ADA has a nearly 40 year policy supporting a dental component in Medicare. The healthcare environment has evolved dramatically in those 40 years. Whether any action by Congress is likely to occur soon or not, the ADA should have some revision of its stance on a dental component within Medicare and at a minimum what it should provide.

Several agencies within the ADA have reviewed this issue and made comment and suggestion into Resolution 33, but further review and revision is prudent and appointment of a board workgroup to accomplish this is appropriate, but the composition of that workgroup is critical for appropriate councils and pro and con opinions to be considered (additions <u>double underscored</u>).

Therefore, be it

Proposed Resolution

33BS-2. Resolved, that if potential legislation is being developed then a dental benefit in Medicare shall <u>minimally</u> provide:

- Coverage for comprehensive services in an appropriate part within Medicare with adequate program funding
- Reimbursement rates at or above median fees (50th percentile) as described in the current ADA Survey of Dental Fees to ensure adequate dentist participation
- Funding for technical support for dental practice participation including adoption of health IT standards
- Minimal and reasonable administrative requirements for dental practice participation
- Medicare beneficiaries with the freedom to choose any dentist while continuing to receive the full Medicare benefit

and be it further

Resolved, that Resolutions 33 and 33B be referred to the Board of Trustees for formation of a workgroup with the suggested composition of two representatives from each of the four councils having made input on this policy recommendation: Council on Dental Benefit Programs, Council on Dental Practice, Council on Government Affairs, Council on Advocacy for Access and Prevention, and two trustees, one having opposition to a dental component within Medicare and one in favor, and the Speaker of the House of Delegates as a consultant, and be it further

Resolved, that a report be submitted to the 2019 House of Delegates.

BOARD RECOMMENDATION: Received too late for Board Comment

Resolution No. 55 New

Report: N/A Date Submitted: September 2018

Submitted By: Council on Advocacy for Access and Prevention

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: $75,000 Net Dues Impact: $0.73

Amount One-time $75,000 Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

DEVELOPING A CULTURE OF SAFETY IN DENTISTRY

Background: Almost 20 years have elapsed since the Institute of Medicine issued, *To Err is Human: Building a Safer Health Care System*. In the ensuing years since that report, the health care system has invested in developing a robust monitoring and reporting mechanism that has led to improvements in health care delivery and reduction in accidental injury and medical errors. The identification of tens of thousands of Americans who die annually from medical errors sobered the medical care system leadership, government, and quality organizations and has led to improved care and saved lives.

The dental care system lags well behind medicine in its attention to and identification of unintended injury and safety issues in the practice of dentistry. Said succinctly, we do not know what we don't know. The extent of dentist error, its consequences, and an organized approach to mitigate unintended injury and in rare cases, mortality, remain elusive in dental care delivery.

The dental care system contrasts starkly with that of medical care. As medicine has evolved into systems with extensive data capture capabilities, mandated reporting, and an emphasis on patient safety, dentistry remains a largely cottage industry of isolated, unconnected solo practices. Medicine has evolved a safety culture that encourages identification of error and its reporting, while dentistry has not. In medicine, data is collected to examine adverse outcome events so that the industry, both systems and individuals, can learn from the errors to prevent them from occurring again. No comprehensive, mandated clearinghouse for dental error, mortality and morbidity exists and reporting remains inconsistent or even non-existent, filtered by liability insurers, and haphazard state dental board reporting requirements. In medicine, a safety culture has developed and implemented robust standards and definitions related to patient safety, while dentistry lacks a similar system for use in education and practice.

The depth and extent of dentist error, unintended injury, short and long-term effects of non-regulated treatment, health effects on dental team members and patients, and other consequences of dental care are largely unknown or emerge as crises. Anesthesia deaths in dental offices and dental patients exposed to communicable illnesses from improperly sterilized dental instruments are unfortunate events that have captured the public's attention in the last few years. Recent Center for Disease Control (CDC) reports on dental abscesses in children from waterline contamination and the clustering of idiopathic pulmonary fibrosis (IPF) deaths on dental team members are not just isolated examples of unintended harm, but speak to the lack of any type of preemptive or early warning system in the dental care system. New therapies and devices continue to enter dental practice at a rapid rate, many immune from the same safety scrutiny required of medical advances. Longstanding therapeutic approaches remain unexamined, as evidenced by recent reports on opioid and antibiotic misuse in dental care. In dentistry, complications are often seen as inevitable rather than as treatment gone awry and amenable to improvement.

