ADA American Dental Association®

America's leading advocate for oral health

2019

Supplement to

Annual Reports and Resolutions

Volume 1

160th Annual Session

San Francisco, California

September 6–9, 2019

Table of Contents Volume 1

TABLE OF CONTENTS

Dental Benefits, Practice and Related Matters

Board Report 1/
Credentials, Rules and Order

Resolution No. 16 New

Report: Board Report 1 Date Submitted: June 2019

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

REPORT 1 OF THE BOARD OF TRUTEES 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 160th Annual Meeting of the American Dental Association.

Appreciation to the Advisory Committee on Annual Meetings and the 2019 Committee on Local Arrangements: The American Dental Association is pleased to have its 160th Annual Meeting in San Francisco, California.

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. Kenneth D. McDougall, 2018-2019 committee chair, Dr. C. Roger Macias, Jr., 2018-2019 general chair; and Dr. Nanette C. Tertel, 2018-2019 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. Bertram J. Hughes (2020 Orlando CLA general chair); Dr. Paul F. Kirkegaard, Jr. (2020 continuing education chair-designate); Dr. Melanie R. Love; Dr. H. Charles McKelvey (2021 general chair-designate); Dr. Stephen T. Radack, III; Tyler C. Robers (2019 ASDA Liaison); Dr. Robert L. Skinner (2021 continuing education chair-designate); Dr. James D. Stephens (2020 committee chair-designate); Dr. Lauren E. Vitkus (2019 New Dentist Member) 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. Dennis D. Shinbori, general chair of the 2019 San Francisco Committee on Local Arrangements: Dr. James H. Van Sicklen, vice chair; Dr. Stafford Duhn, program co-chair; Dr. Jeffrey Jang, operations co-chair; Dr. William Lee, operations co-chair and Dr. Erich Werner, 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 California Dental Association for their contributions to the success of the 2019 San Francisco 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 Officer and Trustee have passed away: Dr. Anthony L. DiMango, former vice president, 1996-1997 and Dr. John M. Faust, former trustee, 1971-1977.

The profession also mourns the passing of Dr. Loren Feldner, 2019 chair of the Commission on Dental Accreditation.

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:

Ashok Dhoble, B.D.S., M.D.S.
Ms. Nancy R. Honeycutt, CAE
Mr. Steven W. Kess, M.B.A.
Joseph D. Menapace, B.S., M.S., Ph.D.
Ms. Linda Miles, CSP, CMC

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 2019 Distinguished Service Award is Congressman Michael K. Simpson, D.M.D.

Michael K. Simpson, D.M.D.: Congressman Simpson was raised in Blackfoot, Idaho where his father was a dentist. He graduated from the Washington University School of Dental Medicine in 1977. Dr. Simpson practiced dentistry in Blackfoot until his election to Congress in 1998. He is the current co-chair of the Congressional Oral Health Caucus and is a strong advocate for National Children's Dental Health Month.

Congressman Simpson is a leading advocate in Congress for issues important to the American Dental Association. The advocacy inspired him to introduce legislation regarding methamphetamine usage, specifically how the drug affects tooth decay. He also co-led the passage of the *Action for Dental Health Act* to improve access to dental care in underserved communities. Congressman Simpson also helped preserve the Division of Oral Health at the Centers for Disease Control and Prevention (CDC) from elimination. He introduced a resolution recognizing community water fluoridation as an effective public health measure. He helped secure support in the Senate for the McCarran-Ferguson repeal legislation that led to the bill's first introduction in the Senate.

Congressman Simpson has led efforts to:

- increase funding for the Indian Health Service Dental Program to ensure that American Indians and Alaska Natives obtain direct access to quality dental care;
- increase funding for CDC's Division of Oral Health to help strengthen initiatives that address oral health literacy, prevention, and access to dental care;
- protect Title VII General and Pediatric Dental Residencies to ensure that the next generation of dentists is equipped to meet the changing health care needs of a diverse population;
- increase funding for dental and craniofacial research and military dental research;
- strengthen oral health initiatives in the Maternal and Child Health program, administered by the Health Resources and Services Administration.

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. Richard A. Huot, vice president; Dr. Glen D. Hall, speaker of the House of Delegates; Dr. Richard C. Black, trustee, Fifteenth District; Dr. Raymond H. Cohlmia, trustee, Twelfth District; Dr. Judith M. Fisch, trustee, First District; and Dr. Daniel J. Klemmedson, trustee, Fourteenth District.

Appreciation to Employees: The Board of Trustees is pleased to bring to the attention of the House of Delegates 55 members of the Association staff for their years of service.

Thirty Years

MariAnn L. Swan, Member and Client Services
Paul B. Methot, Finance and Operations

Twenty- Five Years

Anita Mark, Science Institute
Wendy J. Wils, Legal Affairs
Lynetta M. Smith, Finance and Operations
Jesse Sala, Technology
David K. Slaton, Finance and Operations
Earl K. Sewell, Legal Affairs

Twenty Years

Margaret A. Soeldner, Education
Diane G. Bushemi, Finance and Operations
Stanislav A. Frukhtbeyn, ADA Foundation/Volpe Research Center
Chien-Lin Yang, Education
Matthew Mikkelsen, Health Policy Institute

Fifteen Years

Anne S. Koch, Education
Donald J. Kelly, Technology
Kerry A. Fitch, Member and Client Services
Stacy R. Starnes, Practice Institute
Charles Lara, Member and Client Services
Elizabeth M. Bronson, Member and Client Services
Kathleen H. Humes, Member and Client Services
Tamica L. Head, Member and Client Services
Wendy R. Howard, Member and Client Services
Cynthia M. Gaines, Education
Christa B. Martin, Publishing
Robert J. Burns, Government Affairs

Ten Years

Katherine A. Call, Practice Institute
Jirun Sun, ADA Foundation/Volpe Research Center
Dawn M. McEvoy, Conferences and Continuing Education
James S. Goodman, Business and Publishing
Kathleen T. O'Loughlin, Office of the Executive Director
Cathryn E. Albrecht, Legal Affairs
Catherine H. Mills, Conferences and Continuing Education
Jeanine L. Pekkarinen, Member and Client Services
Paul S. Sholty, Finance and Operations
Nancy R. Livingston, Legal Affairs

Five Years

Sarah E. Palmer, Education
Feng Tian, Education
Rashad B. Vinh, Science Institute
Jennifer A. Donahue, ADA Foundation
Courtney B. Toms Morgan, Conferences and Continuing Education
Nicole M. Mangiaracina, Member and Client Services
Diptee Ojha-Sharma, Practice Institute
Patricia A. Alexander, ADA Foundation
Mary B. Anderson, Technology
Haiqin Chen, Education
Tyharrie Woods, Science Institute
Quincey Haygood, Technology
William J. Robinson, ADA Business Group
Michelle M. Chico, Legal Affairs
Sarah M. Hughes, Practice Institute
Gabrielle M. O'Connor, Legal Affairs
Diane M. Metrick, Practice Institute
Melissa C. Calypso, Government Affairs
Mary Ellen Murphy, Education
Melissa McManigle, Member and Client Services

Nominations to Councils and Commissions: The Board of Trustees annually submits to the House of Delegates nominations for membership to the councils and commissions (except for the National Commission on Recognition of Dental Specialties and Certifying Boards where general dentist members are appointed by the Board). Based on the ADA *Governance Manual*, the nominees for ADA open positions on the Commission for Continuing Education Provider Recognition, 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
Karin V. Arsenault, Massachusetts
Christopher Delecki, Washington
James Mancini, Pennsylvania
Robert E. Margolin, New York
*Andrew D. Welles, Wisconsin

COMMUNICATIONS
Lynse J. Briney, Illinois
*Kevin Y. Kai, California
Prabha Krishnan, New York
Thomas J. Lambert, Michigan
Angela P. Noguera, District of Columbia
Rhett E. Raum, Tennessee, *ad interim*

CONTINUING EDUCATION PROVIDER RECOGNITION
Edwin A. del Valle Sepulveda, Puerto Rico
Marcus Kenneth Randall, Tennessee, *ad interim*

DENTAL ACCREDITATION
**Willie Keith Beasley, Virginia

DENTAL BENEFIT PROGRAMS
Roderick H. Adams, Jr., Ohio
Rodney C. Hill, Wyoming
Mark M. Johnston, Michigan
Jessica A. Stilley-Mallah, Florida
*Sara E. Stuefen, Iowa

DENTAL EDUCATION AND LICENSURE
*Daniel A. Hammer, Texas
Willis Stanton Hardesty, Jr., North Carolina, *ad interim*
Jun S. Lim, Illinois, *ad interim*
James D. Nickman, Minnesota
Joan Otomo-Corgel, California

DENTAL PRACTICE
Manish Chopra, Ohio
*Lindsay M. Compton, Colorado
Ralph L. Howell, Jr., Virginia
Genaro Romo, Jr., Illinois
Lindsay A. Smith, Oklahoma

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Bruce A. Burton, Oregon
Gary S. Davis, Pennsylvania
Ansley H. Depp, Kentucky
*Daniel W. Hall, South Carolina
Renee P. Pappas, Illinois

GOVERNMENT AFFAIRS
John L. Blake, California
Mark A. Crabtree, Virginia
Lisa L. Knowles, Michigan *ad interim*
Raymond G. Miller, New York
Matthew B. Roberts, Texas
*Adam C. Shisler, Texas

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Richard R. Grossman, Pennsylvania
Richard A. Huot, Florida
*Britany F. Matin, Alabama
David S. Williams, Delaware

MEMBERSHIP
Wallace J. Bellamy, California
Traci J. Dantzler, Michigan
Meenal H. Patel, North Carolina
Thomas J. Sniscak, New Jersey
*Benjamin C. Youel, Illinois

NATIONAL DENTAL EXAMINATIONS
Patrick J. Tepe, Wisconsin

SCIENTIFIC AFFAIRS
Effie Ioannidou, Connecticut
Deepak Kademani, Minnesota
Sharukh S. Khajotia, Oklahoma
*Nathaniel C. Lawson, Alabama
Carol A. Lefebvre, Georgia
Jacob G. Park, Texas, *ad interim*

*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

16. Resolved, that the nominees put forward for membership on ADA councils and commissions 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
Richard P. Herman, New York
Mark Koday, Washington
Alicia Risner-Bauman, Pennsylvania
Michael H. Wasserman, Massachusetts

ANNUAL MEETINGS
C. Roger Macias, Jr., Texas
Kenneth McDougall, North Dakota
Stephen T. Radack, III, Pennsylvania
Dennis D. Shinbori, California

COMMUNICATIONS
*Steven G. Feldman, Maryland
William H. Karp, New York
David J. Kenyon, Wisconsin
Gigi Meinecke, Maryland
Philip L. Schefke, Illinois

CONTINUING EDUCATION PROVIDER RECOGNITION
Nancy R. Rosenthal, Pennsylvania

DENTAL BENEFIT PROGRAMS
Christopher M. Bulnes, Florida
Brett H. Kessler, Colorado
Martin J. Makowski, Michigan
Mark J. Mihalo, Indiana

DENTAL EDUCATION AND LICENSURE
Edmund A. Cassella, Hawaii
Jennifer Korzeb, Massachusetts

DENTAL PRACTICE
Christopher M. Connell, Ohio
Hal E. Hale, Kansas
Julia K. Mikell, South Carolina
*Michael Saba, New Jersey
Stacey K. Van Scoyoc, Illinois

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
*Lindsay M. Compton, Colorado
Thomas A. Howley, Jr., Pennsylvania
Vishruti M. Patel, Illnois
Marvin “Ellwood” Rice, Missouri
James A. Smith, Oregon

GOVERNMENT AFFAIRS
Craig S. Armstrong, Texas
Daniel K. Cheek, North Carolina
Lauro Medrano-Saldana, New York
*Robin M. Nguyen, Florida
Ariane R. Terlet, California

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Naomi L. Ellison, California
Robert L. Jolly, Sr., Arkansas
Katherine L. Kilcollin, West Virginia
Peter J. Pirmann, Illinois

MEMBERSHIP
*Lauren M. Czerniak, Ohio
Karin Irani, California
Stephen P. Tigani, District of Columbia
Alexa M. Vitek-Hitchcock, Michigan

NATIONAL DENTAL EXAMINATIONS
Cheryl D. Haley, Missouri

NEW DENTIST
Lauren M. Czerniak, Ohio
Andrea C. Fallon, Massachusetts
Raymond A. Jarvis, Louisiana
Robin Nguyen, Florida

RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS
Kevin A. Henner, New York
Mark R. Zust, Missouri

SCIENTIFIC AFFAIRS
Angelo Mariotti, Ohio
William B. Parker, Florida
Norman Tinanoff, Maryland

*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 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 215 dentists (including one dentist sponsored by the Asociación Dental Mexicana). In 2019, 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. Althea Acosta Tacoma, Washington
Dr. Hana Alberti, Franklin, Wisconsin
Dr. Sheri Audu, Fort Worth, Texas
Dr. Alejandro Barrera, Houston, Texas
Dr. Dawn Clarke, Silver Spring, Maryland
Dr. LaTedra Collins, Donaldsonville, Louisiana
Dr. Jihan Doss, Alburquerque, New Mexico
Dr. Martha Forero, Methuen, Massachusetts
Dr. Chelsea Fosse, Hoboken, New Jersey
Dr. Nicole Holland, Boston, Massachusetts
Dr. Yuan (Cathy), Hung, Monroe Township, New Jersey
Dr. Yanina Jouzy, San Dimas, California
Dr. Suzanne Keller, Florence, Massachusetts
Dr. Alexa Lampkin, Jackson, Mississippi
Dr. Cheryl Lee, Washington, DC
Dr. Jemima Louis, Bronx, New York
Dr. Tanya Maestas, El Paso, Texas
Dr. Judy McIntyre, Franklin, Massachusetts
Dr. Lee Bass Nunn, High Point, North Carolina
Dr. Demarcio Reed, Rockville, Maryland
Dr. Leah Schulz, Fort Collins, Colorado
Dr. Elizabeth Simpson, Indianapolis, Indiana
Dr. Crystal Stinson, Cedar Hill, Texas
Dr. Nidhi Taneja, West Hartford, Connecticut
Dr. Kim Turner, Savannah, Georgia

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 dentists from across the country for annual events to serve U.S. military veterans.
- Alumni have also served on boards of community organizations.

Resolution

(Resolution 16:Worksheet 1024)

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

STATEMENT OF QUALIFICATIONS OF NOMINEES TO COUNCILS AND COMMISSIONS

ADVOCACY FOR ACCESS AND PREVENTION

Arsenault, Karin V., Massachusetts, 2023. After obtaining her Master of Public Health in health care management from Harvard University School of Public Health, Dr. Karin Arsenault became the dental director of the South Boston Community Health Center. This experience began her passion for geriatric dentistry and public health dentistry eventually leading to her current position at Tufts University School of Dental Medicine. Dr. Arsenault is the clinical director for the Geriatric Program in the Department of Public Health and Community Service. Her mission and goal as clinical director is to prepare future dentists to be highly knowledgeable, technically skilled and culturally competent to manage and treat the ever-growing complex oral care needs of the geriatric population. She understands the need to engage stakeholders to address a systematic approach to improve access to care and prevention of oral disease. This passion and dedication to the oral health needs of the geriatric population is a perfect match for the Council on Advocacy for Access and Prevention.

Delecki, Christopher, Washington, 2023. Dr. Christopher Delecki is just finishing his term as the Washington State Dental Association (WSDA) President. He led the Committee on Access for both WSDA and Seattle King County Dental Society for over six years. During his term of service, he has been instrumental in increasing access by helping to develop programs, including treatment for kidney patients who need to have their dentistry done before having a transplant, and emergency room development of a three-chair clinic in Swedish Hospital to see dental patients who presented to the emergency room with pain. Dr. Delecki also helped to support the expansion of residency programs to increase underserved access in the state of Washington.

Dr. Delecki is a professional member of the King County Health Board and supporter of Mission of Mercy (MOMs) projects. He also worked for the U.S. Public Health Service from 1977 to 1998, where he developed over 25 oral health care prevention programs and was in charge of educational development. He earned his Master of Public Health in 1992 and Master of Business Administration in 1984. He recently served as director of the Odessa Brown Children's Clinic from 1998 to 2016 and currently serves as affiliate assistant professor at the University of Washington Pediatric Dentistry Department.

Dr. Delecki has an excellent record of coming up with innovative ideas and working with teams to come up with solutions, and he is highly recommended for service on the Council on Advocacy for Access and Prevention.

Mancini, James, Pennsylvania, 2023. Dr. James Mancini graduated from the University of Pittsburgh School of Dental Medicine in 1986. He was in private practice for 25 years before becoming the clinical director of the Salvation Army Clinics. He also serves as a commissioner on the Robinson Township, Pennsylvania Board of Commissioners. Dr. Mancini's wide range of experiences give him a broad understanding of current health care issues and abundant knowledge of health care access to problems in underserved communities. His knowledge and practical experience will be an asset to the Council on Advocacy for Access and Prevention.

Margolin, Robert E., New York, 2023. Dr. Robert Margolin is an outstanding volunteer at all levels of the tripartite. He is enthusiastic, knowledgeable and dedicated as a program director in down state New York, and currently serves as a trustee for the New York State Dental Association Board of Trustees. Dr. Margolin is highly recommended as a leader and facilitator.

Welles, Andrew D., Wisconsin 2020. Dr. 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. Dr. Welles served as the new dentist member to the Council on Advocacy for Access and Prevention (CAAP) for the 2018-2019 term. This involvement has prepared him for additional contribution and participation on the Council through enhanced understanding and an expanded knowledge base. CAAP leadership, staff, and members have been very supportive and encouraging throughout this year, motivating him to request reappointment. In

addition to his assigned subcommittee duties, Dr. Welles has provided perspective on many topics ranging from the development of a Center for Public Practice Readiness to ED referral success and CDHC programming. As they continue to work through these complex issues, the additional exposure provided by leadership has furthered his understanding and ability to actively participate in finding solutions.

Throughout the past year he has gained valuable contact with complex topics associated with the advancement of the dental profession. The combination of in-person meetings and conference calls, led by the outstanding ADA staff and CAAP leadership, have helped him build a foundation for participation and contribution as a new member dentist serving the Council. He has done his best to prepare for and engage in all Council business, and strive to represent all new dentists at the table. Dr. Welles' unique combination of leadership in organized dentistry and exposure to a variety of practice settings poises him for a successful second year on the Council on Advocacy for Access and Prevention.

COMMUNICATIONS

Briney, Lynse J., Illinois, 2023. Dr. Lynse Briney is a practicing pediatric dentist and a 2005 graduate of the University of Illinois-Chicago, where she completed her residency program in 2011. She has been an active volunteer since the beginning of her dental career. Dr. Briney served on the Illinois State Dental Society (ISDS) New Dentist Committee and was recognized for her leadership as a new dentist when she was awarded the ISDS Greek Leadership Award in 2013. She serves on the communications committees for both Chicago Dental Society (CDS) and ISDS, and is the current ISDS committee chair.

Dr. Briney is an enthusiastic and articulate advocate for dental issues and an excellent spokesperson for children's oral health and the dental profession as a whole. In 2014, Dr. Briney received the Oral Health Champion Award from IFLOSS Coalition (a public-private partnership to improve the oral health of all Illinois residents through advocacy and education). Her experience as president of the North Side Branch of CDS has given her outstanding preparation for working with her future Council on Communications teammates.

Kai, Kevin Y., California 2020. Dr. Kevin Kai is a 2018 graduate of the University of the Pacific Arthur A. Dugoni School of Dentistry. Since then, he has attended the University of California San Francisco Orthodontic Residency Program and will be completing this Program in 2021. While in dental school, Dr. Kai was the California Dental Association (CDA) representative for Pacific Dugoni and he eventually was the chair of the Student Delegation from 2017 to 2018. As chair, he represented all California dental students to the CDA during board meetings, task forces, multiple strategic planning meetings, and more. Most notably, he worked to garner support from students to help pass Proposition 56, which increased the tobacco tax and allowed the statewide dental insurance to include more benefits. He is a member of the ADA New Dentist Committee and looks forward to working diligently to provide a new dentist perspective on the Council on Communications.

Krishnan, Prabha, New York, 2023. Dr. Prabha Krishnan is an outstanding choice for the Council on Communications. She has been involved in all levels of the Association at leadership positions. She is a dedicated leader currently finishing her position as trustee for the New York State Dental Association Board of Trustees. She has served on the Diversity and Inclusion Committee at the ADA and will be a great addition to the Council.

Lambert, Thomas J., Michigan, 2023. Dr. Thomas Lambert graduated from Ohio State University, where he earned his doctor of dental surgery degree in 1981. He served for four years as chair of the Michigan Dental Association (MDA) Education Committee and currently serves as chair of the Committee on Member Success. Additionally, he brings over 25 years of speaking for the MDA on subjects ranging from practice management and streamlining your practice with digital communications, to team building. Dr. Lambert served as chair of the West Michigan Dental Society Dental Education Committee from 2002 to 2009 and chair of the Grand Rapids Community College Department of Dental Hygiene Advisory Board in 2006. He also served as a clinical professor in the Department of Dental Hygiene from 1996 to 2006. He is a Fellow of the Pierre Fauchard Academy, and a member of the Michigan Dental Association, West Michigan Dental Association, American Academy of Cosmetic Dentistry, and Academy of Sports Dentistry. One of Dr. Lambert's current appointments includes serving as team dentist of the Detroit

Tigers AAA Affiliate West Michigan Whitecaps since 1997. He is a key opinion leader for Phillips Corporation (Sonicare, Breath Rx) and key opinion leader and lecturer for Nobel Biocare Implant Corporation.

Dr. Lambert recently lectured on the key issues facing dentists today including developing leadership skills, building strong teams, improving time management skills and running a successful dental business in today's managed care, reduced fee reimbursement and corporate dentistry world.

Noguera, Angela P., District of Columbia, 2023. Dr. Angela Noguera has been a member of the DC Dental Society (DCDS) and ADA for over 30 years and has a private practice in endodontics in Washington, D.C. She has been an active member of DCDS for decades, having served in numerous volunteer capacities including chair of the Society's Annual Meeting and president. Currently, she serves as an alternate delegate to the ADA, a position she has held for the past four years. In addition, she is a member of the DCDS Foundation Board.

Dr. Noguera has the required qualifications to successfully serve on the ADA Council on Communications and would be an excellent addition to the Council. Her enthusiasm and wealth of experience in social media, digital marketing and public communications would serve the Council well. She has lectured nationally and internationally (both in Spanish and English) on endodontics and has been a guest speaker on Telemundo and several live radio shows where she discussed access to care for the underserved Hispanic population in Washington, D.C. Dr. Noguera currently chairs the Website, Photo and Social Media Committee of the International Academy of Endodontics, which oversees the organization's social media presence and digital marketing. She is also the current co-chair of the Website and Social Media Committee for the College of Diplomates of the American Board of Endodontics. Dr. Noguera enjoys managing all of the digital marketing, social media presence and reputation management of her private practice, DC Endodontic Center.

Raum, Rhett E., Tennessee, 2021. In June 2019, Dr. Rhett Raum was appointed *ad interim* to complete the unexpired term of Dr. Frederick Guthrie as a member of the Council on Communications. Dr. Raum is nominated to complete the unexpired term of Dr. Guthrie, which expires at the close of the 2021 House Delegates.