A starting point in developing a safety culture in dentistry is to charge a body with a thorough review of safety issues in dentistry, gaps in our system of identification, and reporting of unintended injury. Only after the issue of safety in dental care is carefully and fully explored can a safety culture emerge that reliably and validly identifies and addresses issues of safety that affect our patients and ourselves.

Existing ADA Policies addressing safety and quality of care are listed in Appendix 1.

Reason for this Action: The Council on Advocacy for Access and Prevention is bringing this resolution forward in response to a serious concern about safety in dentistry brought forth by the Medicaid Provider Advisory Committee (MPAC), a mature and longstanding advisory group to the Council. The Council is bringing this issue to the attention of the Board and the House, who will then have the opportunity to take appropriate action through creation of a task force or referral to one or more Councils for action. The Council is not acting capriciously or arbitrarily; it is acting as a steward mindful of protecting both the profession and the oral health of the public.

The following resolution is presented for House consideration.

Proposed Resolution

55. Resolved, that the American Dental Association commit to establishment of a “Culture of Safety” in all aspects of dental practice and be it further

Resolved, that the appropriate ADA agency or agencies be tasked with a comprehensive review of patient and provider safety in dentistry and be it further

Resolved, that a report be submitted to the 2019 ADA House of Delegates detailing the incidence and severity of patient and provider safety issues in dentistry, and recommendations for development of a plan to address the identified issues of concern

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

APPENDIX 1

CURRENT ADA SAFETY POLICIES

Patient Safety and Quality of Care (*Trans.*2005:321)

Resolved, that it is the ADA's position that health care should be:

safe—avoiding injuries to patients from the care that is intended to help them *effective*—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)

patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions

timely—reducing waits and sometimes harmful delays for both those who receive and those who give care

efficient—avoiding waste, including waste of equipment, supplies, ideas and energy

equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

Patient Safety (*Trans.*2001:429; 2014:504)

Resolved, the Association work in cooperation with constituent and component dental societies and other major health care organizations to encourage the development of collaborative projects regarding patient safety, and be it further

Resolved, that appropriate Association agencies disseminate information on patient safety to the membership.

Funding and Authority for Patient Protection (*Trans.*1983:560)

Resolved, that constituent dental societies be encouraged to lobby legislatures to provide additional state dental board funding and authority for patient protection activities.

State Responsibility for Health, Safety and Welfare (*Trans.*1978:530)

Resolved, and reaffirmed, that the constitutional responsibility for the health, safety and welfare of the citizens of each respective state is the responsibility of each state and that state alone, and should not be abrogated, and be it further

Resolved, that the ADA does constantly reflect these feelings in their dealings with political leaders in all areas of government, and be it further

Resolved, that each dentist through his or her every area of influence do all in his or her power to preserve this constitutional responsibility and right.

RESOURCES:

Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after To Err Is Human
To Err Is Human: Building a Safer Health System
Leadership and Vision for a Culture of Safety
Shining a Light: Safer Health Care through Transparency

WIHI: Sustaining and Strengthening Safety Huddles
Transforming Health Care: A Compendium of Reports from the NPSF Lucian Leape Institute
Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care
Recommendations to Reduce Surgical Fires and Related Patient Injury: FDA Safety Communication

Resolution No. 75 New

Report: N/A Date Submitted: September 2018

Submitted By: Fourteenth Trustee District

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact: $0.31

Amount One-time $32,500 Amount Ongoing FTE .25

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

DATA COLLECTION PARAMETERS FOR DENTAL PRACTICE DELIVERY MODELS

The following resolution was adopted by the Fourteenth Trustee District and transmitted by Dr. Patsy Fujimoto, Fourteenth District Caucus Chair on September 12, 2018.

Background: Current reference materials being utilized in any discussion concerning different dental practice delivery models are based on literature reviews or observational studies which may lack credible research and data needed for reference as a means for better objective understanding and debate. An example is the current debate about the effectiveness of mid-level providers on the delivery of care.

Dentists are concerned for public safety and quality assurance which can only be expressed with sound data.

Member dentists who advocate on behalf of the American Dental Association (ADA) and its members need factual data based on scientific evidence to formulate reasonable conclusions. This sort of specific data presently doesn't exist.

Furthermore, as States explore alternative delivery models, the ADA can assist in the evaluation of these new models by having clinically and socially relevant parameters to apply for sound decision making.

Proposed Resolution

75. Resolved, that the appropriate agencies of the ADA develop parameters for measuring quality of care and access to care to allow future comparison studies of the effectiveness of different practice delivery models, and be it further

Resolved, that a report be provided to the 2019 House of Delegates.

BOARD COMMENT: The Board feels it is important to increase the evidence base surrounding the impact of alternative dental care delivery models. As part of this effort, it is necessary to develop appropriate outcome measures that are important to monitor when evaluating such models. This includes appropriate measures of access to dental care, quality of dental care, and other outcomes measures important to patients and providers. As a result, the Board feels it is important to develop such indicators as well as an outline of a research study.

75B. Resolved, that the appropriate agencies of the ADA develop a study outline for measuring quality of care and access to care to allow future comparison studies of the effectiveness of different practice delivery models, and be it further

Resolved, that a report be provided to the 2019 House of Delegates.

BOARD RECOMMENDATION: Vote Yes on the Substitute.

BOARD VOTE: UNANIMOUS.

Resolution No. None N/A

Report: N/A Date Submitted: September 2018

Submitted By: Council on Dental Practice

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON DENTAL PRACTICE REPORT 1 TO THE HOUSE OF DELEGATES: ELDER CARE

Background: Responsibility for managing the American Dental Association's (ADA) elder care strategies, including activities of the National Elder Care Advisory Committee (NECAC), was transferred to the Council on Dental Practice (CDP) from the Council on Advocacy for Access and Prevention (CAAP) in 2017.

NECAC's first meeting under the purview of CDP's Health, Wellness and Aging Subcommittee took place in April 2018. During that meeting, NECAC attendees stressed the value and importance of the ADA maintaining its commitment to eldercare health strategies. They also recommended that the ADA assume (or develop) a leadership position in the areas of advocacy, education and research on behalf of this significant, and growing, population.

Current estimates report that 20% of Americans will be age 65 or older by 2030[1], and will reach 24% of the population by 2040[2]. Epidemiological literature on oral health among the elderly indicates a profound imbalance in the dental care of this population group[3]. The use of dental services declines as people age, due to a variety of factors. Perhaps the single greatest barrier is the inability to afford care. Seniors with dental insurance are 2.5 times more likely than those without coverage to visit a dentist, and about half of seniors lacked dental insurance in 2015.[4]

Even among seniors with insurance, coverage does not necessarily translate into care. Medicaid covered 9% of all U.S. seniors (nearly 6.5 million) in 2011, and 49% of Medicare beneficiaries in assisted living facilities in 2010. However, the limited number of dentists who accept public insurance can make it difficult for seniors to find care. Between 1990 and 2013, the number of dentists who reported treating any patients on public assistance fell from 44 to 37.5 percent[4].

[1] United States Census Bureau, Washington, DC. Fueled by Aging Baby Boomers, Nation's Older Population to Nearly Double in the Next 20 Years. Available at https://www.census.gov/newsroom/press-releases/2014/cb14-84.html.
[2] Projections of the Size and Composition of the U.S. Population: 2014 to 2060. US Census Bureau, https://census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf, accessed 6.21.2018
[3] Murray Thomson W. Epidemiology of oral health conditions in older people. Gerodontology. 2014;31(Suppl 1):9–16.
[4] ADA Health Policy Institute, Percentage of Providers Participating in Medicaid, 2017, https://www.ada.org/en/science-research/health-policy-institute/publications/infographics, accessed 6.22.2018

A March 2018 report by the Center for Oral Health (COH) found that a significant number of older adults in California suffer from oral health problems despite the reality that dental disease is largely preventable. According to their report “A Healthy Smile Never Gets Old: A California Report on the Oral Health of Older Adults,” untreated tooth decay is leading to a high prevalence of tooth loss among older Californians. Another finding of the report is that one in three older adults’ needs treatment for a decayed tooth immediately or within two to four weeks. At the national level, approximately 50% of all nursing home residents cannot perform three or more of the “Activities of Daily Living,” one of which is personal hygiene that includes oral care.

The “A Healthy Smile Never Gets Old” report shows that significant dental disease among older Americans merits focused attention by the dental professional community. The ADA, as America’s leading advocate for oral health, is the appropriate agency to spearhead the creation and implementation of programs to protect America’s senior population.

Issues relating to the health and well-being of America’s senior population are likely to be at the forefront of future healthcare discussions at the state and federal levels for years to come as the Baby Boomer generation ages. The topic is also likely to ignite discussions within the profession and among consumer media. The ADA is in the unique position of having the opportunity to take the lead in presenting both reliable and credible information and practical solutions for improving the oral health, and overall health, of the senior population.