Dr. Raum burst onto the Tennessee leadership scene shortly after opening his practice in 2009 and graduating from dental school in 2008. He quickly rose to leadership in the constituent and soon was engaged on the national level. In dental school he was a leader in the American Student Dental Association and served as liaison to the Council on Ethics, Bylaws, and Judicial Affairs in 2007. Dr. Raum has quickly established himself as a new dentist worthy of leadership opportunities. He is embedded in the affairs of young dentists in Tennessee and understands what makes them tick. Dr. Raum will be an asset to the Council on Communications with his knowledge of young dentists' communication and practice styles.

CONTINUING EDUCATION PROVIDER RECOGNITION

del Valle Sepúlveda, Edwin A., Puerto Rico, 2023. Dr. Edwin del Valle Sepúlveda has nearly 30 years of experience participating in organizing C.D.E. and C.M.E. events at the regional, state, national and international level in multiple formats: live lecture, hands on workshops, journals and webinars. He was general program chair of the 1998 Annual Meeting of the Colegio de Cirujanos Dentistas de Puerto Rico. He is past editor of the "Revista Odontologica de Puerto Rico" (1995-98 and 2000-01).

Dr. del Valle Sepúlveda was a member of the Puerto Rico Board of Dental Examiners from 2006 to 2009. In this Board he worked in the approval of regulation/standards and local recognition of C.D.E. providers. He has known the ADA's CERP program since its birth and has helped the administrative staff of the Colegio de Cirujanos Dentistas de Puerto Rico to comply with program recognition maintenance.

Randall, Marcus Kenneth, Tennessee, 2020. In November 2018, Dr. Marcus Randall was appointed *ad interim* to replace Dr. Bertram Hughes as a member of the Commission for Continuing Education Provider Recognition. Dr. Randall is nominated to complete the unexpired term of Dr. Hughes, which expires at the close of the 2020 House of Delegates.

Dr. Randall is the owner of Tennessee River Dental in Hixson and he is an adjunct instructor at the University of Alabama at Birmingham School of Dentistry. He has been active in organized dentistry since serving in leadership with the American Student Dental Association (ASDA), including serving as its vice president in 2011-12. He also served on the ASDA Council on Education, Council on Membership and served as chair of the ASDA Governance Task Force. While serving in leadership with ASDA, Dr. Randall also served as an ADA delegate and served on the Council on Dental Practice Subcommittee on Group Practice and Subcommittee on Practice Parameters and Transitions.

Dr. Randall recently served on the American College of Dentists Board of Regents as the regent intern from 2016 to 2018. Dr. Randall has also been involved in the Academy of General Dentistry serving on its Rebranding Task Force in 2016 and Dental Education Council from 2012 to 2018. He has served in many roles throughout the ADA tripartite. At the state level Dr. Randall currently serves as a delegate and as a member of the Credentials Committee, and he served on the Committee on Environment and Infection Control from 2016 to 2018. At the local level Dr. Randall serves as program chairman, and recently served as a member of the Peer Review Committee and Nominating Committee.

DENTAL ACCREDITATION

Beasley, Willie Keith, Virginia, 2024. Dr. Willie Keith Beasley is a 2007 graduate of the Institute for Diversity and Leadership and most recently served on the ADA Committee on Diversity and Inclusion from 2013 to 2017. The Commission on Dental Accreditation (CODA) has made it known that it would prefer a general dentist to fill this position. Dr. Beasley has been a practicing dentist for over 30 years and for the first 21 years of his career served in the Navy. Dr. Beasley is currently the Chief Dental Officer with the Federal Bureau of Prisons in Estill, South Carolina, and treats a patient population of 1,400 inmates. Based on this somewhat unique dental career, Dr. Beasley may be able to offer a different perspective on issues that pertain to CODA.

DENTAL BENEFIT PROGRAMS

Adams, Roderick H., Jr., Ohio, 2023. Dr. Roderick Adams is a general dentist in private practice in University Heights, Ohio. Dr. Adams has served with dedication, commitment and leadership at the local, state and national levels of the tripartite. Dr. Adams is a past chair of the Ohio Dental Association (ODA) Council on Access to Care and Public Service and Medicaid Working Group and is a past member of the ODA Council on Dental Care Programs and Dental Practice. He has served as an ADA delegate or alternate delegate for 10 years and is well versed on the ADA Council on Dental Benefit Programs' issues having reviewed resolutions pertinent to that Council through attending ADA Reference Committee B Hearings. He is a long-time advocate for dentistry, serving as a board member for the ODPAC Board of Directors, and being an active member with legislators at the state and national levels, participating in the ODA Day at the Statehouse and ADA Dentist and Student Lobby Day. Dr. Adams is a member of the National Association of Parliamentarians and is the current vice speaker of the House of the National Dental Association.

Dr. Adams is the 2018 recipient of the ODA Leadership Pin, which recognizes members who demonstrate leadership in service to the ODA and peers, a high level of volunteerism within the profession and a commitment to organized dentistry. He earned his D.D.S. degree from Meharry Medical College School of Dentistry.

Hill, Rodney C., Wyoming, 2023. Dr. Rodney Hill has been a member of the ADA for 29 years. He has been actively involved in the profession of dentistry via organized dentistry at the local, constituent and national level; and participation with the examining community. He is a past president of the Wyoming Dental Association and has been a member of the Wyoming delegation to the ADA House of Delegates for many years. He is also a regular participant in advocacy activities in Wyoming and in Washington, DC. Dr. Hill has a general dental practice and understands the real-life dilemma faced by dentists relative to working with the dental benefits environment. His insights, knowledge and dedication to the profession of dentistry will serve this Council and the ADA well.

Johnston, Mark M., Michigan, 2023. Dr. Mark Johnston graduated with a D.D.S. degree from the University of Michigan, Ann Arbor in 1985. He served as president of the Michigan Dental Association

(MDA) in 2015-16 and participated in many committees including Membership, Special Committee on the Young Dentist, Professional Placement Program, Executive Director Search Committee (chair 2013), Technology Task Force (chair 2014), Membership Think Tank (chair 2015), and Dental Assisting Work Group (DAWG) (chair 2017-present). Dr. Johnston has served as liaison to the Michigan State Board of Dentistry serving in the Disciplinary sub-committee, Rules committee and the Commission on Dental Competency (formerly NERB) from 2018 to present.

Dr. Johnston also functioned in the Michigan Dental Association Insurance and Financial Group (2000-present), serving as Treasurer (2007-13 and 2018-present) and on the Board of Directors (2002-present), Finance Committee (2002-2013), Insurance Committee (2005-present), Committee on Endorsed Services (2000–present), and Multiple Employer Welfare Arrangement (MEWA) Board (2016-present). Dr. Johnston brings substantial expertize in many facets of dentistry.

Stilley-Mallah, Jessica A., Florida, 2023. Dr. Jessica Stilley-Mallah is a periodontist in New Port Richey, Florida. She received her certificate in periodontics at Ohio State University College of Dentistry where she served as chief resident. She serves as an alternate delegate for both the ADA and the Florida Dental Association House of Delegates and she is also involved with the American Academy of Periodontists having served as chair of the Nominating Committee in 2016. She has been an anesthesia inspector for the Florida Board of Dentistry since 2016.

Dr. Stilley-Mallah has had experience with filing claims in her practice for the last 11 years. Although her office does not participate in Medicaid, she has contracted with several discount plans and files all claims for her patients to receive any out of network benefits. This has included writing narratives on behalf of patients to obtain coverage for tissue grafts, bone regeneration and implant treatment. Her office also performs biopsies and she is responsible for assigning medical cross coding, which has made her very familiar with CPT and ICD codes. She is most familiar with the 4000, 6000, and 7000 codes and in working other specialists and general dentists she has had experience with other codes as well.

Stuefen, Sara E., Iowa, 2020. Dr. Sara Stuefen 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 this Council for the 2017-18 and 2018-19 terms and has been an active contributor. She participated in a project to help evaluate instituting ICD-10 coding in the dental office, participated in discussions with dental benefit company representatives, and provided guidance on several toolkits in development for our members. Most recently, she served as the expert guest for a Facebook live event at the ADA studio entitled, “Your Top 5 Dental Benefits Questions Answered.” During the event she answered the most common benefits questions of members, as well as questions submitted live throughout. The video has since garnered thousands of views. Dr. Stuefen works diligently to provide a new dentist perspective within the Council. Dr. Stuefen is a member of the ADA New Dentist Committee.

DENTAL EDUCATION AND LICENSURE

Hammer, Daniel A, Texas, 2020. Dr. Daniel Hammer served as the new dentist member on the ADA Council on Dental Education and Licensure (CDEL) for the 2018-19 term. He believes it is imperative to have a new dentist at the table discussing such important topics and that it would be a privilege to continue to serve the ADA and advocate for its new dentist members in this role for a second term. For Dr. Hammer, the first year on the council was an incredible orientation to the complexities of dental education, licensure, specialty recognition, and associated topics. He was appointed to the Subcommittees on Licensure and Specialty Recognition, allowing him to actively participate in pivotal discussions regarding the Coalition for Modernizing Dental Licensure, DLOSCE and the recognition of Dental Anesthesia as a dental specialty. With a year of experience under his belt, he is better prepared and more eager than ever to represent new dentists. Many of the topics discussed on CDEL will have their greatest impact on new dentists. Decisions regarding these topics set precedents for how current and future dentists are educated and will practice. Armed with more knowledge and rapport, he knows he

will be able to better articulate the new dentist voice on the council. Dr. Hammer is also a recipient of the ADA 10 under 10 award.

Hardesty, Willis Stanton, Jr., North Carolina, 2022. In March 2019, Dr. Willis Stanton Hardesty, Jr., was appointed *ad interim* to complete the unexpired term of Dr. Michael Link as a member of the Council on Dental Education and Licensure. Dr. Hardesty is nominated to complete the unexpired term of Dr. Link, which expires at the close of the 2022 House of Delegates.

Dr. Hardesty is aptly suited as one of the most highly qualified members of the Council on Dental Education and Licensure for the American Dental Association. Dr. Hardesty, a 1993 graduate of the University of North Carolina (UNC) School of Dentistry, has served both the educational realm and the testing and licensure world of dentistry. He is a past part-time adjunct assistant professor of diagnostic sciences and general dentistry at his alma mater (UNC), teaching in the comprehensive care clinics for 13 years. While serving on the faculty at UNC, the knowledge he gained about the educational process of the school and its commitment to the greater community through education, research and service is invaluable.

Dr. Hardesty also served on the North Carolina State Board of Dental Examiners for six years, helping found the newest of the regional dental testing agencies, the Council of Interstate Testing Agencies. He served as their second president and was involved with testing and licensure from 2004 until recently. His knowledge and expertise in the administration of valid and reliable clinical licensure process is stronger than the majority of members in the ADA. Dr. Hardesty has served his local dental community as an advisor on both the dental assisting and dental hygiene committees of Wake Technical Community College. He believes in the power of the dental team to deliver efficient, competent and passionate care to patients of all ages.

Dr. Hardesty has both the willingness and time to commit to being a contributing member of the Council on Dental Education and Licensure. As the current secretary/treasurer of the North Carolina Dental Society and one of their ADA delegates, he is very engaged in organized dentistry and the various issues surrounding the profession. He is ending his tenure as a Scoutmaster of BSA Troop 395 where he has helped over 40 young men achieve the rank of Eagle Scout. He is fully committed to lend his time and energy to assist the ADA in this Council and help give input and feedback for the advancement of the dental profession

Lim, Jun S., Illinois, 2021. Dr. Jun Lim has more than ten years of experience as an associate professor or adjunct instructor and expresses a strong interest in dental education. He served as general chair of the 2016 Chicago Dental Society Midwinter Meeting and has experience as a continuing education provider and scouting speakers and programs. He is a member of the Academy of General Dentistry and has demonstrated a commitment to enhancing the knowledge and skills of general dentists in the area of periodontics (his specialty) through his involvement in that organization. Dr. Lim has extensive experience participating in committees and boards both within and outside of dentistry and will be an active, prepared and engaged member of the Council.

Nickman, James D., Minnesota, 2023. Dr. James Nickman has been involved with the University of Minnesota School of Dentistry as a faculty member and alumni volunteer. He currently teaches at the School one half day per month. He is active in the Minnesota Dental Association and currently serves as its first vice president. He is also active in the American Academy of Pediatric Dentistry and served as its president last year. Dr. Nickman has demonstrated an interest in licensure issues and advanced dental education.

Otomo-Corgel, Joan, California, 2023. Dr. Joan Otomo-Corgel has been involved in dental and higher education since 1973 when she was a teaching associate at UCLA School of Medicine, in Anatomy. She has been continuously involved as an educator since then, teaching in both restorative dentistry and periodontology at UCLA and as an attending at the VA in Los Angeles. Additionally, Dr. Otomo-Corgel has served on committees of the Board of Trustees for California State University and on the Board of Trustees of Saint Mary's University. She has served in leadership in both the California Dental Association and the Academy of Periodontics.

DENTAL PRACTICE

Chopra, Manish, Ohio, 2023. Dr. Manish Chopra is a prosthodontist in private practice in Cincinnati, Ohio, an examining and treating dentist for military personnel through Complete Mobile Dentistry/Logistics Health International, and a volunteer clinical dentist at the Good Samaritan Hospital Free Health Center.

Dr. Chopra has served with dedication, commitment, and leadership at the local, state and national levels of the tripartite. He is a past president of the Cincinnati Dental Society, current chair of the Ohio Dental Association (ODA) Council on Dental Care Program and Dental Practice, a member of the ODA Finance Committee and the ODA Foundation Board of Trustees, and is the ODA treasurer-elect. At the American Dental Association, Dr. Chopra served on Reference Committee B (Dental Benefits, Practice and Related Matters) in 2015, 2016 and 2018.

Dr. Chopra has also served on the American Prosthodontic Society's Auditing and Finance Committee, and Bylaws Committee. Dr. Chopra earned his D.M.D. degree from Washington University School of Dental Medicine and his certificate of Postgraduate Prosthodontic Study from the Indiana University School of Dentistry.

Compton, Lindsay, M., Colorado, 2020. Dr. Lindsay Compton owns a solo private practice general dental office in Arvada, Colorado. She received her training at the University of Iowa College of Dentistry. During school, she held numerous leadership positions within her class, the school, and national student organizations such as AADR National Student Research Group. She won major research competitions across the country and was published in the Journal of Dental Research. After dental school, Dr. Compton joined the general practice residence program at Truman Medical Center in Kansas City, Missouri, where she gained experience in sedation dentistry and providing care to patients with developmental disabilities, elderly patients, and pediatric patients. Dr. Compton is active in the Spear Study Club, International Partnership for Occlusion Study Club, and loves to donate her time to Dental Lifeline Network. She is currently the treasurer for the Colorado Dental Association and has been a delegate to the ADA House for the 14th district. She has become involved at all three levels of the ADA tripartite and other community groups. She has specifically enjoyed her experience on the New Dentist Committee and serving on the Council on Ethics Bylaws and Judicial Affairs for the past two years.

Howell, Ralph L., Jr., Virginia, 2023. Dr. Ralph Howell has served at all levels of organized dentistry from being his component president, Virginia Dental Association president and Sixteenth District Representative to the ADA Council on Communications. He will be a huge asset to the Council on Dental Practice due to his experience in the dental practice administration arena. Dr. Howell is one of the founding members of Atlantic Dental in the Virginia Beach/Tidewater area of Virginia. His group has grown to well over 110 dentists who have explored ways to be more efficient and productive as the dental marketplace continues to change.
Dr. Howell is a proven leader and will bring a wealth of knowledge to the Council table.

Romo, Genaro, Jr., Illinois, 2023. Dr. Genaro Romo received his D.D.S. degree from University of Illinois College of Dentistry in 1997 and is a practicing general dentist. He owns two multi-dentist practices in Chicago and Oak Lawn, Illinois, in ethnically and socioeconomically diverse neighborhoods where he treats a mix of fee-for-service, private insurance and Medicaid patients. Dr. Romo is a highly visible community leader and role model in his community. He is active in fundraising for neighborhood causes and encouraging young people to pursue dental and dental auxiliary careers.

Within the tripartite, Dr. Romo has served as president of his branch of the Chicago Dental Society (CDS), as a trustee of the Illinois State Dental Society, as president of the Independent Dental Organization, and has been named general chair of the 2021 CDS Midwinter Meeting. Active in the Hispanic Dental Association (HDA), Dr. Romo was president of the Greater Chicago HDA Chapter from 2011 to 2013. Since January 2015, he has represented the ADA as a consumer advisor spokesperson. Dr. Romo brings an infectious energy to everything he does for dentistry and understands well the challenges dentists in practice face as the profession evolves. His experience, knowledge and passion will make him a tremendous contributor to the Council's work.

Smith, Lindsay A., Oklahoma, 2023. Dr. Lindsay Smith has been practicing in Northeastern Oklahoma since 2004 after receiving his dental degree. Since then he has established himself as a leader in key emerging areas for Oklahoma. He has served on many councils and commissions during his association engagement serving as president of his component and as president of the Oklahoma Dental Association in 2015.

Dr. Smith would be an excellent member of the Council on Dental Practice. He is very knowledgeable in dental team understandings in both the private practice setting and the public health setting. He is now in the private practice of dentistry, but has served as a staff dentist for the Wilma P. Mankiller Health Center, the Koweta Indian Health Facility and the Oklahoma City Indian Clinic. Further, he has served as teaching faculty, understanding the educational values and needs of our future colleagues.

Dr. Smith also is a person that creates solutions in a collegial manner, evident by his state association presidency in 2015. The challenges then were concerns about our allied personnel in the dental offices education and certification of abilities. This was a key issue that led to the expansion of dental assisting duties and scope, and working with several state agencies creating major changes for our state dental practice act. Dr. Smith is known for his well-balanced approach to problem solving with the understanding of patient care and access to patient care as the priority mission of our profession.

It these aforementioned qualities of practice management, state and federal agency understandings, and the knowledge of our educational system, that Dr. Smith's nomination as a member of the Council on Dental Practice.

ETHICS, BYLAWS AND JUDICIAL AFFAIRS

Burton, Bruce A., Oregon, 2023. Dr. Bruce Burton has been a private practice general dentist since 1980 and has been continually involved with organized dentistry for over 30 years. He recently finished his presidency for the Oregon Dental Association in 2018 and served as president of the Academy of General Dentistry in 2005. He has extensive training in all areas of dentistry and has lectured continuously for the last 10 years on leadership and ethics and is well versed in constitution and bylaws.

Dr. Burton's passion is to create leaders who are ethical and serve to do what is best for patients. He is a team player and one of the best at bringing a group to consensus. He brings logic, fairness and common sense to all discussions and debates.

Davis, Gary S., Pennsylvania, 2023. Dr. Gary Davis graduated from Georgetown University School of Dentistry in 1984. Since 1990, Dr. Davis has maintained a general dental practice in Shippensburg, Pennsylvania. He is currently serving as a Pennsylvania Dental Association trustee. He has extensive service at the ADA, having served on the ADA Council on Membership and ADA Council on Advocacy for Access and Prevention. He is also the president and general chair of MOM-n-PA Dental Missions. Dr. Davis' range of experience qualifies him for many positions. But, the quality that is evident in any responsibility that he assumes is his integrity and high sense of professional ethics. Dr. Davis' participation on the Council on Ethics, Bylaws and Judicial Affairs will be an asset to the ADA.

Depp, Ansley H., Kentucky, 2023. Throughout Dr. Ansley Depp's career, she has invested the time and energy in bettering our profession through participation in state and local dental organizations. As president of the Kentucky Dental Association (KDA), she spoke to multiple dental societies, the two dental schools in Kentucky and pre-dental students at state universities. During those presentations, she emphasized the current state of ethics in dentistry and in American society as a whole. The concept of finding purpose grounded in truth and passion was central to her message.

In Dr. Depp's presidential year at the KDA she was inducted into the American College of Dentists. The core values of that organization resound with her core values of focusing on professionalism and ethical behavior in dentistry. In her 26 years as a dentist, she has held herself accountable to a high standard of honesty, integrity and professionalism in her practice and her community. She is highly respected by her peers in Kentucky and will be an asset to the Council on Ethics, Bylaws and Judicial Affairs.

Hall, Daniel, W., South Carolina, 2020. Dr. Daniel Hall is a proud graduate of the James B. Edwards College of Dental Medicine at the Medical University of South Carolina. After dental school, he completed a GPR residency that focused on surgical, endodontic, and implant dentistry. Private practice is Dr. Hall's true passion in dentistry. While he understands that the model of dentistry is undergoing change, he believes that there will always be a place for the traditional dentist-patient relationship. He takes pride in having an open mind that allows him to dissect a situation and see differing opinions; often being able to find a middle ground or path in a complex situation. He is dedicated to the ADA and SLDA through service and engagement. As a member of the ADA New Dentist Committee, Dr. Hall will be a reliable resource that will join the Council on Ethics, Bylaws and Judicial Affairs and the New Dentist Committee, so that both groups can create the future that dentists want for their profession.

Pappas, Renee P., Illinois, 2023. Dr. Renee Pappas is a general dentist from Prospect Heights, Illinois, and a 1988 graduate of University of Illinois College of Dentistry. She is respected throughout the Eighth Trustee District for her thoughtful engagement as a dental leader at both the local and state levels. She has outstanding communication skills and is unfailingly an ethical clinician and respectful colleague. While serving as a Chicago Dental Society (CDS) Northwest Suburban Branch officer, she was instrumental in the development of a Best Practices Manual for volunteers and leaders. As a CDS director, Dr. Pappas brought that same initiative and expertise to CDS, where she chaired an ad hoc committee to author a similar guide for CDS. She has served on the Eighth District's ADA Delegation and understands well the roles the House, councils and Board play in ADA Governance.

Dr. Pappas is a calm and organized leader who demonstrates professionalism in everything she does for organized dentistry: communicating with legislators, reaching out to new graduates and prospective members, and role modeling volunteer excellence to others. She will be an excellent asset to the Council.

GOVERNMENT AFFAIRS

Blake, John L., California, 2023. Dr. John Blake is a 1988 graduate of University of the Pacific School of Dentistry and received a certificate in 2007 from the ADA/Kellogg Executive Management Program-Kellogg School of Management, Northwestern University. After 12 years in private practice he served as dental director at C.A.R.E. Dental-St. Mary Medical Center in Long Beach, California, where he designed, equipped, staffed and directed a grant funded, non-profit HIV specific dental facility and provided comprehensive dentistry in a hospital setting for medically compromised patients.

Dr. Blake is currently serving as chair of the Government Affairs Council for the California Dental Association (CDA). He previously chaired the Harbor Dental Society's Legislative Committee. At CDA he also served on the Policy Development Council and is a delegate to the ADA House of Delegates serving in the 13th District Caucus as whip of the Legislative, Health and Governance Workgroup. In addition to his organized dentistry service, Dr. Blake is an adjunct faculty member at University of Southern California School of Dentistry and a member of numerous health and oral health care organizations in Southern California.

Crabtree, Mark A., Virginia, 2023. Dr. Mark Crabtree has a very strong background in the legislative process. He has been president of Martinsville Henry County Chamber of Commerce, and served as the Chamber's Vice President of Legislative Affairs, which included working with elected leaders at the state, local and national levels. He also was active in legislative activities as Mayor of the City of Martinsville, Virginia, and as Rector of Longwood University. As president of the Virginia Board of Dentistry and chair of the Board's Legislative-Regulatory Committee; president of the Virginia Dental Association and chair of the Virginia Dental Association Legislative Committee; and as a past chair of the ADA Council on Access, Prevention and Interprofessional Relations (CAPIR); Dr. Crabtree is uniquely prepared to effectively represent ADA interests.