Proposed activities relating to elder care planned for 2019 (pending 2019 budget approval) include:

1. Delivery of a series of inter-professional webinars, targeted to dental, medical, nursing and nursing assistant providers, to help them learn to identify and address common barriers that impede the elderly from achieving and maintaining good oral health. The programs would also discuss how to recognize dental disease and stress the importance of timely treatment. This activity would assist healthcare providers to collaborate on and adopt an integrated care approach to reduce the oral disease burden in the elderly.

2. Sponsor three research manuscripts in 2019 that would enable dental public health and geriatric dental residents to have a positive impact among geriatric and special needs patients. A benefit of this program is to build awareness of the needs of these populations among general dentists through publication of the manuscripts. An additional benefit would be to foster relevant, credible research.

3. Develop and host an Elder Care Symposium in 2019 to boost awareness of both the broader elder care issue and the specific relationship between the oral health and the systemic health of this highly vulnerable population. This effort will demonstrate the ADA’s commitment to foster greater inter-professional dialogue and connections in caring for the elderly. Findings from the symposium could be the basis for identifying and implementing a systematic approach to meeting the oral health needs of older adults.

Summary: This report notes the challenges with access to care, mobility, aging, and health complexities for the older population. Better attention must be given to the status of oral health in older adults. The CDP believes that continued and increased attention on elder oral health care will allow for programs to educate our members and health care professionals on these issues and position the ADA as the leader in elder oral health care.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 80 New

Report: N/A Date Submitted: September 2018

Submitted By: Fifth Trustee District

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

URGING FOR THE CREATION OF A NEW CDT CODE TO ESTABLISH A UNIFORM METHOD OF QUANTIFYING THE VALUE OF DONATED DENTAL TREATMENT AND FOR DATA COLLECTION PURPOSES

The following resolution was adopted by the Fifth Trustee District and submitted on September 19, 2018, by Scott Lofranco, general counsel and director of Government Affairs, Georgia Dental Association.

Background: One of the main concerns common to many dentists with regard to educating legislators and other decision-makers is a perception by these two groups that there is a lack of supply in the number of dentists who treat rural/underserved patients and/or accept Medicaid or other federal/state dental benefit plans. This erroneous argument often forms the basis for initiatives such as expanding the scope of practice for dental auxiliaries with reduced supervision of a licensed dentist and the creation of mid-level providers.

While these initiatives appear to be supported by data collected by the Centers for Medicare & Medicaid Services ("CMS") and various state agencies, one of the key points not factored into this data is the amount of donated treatment dentists provide in their offices and at volunteer events to the rural and underserved members of their community. Notwithstanding the historically low Medicaid reimbursement rates and lack of comprehensive dental Medicaid coverage for non-pregnant adults in many states, another major barrier to treating the Medicaid population is the administrative burden of being a Medicaid provider. Consequently, many dentists choose not to enroll as Medicaid providers and instead furnish the necessary treatment free of charge. However, dentists are not receiving the proper credit and recognition for the donated treatment they provide in their communities.

One reason for this is the lack of uniformity in quantifying and tracking the amount of free treatment provided by dentists in all fifty (50) states and the District of Columbia. Our research into this issue suggests that the practice management software used in most, if not all, private dental offices may not be set up to track donated care. Dentists would rather focus on treating the patient, as opposed to increasing the administrative workload on their staff for recordkeeping and reporting on uncompensated care. Additionally, collecting this information through state association member surveys is difficult because members simply do not keep track of this data, provide "ball-park" estimates, and fail to respond, which often renders survey results statistically unreliable.

Accordingly, the Fifth District respectfully submits the following resolution for adoption by the ADA House of Delegates supporting the creation of a new CDT Code to allow dentists to more accurately track and report on the amount of donated care they provide to their patients. Establishing a standard code for donated dental treatment will provide a powerful data collection tool for the ADA and its state and local

components to assist in their public relations and government affairs efforts, while at the same time limiting the administrative burdens on dentists and their staff.

Proposed Resolution

80. Resolved, that the American Dental Association (ADA) officially supports the creation of a new Code on Dental Procedures and Nomenclature (CDT Code) that will be used whenever donated dental treatment with no expectation of compensation is provided, either directly by a licensed dentist or pursuant to the authorization of a licensed dentist, and be it further

Resolved, that upon adoption, the ADA urges the Council on Dental Benefit Programs to take immediate steps to review this issue and take the necessary steps to ensure its implementation, and be it further

Resolved, that the new CDT Code will be utilized by the ADA and its state and local component societies to support their public relations and government affairs efforts, and be it further

Resolved, that use of this CDT Code shall be strictly voluntary in nature, and no dentist shall be required to track or report on the amount of donated dental treatment he or she provides.

BOARD RECOMMENDATION: Received too late for Board comment.

Resolution No. 82 New

Report: N/A Date Submitted: October 2018

Submitted By: Dr. Prabu Raman, delegate, Missouri

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: $225,000 Net Dues Impact: $2.08

Amount One-time	$ 10,000 App Development $215,000 Marketing	Amount On-going	$2000 annual maintenance	FTE	.2

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

FREE SMART PHONE APP FOR EVALUATING DENTAL INSURANCE BENEFIT PLANS WITH STAR RATING

The following resolution was ~~adopted by the Sixth Trustee District and~~ submitted on October 4, 2018, by Dr. Prabu Raman, delegate, Missouri.

Background: Patients seldom have a good understanding of their dental benefit plans. Dental offices deal with patients who often believe that their "dental insurance" should cover all dental treatment. Since dental benefit plans usually cover only a portion of the professional fees, the dental office personnel have to deal with accusations that the charges are too high. An easy-to-use, smart phone app that evaluates any dental benefit plan based on the criteria determined by the ADA would be a helpful and credible tool for helping patients in objectively evaluating their own dental benefit plans. The questions alone could reveal to them how little they really know about their own plans if they don't know the answers. They may then find the answers from their employers. Employer/purchasers of dental benefit plans would also find this to be extremely useful in evaluating competing broker quotes for coverage. This would also be of value to dental team members who are often asked by patients about the quality of their "dental insurance" plans.

The Council on Dental Benefit Plans (CDBP) has made progress in creating a well-researched paper to inform employers on the characteristics of an optimal dental benefit plan and how it benefits them to provide their employees with an optimal plan. CDBP has also created a "Patient tool questionnaire" housed in Mouthhealthy.org. While these are good steps in the right direction, it could be greatly enhanced with improvements and usability. Adding more objective questions and quantifying the results with weighted answers will enhance its usability for the public and make it user-friendly. CDBP could collaborate with the Council on Dental Practice or any other ADA agencies in quantifying the answers. It needs an easy-to-understand interface for the public to readily use and recommend to their friends and family. This will not judge or rate insurance companies or specific named plans but only the characteristics of a dental insurance benefit plan, based solely on the answers provided to the questions. A disclaimer that clarifies that the resultant rating is based solely on the accuracy of the answers provided by the user, would mitigate any liability risk. Incorrect answers would result in an incorrect rating.

A free app for Android and Apple platforms that gives star ratings similar to the ubiquitous and universally understood star ratings already used by Google, Facebook, etc., to rate dental practices would be widely used. Any free app that meets the needs of the public would go "viral" through recommendations on social media. Two different app developers have estimated that such an app can be easily created for under $10,000 to $15,000.

Such an app could have an "easy button" to bring traffic to ADA Find-A-Dentist site on which the ADA has budgeted to spend $6 million a year, show five ADA dentists geo-located nearby and offer to connect to their websites. This could have the functionality to message any of those offices to ask about services, hours, etc. Younger and tech savvy members would greatly appreciate such referrals of this “members only” benefit of their ADA membership.

If this data is mined to send a quarterly or annual summary of patients referred to the members, the value of the referrals would far exceed annual membership dues. Membership retention could become a non-issue.

All of this starts with an easy-to-understand, universally recognizable Star rating system free app with the credibility of the ADA.

Proposed Resolution

82. Resolved, that the Council on Dental Benefit Plans, in collaboration with appropriate ADA agencies, shall produce a questionnaire composed of objective questions, based on the ADA criteria of an optimal dental plan, with weighted answers that will allow patients or plan purchasers to evaluate any dental benefit plan based only on its characteristics, and be it further

Resolved, that the aggregate scores be presented in the form of a Star rating system with 5 stars being assigned to 81% and above, 4 stars being assigned to 61% to 80%, 3 stars being assigned to 41% to 60%, 2 stars being assigned to 21% to 40% and 1 star being assigned to 20% and below, and be it further

Resolved, that the ADA Star Rating system be made available as a free app on smart phone platforms, and be it further

Resolved, that progress on the ADA Star rating system for dental benefit plans be reported to the 2019 House of Delegates.

BOARD RECOMMENDATION: Received too late for Board comment.