As a Virginia member of the ADA Delegation to the ADA House from 2005 to 2015, Dr. Crabtree has extensive knowledge of Association policies and has the ability to apply those policies to existing legislation. His CV delineates his knowledge of the political process, ADPAC and relationships with members of Congress both presently and in the past as he has been a long time action team leader and participant in the annual ADA Leadership Conference/Lobby Day. He is known in his community for his

abilities to work with diverse groups to successfully complete projects to get things done for the common good.

Knowles, Lisa L., Michigan, 2020. In November 2018, Dr. Lisa Knowles was appointed *ad interim* to complete the unexpired term of Dr. Rhonda Hennessey as a member of the Council on Government Affairs. Dr. Knowles is nominated to complete the unexpired term of Dr. Hennessey, which expires at the close of the 2020 House of Delegates.

Dr. Knowles has been actively involved in the legislative process in her home state of Michigan. She serves on the Michigan Dental Association's (MDA) member dentist committee that meets with area legislators and political influences for the past five years. She attended the ADA campaign school/legislative training weekend in Washington, D.C. in 2015 and continues to work towards a future run for an elected office. She brings experience from the MDA as a finance committee member, a public relations committee member, a health and wellbeing committee member and a former annual session committee member. She has served on two reference committees for the ADA, both in 2015 and 2018, and she is currently an MDA Board of Trustees Member.

Dr. Knowles is a strong supporter of her dental PACs, both at the state level and at the national level, and has ties to her representatives in Michigan. She understands the legislative process and has formed relationships with area legislators in her community and in her state. Additionally, she serves as an assistant varsity softball coach, has her own private practice in East Lansing, Michigan, works one day a week at a public health clinic in Lansing, Michigan, and volunteers with her two children's school activities.

Miller, Raymond G., New York, 2023. Dr. Raymond Miller is a dedicated volunteer with vast experience on the New York State Dental Association Government Affairs Council. He has been actively engaged in local and state advocacy, and brings intellect and dedication to all positions. He comes highly recommended for this council position and will bring great credit and dedication to the ADA.

Roberts, Matthew B., Texas, 2023. Dr. Matthew Roberts brings a wealth of experience in political matters, legislative affairs at the state and national level, and regulatory affairs as the chair of the Texas Legislative Oversight Committee. After serving as president of the Texas Dental Association, Dr. Roberts' next position in Texas has been skillfully guiding legislative agendas through complicated biennial sessions of the Texas Legislature. He is an active ADPAC member and has a thorough knowledge of the national political process. Dr. Roberts has been a twelve-year member of the Texas Legislative and Regulatory Affairs (CLRA) Council including currently serving as the chair. He is the grassroots chairman for Congressional District 2 in Texas and has previously served the ADA on CODA, Taskforce on Governance and is currently a member of the ADA Audit Committee. He will be an outstanding addition to the Council on Government Affairs.

Shisler, Adam C., Texas, 2020. Dr. Adam Shisler is a graduate of the University of Texas School of Dentistry in Houston, a board-certified pediatric dentist and is a partner in a group pediatric practice in Houston. At the local level, he has been the chair or co-chair of the Greater Houston Dental Society Legislative Action Committee since 2013, and a member since 2008. They continually focus on the core of the legislative process, building relationships with legislators to become their contact and source of accurate information regarding dentistry. This relationship building has allowed him to access countless state and local leaders as their preferred source of information in dentistry. Dr. Shisler's experience as a former President of the American Student Dental Association and a third-year member of the ADA New Dentist Committee grants him a seasoned perspective for such a young member within the Association. His time at the national level has illustrated a clear picture of what falls under a national scope versus local scope. This clarity will be imperative when discussing varying state and national legislative agendas. In a world where resources must be used judiciously and time in front of legislative influences is fleeting, a sharp committee member's focus is necessary to implement the work charged by the Board of Trustees and the Association. Dr. Shisler looks forward to being considered the new dentist representative on the Council of Government Affairs.

MEMBERS INSURANCE AND RETIREMENT PROGRAMS

Grossman, Richard R., Pennsylvania, 2022. Dr. Richard Grossman served as a member of the Pennsylvania Dental Association Insurance Services (PDAIS) Board, the Pennsylvania Dental Association's wholly owned for-profit insurance subsidiary, from 2000 to 2009. From 2007 to 2009 he served as vice chairman of the Board. PDAIS provides a wide range of insurance products including both practice insurance (Business Overhead Expense, Employment Practices, Professional Liability, Property, and Workers Compensation) and health and personal insurance (Auto/Homeowners, Disability, Health, Life, Long Term Care, and Travel).

Dr. Grossman has experience with and knowledge of retirement savings plan products through the plan he had for his practice. In addition, as president of his synagogue he had the opportunity to review many different investment vehicles associated with various endowments which the temple board was responsible for overseeing. And throughout his tenure on the ADA Foundation Charitable Assistance Committee, he and his fellow committee members reviewed scores of financial assistance applications that flooded into the Foundation after Hurricane Sandy.

All of Dr. Grossman's responsibilities, as outlined above, clearly required him to assimilate and comprehend large quantities of technical insurance and retirement plan subject matter. Dr. Grossman is a strategic thinker and a thoughtful individual who is able to look beyond the obvious and delve into the rationale for why decisions are being made. He does his homework and will come to the meetings fully prepared to participate in the discussions and decisions that will need to be made to ensure that our members have access to the best plans possible with the best return to the ADA.

Huot, Richard A., Florida, 2022. Dr. Richard Huot currently serves as ADA First Vice President. He is the ADA Board of Trustees liaison to the Council on Members Insurance and Retirement Programs. Dr. Huot lectures frequently on insurance and retirement issues and was an ADA Success Speaker from 2012 to 2017. He is a graduate of the College of Financial Planning.

Matin, Britany F., Alabama, 2020. Dr. Britany 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. 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.

Dr. Britany Matin would like to serve another year on the Council on Members Insurance and Retirement Programs because she is passionate about planning for the future. She is a new dentist and opened her own practice. During this time, she also worked for a Dental Service Organization and she feels she can provide insight on the needs of new dentists from different perspectives to this Council. She has experience with financial planning, even though she is green in the field. She has worked with different companies and plans and is familiar with what new dentists need from a financial planning standpoint. Dr. Matin is a member of the ADA New Dentist Committee.

Williams, David S., Delaware, 2022. Dr. David Williams has been a member of the Delaware State Dental Society (DSDS) and the American Dental Association for over 40 years. He has held leadership positions on numerous DSDS councils including Ethics, Peer Review, Dental Benefits and Legislative. Following his term as president of the DSDS, Dr. Williams was appointed to the Delaware State Board of Dental Examiners. During his years on the Board, he met with state officials and legislators, served as president, successfully authored amendments to a Delaware State Statute Code and was lead spokesperson for dentistry during the Delaware Legislative Sunset Review.

Dr. Williams practices with his daughter, Dr. Erika Williams, who is a delegate to the ADA House of Delegates. He is an experienced practice owner with a commitment to organized dentistry. He has an

interest to serve on this Council from a consumer point of view. It is always good policy to review the current programs and make sure that the ADA is providing its members with the best possible insurance and retirement options.

MEMBERSHIP

Bellamy, Wallace J., California, 2023. Dr. Wallace Bellamy has been a leader at the local and state level within the tripartite and at the national level with the National Dental Association (NDA). He has been president of the Sacramento District Dental Society, president of the Sacramento Chapter of the NDA and chair of the California Dental Association Leadership Development Committee. Nationally, Dr. Bellamy has served as Sixth District Trustee on the Board of Trustees of the National Dental Association. Besides his volunteer work he is in the private practice of dentistry and is also an accredited member of the American Academy of Dental Consultants.

Dantzler, Traci J., Michigan, 2023. Dr. Traci Dantzler is a Northwestern University Dental School doctor of dental surgery graduate (1988). She has served as a conferee to the ADA Annual Membership, Recruitment, and Retention Conference (2015) and as a member of the ADA Advisory Council (2017-present).
Dr. Dantzler has also been a participant in the Member Success Think Tank in 2015; served as a delegate and alternate delegate for Michigan Dental Association (MDA) House of Delegates; MDA Executive Director's Workshop; sergeant-at-arms for the MDA House of Delegates; and member of the Committee on Credentials, Rules, and Order. Dr. Dantzler also served as chair of the Bylaws Language Review Committee in 2018 and member of the Reference Committee in 2018 and she currently serves on the MDA Membership Committee. Dr. Dantzler has been a repeated participant on TV interviews related to dental issues in the state of Michigan and the dental profession.

Patel, Meenal H., North Carolina, 2023. Dr. Meenal Patel is an active member of the ADA, North Carolina Dental Society (NCDS) and she is currently serving as the co-membership director of the Raleigh-Wake County Dental Society. She is a NCDS membership champion and 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.

Sniscak, Thomas J., New Jersey, 2023. Dr. Thomas Sniscak is the 2018-19 President of the Monmouth-Ocean County Dental Society. He has also served as trustee of the Society since 2012 and as vice chair of the Membership Committee since 2014. He has also served at the state level of the tripartite as chair of the New Jersey Dental Association New Dentist Committee since 2016 and as a member of the Committee since 2012.

Youel, Benjamin C., Illinois, 2020. Dr. Ben Youel grew up in northern Illinois. He went to North Central College in Naperville where he was a two-time NCAA Division III All-American wrestler and graduated with a B.S. in Chemistry. He earned his D.D.S. from the University of Illinois at Chicago (UIC) and was inducted into the Omicron Kappa Upsilon Honor Society just before graduation. He completed a general practice residency at Advocate Illinois Masonic Medical Center a year later. After practicing for two years, he came back to UIC to start his orthodontic residency, where he graduated in May 2019. He has had experience on the membership committees of the Chicago Dental Society and the Illinois State Dental Society (ISDS). Dr. Youel is currently the District 8 (Illinois) Representative to the ADA New Dentist Committee. He also serves on the ISDS New Dentist Committee. He has previously served as the ASDA student consultant to the ADA Council on Dental Practice and Council on Dental Benefit Programs. More recently, he was the new dentist representative to the ADA Council on Scientific Affairs. These council/committee-level experiences have prepared him to be an effective participant on the ADA Council on Membership.

In his free time, Dr. Youel enjoys running real marathons and watching movie marathons. After graduating, he plans on getting to work in private practice somewhere in northern Illinois and eventually returning to UIC part-time to teach.

NATIONAL DENTAL EXAMINATIONS

Tepe, Patrick J., Wisconsin, 2023. Dr. Patrick Tepe is a University of Minnesota School of Dentistry graduate. He has served in a wide variety of leadership positions at both the component and state level including serving as president of the Wisconsin Dental Association (WDA) in 2019. As an officer of the WDA, Dr. Tepe has attended several Wisconsin Dental Examining Board meetings over the last three years and was involved in the task force to allow alternative licensure exam formats to be accepted in Wisconsin. As chair of the Continuing Education Committee for the Dane County Dental Society (the WDA's second largest component) for several years, Dr. Tepe was involved in the planning and implementation of dozens of CE courses for greater Madison area dentists.

Dr. Tepe served in the United States Army Reserve Dental Corps, 7212th Medical Support Unit (I) in Rochester, Minnesota from 2000 to 2008 (Rank: Major). He was activated in support of Operation Enduring Freedom, January through May in 2003 and August through December in 2004. He served on the teaching staff for general practice residency at Meriter Hospital Max Pohle Dental Clinic in Madison, Wisconsin from 2008 to 2015. He has served on the American Dental Plan Insurance Corporation Board of Directors since 2014.

Dr. Tepe served as the ADA House of Delegates 9th District Delegation co-chair in 2018. His positions of leadership at WDA also include serving on the WDA Finance Committee (2016 and 2017) and chair of WDA Insurance Services Corporation Board of Directors (2017-18). He also served as chair of the WDA Board Nominating Committee (2013) and the WDA Long Range Planning Committee from 2013 to 2015; serving as chair in 2017. Dr. Patrick Tepe is a general dentist with practices in Verona and Madison, Wisconsin.

SCIENTIFIC AFFAIRS

Ioannidou, Effie, Connecticut, 2023. Scientific Knowledge and Application: Dr. Effie Ioannidou is a clinical scientist with training in periodontology. Throughout her early career years, she was awarded a National Institutes of Health (NIH)/National Institute of Dental and Craniofacial Research (NIDCR) K23 Career Development Award, and acquired extensive training in epidemiology and clinical research design and methods. Since then, she has focused on clinical and translational science with the support of NIH as well as industrial and private foundation sources. Therefore, she has solid knowledge in research methodology and terminology, experimental study design and evidence based oral health. Further, in her role as the University of Connecticut Director of Dental Clinical Research, she developed skills to design and implement research thematic priorities. In addition, she has served in research related committees in other professional organizations such as the American Academy of Periodontology (AAP) Research Committee promoting research initiatives and mentoring, the AAP Orban Award Committee and the AAP Foundation Tarrson Award Fellowship Committee. She currently serves as a member of the nominating committee of American Association for the Advancement of Science (AAAS). Dr. Ioannidou is actively involved at the American Association for Dental Research (AADR), where she was elected as a member-at-large to the Board of Directors (2018-20).

Clinical Research Experience: Dr. Ioannidou's professional career started in periodontal private practice, which gives her a good understanding of the dental community needs; and then evolved to academics in the early 2000s. Currently, her research addresses questions related to the interplay between chronic periodontitis and kidney disease. Throughout the last 10 years, she has developed a community-based partnership to facilitate oral care delivery model in outpatient dialysis units to improve oral health related quality of life. In addition, together with a large group of researchers, she has recently established a new research line with emphasis on the sex and gender intersection in periodontal disease treatment.

Scientific Analysis and Communication: Dr. Ioannidou has extensive editorial and peer review experience. She serves in the position of associate editor of the *Journal of Dental Research Clinical and Translational Research* (International Association of Dental Research (IADR)/AADR official publication) as well as a reviewer on many high impact journals in oral health and nephrology. She currently serves as a guest editor for *Advances in Oral Health* devoted to Women in Dental Research and prepared for the

Centennial *Journal of Dental Research* edition in 2020. She has organized multiple symposia and workshops at the AADR/IADR annual session.

Dr. Ioannidou's active support of clinical research at the national level continues with her appointment (2016 to present) to the leadership position of secretary and program chair of the Task Force on Design and Analysis in Oral Health Research (a "think-tank" of clinical academicians, biostatisticians and industry on oral health clinical research). She has been published in peer-review high impact journals in oral health and nephrology and regularly lectures on her research at national and international meetings and conferences.

Time Commitment: Dr. Ioannidou has a long record of dental community service including active participation in school, institutional, national and international committees in several organizations. With her present position as a CSA consultant, she has confirmed her commitment to the CSA strategic direction and principles. Dr. Ioannidou has the enthusiasm, energy and knowledge to carry CSA member responsibilities.

Kademani, Deepak, Minnesota, 2023. Dr. Deepak Kademani has served on the Council on Scientific Affairs (CSA) since being appointed *ad interim* in April 2018. He was elected by the 2018 House of Delegates to complete the unexpired term of Dr. Thomas Braun, which expires at the close of the 2019 House of Delegates, and is eligible to be elected to serve a full four-year term (2019-23).

Dr. Kademani is an academic oral and maxillofacial surgeon who received his D.M.D. and M.D. degrees, and completed a surgical residency in oral and maxillofacial surgery, at the University of Pennsylvania. This was followed by a fellowship in head and neck surgery at the same University. Dr. Kademani is certified by the American Board of Oral and Maxillofacial Surgery. In 2004, he was the recipient of the American Association of Oral and Maxillofacial Surgeons (AAOMS) Faculty Educator Development Award. After completing his surgical training, he served as assistant professor in oral and maxillofacial surgery at the Mayo Clinic. In 2008, he joined the faculty at the University of Minnesota as an associate professor. He currently serves as vice chief of staff, fellowship director for the Oral/Head and Neck Surgery Program, and medical director of the Oral and Maxillofacial Surgery Department at North Memorial Medical Center in Minneapolis.

Dr. Kademani is a member of numerous professional societies including the American College of Surgeons and the American Head and Neck Society. He has served as a reviewer for several journals, including *Journal of Oral and Maxillofacial Surgery, International Journal of Oral and Maxillofacial Surgery* and *Oral Oncology*. Additionally, he has authored/co-authored more than one hundred books, abstracts, chapters, monographs, and publications, and is currently developing a textbook: *Atlas of Oral and Maxillofacial Surgery.* He has lectured nationally and internationally on a variety of topics, predominantly in head and neck pathology and reconstruction. Dr. Kademani is currently the chairman of the Committee on Continuing Education and Professional Development for AAOMS, and is a past chair of the AAOMS Research Committee.

Since his appointment to CSA in April 2018, Dr. Kademani has presented on behalf of CSA and ADA in the areas of oral cancer and oral human papillomavirus infection. He looks forward to providing his surgical and academic expertise to CSA and ADA for the improvement of dental practice and patient outcomes.

Khajotia, Sharukh S., Oklahoma, 2023. Scientific Knowledge and application: Dr. Sharukh Khajotia has been in advanced education for many years and works in scientific processes and research every day. As associate dean for research, he continually works with student, resident, and research faculty across the nation on a regular basis. He received his M.S. Degree in Dental Biomaterials from Marquette University in 1992, and a Ph.D. with distinction from Medical College of Georgia in 1992. His scientific knowledge and application make him an excellent and exceptional candidate for the Council on Scientific Affairs (CSA).

Clinical Research Experience: Dr. Khajotia's areas of technical experience and clinical research encompass atomic force microscopy, confocal laser scanning microscopy, contact angle goniometry, scanning electron microscopy, energy-dispersive x-ray analysis, x-ray diffractometry, dilatometry, ultra-

violet and visible light spectrophotometry, atomic absorption spectroscopy, finite element analysis and mechanical/physical materials with instron machines. He has extensive clinical research in oral biofilms, characterization of morphology and interfaces of streptococcus mutans, and biofilm and dental biomaterials. Dr. Khajotia is exceptional in areas of dental materials and he has conducted several research projects in this arena.

Time Commitment: Dr. Khajotia has been provided the altering of his responsibilities in order to secure a solid and uninterrupted effort as a member of the Council on Scientific Affairs.

Scientific Analysis and Communication: Dr. Khajotia excels in this category due to his extensive number of presentations on current scientific and technical issues of materials in dental practice. His many authored articles and his present and past research on dental materials further strengthens his application as a member of CSA.

Dr. Khajotia has been involved with the development of the American Dental Association (ADA)/American National Standards Institute (ANSI) Standards for almost two decades and has tested many materials using these developed ADA/ANSI and International Organization for Standardization (ISO) Standards.

One other recent development that occurred was that Dr. Khajotia performed review of many research grant projects both dental and non-dental. He has served as national non-dental research grant reviewer several times and continues to be asked to review other non-dental national research grant applications. As noted, Dr. Khajotia is well known in not just the national dental research arena, but many other non-dental research areas as well.

Dr. Khajotia has had many publications in scientific journals as primary author, numerous textbook chapters, and more than 100 peer-reviewed abstracts. He has published multiple abstracts–non-peer reviewed, authored course manuals and developed websites/online course development content. He has been a grant reviewer initially in 2005 and then from 2010 to present, and an editorial board member since 1996. He has participated in 28 major grants and 70 minor grants.

Dr. Khajotia has presented over 150 scientific presentations, continuing educational courses and invited presentations. He has been a part of many campus research projects and has served as author in many sections of his work for these projects in addition to his dental research work.

Lawson, Nathaniel C., Alabama, 2020. 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 28 articles in peer reviewed scientific and trade journals, 75 research abstracts and three book chapters. He serves on the editorial board of *Compendium* and *Dental Products Review*. Dr. Lawson's 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 ADA. He has lectured nationally and internationally on the subject of dental materials. He also works as a general dentist in the UAB Faculty Practice. Dr. Lawson currently serves as the New Dentist Member of the Council on Scientific Affairs for the 2019-20 term.

Lefebvre, Carol A., Georgia, 2023. Dr. Carol Lefebvre is a board certified prosthodontist who is a recognized leader in her specialty. Dr. Lefebvre has been a dental educator for 33 years, serving at the predoctoral and advanced education levels as well as section director of removable prosthodontics. She is currently the dean of the Dental College of Georgia at Augusta University. Dr. Lefebvre served as editor-in-chief of *The Journal of Prosthetic Dentistry* for nine years and currently serves as the vice chair for the Journal's Editorial Council. She has been active in leadership roles in organized dentistry, serving as the secretary of the American College of Prosthodontists (ACP) and chair of the Council of the American Board of Prosthodontics. She is also the president-elect of the Academy of Prosthodontics. Dr. Lefebvre would be an asset to the Council on Scientific Affairs.

Park, Jacob G., Texas, 2020. In January 2019, Dr. Jacob Park was appointed *ad interim* to replace Dr. Steven Jefferies as a member of the Council on Scientific Affairs. Dr. Park is nominated to complete the unexpired term of Dr. Jefferies, which expires at the close of the 2020 House of Delegates. Dr. Park is a

clinical professor for the Department of Comprehensive Dentistry at University of Texas Health Science Center-San Antonio (UTHSCSA) Dental School and for the Department of Cell Systems and Anatomy at UTHSCSA School of Medicine. He serves as selective course director for CAD CAM and clinical occlusion and teaches at the advanced education in general dentistry clinic.

Dr. Park has presented numerous lectures and hand-on instruction on CAD CAM Dentistry internationally, as well as for many U.S. dental schools, state dental associations, and at U.S. military bases in the U.S. and abroad. His research interests include CAD CAM, occlusion and TMJ disorder, and he is currently conducting clinical evaluation of current CAD CAM technology in general practice and teaching environment. He has served as chair of the ADA Standards Committee on Dental Products CAD CAM Ad Hoc Group and Dental Products Subcommittee for CAD CAM in Dentistry.

Dr. Park is a member of the Academy of General Dentistry, and the American Equilibration Society where he currently serves as immediate past president. He serves on the Board of Regents of the Academy of Dentistry International and the Board of Directors of the International Academy of Digital Dental Medicine. He also serves on the editorial boards for the *Journal of Prosthetic Dentistry* and *E-Cronicon Dental Science*.

Resolution No. 16 New

Report: N/A Date Submitted: June 2019

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

NOMINATIONS TO COUNCILS AND COMMISSIONS

Background: (See Page 1008 for qualifications of nominees)

ADVOCACY FOR ACCESS AND PREVENTION
Karin V. Arsenault, Massachusetts
Christopher Delecki, Washington
James Mancini, Pennsylvania
Robert E. Margolin, New York
*Andrew D. Welles, Wisconsin

COMMUNICATIONS
Lynse J. Briney, Illinois
*Kevin Y. Kai, California
Prabha Krishnan, New York
Thomas J. Lambert, Michigan
Angela P. Noguera, District of Columbia
Rhett E. Raum, Tennessee, *ad interim*

CONTINUING EDUCATION PROVIDER RECOGNITION
Edwin A. del Valle Sepulveda, Puerto Rico
Marcus Kenneth Randall, Tennessee, *ad interim*

DENTAL ACCREDITATION
**Willie Keith Beasley, Virginia

DENTAL BENEFIT PROGRAMS
Roderick H. Adams, Jr., Ohio
Rodney C. Hill, Wyoming
Mark M. Johnston, Michigan
Jessica A. Stilley-Mallah, Florida
*Sara E. Stuefen, Iowa

DENTAL EDUCATION AND LICENSURE
*Daniel A. Hammer, Texas
Willis Stanton Hardesty, Jr., North Carolina, *ad interim*
Jun S. Lim, Illinois, *ad interim*
James D. Nickman, Minnesota
Joan Otomo-Corgel, California

DENTAL PRACTICE
Manish Chopra, Ohio
*Lindsay M. Compton, Colorado
Ralph L. Howell, Jr., Virginia
Genaro Romo, Jr., Illinois
Lindsay A. Smith, Oklahoma

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Bruce A. Burton, Oregon
Gary S. Davis, Pennsylvania
Ansley H. Depp, Kentucky
*Daniel W. Hall, South Carolina
Renee P. Pappas, Illinois

GOVERNMENT AFFAIRS
John L. Blake, California
Mark A. Crabtree, Virginia
Lisa L. Knowles, Michigan *ad interim*
Raymond G. Miller, New York
Matthew B. Roberts, Texas
*Adam C. Shisler, Texas

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Richard R. Grossman, Pennsylvania
Richard A. Huot, Florida
*Britany F. Matin, Alabama
David S. Williams, Delaware

MEMBERSHIP
Wallace J. Bellamy, California
Traci J. Dantzler, Michigan
Meenal H. Patel, North Carolina
Thomas J. Sniscak, New Jersey
*Benjamin C. Youel, Illinois

NATIONAL DENTAL EXAMINATIONS
Patrick J. Tepe, Wisconsin

SCIENTIFIC AFFAIRS
Effie Ioannidou, Connecticut
Deepak Kademani, Minnesota
Sharukh S. Khajotia, Oklahoma
*Nathaniel C. Lawson, Alabama
Carol A. Lefebvre, Georgia
Jacob G. Park, Texas, *ad interim*

*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

16. Resolved, that the nominees put forward for membership on ADA councils and commissions be elected.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 16a New

Report: N/A Date Submitted: June 2019

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

ADDENDUM TO NOMINATIONS TO COUNCILS AND COMMISSIONS

Background: The Board of Trustees annually submits to the House of Delegates nominations for membership to the councils and commissions, which was transmitted via Resolution 16 to the House in the first set of resolutions (*Worksheet:*1024).

As a result of the 2019 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. W. Mark Donald has effectively resigned from his position as Fifth District Representative to the Council on Dental Practice. The following individual has been identified to fill the vacancy on the Council on Dental Practice. A brief statement of qualifications is provided in Appendix 1.

Accordingly, the Board submits the following addendum to Resolution 16 for consideration.

Resolution

16a. Resolved, that Dr. Sherry R. Gwin, Mississippi, be elected to serve as the Fifth District Representative on the Council on Dental Practice for a term ending at the close of the 2022 House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

APPENDIX 1

DENTAL PRACTICE

Gwin, Sherry R., Mississippi, 2022. Dr. Sherry Gwin is nominated to serve the unexpired term of Dr. W. Mark Donald, which expires at the close of the 2022 House of Delegates. Dr. Gwin's qualifications include serving as president of the Mississippi Dental Association and as an ADA alternate delegate for the Mississippi Dental Association. She has also served as chair of the Mississippi Dental Political Action Committee (MDPAC). Dr. Gwin has been a practicing dentist for over 32 years.

Resolution No. 29-32 New

Report: Credentials, Rules and Order Date Submitted: June 2019

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

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.

Approval of Certified Delegates: A list of certified Delegates and Alternate Delegates as of August 30 has been posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect. Any subsequent changes will be reported out at the beginning of each meeting of the House of Delegates by the CRO chair.

> **29. Resolved,** that the list of certified delegates and alternate delegates posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2019 House of Delegates of the American Dental Association.

Minutes of the 2018 Session of the House of Delegates: The minutes of the 2018 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.

> **30. Resolved,** that the minutes of the 2018 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.

31. Resolved, that the agenda as presented in the *2019 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 San Francisco until close of business Monday, September 9, 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 August and updated and posted again on Thursday, September 5. 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, September 7.

32. 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, 2019* will be posted in August 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, June 28. 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' August 11-13 session and should be posted on ADA Connect and ADA.org by end of day, Friday, August 16.

In advance of the 2019 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 2020.

Reference Committees Hearings: The reference committees of the House of Delegates will hold hearings on Saturday, September 7, in various rooms of the Marriott Marquis. The list of reference committee hearing rooms appears in the *Manual of the House of Delegates and Supplemental Information*.

Saturday, September 7

7:00 a.m. to 8:30 a.m.	Committee D (Legislative, Health, Governance and Related Matters)
8:30 a.m. to 10:00 a.m.	Committee A (Budget, Business, Membership and Administrative Matters)
10:00 a.m. to 11:30 a.m.	Committee C (Dental Education, Science and Related Matters)
11:30 a.m. to 1:00 p.m.	Committee B (Dental Benefits, Practice 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 committee hearings, 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, September 8. 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 September 8.

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, September 9 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 speaker of the House of Delegates) will take place at the first meeting of the House on Friday afternoon, September 6. 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 1, 12, 14 and 15 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. 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, September 8. Delegate registration hours for Sunday, September 8, 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, September 9, 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, September 6, 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 2019 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, September 5. 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. The constituent's executive director or secretary is required to sign the form and the delegate must surrender his or her admission cards for the meeting or meetings not attended before admission cards will be issued to the alternate delegate 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 2019 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. 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 *2019 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, September 5 through Sunday, September 8, and will be located at the Marriott Marquis, B2 Level, Willow, 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 29:Worksheet:1035)
(Resolution 30:Worksheet:1036)
(Resolution 31:Worksheet:1037)
(Resolution 32:Worksheet:1038)

Resolution No. 29 New

Report: Credentials, Rules and Order Date Submitted: June 2019

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

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

APPROVAL OF CERTIFIED DELEGATES

Background: A list of certified Delegates and Alternate Delegates as of August 30 has been posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect. Any subsequent changes will be reported out at the beginning of each meeting of the House of Delegates by the CRO chair.

Resolution

29. Resolved, that the list of certified delegates and alternate delegates posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2019 House of Delegates of the American Dental Association.

Resolution No. 30 New

Report: Credentials, Rules and Order Date Submitted: June 2019

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

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

MINUTES OF THE 2018 SESSION OF THE HOUSE OF DELEGATES

Background: The minutes of the 2018 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

30. Resolved, that the minutes of the 2018 session of the House of Delegates be approved.

Resolution No. 31 New

Report: Credentials, Rules and Order Date Submitted: June 2019

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

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

31. Resolved, that the agenda as presented in the *2019 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. 32 New

Report: Credentials, Rules and Order Date Submitted: June 2019

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

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 August and updated and posted again on Thursday, September 5. 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, September 7.

Resolution

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

Budget, Business, Membership and Administrative Matters

Resolution No. 14-15 New

Report: Council on Membership Report 1 Date Submitted: June 2019

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

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

COUNCIL ON MEMBERSHIP REPORT 1 TO THE HOUSE OF DELEGATES: PROPOSAL TO STREAMLINE THE CURRENT DUES STRUCTURE AND POSITIVELY IMPACT DUES REVENUE

Background: At its December 2017 meeting, the ADA Board of Trustees adopted the following resolution:

> **B-128-2017. Resolved,** that the Board urges 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 on Membership did a comprehensive review of the current membership dues categories in an effort to streamline the number of categories. At the 2018 House of Delegates, the Council submitted a resolution to eliminate two underutilized dues categories, the 25% dues waiver and the 75% dues waiver. This resolution, 56H, was adopted by the 2018 House of Delegates.

In 2019, the Council has continued its work on its membership dues category streamlining study. The Council has analyzed and identified opportunities that focused on how changing the current structure of dues discounting can impact membership numbers and dues revenue.

Basis of 2019 Study

At the end of year 2018, the ADA enjoyed a membership market share of 62.9% with a net membership of 129,008 active members. These numbers represent incremental gains for both market share and net membership over the previous year. Even so, the Association is operating in a more challenging environment than ever before with changing demographics and impending membership shifts posing future risks. Given these dynamics, it is imperative that the ADA take a future focused stance and be proactive with identifying and aligning opportunities for long-term financial sustainability and membership growth. Key factors behind the decision to re-evaluate membership dues opportunities are highlighted below:

- ADA's current dues discount strategy limits dues revenue gains without rendering a long-term return on member growth (particularly for new dentists 1-5 years out).
- Although there has been an increase in net membership gains recently, the number of full dues paying members continues to decline.

- Supply of new dentists entering the pipeline does not replenish the market at the rate of those who are leaving the profession, which creates a gap in market and recruitment opportunity.
- The number of retiring dentists has increased over time causing increasing revenue loss for dues collections with this segment.
- As mid- and late-stage career dentists prepare to exit the dental profession, their transition reduces reliable dues revenue from the ADA's most loyal members.
- Operational overhead associated with a complex dues structure puts unwanted pressure on organizational capacity.

As part of its request from the Board and its fiduciary responsibility to the organization, the ADA Council on Membership researched dues category streamlining opportunities. The ADA Council on Membership examined how changing the current structure of dues discounting can impact membership numbers and dues revenue. Efforts were focused on modernizing existing discounts with the goal of streamlining categories and establishing monetary dues stabilization for the Association. While changes in the membership dues structures pose a certain level of member growth risks in the short-term, it promotes a healthy balance of membership growth and financial sustainability over the long-term.

In parallel to dues structure changes, the Association will remain committed to enhancing member value that keeps pace with evolving member and market expectations. New programs like ADA Practice Transitions and other future ADA innovations are examples of opportunities to further value creation and drive member growth.

Also, as ADA re-evaluates its dues strategy, it will build on recent momentum gained with national marketing alignment and resource development in collaboration with state and local dental societies. The ADA will continue to work with dental societies to promote message alignment and provide resources that support a strategic member journey aligned with the new dues structure. In addition, efforts to maximize dental society capacity will continue through elevated Client Services support, streamlined administrative efficiencies, technology support and collaborative ventures that promote collective member value and growth.

Ultimately, additional revenue gains help the ADA to minimize its dependency on a dues discount member growth strategy and elevate efforts centered on member value enhancement and creation that aids in longer-term retention form newer members.

Overarching Goal

Secure a healthy balance between member growth and financial sustainability by creating a viable long-term dues revenue strategy for the American Dental Association and its state and local counterparts.

Approach

Securing a healthy balance between member growth and financial sustainability warrants ongoing incremental change with meaningful consideration and analysis to determine (and implement) the most effective membership dues structure. The Council focused its efforts on opportunities that impact the most current trends, including payment pathways for dentists entering the pipeline, reducing downstream revenue risks, and strategically increasing annual dues. The following strategies emerged as key opportunities to impact the overall goal:

1. Accelerate movement of newer dentists to full dues payers faster
2. Balance the dues distribution so that newer dentists are paying dues in concert with established dentists; and
3. Stabilize dues for the entire membership

Evaluation Process

Analysis of the existing membership base and trends was conducted and coupled with a dedicated forecasting model. Member research, pricing sensitivity studies and refinement opportunities by various groups (staff, volunteers, state dental societies) was also leveraged. The approach resulted in an elimination process that focused on scenarios that offered the greatest impact against current trends and the most viability in the context of balanced member growth and financial sustainability.

The following four scenarios were identified as the most fruitful:

- Elimination of the $30 dues fee for residents/graduate students.
- Shortening the four-year discount period for new graduates to two years. The new streamlined discount structure would be a 100% dues discount the first full year following completion of dental school; a 50 percent (50%) dues discount the second year. The new graduate would be a full dues paying member in the third year.
- Elimination of the 25 percent (25%) discount for life members.
- Implementation of an annual dues increase of at least the past five-year average of the Consumer Pricing Index (CPI), currently 1.3%.

Scenario Analysis

The following scenarios were considered by the Council and each was studied with a five-year forecast that shows the changes in members and dues revenue if the scenario were to be implemented, compared to the five-year forecast if no changes to dues were made.

Scenario 1

Elimination of the $30 dues fee for residents/graduate students.

Currently the ADA is running a pilot program in 14 states where the graduate dues of $30 are waived. This pilot began in January 2019. As of March 2019 there were 1,527 graduate members while in March 2018 there were 961 graduate members. This is an increase of 566 members compared to last year.

At the end of year 2018, the number of grad members reported was 1,897. The ADA is on track to surpass that year-end total as well as the forecasted 400 additional members annually through the pilot.

In lieu of continuing the pilot program for three years, the Council recommends that the House consider the permanent elimination of dues for those dentists enrolled in a graduate or residency program. This dues category has included mostly those who are direct members to the ADA. Removing the $30 dues barrier allows these dentists to become tripartite members at the national, state and local levels. State and local societies are able to better engage these residents through programs and services offered locally. In addition, state societies may be more willing to help identify all residents in the programs within the state as ADA is only aware of approximately 60% of residents in all of the U.S. The loss in dues revenue from these unidentified market opportunities is anticipated at approximately $60,000 annually if the $30 graduate dues is eliminated.

If the forecasted 400 new graduate members are converted to membership at our historical levels, then 57% will move through the new graduate graduated discount structure and successfully enter full payer status for a gain of 228 full dues paying members with a corresponding revenue of $126,312. The difference between the loss of revenue from discontinuing graduate dues and the gain in full dues paying members from just the 400 is $66,312. Current growth trends with this market segment will further improve this revenue outcome.

Scenario 2

Reducing the number of years of new graduate dues reduction from 4 years to 2 years.

This scenario would change the reduction for second year after graduation from 25% to 50% and eliminate the 75% reduction for third year after graduation. This would mean the dues for first year after graduation remain at $0; a change in the dues for second year after graduation to 50% of full dues; and the third year after graduation resulting in a full dues payment.

Table 1 demonstrates the expectation if the 25% discount and the 75% discount are eliminated entirely in the 2019 forecast year. Those members who currently pay 50% and 75% are placed into Rate 1 (full dues payers) and those members moving from $0 to 25% pay at 50% of full dues. Dues Rate A (first year following completion of dental school or resident program) remains at zero dues. The revenue moves in concert. The scenario is ran out until 2023.

It is important to note that Rate A is a way to convert a new dentist who might be currently unemployed and sets up a way for them to seamlessly join ADA after dental school graduation. The current four year dues reduction plan of 25%, 50%, and 75% rates are a ramp-up to full paying dues. This assumes each year after dental school provides a progressive increase in financial stability that makes the ability to pay less burdensome to the member. While there is logic in this strategy, there is very little evidence to support this assumption beyond the utility of Rate A. This suggests that 25%, 50%, and 75% discounts offer declining utility across the next three years and are not needed.

Using this expected scenario, it is forecasted that within the next 5 years, the ADA can expect to lose 235 members annually in addition to the no change scenario of 987. However, the ADA can expect to increase dues revenues by approximately $1.6 million annually.

Table 1

Summary Value	2019	2020	2021	2022	2023	2023 to 2019 Gain/Loss	Annual Average
No Change Forecast EOY Members	181596	181323	181085	180848	180609	-987	181092.2
Forecast EOY Members	180993	180540	180245	180009	179771	-1222	180311.6
Difference SC-NC	-603	-783	-840	-839	-838	-235	-780.6
No Change Forecast EOY Revenue	$56,479,162.00	$55,794,253.00	$55,111,125.00	$54,429,046.00	$53,747,416.00	-$2,731,746.00	$55,112,200.40
Forecast EOY Revenue	$58,054,863.00	$57,370,108.00	$56,754,362.00	$56,173,097.00	$55,591,386.00	-$2,463,477.00	$56,788,763.20
Difference SC-NC	$1,575,701.00	$1,575,855.00	$1,643,237.00	$1,744,051.00	$1,843,970.00	$268,269.00	$1,676,562.80

Scenario 3

Elimination of a twenty-five percent (25%) discount for life members to bring this group to full-dues payers.

Table 2 demonstrates the *expected* change percentage of active life dues (from 75% to 100%) without considering incumbency. It uses an expected non-renew rate. In this table, the discount for life membership is eliminated entirely in the 2019 forecast year with a 5% non-renew rate among those already on the rate and a 10% non-renew rate for the cohort of dentists moving onto the rate. These non-renew rates decrease by approx. ½ in each of the subsequent years of the forecast, so they are 3 and 6% in 2020 and 1 and 2% in 2021 and zero thereafter. Those members who renew from the 25% life discount are moved back onto full dues payers and those member due to move into the 25% life member discount are retained as full dues payers. The revenue moves in concert.

The 25% life member discount utilization is a variable cost to the Association because their numbers are driven by age demographics and its impact on retirement choices. The ADA has no control over these

factors and they can and have varied sufficiently to create revenue problems. An uncontrolled variable cost built into a pricing model poses a significant risk to financial stability.

Using this scenario, it is forecasted that within the next five years, the ADA can expect to lose 352 more members annually than the 197 lost each year in the No Change scenario. This is obtained by dividing the 2023 to 2019 Gain/Loss column scenario value by the number of years forecasted. The majority of these losses (89%) will occur in the first two years of the scenario and then become equal to those seen in the No Change scenario thereafter. However, the ADA can expect to increase dues revenues by approximately $1.3 million annually.

Table 2

Summary Value	2019	2020	2021	2022	2023	2023 to 2019 Gain/Loss	Annual Average
Members							
No Change Forecast EOY Members	181596	181323	181085	180848	180609	-987	181092.2
Forecast EOY Members	180618	179758	179325	179090	178858	-1760	179529.8
Difference SC-NC	-978	-1565	-1760	-1758	-1751	-773	-1562.4
Dues Revenue							
No Change Forecast EOY Revenue	$56,479,162.00	$55,794,253.00	$55,111,125.00	$54,429,046.00	$53,747,416.00	-$2,731,746.00	$55,112,200
Forecast EOY Revenue	$58,047,093.00	$57,060,806.00	$56,295,759.00	$55,639,627.00	$54,985,013.00	-$3,062,080.00	$56,405,660
Difference SC-NC	$1,567,931.00	$1,266,553.00	$1,184,634.00	$1,210,581.00	$1,237,597.00	-$330,334.00	$1,293,459

Scenario 4

Implementation of an annual dues increase of at least the past five-year average of the Consumer Pricing Index (CPI), currently 1.3%.

Table 3 demonstrates the member attrition rates and the dues revenue increase if the ADA implemented an annual dues increase at the minimum of the past five-year average of the Consumer Pricing Index (CPI). As is clear, the attrition rate is not expected to change more than the no change forecast. Historically, it has been observed that small dues increases are tolerated very well by membership and are not accompanied by significant or any non-renew increases. These small dues increases have been in the $10 range and are greater than a CPI increase on an annual basis.

This increase is a recommended minimum annual increase. The Council is proposing this as policy resolution, recognizing that only the House can approve an annual dues increase.

The annual increase in membership dues revenue is expected to be approximately $2.1 million.

Table 3

Summary Value	2019	2020	2021	2022	2023	2023 to 2019 Gain/Loss	Annual Average
No Change Forecast EOY Members	181596	181323	181085	180848	180609	-987	181092.2
Forecast EOY Members	181596	181323	181085	180848	180609	-987	181092.2
Difference SC-NC	0	0	0	0	0	0	0
No Change Forecast EOY Revenue	$56,479,162.00	$55,794,253.00	$55,111,125.00	$54,429,046.00	$53,747,416.00	-$2,731,746.00	$55,112,200
Forecast EOY Revenue	$57,189,508.00	$57,197,995.00	$57,209,873.00	$57,206,364.00	$57,262,769.00	$73,261.00	$57,213,302
Difference SC-NC	$710,346.00	$1,403,742.00	$2,098,748.00	$2,777,318.00	$3,515,353.00	$2,805,007.00	$2,101,101

Scenario 5

In this scenario, the elimination of the discounts for life members, and third and fourth year after graduation from dental school is combined with an annual dues increase of the average CPI over the last five years, currently 1.3%.

Table 4 takes all of scenarios under consideration as one grand scenario that uses an expected non-renew rate. In the table, the life member discount is eliminated entirely in the 2019 forecast year with a 5% non-renew rate among those already on the rate and a 10% non-renew rate for the cohort of dentists moving onto the rate. These non-renew rates decrease by approx. ½ in each of the subsequent years of the forecast, so they are 3 and 6% in 2020 and 1 and 2% in 2021 and zero thereafter. The 25% and 75% graduated discounts for new grads are eliminated entirely in the 2019 forecast year with a 10% non-renew rate among those with those discounts. These non-renew rates decrease by approximately half in each of the subsequent years of the forecast, so they are 6% in 2020 and 2% in 2021 and zero thereafter. Those members currently at a 50% or 75% discount are placed into full dues payers and those members moving from $0 to second year after graduation will pay 50% of full dues. Dues Rate A remains at zero dollars. The revenue moves in concert with a 1.3% dues increase applied to reflect the 2015-2019 average January CPI starting in 2019. That rate of increase is then applied in the next four years forward. The scenario is ran out until 2023.

Using this scenario, it is forecasted that within the next five years, the ADA can expect to lose 400 more members annually than the 197 lost each year in the No Change scenario. This is obtained by dividing the 2023 to 2019 Gain/Loss column scenario value by the number of years forecasted. The majority of these losses (91%) will occur in the first two years of the scenario and then become equal to those seen in the No Change scenario thereafter. However, the ADA can expect to increase dues revenues by approximately $4.5 million annually

If this scenario is combined with the elimination of the $30 graduate student dues in favor of $0, the ADA can expect to increase the member number by 400 annually so total members lost annually then moves to approximately zero annually with a dues revenue increase of approximately $4.5 million annually.

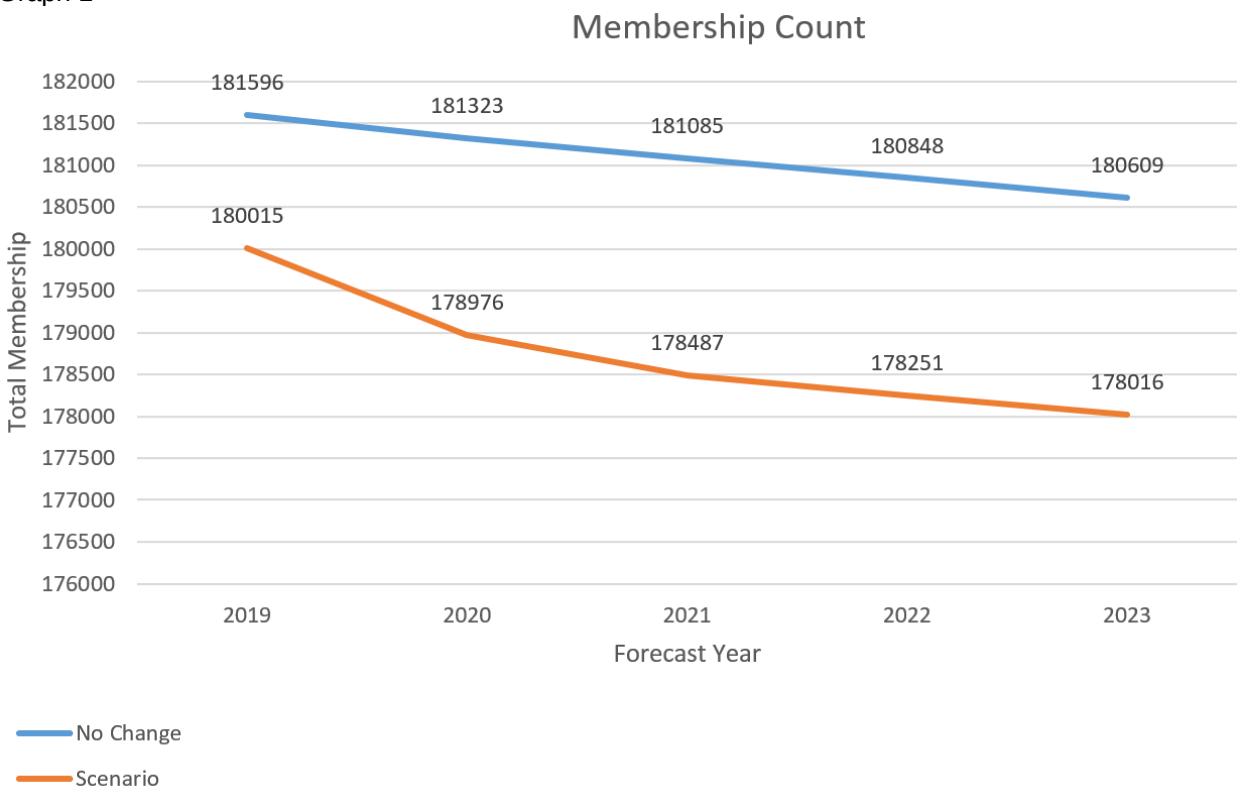
Table 4

Summary Value	2019	2020	2021	2022	2023	2023 to 2019 Gain/Loss	Annual Average
No Change Forecast EOY Members	181596	181323	181085	180848	180609	-987	181092.2
Forecast EOY Members	180015	178976	178487	178251	178016	-1999	178749
Difference SC-NC	-1581	-2347	-2598	-2597	-2593	-1012	-2343.2
No Change Forecast EOY Revenue	$56,479,162.00	$55,794,253.00	$55,111,125.00	$54,429,046.00	$53,747,416.00	-$2,731,746.00	$55,112,200
Forecast EOY Revenue	$59,834,347.00	$59,553,605.00	$59,547,082.00	$59,672,223.00	$59,881,357.00	$47,010.00	$59,697,723
Difference SC-NC	$3,355,185.00	$3,759,352.00	$4,435,957.00	$5,243,177.00	$6,133,941.00	$2,778,756.00	$4,585,522

As a part of study of these scenarios, the Council studied finding a balance between membership sustainability and long-term financial stability.

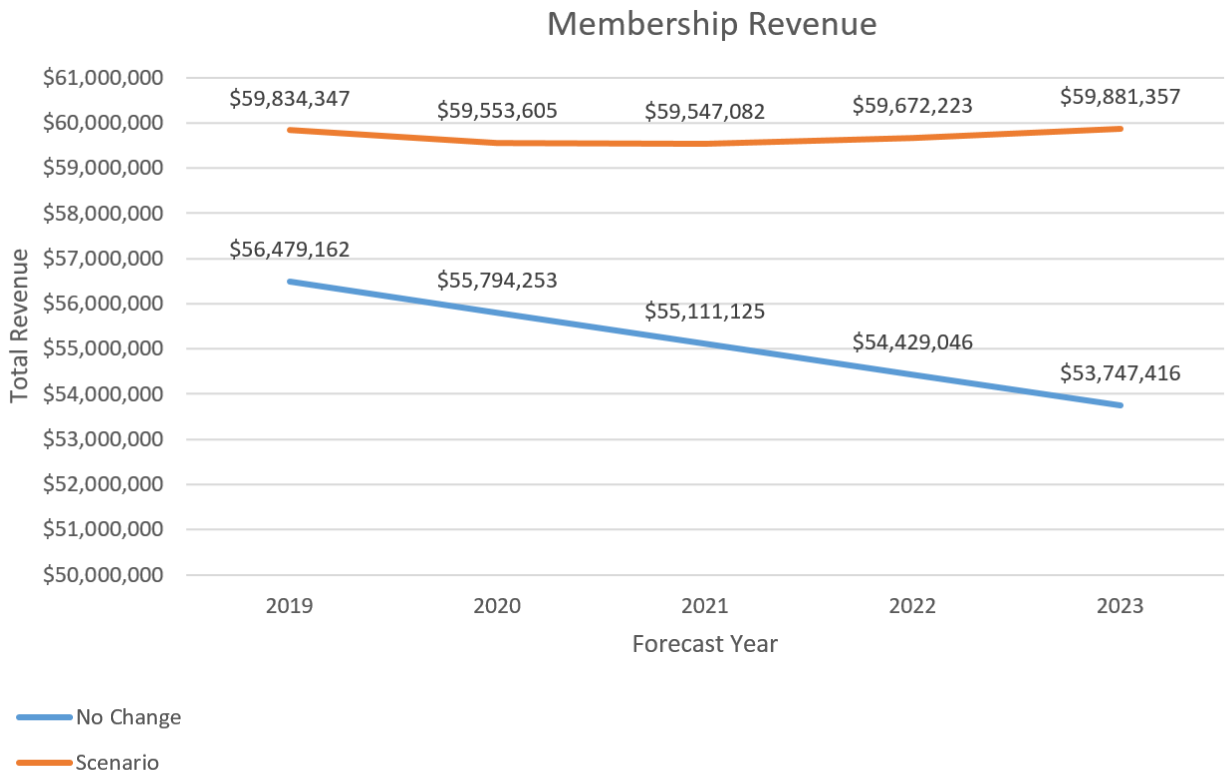
Graph 1 shows that using the combined scenarios, it is forecasted that within the next five years, the ADA can expect to lose 1,012 more members than the 987 lost in the no change scenario. It is important to note that the majority of these additional losses (91%) will occur in the first two years following implementation.

Graph 1



Graph 2 demonstrates the impact of dues revenue on the implementation of the combined scenarios forecasted through the next five years. Dues revenues are expected to increase by approximately $23 million at an average of $4.5 million per year compared to the no change scenario.

Graph 2



While changes in the membership dues structure poses a certain level of member growth risks, it is imperative that the future dues structure promote a healthy balance between membership growth and financial sustainability in order to ensure the long-term sustainability of the organization. Also, it is projected that despite initial potential membership declines, growth ratios will reach a sustainable balance over time. Given the long-term viability of the plan, the Council feels confident that the long-term rewards of its approach will eventually outweigh any shorter-term risks. To minimize any potential member declines, in parallel with a streamlined dues approach, the Council recognizes the importance of remaining committed to enhancing member value that keeps pace with evolving member and market expectations.

Overall Learnings

Eliminating current discounts

- Using any dues rate elimination scenario alone does achieve the goal of increasing the number of full dues rate paying members.
- Eliminating the new grad discounts generates better revenue than eliminating just the discount for life members.
- Eliminating new graduate and life member discounts generates revenue that is very close to that of the CPI adjustment alone.
- Eliminating dues rates achieves dues stability over a longer term. Its sustainability is unclear.
- Dues rate eliminations should be sought in total as opposed to singularly.

- Eliminating the discount for life members carries great financial risk if the mid-range or worst case scenarios occur.

- Combining dues rate elimination is an effective financial risk reduction strategy because the financial risk of eliminating the life member discount is offset by financial gains from eliminating the new graduate discount.

Implementing an annual dues increase of at least the average CPI over the last five years, currently 1.3%

- Using a CPI adjustment scenario alone does not achieve the goal of increasing the number of full due rate paying members.
- Using a CPI adjustment scenario alone does not simplify the dues structure. It merely generates better revenue outcomes using the existing dues structure.
- The CPI adjustment is the greatest contributor to actual dues growth. It generates revenue without losing members.
- The CPI adjustment achieves dues stability in a short term and sustains it.
- A smaller CPI adjustment can still achieve dues stability in the short term and sustain it too. It will just have less revenue gain. If it is too small the effect will go away altogether.

Combining the elimination of discounted dues categories with an annual dues increase of at least the average CPI over the last five years

- Combining elimination of the dues discounts with a CPI adjustment achieves dues stability in a short term that is sustained while providing increased revenue.
- Combining elimination of the dues discounts with a CPI adjustment provides the best possible revenue outcome overall and in the shortest time frame while generating a tolerable amount of non-renews given the expected level of non-renew.
- If we think of dues rate elimination and CPI increases as two ways to simplify or improve the dues structure, the two contribute equally to revenue and double when both are deployed.

How to administer the plan

- Any changes to the dues categories and discounts should be implemented for the 2021 membership in order to socialize this new system to members and give state and local dental societies an opportunity to adjust their dues structures and make changes to their bylaws if necessary.
- The Council is not recommending a grandfathering or phase-in approach.
- It is important to note that non-renew rates can be reduced and offset by efforts directed at retention or conversion and these efforts will be undertaken by the ADA in conjunction with marketing and client services efforts.
- The ADA has resources in place to assist the state and local dental societies in socializing and implementing this plan.

Conclusion

The Council approved the following recommendations for a comprehensive dues rate plan:

- Elimination of $30 dues for graduate students/residents to make it a $0 category.
- Restructure of the current dues discount structure for new graduates, eliminating the 25% and 75% dues discounts to make it a two-year dues reduction of $0 first year following year of graduation and 50% of full dues the second year following graduation and full dues beginning the third year following graduation.

- Discontinuation of a 25% discount for active life members to bring that category to full dues payers.
- Create a policy to encourage the Board of Trustees to consider an annual dues increase of at least the average CPI over the last five years, currently 1.3%.

Therefore, the Council recommends adopting the following resolutions.

Resolutions

14. Resolved, that the ADA policy, *Long-Term Financial Strategy of Dues Stabilization* (*Trans.*2008:421; 2012:410), be amended as follows (new language underscored, deletions ~~stricken~~):

> **Resolved**, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the goal of long-term financial stability for the Association~~, taking into account the need to limit dues increases, as practical, the effective dues rate for members, external market conditions and other relevant factors such as the Chicago Consumer Price Index (CPI) average for the prior three years~~. Inflation affects the ADA's costs to deliver existing programs. To minimize volatility in membership dues and keep pace with normal inflation, consider each year a minimum dues adjustment equal to multiplying (a) the dues of an active member for the prior year by (b) the prior five years average U.S. Consumer Price Index percent change, rounded up to the nearest dollar amount ("Dues Adjustment"). The Dues Adjustment should be considered in addition to any other annual dues increase that year.

15. Resolved, that the amendments to the ADA *Governance and Organizational Manual*, CHAPTER I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, on dues simplification as set forth in **Appendix 1** be adopted, to take effect at the adjournment *sine die* of the 2020 House of Delegates.

(Resolutions 14:Worksheet:2010)
(Resolutions 15:Worksheet:2011)

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. 14 New

Report: Council on Membership Report 1 Date Submitted: June 2019

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

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

COUNCIL ON MEMBERSHIP REPORT 1 TO THE HOUSE OF DELEGATES: AMENDMENT OF ADA POLICY: LONG-TERM FINANCIAL STRATEGY OF DUES STABILIZATION

Background: (See Council on Membership Report 1)

Resolution

14. Resolved, that the ADA policy, *Long-Term Financial Strategy of Dues Stabilization* (*Trans.*2008:421; 2012:410), be amended as follows (new language underscored, deletions ~~stricken~~):

> **Resolved**, that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the goal of long-term financial stability for the Association~~, taking into account the need to limit dues increases, as practical, the effective dues rate for members, external market conditions and other relevant factors such as the Chicago Consumer Price Index (CPI) average for the prior three years~~. Inflation affects the ADA's costs to deliver existing programs. To minimize volatility in membership dues and keep pace with normal inflation, consider each year a minimum dues adjustment equal to multiplying (a) the dues of an active member for the prior year by (b) the prior five years average U.S. Consumer Price Index percent change, rounded up to the nearest dollar amount ("Dues Adjustment"). The Dues Adjustment should be considered in addition to any other annual dues increase that year.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 15 New

Report: Council on Membership Report 1 Date Submitted: June 2019

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

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

COUNCIL ON MEMBERSHIP REPORT 1 TO THE HOUSE OF DELEGATES: AMENDMENT OF THE ADA GOVERNANCE MANUAL: SECTION ON SPECIAL ASSESSMENTS AND RELATED MATTERS

Background: (See Council on Membership Report 1)

Resolution

15. Resolved, that the amendments to the ADA *Governance and Organizational Manual*, CHAPTER I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, on dues simplification as set forth in **Appendix 1** be adopted, to take effect at the adjournment *sine die* of the 2020 House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 15

BLACK	No	GEHANI	Yes	KLEMMEDSON	Yes	RODRIGUEZ	Yes
COHLMIA	Yes	HARRINGTON	Yes	KYGER	Yes	SABATES	No
DOROSHOW	Yes	HERRE	Yes	LEARY	No	SHEPLEY	Yes
EDGAR	Yes	HIMMELBERGER	Yes	MCDOUGALL	Yes	STEPHENS	Yes
FISCH	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. 15S-1 Amendment

Report: Council on Membership Report 1 Date Submitted: August 2019

Submitted By: Eleventh Trustee District

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

Total Net Financial Implication: $3.9M Added Revenue Net Dues Impact: $38 Reduction

Amount One-time _____ Amount On-going $3.9M annually

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 TO RESOLUTION 15: AMENDMENT OF THE ADA GOVERNANCE MANUAL: SECTION ON SPECIAL ASSESSMENTS AND RELATED MATTERS

The following amendment to Resolution 15 was submitted by the Eleventh Trustee District and transmitted on August 19, 2019, by Mr. Bracken Killlpack, executive director, Washington State Dental Association.

Background: Reducing the number of dues discount categories and the number of members eligible to obtain said discounts provides the ADA with an opportunity to reduce the full dues rate without impacting the amount of dues revenue collected. In other words, more members paying full dues means that the full dues can be less. Data provided by ADA staff demonstrates that implementing the dues simplification proposal outlined in Resolution 15 one year earlier would allow ADA to obtain the 2020 budget revenue of $57.8 M with a full dues rate of $527 as opposed to the 2019 rate of $554 or the proposed 2020 rate of $565. Below is a table of dues revenue generated if Resolution 15S-1 were implemented sine die of 2019 House of Delegates.

2020 Dues Rate	Total ADA Dues Revenue 2020	% of Budgeted ADA Revenue 2020
$565 (currently proposed)	$62.05 M	107.4%
$554 (2019 rate)	$60.85 M	105.1%
$527	$57.90 M	100.2%

Proposed Resolution

Amendment underscored: deletion ~~stricken~~.

15S-1. Resolved, that the amendments to the ADA *Governance and Organizational Manual*, CHAPTER I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, on dues simplification as set forth in **Appendix 1** be adopted, to take effect at the adjournment *sine die* of the 20~~20~~19 House of Delegates.

BOARD RECOMMENDATION: Received after the August 2019 Board of Trustees meeting.

Appendix 1

AMENDMENTS

ADA *GOVERNANCE AND ORGANIZATIONAL MANUAL*

CHAPTER I. MEMBERSHIP MATTERS

B. DUES, SPECIAL ASSESSMENTS AND RELATED FINANCIAL MATTERS

(new language=underscored; deletions= ~~stricken~~):

1. Dues. Under the ADA *Bylaws*, the House of Delegates has the duty to annually set the dues of active members for the ensuing year. Dues are due and payable on January 1, except where a member has opted to pay dues in installments pursuant to a plan offered by the member's constituent, in which case, dues are paid according to the plan's requirements.

The schedule of annual dues for each of the membership categories specified in the ADA *Bylaws* is as follows:

a. Active Members:

i. From degree award through conclusion of the first full year following an award of a D.D.S. or D.M.D. degree the member is exempt from the payment of dues.

ii. Second full year following degree award: ~~Twenty-five percent (25%)~~ Fifty percent (50%) of active member dues as set by the House of Delegates pursuant to the ADA Bylaws;

iii. Third full year following degree award~~: Fifty percent (50%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*~~;

~~iv. Fourth full year following degree award: Seventy-five percent (75%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*; and~~

~~v. Fifth full year following degree award~~ and thereafter: One hundred percent (100%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*.

~~vi.~~ iv. Members becoming active members after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty percent (50%) of any annual dues then in effect. Those members becoming active members after October 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall be exempt from the payment of the any annual dues then in effect.

***

c. Life Members:

The obligation of life members to pay dues is the same as for active members, except that ~~i. Seventy-five percent (75%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*.~~ ii. Llife members who also meet the eligibility requirements for retired membership shall be exempt from the payment of dues.

d. Student Members:

i. Pre-doctoral student members: Five Dollars ($5.00).

ii. Post-doctoral students and residents~~: Thirty Dollars ($3.0.00)~~ shall be exempt from the payment of dues.

***

2. Special Assessments: Pursuant to the ADA *Bylaws*, the House of Delegates has the power to levy special assessments. Any special assessment for a calendar year is due and payable on January 1, except where a member has opted to pay in installments pursuant to a plan offered by the member's constituent, in which case, the special assessment is paid according to the plan's requirements. The schedule of special assessment allocation for each of the membership categories specified in the ADA *Bylaws* is as follows:

a. Active Members:
i. From degree award through conclusion of the first full year following an award of a D.D.S. or D.M.D. degree the member is exempt from the payment of any special assessment then in effect.
ii. Second full year following degree award: ~~Twenty-five percent (25%)~~ Fifty percent (50%) of any special assessment then in effect;
iii. Third full year following degree award~~: Fifty percent (50%) of any special assessment then in effect;~~
~~iv. Fourth full year following degree award: Seventy-five percent (75%) of any special assessment then in effect; and~~
~~v. Fifth full year following degree award~~ and thereafter: One hundred percent (100%) of any special assessment then in effect.

****

c. Life Members:
i. ~~Seventy-five percent (75%) of any special assessment then in effect.~~ The obligation of life members to pay any special assessment then in effect is the same as for active members, except that ~~ii.~~ ~~l~~Life members who also meet the eligibility requirements for retired membership shall be exempt from the payment of special assessments.

***

4. Limited Dues and Special Assessment Reduction Programs:

a. New Graduate Dues Reduction Deferral. For dentists who are engaged full time in an advanced training program of not less than one academic year's duration, post-doctoral or residency program while eligible for the new graduate active member dues and special assessment reduction program outlined above, the applicable reduced dues rate shall be deferred until completion of post-doctoral or residency program. Commencing at the start of the calendar year after the dentist completes the program, the dentist shall recommence paying dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. During the period such dentist is engaged full-time in an advanced training course of not less than one (1) academic year's duration, post-doctoral or residency program, the dues and special assessment exemption provisions for post-doctoral students and residents shall apply.

Resolution No. N/A N/A

Report: Board Report 4 Date Submitted: June 2019

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

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

Background: The following report has been prepared by the Compensation Committee for the full Board's consideration and transmittal to the 2019 House of Delegates as a Report from the Board.

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 shall review the Executive Director's salary on an approximately annual basis, and may in its sole discretion, 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 may be 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 2019, the Executive Director received a bonus in the amount of $76,378, representing 13.3% of her 2018 base salary based on 2018 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 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 an annual amount of $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. 33-34 New

Report: Board Report 2 Date Submitted: July 2019

Submitted By: Board of Trustees

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

Total Net Financial Implication: $ 33,000 Net Dues Impact: $11

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: 2020 Budget Supports All Strategic Plan Objectives

How does this resolution increase member value: Not Applicable

REPORT 2 OF THE BOARD OF TRUSTEES: 2020 BUDGET

Contents:

1. Summary:

All dollar figures are in thousands unless otherwise indicated.

In accordance with its Bylaws duties, the Board of Trustees is recommending a 2020 operating budget for the Association. The proposed budget reflects $133,319 in revenues and $133,286 in expenses and income taxes, generating net income before reserves of $33. These figures assume annual membership dues of $565 in 2020, an $11 increase from 2019. In the absence of this proposed dues increase, the 2020 net loss before reserves would have been $1,100. Except for the interest and dividends on Reserve Fund assets which have been included in the ADA's annual operating budget consistent with prior years, this operating budget does not include revenue and expenses reported in reserve divisions, such as the revenue from members' insurance plans, reserve spending to support the new ADA Business Innovation Group subsidiary, and other reserve spending initiatives.

2. 2020 Strategies in Support of Strategic Plan Goals:

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. Consistent with the last three 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 2020 budget.

The 2020 budget represents the first year of the ADA Common Ground 2025 five-year Strategic Plan. This strategic plan consists of:

- ***Goals*** (4) which are basically fixed,
- ***Objectives*** (10) that can be adjusted if met or if major changes in conditions require it, and
- ***Supporting Strategies*** which need to be revisited regularly and prioritized.

This strategic plan is grounded in the following:

The ADA Mission Statement: Help dentists succeed and support the advancement of the health of the public.

The ADA Vision: Empowering the dental profession to achieve optimal health for all.

The ADA Core Values:

- Commitment to members
- Integrity
- Excellence
- Commitment to the improvement of oral health
- Science/Evidence-based
- Diversity
- Inclusion

The 2020 operating plan is devised to set the first-year's groundwork for achieving the five-year objectives established under the new strategic plan, Common Ground 2025. It aims for growth while continuing the discipline established under the previous five-year plan of balanced budgets that constrain expenses to less than revenues. It builds on key learnings, including insights into market trends among licensed dentists, the dental industry and the public, and the need for collaboration within the tripartite and between the ADA and its subsidiaries.

While the proposed 2020 ADA budget is summarized by division and account detail, the organization focuses on coordinated cross-functional efforts using Agile project management principles established in 2018 and 2019. The ADA adopted Agile project management processes to test new ideas, learn, and either continue or sunset initiatives during each plan year. In the past, the ADA would start a project and see whether members liked it. Today, an executive team works with volunteer leadership to start, then change or stop pilot initiatives in order to respond to the market more quickly. Strategic teams are formed to align resources and focus on priorities to drive results. An operating plan oversight team provides high level leadership to help monitor progress and report results through quarterly management reports (QMR).

Although this 2020 budget has been built and is presented by cost centers within divisions 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.

2020 Operating Plan Highlights

Prioritization under the new strategic plan balances membership, revenue, capacity and mission for the public and the profession. 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 the first year of a new strategic plan cycle. Efforts continued to center around four key areas, Member Dentist Value, Revenue, Client Services and Stakeholder Engagement (including the public as a stakeholder), aligning with the new strategic plan. Continuing a more conservative financial budgeting approach which included creation of division targets also helped focus 2020 planning to limit spending so that it could be covered by the ADA's revenue to deliver a balanced budget.

Membership data, market research, observation and segmentation all reveal that incoming classes of new dentists continue to grow more diverse. This trend applies by gender, ethnicity and practice trajectory out of dental school. In order to achieve the five-year goal of maintaining the current market share total, the 2020 operating plan prioritizes efforts that position the ADA and the tripartite for growth in active license membership among those segments that are growing fastest but where ADA has traditionally lagged. Efforts include a mix of national marketing, communications, service and product strategies in concert with tailored support for states and locals to address the market dynamics within their jurisdictions. The plan prioritizes value and retention for all dentists within our base market and new dentist pipeline.

The plan invests in a more integrated business development strategy for non-dues revenue growth that begins to explore digital first publishing, new offerings for dentists and the development of new markets among business and industry customers. The 2020 plan also addresses the downward trend in full-dues payers through emphasis on promoting what members value most and through dues simplification (reducing the number of discount categories and the financial impact of the remaining discounts—if passed) and stabilization (streamlined rates, installment plans, auto-renewal, and a simplified joining process). Investments in advocacy, the digital member experience and strategies delivering content around clinical excellence, third party payer engagement and financial/debt management through the operating budget and practice transitions through the new ADA subsidiary, ADABIG, begin to address the value equation in 2020 for all members, including established and new dentists. Recognizing that dues simplification, if approved by the House of Delegates, may have a short term negative impact on market share, the 2020 budget provides for support of impacted state and local societies. Targeted client services, integrated marketing, data support, association management and other shared services will

support capacity at the state and local level. We anticipate that such support may be needed by some state and local societies over the next two to three years as market share adjusts in concert with membership and dues revenue growth.

The following chart is a summary of key strategies under each strategic plan goal.

Strategic Plan Executive Summary

Goals	Objectives	Key Strategies	Change Management
Membership	**Objective 1**: 2% market share annual growth in lagging demos **Objective 2**: net+ recruitment/ 70% of states **Objective 3**: 94% retention rate **Objective 4**: Increase overall conversions by 1%/year	• Segmentation Funnel • Third-Party Payer Engagement • Clinical Excellence • Digital Member Experience • Practice Transitions	• *Exit Segmentation by Rate Code* • *Practice Content Production*
Finance	**Objective 5**: 2-4% Annual revenue growth **Objective 6**: Unrestricted reserves >/= 50% of annual operating expenses	• Dues Stabilization • Dues Simplification • Business Group Re-Alignment • Digital First PUB • Data Monetization • Focused Face to Face • BIC/NDRGT	• *Exit Discount Retention Strategy* • *Account for inflation* • *Content Strategy* • *Consolidate, remove redundancy*
Organizational	**Objective 7**: Improve overall organizational effectiveness at national and states **Objective 8**: Support organizational effectiveness and alignment of ADA subsidiaries	• Client Services • Subsidiary Agreements • State & Local Capacity-Building • Automation & Simplification • Staff Planning	• *Sunset manual workflows* • *Reduce over-customization*
Public	**Objective 9**: The ADA will be the preeminent driver of trusted oral health information for the public and profession **Objective 10**: Dental benefits programs will be sufficiently funded and efficiently administered	• Third-Party Payer Engagment • Being the go-to source of truth for households & stakeholders • Working to make public & private benefits work better for you • Holding products & providers to standards that protect you	• *Align resources GA, SGA, IMC, Science, Practice, Client Services*

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

Membership Goal: The ADA will have sufficient members to be the premier voice for oral health.

Objective 1: Increase membership market share of lagging demographics by 2% per year.

Metric: The success measure is contained in the objective itself.

Strategies:

- Marketing campaigns at the national, state and local levels directed to Women, New Dentists, Ethnically Diverse, and residents/post-docs. The success measure for this strategy is an annual 2% year-over-year market share increase by segment.
- Launch ADAPT to help dentists make the process of joining, expanding or leaving a practice more predictable and successful. New dentists are a lagging demographic. The success measure is increased outreach and availability to 80 percent of all dentists in participating states by 2022.
- Digital Member Experience will be defined and implemented over the next five years of the plan. The success measure is a completed definition and scope by 2020. By 2025 dentists are utilizing the platform at higher (quantifiable) rates.
- Reducing the number of dues rates for dentists in the conversion pipeline under Dues Simplification. The success measure is an increased number of full dues paying members by 2022.

Objective 2: Maintain a net-positive gain in membership recruitment of all dentists within 70% or more of Constituents.

Metric: The success measure is contained in the objective itself.

Strategies

- Marketing and strategic support of state and local societies. The success measure for this strategy is to maintain a net-positive gain in membership recruitment of all dentists within 70% or more of constituents. Work under this strategy will focus on modifying national recruitment marketing strategies and communications materials, in addition to committing national marketing staff to support the specific needs of the state and local societies.
- Deploy customized real-time member data analytics and reporting tools to all state and local societies by 2022. The success measure for this strategy is completion of the strategy.
- Engagement with states. The success measure is 60% of state dental societies engage with ADA nationally orchestrated recruitment campaigns/initiatives.
- Targeting support to state and local societies impacted by Dues Simplification through Client Services with strategies to stabilize or increase market share measured at the state and local levels within targeted states.
- Please also see strategies under Objective 7, relating to capacity building at the state level.

Objective 3: Maintain an overall retention rate of 94%.

Metric: The success measure is contained in the objective itself.

Strategies

- Improve retention experience and engagement at all points of contact with members. The success measure for this strategy is to maintain an overall retention rate of 94%. Work under this strategy will include a new welcome letter (written by a peer member), welcome call, welcome email stream and targeted social media.
- Launch ADA.org and advance digital personalization, providing the most current information on Clinical Excellence, Third Party Payers, Advocacy and Financial Management across all platforms. The success measure for this strategy is completion of the new ADA.org and personalization features by 2025.
- Please also see strategies under Objective 7, relating to capacity building at the state level.

Objective 4: Increase overall average rates of conversion across membership categories by 1% per year.

Metric: The success measure is contained in the objective itself.

Strategies

- Dues process simplification. This work will focus on reducing friction in the join/renew process. The success measure is an increase in the number of auto-renewals among active, licensed dentists.
- Graduate student and new dentist strategy. The success measure is increased conversion from Rate D (last discount) to Rate 1 (full dues). The work under this strategy will focus on the zero-dues pilot (graduate students), the Success Program, residency program director engagement, and specialty society outreach.
- New market segmentation. The success measure is increased conversion rates measuring previous graduating class year. Work under this strategy focuses on each segment. Work will address the particular needs of dentists from among the diverse pathways to professionalization for dentists that include practice location, practice size, residency or advance degree status, and public service.
- Help dentists understand and manage student debt. The success measure under this objective will be increased increasing year-over-year dental school graduating class retention over the first four years post-graduation.

Finance Goal: The ADA will be financially sustainable.

Objective 5: Total Revenue, including dues and non-dues, will increase by 2-4% annually

Metric: The success measure is contained in the objective itself.

Strategies

- Implement regular annual dues increases as a mechanism to ensure that total ADA revenues can keep pace with the impact of normal inflation on the ADA's operating costs to deliver existing programs. The success measure is annual compliance. Please see strategies under the Membership Goal.
- Digital first publishing strategy. The success measure of this strategy will be increased advertising revenue. This work will include developing new or enhanced digital first publishing strategies for JADA, ADA News, content for practice and clinical excellence, new dentists, graduate students and dental schools.
- Data Monetization. The success measure of this strategy will be increased non-dues revenue and engagement of corporate/industry customers and customer segments. This strategy calls on the ADA to use existing data to create non-dues revenue opportunities. Initial focus is on building and selling HPI work.

- Focused face to face. The success measure for this strategy will be increased CE and meetings revenue. Work under this strategy will focus on maximizing financial return from direct, face-to-face encounters between ADA national and members. These encounters include the annual meeting, the Success program, CE and “211” encounters.
- Dues simplification. Please see strategy under Objective 4. The work under this strategy will focus on simplifying dues structure.
- Introduction of new testing programs within the profession and for outside clients. The success measure is for programs to show a net profit by end of year 3.

Objective 6: Total unrestricted reserves will be targeted at no less than 50% of annual operating expenses

Metric: The success measure is contained in the objective itself.

Strategies

- Maximize revenue and check expense growth rate. The success measure for this strategy is annually adding to reserves net of reserve spending on new initiatives to increase revenue growth.
- Approve a balanced or surplus budget annually.

Organizational Goal: All levels of the ADA will have sufficient organizational capacity necessary to achieve the goals of the strategic plan.

Objective 7: Improve overall organizational effectiveness at the national and state levels.

Metrics: As set forth in Common Ground 2025:

- 75% of constituents perform at least adequately (3 out of a scale of 5) in each capacity area
- 75% of constituents have an average performance of more than adequate (4 out of a scale of 5) across all capacity areas
- 20-30% of ADA staff are trained annually in targeted skill-based offerings

Strategies

- Work towards service level agreements with states to foster accountability across the tripartite.
- Association management consulting services. The success measure for this strategy are stated in the objective.
- Target five capacity areas: Target areas across capacity assessment areas with an elevated focus on member focus marketing and communications, strategy and planning, leadership and board governance, collaboration and alignment and financial sustainability. The success measures for this strategy are stated in the objective.
- National staff. The success measures for this strategy are stated in the objective. Work under this strategy will include the identification of skill gaps and the design of specific training offerings to enhance skills and fill gaps.

Objective 8: Support organizational effectiveness and alignment of ADA subsidiaries

Metrics: As set forth in Common Ground 2025:

- Subsidiaries mission statements support ADA mission.

- Sufficient resources provided by ADA annually to assure 85% completion of subsidiaries annual operating plans.
- Subsidiaries service agreement performance measures are met by ADA.

Strategies

- Service agreements with each subsidiary in 2020 that include governance accountability and effectiveness. The success measure for this strategy is stated in the strategy itself.
- Each subsidiary aligns mission statement with ADA in 2020. The success measure for this strategy is stated in the strategy itself.
- ADA provides sufficient support to each subsidiary to allow subsidiary to meet 85% of its goals over five years. The success measure for this strategy is stated in the strategy itself.
- Sufficient financing to ADAPT to allow full launch in 2022. The success measure for this strategy is stated in the strategy itself.

Public Goal: **The ADA will support the advancement of the health of the public and the success of the profession**

Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession

Metrics: As set forth in Common Ground 2025: Improve ADA's ranking as a trusted source of information for the public and key stakeholders.

Strategies

- Build the Concierge Model for Clinical Excellence, focus on communicating the pyramid of knowledge content, and Apply the IMC content and integrated model and leverage the best scientific content across our channels. The success measure for this strategy is net positive improvements in likelihood to recommend above services year over year and ADA ranking compared to alternative resources for dentists.

- Advocacy. The ADA will focus its advocacy efforts on issues related to protecting the integrity of the profession and the health of the public. The success measure for this strategy is to successfully achieve 25% of the ADA's federal legislative and regulatory agenda (i.e., pass, defeat, amend, etc.) and increase the percentage of collaborative activities with external stakeholders by 25%.

- Clinical Data Registry. The successes measure for this strategy initially is that by end of 2021, establish a working data warehouse (MVP). The work under this strategy will focus on establishing a data warehouse with data from all dental practices, including solo and small groups, so that the Association can play a leadership role in advancing the clinical evidence base for the profession.

Objective 10: Dental benefit programs will be sufficiently funded and efficiently administered.

Metrics: As set forth in Common Ground 2025:

- Improve dentist satisfaction with dental benefit programs.
- Increase the number of dental visits.

Strategies

- Direct intervention with third party payers as issues arise. The success measure for this strategy is that dentists express satisfaction with ADA efforts at above 85%.
- Fighting Insurance Interference Strategic Taskforce (FIIST). The success measure for this strategy is the increase of legislative and regulatory activity in the states related to 3rd party payer issues by 30%, including the introduction, amendment and defeat of bills as well as positive regulatory changes, as chosen by the states. The work under this strategy will focus on state-based dental benefits advocacy and assistance to minimize interference of dental benefit carriers.
- Clinical Data Registry. The successes measure for this strategy initially is that by end of 2020, establish a working data warehouse and extract data from at least 20 practices into the warehouse. The work under this strategy will focus on establishing a data warehouse with data from all dental practices, including solo and small groups, so that the Association can play a leadership role in advancing the clinical evidence base for the profession.
- Medicaid Quality Improvement Learning Academy (MeQila). The success measure for this strategy is active participation by Medicaid agencies to improve the program. Work under this strategy will focus on education and advocacy regarding quality improvement. The state Medicaid agencies will develop their own goals and our success measure is that three states achieve their goals.
- Administrative Simplification. The success measure for this strategy is vendor and payer implementation. Work under this strategy will focus on credentialing, Electronic Funds Transfer (EFT), and Eligibility Verification. Specific metric for EFT is 5% increase over benchmark from CAQH index. Specific metric for credentialing is 500 new dentists attest within ProView per month.
- BOT Elder Care Workgroup. The success measure for this strategy is BOT and HOD acceptance of strategies for elder care.

3. Financial Budget Development, Review and Approval Process Overview

ADA *Bylaws* charge the Treasurer with oversight of the Association finances, the design of a budgetary process and development of a budget in concert with the Board of Trustees. The House of Delegates approves the budget. 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 proposed budget and membership dues 30 days before the annual session.

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.

Development of new strategic plan goals, objectives and supporting strategies served as the first steps of preparation for the 2020 financial budgeting process. Next, ADA Finance worked with divisions to build more achievable revenue goals. After this, a total ADA expense goal was set to equal revenue less taxes. Then, a projection of total ADA 2020 expense was created before alignment to the total revenue target.

In this way, budget expenses were aligned with budget revenues at the beginning of the budget process. 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 provides clear visibility and increased scrutiny on proposed increases.

Internal Budget Reviews: At this point in the process, an internal review of division budgets applied a "what we can afford" filter in addition to strategic plan priorities to close an initial net deficit. After review and revisions with senior staff, the initial draft budget required a modest dues increase to balance.

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.

As part of this process, all proposed budget changes which materially reduce funding or that add costs compared to levels included in the prior year House-approved 2019 budget were documented with the rationale for each recommended change.

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.

This year, due to the early timing of the annual meeting of the House, the initial budget as proposed by management was summarized into the first draft of Board Report 2 which would then be sent for review by the Finance Committee.

Budget and Finance Committee Review: At its review meeting, the Budget and Finance Committee heard presentations of the new strategic plan goals, objectives, and strategies, studied proposed 2020 budget changes from the last, 2019 House approved budget, and considered other division assumptions and potential adjustments to fund key initiatives. Two House members also serve on the Committee and play an invaluable role in the analysis of the proposed budget. Final budget decisions are always in the hands of the ADA's volunteer leaders, who may also consider other factors.

This meeting is a milestone in the budget process and is where the responsibility for developing the budget passes from ADA management to the Budget and Finance Committee. Similarly, once the proposed 2020 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.

Once the Committee's 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 several 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 rational for the Board's decision. At this point in the process, it should be noted that the 2020 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 2020 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-2019. 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 2020 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 2019 budget but recommended for elimination or cost reduction by the Board in the 2020 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 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 from Overview of Financial Budget Development, Review and Approval Process

This proposed 2020 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.

4. Operating Budget and Changes from Prior Year Budget

ADA Operations
Condensed Income Statement
Millions of Dollars

	2018 Act	2019 Budget	2020 Budget	2020 v 2018 Fav / (Unfav) $	2020 v 2018 Fav / (Unfav) CAGR %	2020 v 2019B Fav / (Unfav) $	2020 v 2019B Fav / (Unfav) %
Membership Dues Revenue:							
Before $11 Increase	54.6	57.3	56.7	2.1	1.9%	(0.6)	-1.0%
Impact of $11 Increase	-	-	1.1	1.1	NA	1.1	NA
Subtotal Membership Dues Revenue	*54.6*	*57.3*	*57.8*	*3.2*	*2.9%*	*0.5*	*0.9%*
Non Dues Revenue	72.1	76.9	75.5	3.4	2.3%	(1.4)	-1.8%
Total Revenue	**126.7**	**134.2**	**133.3**	**6.6**	**2.6%**	**(0.9)**	**-0.6%**
Employee Costs	61.1	63.9	65.6	(4.5)	-3.8%	(1.7)	-2.7%
Non-Employee Costs	64.2	69.2	66.7	(2.5)	-2.0%	2.5	3.6%
Taxes	1.0	1.0	1.0	0.0	1.6%	-	0.0%
Total Expenses & Taxes	**126.3**	**134.1**	**133.3**	**(7.0)**	**-2.8%**	**0.8**	**0.6%**
Net Before Reserves	**0.4**	**0.1**	**0.0**	**(0.4)**		**(0.1)**	

Compound Annual Growth Rate (CAGR %) is the annual average rate of growth over a defined number of years. For example, 2020 revenue of $133.3 is a 5.2 % cumulative increase versus 2018, but since this is over two years the CAGR % (annualized average) is 2.6 %. The 2.6 % CAGR from 2018 reflects both an $11 dues increase in 2020 and the $22 dues increase in 2019.

The 2020 budget reflects a revenue decline of $0.9M versus the 2019 budget, largely due to different assumptions for annual meeting revenue in San Francisco in 2019 versus Orlando in 2020.

A $1.7M increase in employee expenses in 2020 budget versus 2019 budget is largely due to inflationary increases, plus the addition of five new employee positions. Non-employee costs fall by $2.5M versus 2019 budget, as the 2019 budget assumed a temporary step up in payments to the FDI World Dental Federation and the California Dental Association associated with the San Francisco annual meeting. Versus 2018 actual results, non-employee costs grow by $2.5M largely due a $2.0M increase in search engine marketing expenses which was approved by the 2018 House of Delegates to begin in 2019.

The following table provides the 2020 budget by account group.

ADA Operations Statement of Activities by Account

Excludes Reserve Spending and Revenue

Thousands of Dollars

	2018	2019 Budget	2020 Budget	2020 v 2018 Fav / (Unfav) $	2020 v 2018 Fav / (Unfav) CAGR %	2020 v 2019B Fav / (Unfav) $	2020 v 2019B Fav / (Unfav) %
Membership Dues	54,597	57,275	57,814	3,217	2.9%	539	0.9%
Advertising	6,551	6,879	6,702	151	1.1%	(177)	-2.6%
Rental Income	6,982	6,737	7,245	263	1.9%	508	7.5%
Publication and Product Sales	6,253	6,175	6,562	308	2.4%	387	6.3%
Testing Fees & Accreditation	26,968	28,122	28,916	1,947	3.5%	794	2.8%
Meeting & Seminar Income	7,842	11,900	8,684	842	5.2%	(3,216)	-27.0%
Grants, Contributions, Sprship	1,183	1,249	1,132	(51)	-2.2%	(116)	-9.3%
Royalties	10,829	10,595	10,896	67	0.3%	301	2.8%
Investment Income	1,842	2,000	1,900	58	1.6%	(100)	-5.0%
Other Income	3,660	3,248	3,468	(192)	-2.7%	220	6.8%
Total Revenue	**126,708**	**134,180**	**133,319**	**6,611**	**2.6%**	**(861)**	**-0.6%**
Employee Salaries	43,375	45,893	46,929	(3,554)	-4.2%	(1,036)	-2.3%
Temporary Help	986	219	539	447	20.5%	(320)	-146.0%
Compensation Adjustments	492	1,300	600	(108)	-11.7%	700	53.8%
Employee Pension	6,841	6,184	6,975	(134)	-1.0%	(791)	-12.8%
Other Employee Benefits	6,151	7,134	7,131	(980)	-8.3%	3	0.0%
Payroll Taxes	3,188	3,146	3,434	(247)	-3.9%	(288)	-9.2%
Consulting Fees & Outside Svcs	9,243	9,355	9,442	(199)	-1.1%	(87)	-0.9%
Print., Publicat. & Marketing	8,632	11,524	9,842	(1,211)	-7.3%	1,682	14.6%
Meeting Expenses	2,705	4,341	3,405	(700)	-13.9%	936	21.6%
Travel Expenses	6,723	6,967	6,702	21	0.2%	266	3.8%
Professional Services	9,265	9,558	9,364	(98)	-0.5%	194	2.0%
Bank & Credit Card Fees	1,453	1,386	1,439	14	0.5%	(52)	-3.8%
Office Expenses	4,980	5,068	4,851	129	1.3%	217	4.3%
Facility and Utility Costs	7,303	6,531	7,107	196	1.3%	(576)	-8.8%
Grants and Awards	2,318	2,373	2,676	(358)	-8.0%	(303)	-12.8%
Scientific Research Grant	2,200	2,198	2,200	-	0.0%	(2)	-0.1%
Endorsement Costs	1,531	1,565	1,615	(84)	-2.8%	(50)	-3.2%
Depreciation and Amortization	6,669	6,475	6,337	332	2.5%	138	2.1%
Other Expenses	1,194	1,853	1,749	(555)	-26.8%	105	5.7%
Total Expenses	**125,248**	**133,071**	**132,336**	**(7,088)**	**-2.8%**	**735**	**0.6%**
Income Tax Expense	1,033	950	950	83	4.0%	-	0.0%
Net Income	**427**	**159**	**33**	**(394)**		**(126)**	
Depreciation	6,669	6,475	6,337				
Operating Capital Expenditures	(2,345)	(3,321)	(1,734)				
Contribution to Capital Reserve	(4,324)	(3,154)	(4,603)				
Operating Surplus	427	159	33				

The above financial summary compares the proposed 2020 budget against prior actual results and budgets by account category. The operating surplus / (deficit) as defined by the House of Delegates is shown at the bottom of the schedule. The House of Delegates created the capital replacement reserve fund beginning with the 2014 budget. The ADA's annual budgets have historically included capital spending in the "net depreciation and capital add back." Budgets from 2004 through 2012 included only "operating capital" spending and did not include contribution to a capital replacement reserve fund. For the 2015-2020 budgets, the amount of the contributions to the capital replacement reserve fund is determined by the excess of budget deprecation over the operating capital expenditures. This assumes that over a multi-year period depreciation is a rough indicator of the future capital expenditures that will be required to replace ageing assets.

Changes in 2020 Budget Versus 2019
Analysis by Account Category

Revenues

Total revenues in the 2020 budget are $133,319. 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 24 dues paying categories and multiplies by the 24 dues rates. The 2020 budget anticipates $57,814, which is $539 higher when compared to the 2019 budget total. These figures reflect an $11 dues increase which adds approximately $1,100 to the budget. This $1,100 impact represents the total amount of additional dues paid by full dues members plus members in other categories (such as Active Life) that are linked to the full dues rate. Partially offsetting this increase is a slight reduction in the number of current full dues paying members which reduces existing dues revenue by $561.

Advertising: This category primarily includes advertising sales in ADA publications, electronic media, and secondarily, banner advertising at the Americas Dental Meeting. The 2020 revenue of $6,702 is a $177 or 2.6 % decrease from 2019 budget. The variance is attributable to a decline in advertising revenue from ADA News and the ADA Annual Meeting. Partially offsetting the decline in ADA News print ads is an increase in digital advertising.

Rental Income: This revenue category primarily includes rental income from the Chicago Headquarters and Washington DC Buildings. Revenue of $7,245 is an increase of $508 or 7.5 % from 2019 budget. Building rental and occupancy rates continue to improve.

Publication and Product Sales: The account category, which includes sales across multiple divisions, anticipates an increase of $387 or 6.3 %. The increase is primarily the result of a new revenue source HPI consulting services assumed for 2020.

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 $794 or 2.8 % versus 2019 budget. 2020 budget includes incremental fee increases across most exams and a slight increase in the number of test takers.

Meeting and Seminar Income: This account category including multiple divisions projects a $3,216 or 27 % decrease. The decrease is due to the 2020 ADA Annual Meeting being held in Orlando versus San Francisco in 2019. Orlando is a smaller meeting than the 2019 Annual meeting in San Francisco. The 2019 meeting is also a joint meeting with the FDI. As a result, the 2020 meeting in Orlando is projected to

generate significantly lower exhibit fees and ticket sales revenue when compared to the San Francisco meeting.

Grants, Contributions, and Sponsorships: Grants, contributions, and sponsorships are projected to decrease by $116 or 9.3 %. Sponsorship/contribution revenue declines are the result of a reduction in grants/sponsorships in Center for Professional Success.

Royalties: Includes royalties received from the *ADA Business Resources* program, *CDT* licenses, domestic and international product licenses, CVS royalties, renting of mailing lists and JADA royalties to be paid by Elsevier. This category is projected to increase by $301 or 2.8 % in 2020. The favorable variance is due to increase in CDT Licensing royalty revenue. Partially offsetting the increase is a decline in ADA Business Resources program royalty revenue.

Investment Income: A projection for revenue of $1,900 for 2020 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 Members Insurance plan, Seal Program revenues, and miscellaneous income from continuing education. The $220 increase is largely attributable to $162 increase in Seal Program fees and $100 increase in reimbursable expenses from the Great West life insurance plan. There are minimal offsets to this increase throughout the association.

Expenses

Analysis by Account Category

Total operating expenses are budgeted at $132,336, a $735 decrease or 0.6 % versus the 2019 budget.

Highlights of various expense categories are provided below.

Salaries (Base Compensation): Base salary expenses are budgeted at $46,929 which is $1,036 or 2.3 % higher than the 2019 budget. As shown in the table below under “ADA Employee Staffing”, the number of full time equivalent employees (“FTE”) at year end is projected at 435.4, which is an increase of 5 compared to the 2019 budget. The trend chart below of the number of employees shows that the ADA has typically managed the number of employees below budget through attrition. The 2020 budget includes a 3% merit pool and 1% for market adjustments. The budget also assumes that open positions are filled on July 1 rather than January 1, due to anticipated open positions throughout the year.

Compensation Adjustments: This category includes expense associated with severance pay and service awards. The 2020 budget is expected to decrease by $700 when compared to 2019 budget. The decline is to bring the 2020 more in line with recent actual results.

Temporary Help: This category includes temporary/interim staff for the annual meeting, as well as other division support to assist divisions when staff positions are open during the year and for specific needs in lieu hiring additional full-time staff. This category is expected to increase by $320 when compared to the 2019 budget, primarily driven by Member and Client Services’ plans to utilize additional contracted temporary help to assist with member engagement activities.

Pension Fund: This category is to cover annual contributions to the scaled back 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 based on actuarial assumptions. This category is expected to increase in 2020 by $791 when compared to 2019.

All Other Benefit Costs: Expenses in this category include group medical premiums, dental direct reimbursement, life insurance 401k contribution and workers compensation. The expenses in this category are expected to remain flat when comparing the 2019 budget to the 2020 budget.

Payroll Taxes: This category includes expense associated with employer related taxes such as FICA, SUI and FUI. This category is expecting an increase due to annual increases in employer related Social Security and Medicare tax.

Consulting Fees and Outside Services: 2020 expenses in this area increased by $87 or 0.9 % when compared to the 2019 budget. There is a $1,000 increase in consulting expense related to the Clinical Registry which is budgeted for the first time in 2020. The increase is largely offset by budget reductions in in the divisions of Information Technology, Product Development & Sales, Business Group, Health Policy Institute, Central Administration, Government Affairs & Finance & Operations.

Printing, Publications and Marketing: In 2020, this category anticipates a decrease of $1,682 or 14.6 % when compared to 2019. The decline is due to several factors including a $480 reduction in membership marketing costs, $352 reduction in marketing expenses in Integrated Marketing and Communications, $339 reduction in advertising sales commission costs, $338 reduction in special project/special event costs related to Annual Meeting and Member and Client Services divisions, and $185 reduction in printing and other print/publication costs.

Meeting Expenses: The 2020 budget anticipates a favorable variance of $936 or 21.6 %, largely attributable to expenses associated with the ADA's Annual Meeting site (Orlando) in 2020. Orlando is a smaller meeting than the 2019 Annual meeting in San Francisco. 2019 is a joint meeting with the FDI which requires the ADA to compensate the FDI as well as the state site distribution expense to California. 2020 is also a joint meeting with the Florida Dental Society but the site distribution expense is significantly less.

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 3.8 % or $266 versus the 2019 budget. Travel was reduced in most divisions.

Professional Services: 2020 expenses are expected to decrease by $194 or 2 % versus 2019. The decrease is due to speaker fees being lower at the Annual Meeting in Orlando versus San Francisco.

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 $217 decrease is due to lower audio visual costs related to the ADA Annual Meeting in Orlando.

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 $576 is due to an increase in property tax expenses.

Grants and Awards: The ADA distributes grants to support various organizations for specific functions. The 2020 budget anticipates an increase of $303 when compared to the 2019 budget. The increase is due to adding $600 to the budget for the FIIST program. Partially offsetting the increase is a reduction in funds for SPA grants to state societies, anticipating less activity related to dental therapists.

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. There is a minimal increase of $50 in this category.

Depreciation and Amortization: Depreciation is calculated annually based on prior year and proposed current year capital acquisitions. The decrease of $138 in 2020 is due to the DC building being fully depreciated by the end of 2019 and a reduction in building improvement depreciation expense. Partially offsetting the decline is an increase in capitalization of new software projects in division of Information Technology and the building depreciation for the new property purchased in Washington DC.

Other Expenses: Other expenses include general insurance, recruiting costs, staff development, and the Board contingency fund. This category showed a decrease of $105 due to lowering the budget for general insurance, recruitment and training costs.

Scientific Research Grant: The budget includes $2,200 in grants for ADA Foundation Scientific Research, consistent with 2018 and 2019.

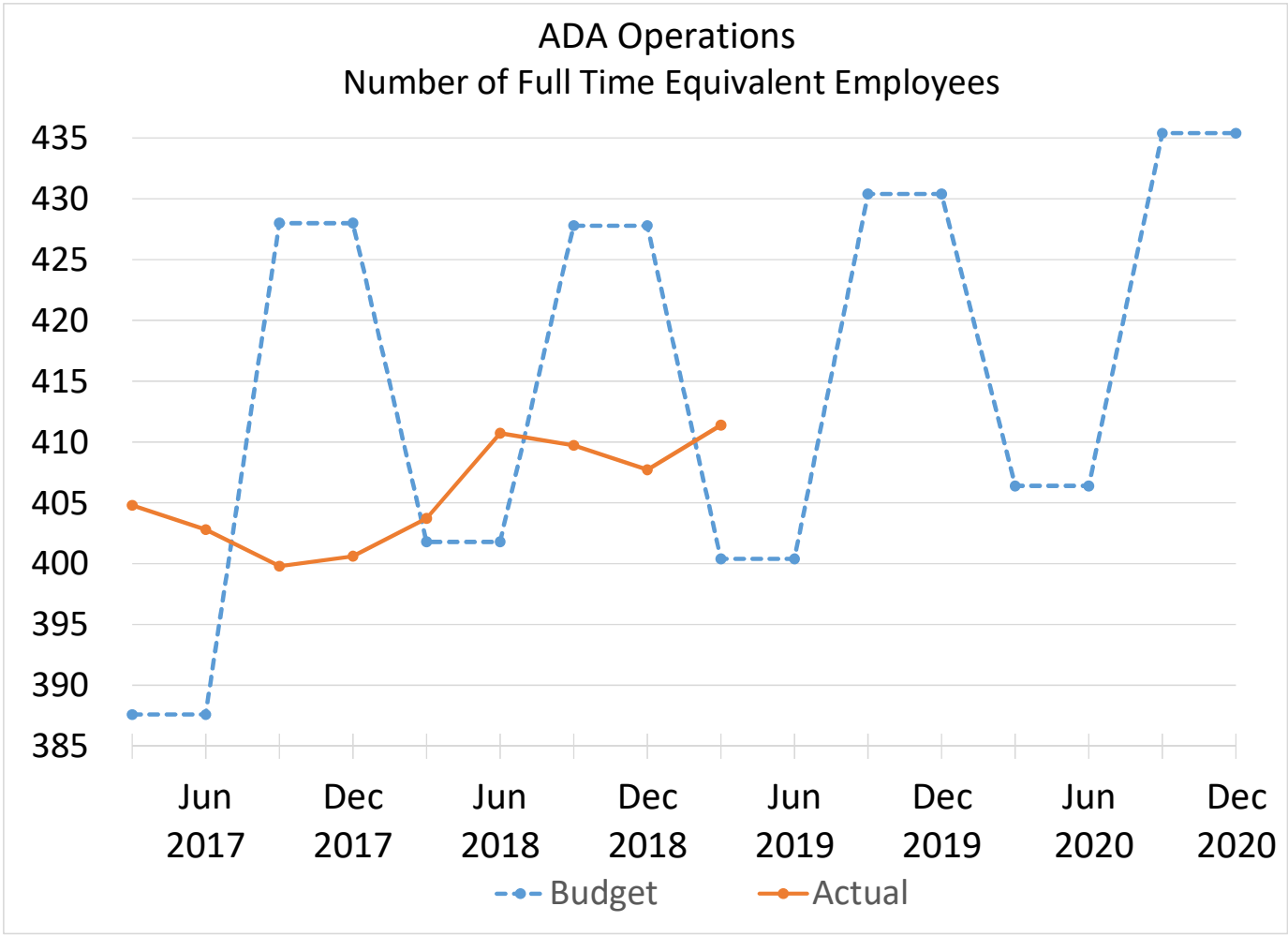
Bridge from 2019 budget to 2020 Budget:

The schedule on the next page lists the changes from the 2019 budget to the 2020 budget. The top of the page summarizes the 2019 HOD approved budget for total revenue, expense, net income and full-time equivalent (FTE) employees. The section below itemizes the changes that were made to the 2020 budget. This list of changes serves as a “bridge” from the 2019 budget at the top of the page to the 2020 budget shown at the bottom of the page. The list of changes is sorted by absolute value, from largest to smallest impact.

	Bridge from 2019 Budget to 2020 Budget	2019 Rev Budget	2019 Exp Budget	2019 Net Budget	Initial FTE Total
	ADA 2019 Budget	$ 134,180	134,021	159	430.4
		Revenue Adjustment	Expense Adjustment	Net	FTE
Line #	Description of Changes from 2019 Budget to 2020 Budget	Inc/(Dec)	Dec/(Inc)	Adjustment	Change
1	Reduction in Annual Meeting revenue - San Fran (2019) vs. Orlando (2020)	(3,273)		(3,273)	
2	Reduction in Annual Meeting costs		2,442	2,442	
3	3% merit increase, 1% market rate adjustments and net FTE changes		(1,356)	(1,356)	5.0
4	$11 dues increase included in 2020 budget	1,100		1,100	
5	Increase consulting expense due to funding for Clinical Registry		(1,000)	(1,000)	
7	Increase in testing and accreditation fees revenue - incremental fee increases and increase in number of National Board Exams administered	793		793	
8	Increase in pension contribution - One-time funding reduction in the 2019 budget was recommended by the ADA's actuarial firm. The 2020 budget returns to a normal funding level.		(791)	(791)	
9	Reduction in agency compensation expense - more in line with actual spending		700	700	
10	Add Funding for FIIST program		(600)	(600)	
11	Increase in property taxes and building service costs		(576)	(576)	
12	Reduction in membership dues revenue due to slight decline in full dues paying members	(561)		(561)	
13	Increase in building rental income in Chicago and Washington DC	508		508	
14	Decline in consulting/outside services association-wide including the divisions of Information Technology, Product Development & Sales, Business Group, Health Policy Institute, Central Administration, Government Affairs & FINOPS - Less projects being completed by consultants		499	499	
15	Reduction in membership marketing expense		480	480	
16	Increase in CDT licensing royalty revenue - this revenue stream continues to grow annually so budget increased to reflect trend	425		425	
17	Reduction in marketing and promo costs - bring budget down to closer reflect actual trends		340	340	
18	HPI consulting service revenue- new revenue stream	337		337	
19	Reduction in advertising sales commissions - more in line with actual trends		308	308	
20	5% increase in employee benefit related costs		(285)	(285)	
21	Decrease in SPA grants to states - based on projected needs by state societies		283	283	
22	Association-wide reduction in travel related expenses - Brings budget back to historical spending		265	265	
23	Increase in Lobby Day expenses mainly in meeting costs category		(205)	(205)	
24	Decline in ADA Business Resource royalty revenue - declined due to new partner in practice financing and patient financing royalty revenue	(189)		(189)	
25	Miscellaneous other - Association-wide	69	(257)	(188)	
26	Reduction in advertising revenue in ADA Business Group - Decline is due to continued downward trend in print advertising	(177)		(177)	
27	Increase in Seal program revenue - additional submissions expected in 2020	162		162	
28	Reduction in printing costs - bring budget down to closer reflect actual trends		151	151	
29	Additional Revenue in Business Group	162	(12)	150	
30	Reduction in Special project costs in Member and Client Services - didn't spend dollars in 2018 so reduced budget to reflect actual spending		147	147	
31	Decline in building related depreciation expense		138	138	
32	Reduction in continuing education grants and corporate sponsorships association-wide - bring actuals more in line with historical revenue and not expecting grants in CPS	(117)		(117)	
33	Decline in recruiting, general insurance and contingent fund costs - reduction based on historical spending		104	104	
34	Decline in investment income	(100)		(100)	
35	Joint BOT & ASDA meeting		(40)	(40)	
36	Total Changes from 2019 Budget to 2020 Budget	(861)	735	(126)	5
37					
38		2020 Rev	2020 Exp		FTE
39		Budget	Budget	Net	Total
40	Budget Surplus/(Deficit) after BOT Budget Review	$ 133,319	133,286	33	435.4

ADA Employee Staffing

The chart below shows budget versus actual number of full time equivalent employees within ADA Operations, as of the end of each quarter. Budgeted positions that are not filled with employees when the budget is created are assumed to start on July 1 instead of January 1 of the budget year. This causes the budget staff and expense to jump up in July but results in a more accurate full year salary expense budget because not all employee positions are filled during the year. The 2020 budget headcount is 406.4 for the first six months and 435.4 for the second six months. The actual in 2020 is likely to be between these two figures.



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

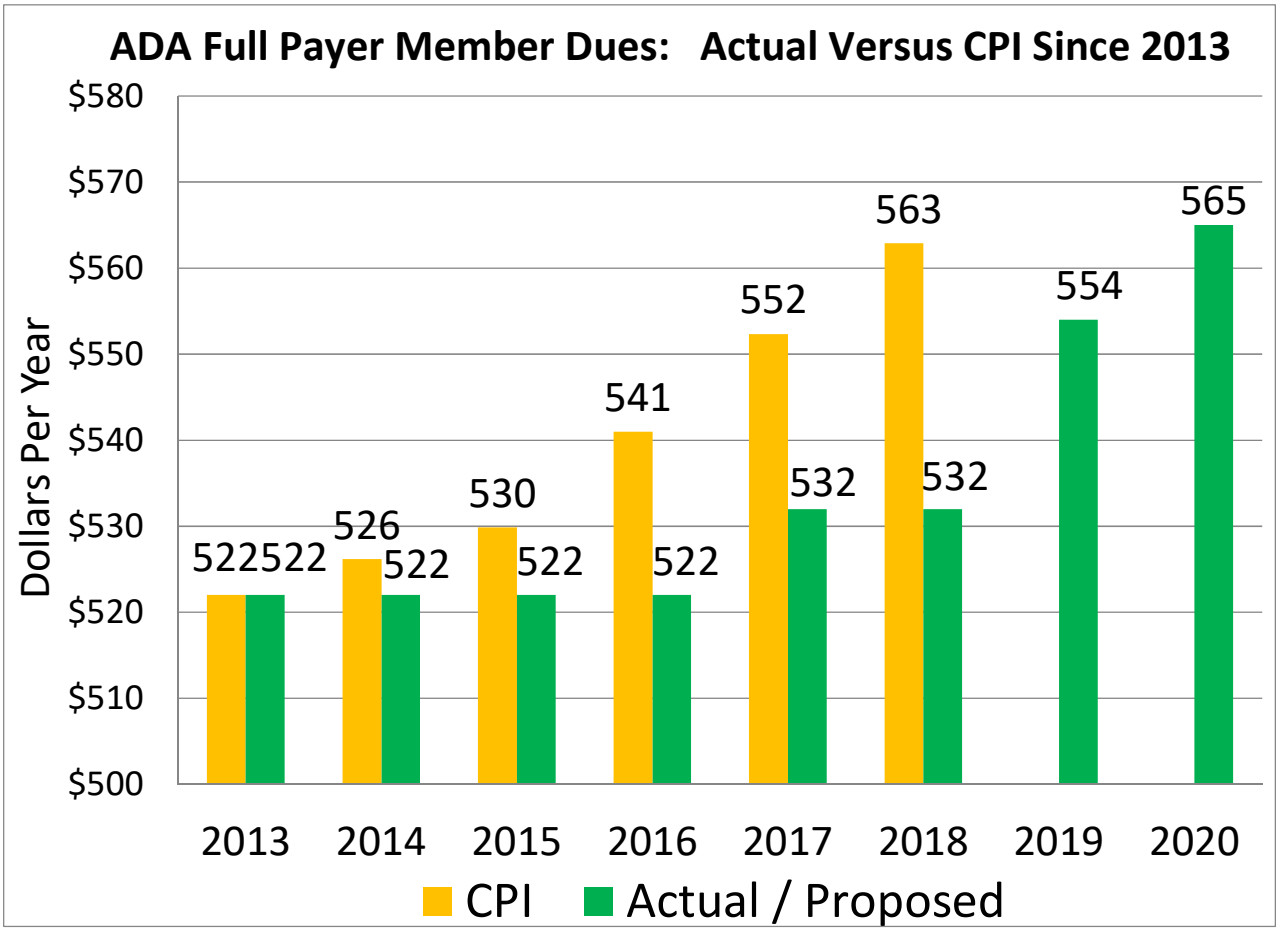
	2019 Budget	2020 Budget	Change		
Administrative Services	17.0	16.0	(1.0)		-1 Open Strategy Mgr
Marketing & Communications	33.0	35.0	2.0		+2 Search Engine Marketing
Business Group	56.0	58.0	2.0		+1 Data Sales, +1 admin asst.
Education	72.0	72.0	-		
Finance, Buildings & Operations	30.8	31.8	1.0		+1 transfer from M&CS Division
Government Affairs	29.0	29.0	-		
Health Policy Institute	13.0	13.0	-		
Human Resources	8.0	8.0	-		
Technology	51.0	50.0	(1.0)		-1 Open Mgr Network & Systems
Legal Affairs	16.6	16.6	-		
Member & Client Services	41.0	42.0	1.0		+1 Member Service Advisor
Practice Institute	29.0	29.0	-		
Science Institute	34.0	35.0	1.0		+1 Seal Eng. Research Asst.
Total	**430.4**	**435.4**	**5.0**		

5. Membership Dues

From 2013 to 2019, membership dues were increased by $32, which is a compound annual growth rate of 1.0 %. However, the 2019 increase of $22 increase was dedicated to increased funding for search engine marketing and therefore did not help cover ADA expense inflation. Excluding the 2019 "pass through" increase, dues increased by $10 from 2013 to 2019, an average annual growth rate of only 0.3%.

The proposed 2020 budget includes an $11 increase in membership dues. Unlike the 2019 dues increase, the 2020 increase is intended to cover expense inflation rather than to fund additional activities.

In the chart below the green bar reflects actual dues rates and the proposed dues rate for 2020, while the yellow bar indicates 2013 dues adjusted each year for the Consumer Price Index. The $565 dues rate proposed for 2020 is expected to be well below the growth in the Consumer Price Index from 2013 to 2020.



6. Capital Expenditures and Capital Replacement Fund

Budget Depreciation and Capital Expenditures		
$ 000		
	2019 Budget	**2020 Budget**
Depreciation/Amortization	**$6,475**	**$6,337**
Operating Capital Expenditures		
Science Institute	(39)	(87)
Division of Conferences and Continuing Education	(52)	-
Finance & Operations, Buildings	(687)	(626)
Information Technology	(2,543)	(1,021)
Total	**(3,321)**	**(1,734)**
Net-Contribution to Replacement Fund	**(3,154)**	**(4,603)**
Total Operating Capital + Contribution to Replacement Fund	**(6,475)**	**(6,337)**
Capital Replacement Fund		
Contributions	**(3,154)**	**(4,603)**
Replacement Fund Capital Expenditures		
Finance and Operations, Buildings	(789)	(2,240)
Replacement Fund Net Contributions Less Expenditures	**$ 2,365**	**$ 2,363**
Total Capital Expenditures	**$ (4,110)**	**$ (3,974)**

Capital Replacement Reserve Fund (Established in 2013): This reserve fund was created by the 2012 House of Delegates to eliminate the need for special membership dues assessments to fund large asset replacements. Each year the excess of depreciation over operating capital is contributed to the capital reserve fund. The schedule below is intended to provide a roll-forward of the balance of the capital replacement fund from year-end 2018 through 2020.

Capital Replacement Fund Balance 12/31/2018		**$ 5,953**
Remaining Commitments from 2016		(111)
Remaining Commitments from 2017		-
Remaining Commitments from 2018		(873)
Budgeted Capital Replacement Items 2019		(789)
2019 Contribution to Capital Replacement Fund		3,154
Budgeted Capital Replacement Items 2020		(2,240)
2020 Contribution to Capital Replacement Fund		4,603
Projected Capital Replacement Fund Balance 12/31/2020		**$ 9,697**

7. Royalty Reserve Projection

Royalty Reserve Fund (Established in 2013): House Resolution 84H-2013 and Board action created a designated reserve funded by royalty revenue from the ADA Member Insurance Plans. Although these funds were segregated from annual ADA operating budgets, House Resolution 84H-2013 also provided that reserve funds would be available to build member value, long term dues and financial stabilization.

The schedule below provides a projection of when the ADA would reach the $100 million dollar target. Once the $100 million dollar target is reached, any excess could be contributed to the operating budget to serve as source of non-dues revenue. The schedule below assumes 6.3% annual investment returns as recommended by the ADA's investment advisors, and annual contributions projected from the ADA Member Insurance Plans. Per the schedule below the ADA would reach the target of $100 million in 2023.

Royalty Reserve Projection

In Thousands of Dollars

Year	Beginning Balance	6.3% Annual Investment Returns	Estimated Royalty Revenue	Year-End Balance
12/31/18 Balance	$ 46,478			**$ 46,478**
2019	46,478	2,928	6,700	**56,106**
2020	56,106	3,535	6,800	**66,441**
2021	66,441	4,186	7,000	**77,627**
2022	77,627	4,890	7,000	**89,517**
2023	89,517	5,640	7,000	**102,157**

8. Recap of 2018 Results

ADA Operations

2018 Statement of Activities
Excludes Non-Operating Revenue and Expenses
Thousands of Dollars

	2017 Actual	2018 Budget	2018 Actual		2018 v 2017 Fav / (Unfav) $	2018 v 2017 Fav / (Unfav) %	2018 v 2018B Fav / (Unfav) $	2018 v 2018B Fav / (Unfav) %
Revenue								
Membership Dues	$ 56,458	$ 55,199	$ 54,597		$ (1,861)	-3.3%	$ (603)	-1.1%
Education Division	26,331	27,387	26,968		637	2.4%	(418)	-1.5%
Publishing, Products, Annual Meeting	20,111	22,822	20,647		535	2.7%	(2,175)	-9.5%
Other Revenue	23,509	25,380	24,497		988	4.2%	(883)	-3.5%
Total	126,409	130,787	126,708		300	0.2%	(4,079)	-3.1%
Expenses								
Employee Costs	59,553	63,205	61,032		(1,480)	-2.5%	2,172	3.4%
Outside Services								
Education	6,622	7,013	7,032	6%	(409)	-6.2%	(19)	-0.3%
Publishing, Products, Annual Meeting	12,946	14,810	13,129	14%	(183)	-1.4%	1,681	11.4%
Information Technology	4,114	3,459	3,800	-16%	314	7.6%	(341)	-9.9%
Buildings	6,825	6,610	7,654	-3%	(828)	-12.1%	(1,044)	-15.8%
Board Contingency	552	750	318	36%	234	42.3%	432	57.5%
Communications & Marketing	3,597	2,823	2,647	-22%	950	26.4%	176	6.2%
Administrative Services	2,570	2,753	2,794	7%	(224)	-8.7%	(41)	-1.5%
Member and Client Services	1,241	1,559	1,449	26%	(209)	-16.8%	109	7.0%
Government Affairs	4,278	4,224	4,280	-1%	(2)	-0.1%	(56)	-1.3%
Other Divisions	5,301	6,044	5,520	14%	(219)	-4.1%	524	8.7%
Total Outside Services	48,047	50,043	48,624	4%	(577)	-1.2%	1,420	2.8%
		0						
Travel Expenses	6,693	6,979	6,723	4%	(31)	-0.5%	256	3.7%
ADA Health Foundation Grant	2,929	2,200	2,200	-25%	729	24.9%	0	0.0%
Depreciation and Amortization	6,629	7,098	6,669	7%	(40)	-0.6%	429	6.0%
Total Expenses	123,850	129,525	125,248		(1,398)	-1.1%	4,277	3.3%
Taxes	1,278	1,327	1,033		245	19.2%	293	22.1%
Net Income before Reserves	1,280	(64)	427		(853)	-66.6%	491	-764.8%

Membership dues revenue decreased more than anticipated in the budget, while Education related revenue grew over both prior year and budget. Publishing, Products, and Annual Meeting came in below budgeted revenue in 2018 driven primarily by the Annual Meeting in Hawaii.

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 down from last year and had been budgeted to grow by 4%. Much of the expected growth in outside services was in Membership and Publishing, Products, Annual Meeting with both coming in above prior year and below budget. Also in outside services, spending from the Board Contingency was both below budget and prior year. Travel expenses were budgeted to increase and came in slightly lower but higher than prior year.

9. 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 May of 2019, real estate transaction professionals in Chicago estimated a gross sale value (before transaction costs) of $79.0 million. This estimate represents the amount that a potential buyer would pay for the ADA Chicago HQ building for a sale leaseback as office space using mid-case assumptions. This valuation does not necessarily represent the "highest and best use" value of the building which may be substantially higher.

The income statement for the Headquarters building shows expenses exceeding revenue. This is because approximately half of the building space is occupied by ADA employees. Excluding the cost of the ADA occupied floors, revenue significantly exceeds expense for the tenant occupied floors. The expense of the ADA occupied floors replaces rent that the ADA would need to pay if its offices were located in a non-ADA owned building.

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 $16.0 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 late 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.

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.

2020 Operating Budget by Division

Millions of Dollars

	Board Contingency	Administrative SVCS	Central Administration	Communications & Mkt	Business Group	Education	Finance, Ops, & Blds	Government Affairs	Health Policy Institute	Human Resources	Information Technology	Legal Affairs	Member & Client SVCS	Practice Institute	Science Institute	Total ADA Operations
Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	57.8	-	-	57.8
Non-Dues Revenue	-	0.0	3.8	0.0	29.8	29.7	10.4	0.1	0.1	-	-	0.1	0.2	0.2	1.2	75.5
Total Revenue	**-**	**0.0**	**3.8**	**0.0**	**29.8**	**29.7**	**10.4**	**0.1**	**0.1**	**-**	**-**	**0.1**	**58.0**	**0.2**	**1.2**	**133.3**
Salaries and Temp help		2.5	1.1	4.2	5.9	6.1	3.1	3.3	1.5	1.0	5.9	2.6	3.8	3.6	3.3	48.1
Fringe Benefits		0.7	0.3	1.4	2.2	2.6	1.3	1.2	0.5	0.3	2.1	0.7	1.5	1.2	1.3	17.5
Consulting & Outside Svcs		0.5		0.9	2.5	0.2	0.2	1.1	0.6		2.1		0.1	1.2		9.4
Print., Publicat & Marketg		0.1		2.9	6.3			0.1		0.2			0.2	0.1		9.8
Meeting Expenses		0.1			2.5			0.5					0.1	0.1		3.4
Travel Expenses		1.4		0.2	0.8	1.8	0.1	0.8				0.1	0.4	0.7	0.3	6.7
Professional Services		1.5			1.0	5.5	0.3	0.1				0.9			0.1	9.4
Bank & Credit Card Fees					0.4	0.4							0.6			1.4
Office Expenses		0.6			1.5	0.3	0.1	0.3			1.4		0.1	0.2	0.2	4.9
Facility and Utility Costs							7.0	0.1								7.1
Grants and Awards			0.1					2.3					0.3			2.7
ADA Foundation Grant			2.2													2.2
Endorsement Costs			1.2			0.4										1.6
Depreciation			2.0				1.8	0.3			2.0				0.2	6.3
Other Expenses	0.7		0.3		0.1		0.1			0.5						1.7
Total Expense	**0.7**	**7.5**	**7.3**	**9.7**	**23.2**	**17.5**	**14.0**	**10.1**	**2.7**	**2.0**	**13.5**	**4.4**	**7.1**	**7.0**	**5.5**	**132.3**
Income Taxes			1.0													1.0
Net Income	**(0.7)**	**(7.5)**	**(4.4)**	**(9.7)**	**6.6**	**12.2**	**(3.6)**	**(10.0)**	**(2.7)**	**(2.0)**	**(13.5)**	**(4.4)**	**50.9**	**(6.8)**	**(4.3)**	**0.0**

Administrative Services

Division Summary by Natural Account

Administrative Services	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Meeting & Seminar Income	3	8	-	(3)	(100.0%)	(8)	(100.0%)
Grants, Contributions, Sprship	67	67	42	(25)	(37.3%)	(25)	(37.3%)
Other Income	5	-	5	(0)	(9.4%)	5	100.0%
Total Revenue	**75**	**75**	**47**	**(28)**	**(37.8%)**	**(29)**	**(38.0%)**
Expense							
Salaries and Temporary Help	2,647	2,737	2,550	97	3.7%	187	6.8%
Fringe Benefits	697	727	704	(7)	(1.0%)	23	3.1%
Consulting Fees & Outside Svcs	545	588	531	14	2.6%	57	9.6%
Print., Publicat. & Marketing	89	85	78	10	11.6%	7	8.2%
Meeting Expenses	139	85	136	3	1.8%	(52)	(61.3%)
Travel Expenses	1,469	1,434	1,430	39	2.7%	4	0.3%
Professional Services	1,376	1,420	1,461	(85)	(6.2%)	(41)	(2.9%)
Office Expenses	621	601	617	4	0.7%	(17)	(2.8%)
Facility and Utility Costs	1	-	-	1	100.0%	-	0.0%
Grants and Awards	19	30	29	(10)	(53.0%)	2	5.0%
Other Expenses	4	4	4	0	1.9%	0	7.5%
Total Expense	**7,607**	**7,710**	**7,540**	**67**	**0.9%**	**170**	**2.2%**
Pre-Tax Income	**(7,533)**	**(7,635)**	**(7,494)**	**39**	**0.5%**	**141**	**1.9%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1050000000 - Office of the Executive Director	9.0	-	1,843	40	54	-	(1,938)
1050010000 - Strategy Management	0.0	-	-	-	15	-	(15)
1050050000 - Board of Trustees	5.0	-	676	35	1,394	-	(2,106)
1050050015 - BOT-Annual Meeting	0.0	-	-	93	-	-	(93)
1050050020 - BOT-Committee Meetings	0.0	-	-	377	51	-	(428)
1050050025 - BOT-Constituent Annual Meetings	0.0	-	-	60	-	-	(60)
1050050030 - BOT-In District Travel	0.0	-	-	26	-	-	(26)
1050050035 - BOT-Conferences	0.0	-	-	120	12	-	(132)
1050050050 - BOT-Liaison Activities	0.0	-	-	79	-	-	(79)
1050100000 - Office of the President	1.0	-	403	75	21	-	(498)
1050150000 - Office of the President-Elect	1.0	-	332	74	13	-	(419)
1050250000 - Office of the Treasurer	0.0	-	-	26	71	-	(97)
1050300000 - House of Delegates	0.0	-	-	50	713	-	(763)
1300800000 - International Relations	0.0	-	-	35	47	-	(82)
1300800020 - FDI World Dntl Federation	0.0	17	-	143	392	-	(519)
1050050055 - December Board Retreat	0.0	-	-	96	27	-	(123)
1050500100 - New Dentist Committee	0.0	30	-	100	46	-	(116)
AdminSvc - Administrative Services	**16.0**	**47**	**3,254**	**1,430**	**2,856**	**-**	**(7,494)**

Department Descriptions – Administrative Services

Cost Center	Description of Work Outputs
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 and to provide support of the Strategic Planning and Governance committees..
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, a 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.
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.
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.

Board Contingency

Board Contingency	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Expense							
Salaries and Temporary Help	93	-	-	93	100.0%	-	0.0%
Fringe Benefits	55	-	-	55	100.0%	-	0.0%
Consulting Fees & Outside Svcs	27	-	-	27	100.0%	-	0.0%
Print., Publicat. & Marketing	143	-	-	143	100.0%	-	0.0%
Travel Expenses	61	-	-	61	100.0%	-	0.0%
Office Expenses	0	-	-	0	100.0%	-	0.0%
Grants and Awards	50	-	-	50	100.0%	-	0.0%
Other Expenses	99	750	721	(622)	(629.5%)	29	3.9%
Total Expense	**527**	**750**	**721**	**(194)**	**(36.8%)**	**29**	**3.9%**
Pre-Tax Income	**(527)**	**(750)**	**(721)**	**(194)**	**(36.8%)**	**29**	**3.9%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
ContFund - Contingency General	**0.0**	**-**	**-**	**-**	**721**	**-**	**(721)**

Business Group

ADA Business Group Consolidated				$ Var	% Var	$ Var	% Var
	2018	2019	2020	20B vs 18A	20B vs 18A	20B vs 19B	20B vs 19B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Advertising	6,551	6,879	6,702	151	2.3%	(177)	(2.6%)
Rental Income	72	73	70	(2)	(2.1%)	(3)	(4.1%)
Publication and Product Sales	6,200	6,165	6,513	313	5.0%	348	5.6%
Meeting & Seminar Income	7,365	11,497	8,265	900	12.2%	(3,232)	(28.1%)
Grants, Contributions, Sprship	616	748	584	(32)	(5.2%)	(164)	(21.9%)
Royalties	6,524	6,432	7,208	684	10.5%	776	12.1%
Other Income	616	536	460	(156)	(25.3%)	(76)	(14.1%)
Total Revenue	**27,943**	**32,328**	**29,801**	**1,858**	**6.6%**	**(2,527)**	**(7.8%)**
Expense							
Salaries and Temporary Help	5,542	5,875	5,921	(379)	(6.8%)	(47)	(0.8%)
Fringe Benefits	2,110	2,180	2,215	(105)	(5.0%)	(36)	(1.6%)
Consulting Fees & Outside Svcs	2,508	2,871	2,527	(20)	(0.8%)	344	12.0%
Print., Publicat. & Marketing	6,165	6,855	6,336	(172)	(2.8%)	519	7.6%
Meeting Expenses	1,789	3,626	2,458	(668)	(37.4%)	1,168	32.2%
Travel Expenses	870	716	766	103	11.9%	(51)	(7.1%)
Professional Services	660	1,066	955	(295)	(44.7%)	111	10.4%
Bank & Credit Card Fees	280	413	394	(114)	(40.9%)	18	4.5%
Office Expenses	1,645	1,778	1,509	136	8.3%	268	15.1%
Facility and Utility Costs	24	42	27	(3)	(12.3%)	15	35.1%
Depreciation and Amortization	60	64	24	36	59.7%	40	62.2%
Other Expenses	58	89	65	(7)	(11.6%)	24	27.3%
Total Expense	**21,711**	**25,573**	**23,199**	**(1,488)**	**(6.9%)**	**2,375**	**9.3%**
Pre-Tax Income	**6,232**	**6,755**	**6,602**	**370**	**5.9%**	**(153)**	**(2.3%)**

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
Consolidated ADA Business Group							
1850000000-Sr. VP Business Group	3.0	-	640	24	7	-	(671)
1850100000-Sales Enablement	6.0	-	666	6	3	-	(675)
1850200000-Business Analy & Improv	0.0	-	-	6	27	-	(32)
1350000000 - Managing VP Conference Services	3.0	-	449	14	6	-	(469)
1350050000 - Council on ADA Meeting	4.0	7,916	496	256	5,655	-	1,508
1350050010 - Annual Meeting Staff Travel	0.0	100	2	299	-	-	(200)
1350100000 - New Dentists Conference	0.0	67	-	12	170	-	(116)
1350150000 - Conference Services	6.0	160	759	20	174	1	(794)
1350200000 - Meeting_Management	0.0	135	0	-	52	23	59
1350500000 - ADA Video Studio	0.0	10	5	4	46	0	(45)
1390200000 - Ctr Contin Ed & Lifelong Learn	7.0	992	978	6	304	-	(296)
1380250100 - PDS-Administrative	10.0	925	1,595	57	973	-	(1,700)
1380250105 - PDS-Patient Education	0.0	1,600	-	-	246	-	1,354
1380250110 - PDS-Practice Management	0.0	525	-	-	150	-	375
1380250120 - Compliance	0.0	1,063	-	-	80	-	983
1380250135 - PDS-Coding Insurance	0.0	5,750	-	-	262	-	5,488
1380250155 - PDS-SP/Personalized Products	0.0	200	-	-	110	-	90
1380250200 - PDS Marketing	0.0	-	-	-	850	-	(850)
1810000000 - HPI Consulting Services	0.0	354	-	-	-	-	354
1380250160 - PDS Database Licensing	0.0	715	-	-	-	-	715
1700000000 - Managing VP Publishing G & A	2.0	-	428	23	21	-	(472)
1700050000 - JADA	2.0	1,951	227	-	1,126	-	598
1700050020 - JADA Specialty Newsletters	0.0	175	-	2	47	-	127
1700100000 - ADA News	7.0	4,130	963	4	2,882	-	280
1700100601 - ADA News International	0.0	-	-	-	10	-	(10)
1700200000 - AS ADA News Daily	0.0	50	-	-	105	-	(55)
1700250000 - Sales & Marketing	6.0	-	729	-	59	-	(788)
1700350000 - JADA Editorial Office	0.0	30	-	35	335	-	(340)
1700750000 - Digital Advertising	2.0	840	198	-	297	-	345
1700750010 - Digital Adv Vendor Showcase	0.0	1,500	-	-	273	-	1,227
1700750020 - Digital Adv Product Guide	0.0	-	-	-	2	-	(2)
1700750040 - ADA Morning Huddle	0.0	615	-	-	-	-	615
Consolidated ADA Business Group	**32**	**29,801**	**8,137**	**766**	**14,271**	**24**	**6,602**

Department Descriptions – Business Group

Cost Center	Description of Work Output
1850100000-Sales Enablement	The Sales Enablement team works with the ADA Business Group Units: Conference Services, Product Development Sales, Publishing, and Business Analytics to support those areas in achieving their non-dues revenue targets
1850000000-Sr. VP Business Group	The Senior Vice President oversees the ADA Business Group composed of Conference Services, Product Development Sales, Publishing, Sales Enablement, and Business Analysis and Improvements
1700750040 - ADA Morning Huddle	ADA Morning Huddle is a daily e-mail roundup of the latest news about teh dental profession that lets members know what the media is saying about dentistry and health care.
1700750020 - Digital Adv Product Guide	The ADA DPG is an online directory to the supplies, equipment and services that are available to help make dental practices a success. The DPG directory provides access to information on dental materials,equipment and services by communicating directly with dental manufacturers and distributors. The DPG is also distributed via email to member as a digital e-publication which showcases different dental products being used by dentists in their everyday dental practices.
1700750010 - Digital Adv Vendor Showcase	The vendor showcase is an online marketing tool resides at ADA.org
1700750000 - Digital Advertising	Advertising sales and support for all digital publications
1700650000 - Sponsored Programs	Educational programs supported by sponsorship and registration revenues
1700350000 - JADA Editorial Office	To support the JADA Editor and his office and the editorial board
1700250000 - Sales & Marketing	Sales and marketing efforts for all publications produced in Publishing
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.
1700100601 - ADA News International	Servicing ADA News international subscribers
1700100000 - ADA News	Newsletter published 22 times a year as member benefit and ranked as best read dental publication
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.
1700050000 - JADA	The Journal of the American Dental Association, one of the most important and tangible member benefits at the ADA. The journal is the central source of clinical, research, practice management and policy information for dentists nationally and internationally.
1700000000 - Managing VP Publishing G & A	The Publishing Division's mission is 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.
1390200000 - CE Department	The Department of Continuing Education and Industry Relations is the cost center for seven FTE's who's main responsibility is the development and management of content for all continuing education for the ADA - both annual meeting and non-annual meeting meetings, as well as online CE. Revenue for on-line CE and any other live CE is credied to this cost center as well as the sponsorship for those courses.
1380250200 - PDS Marketing	Cost of marketing materials, social media and tracking, and reseller and conference expenses
1380250160 - PDS-Database Licensing	PDS generates additional revenue by the rental of ADA member mailing lists.
1380250155 - PDS-SP/Personalized Products	Personalized Products for Patient Education brochures.
1380250135 - PDS-Coding Insurance	Coding products and CDT Licensing royalties
1380250120 - Compliance	HIPAA and OSHA products for use in training for Dentists and their staff.
1380250110 - PDS-Practice Management	Products that will enhance all aspects of the Dental Practice, such as Human Resources and Finance
1380250105 - PDS-Patient Education	Creation and development of PE Brochures, Chairside Instructor and PatientSmart.
1380250100 - PDS-Administrative	The Department of Product Development and Sales (PDS) produces professional resources and patient education for sale primarily to ADA member dentists.
1810000000 - HPI Consult Srvs	The department creates and sells to corporations in the dental sector information based on HPI research

Cost Center	Description of Work Output
1350000000 - Managing VP Conference Services	The Division of Conference Services and Continuing Education is responsible for developing, planning and implementing the ADA Annual Meeting under the volunteer oversight of the Advisory Committee on Annual Meetings as well as logistical arrangements for all other ADA meetings held outside Chicago. The division is also responsible for travel arrangements for staff and the Board of Trustees and oversight of the ADA volunteer travel program, the Chicago Hotel Program and other member travel benefits, management of the ADA Conference Center, including audiovisual services, catering, Aramark services and the Café. The division is also responsible for developing and supporting all ADA CE offerings and the management of the ADA Studios.
1350050000 - Council on ADA Meeting	The Committee on Annual Meetings (CAM) purpose is to provide oversight in a manner that provides an exceptional member experience at the annual meeting, provide meeting oversight in a manner that generates non-dues revenue, and to advise the Board on matters relating to the Committee's duties. This cost center tracks revenues and expenses 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 covers the travel costs associated with all staff who help produce and support the annual meeitng during the annual meeting. Some revenue is generated by this group in the form of hotel credit based on the number of rooms picked-up during the meeting.
1350100000 - New Dentists Conference	This conference is designed for dentists who graduated from dental school less than 10 years ago. Dental students are also welcome to attend. This cost center covers the production of the conference.
1350150000 - Conference Services	The department is a shared service of the ADA, set up to provide meeting logistics, registration and hotel negotiation for various departments and divisions of the ADA.
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.

Central Administration

Division Summary by Natural Account

Central Administration	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Royalties	4,257	4,162	3,659	(598)	(14.1%)	(503)	(12.1%)
Other Income	182	141	150	(32)	(17.7%)	9	6.2%
Total Revenue	**4,440**	**4,304**	**3,809**	**(631)**	**(14.2%)**	**(495)**	**(11.5%)**
Expense							
Salaries and Temporary Help	491	1,762	1,110	(619)	(126.0%)	652	37.0%
Fringe Benefits	(181)	730	346	(527)	290.8%	384	52.6%
Consulting Fees & Outside Svcs	79	140	-	79	100.0%	140	100.0%
Print., Publicat. & Marketing	1	-	-	1	100.0%	-	0.0%
Professional Services	68	36	36	32	47.2%	(0)	0.0%
Bank & Credit Card Fees	24	27	27	(3)	(14.0%)	0	0.0%
Office Expenses	66	41	35	31	46.7%	6	14.6%
Facility and Utility Costs	9	5	5	4	47.2%	-	0.0%
Grants and Awards	23	73	73	(50)	(222.2%)	-	0.0%
ADA Health Foundation Grant	2,200	2,198	2,200	0	0.0%	(2)	(0.1%)
Endorsement Costs	1,235	1,255	1,200	35	2.8%	55	4.4%
Depreciation and Amortization	2,957	2,567	1,965	991	33.5%	602	23.5%
Other Expenses	348	344	330	18	5.1%	14	4.1%
Total Expense	**7,319**	**9,178**	**7,327**	**(8)**	**(0.1%)**	**1,851**	**20.2%**
Net Income Before Taxes	**(2,879)**	**(4,874)**	**(3,518)**	**(639)**	**(22.2%)**	**1,356**	**27.8%**
Income Tax Expense	1,033	950	950	83	8.1%	-	0.0%
Net Income After Taxes	**(3,912)**	**(5,824)**	**(4,468)**	**(555)**	**(14.2%)**	**1,356**	**23.3%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1410700000 - Grants to Related Health Groups	0.0	-	-	-	2,273	-	(2,273)
1410900005 - Fringes & Taxes - Retirees	0.0	-	464	-	-	-	(464)
1410900010 - General Fund	0.0	3,809	992	-	1,633	1,965	(781)
CentAdmin - Central Administration	**0.0**	**3,809**	**1,456**	**-**	**3,906**	**1,965**	**(3,518)**

Education Division

1 Division Summary by Natural Account

Eductation	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Publication and Product Sales	35	-	35	0	1.4%	35	0.0%
Testing Fees & Accreditation	26,968	28,122	28,916	1,947	7.2%	794	2.8%
Meeting & Seminar Income	348	317	380	32	9.2%	63	20.0%
Grants, Contributions, Sprship	88	87	161	73	82.6%	74	84.6%
Other Income	223	116	162	(61)	(27.2%)	46	39.7%
Total Revenue	**27,662**	**28,642**	**29,654**	**1,992**	**7.2%**	**1,013**	**3.5%**
Expense							
Salaries and Temporary Help	5,763	5,867	6,144	(382)	(6.6%)	(277)	(4.7%)
Fringe Benefits	2,373	2,103	2,636	(263)	(11.1%)	(533)	(25.3%)
Consulting Fees & Outside Svcs	160	219	218	(58)	(35.9%)	1	0.5%
Print., Publicat. & Marketing	16	29	27	(11)	(67.4%)	2	6.2%
Meeting Expenses	20	22	31	(11)	(56.6%)	(9)	(41.9%)
Travel Expenses	1,681	1,840	1,768	(87)	(5.2%)	71	3.9%
Professional Services	5,660	5,578	5,489	171	3.0%	89	1.6%
Bank & Credit Card Fees	536	408	400	137	25.5%	8	2.0%
Office Expenses	318	327	325	(7)	(2.3%)	1	0.5%
Grants and Awards	19	-	-	19	100.0%	-	100.0%
Endorsement Costs	296	310	415	(119)	(40.1%)	(105)	(33.9%)
Other Expenses	5	-	-	5	100.0%	-	100.0%
Total Expense	**16,848**	**16,702**	**17,453**	**(605)**	**(3.6%)**	**(751)**	**(4.5%)**
Pre-Tax Income	**10,814**	**11,940**	**12,201**	**1,387**	**12.8%**	**261**	**2.2%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1600000000 - Sr. VP Education/Prof Affairs	4.0	-	762	7	2	-	(771)
1600050000 - Council Dentl Educ & Licensure	5.0	-	689	77	27	-	(793)
1600050005 - Commission Dentl Accreditation	15.0	4,061	1,684	946	59	-	1,373
1600050020 - CERP	2.0	380	232	53	11	-	84
1600050100 - Coalition for Modernizing Dental Licensure	0.0	71	-	89	38	-	(56)
1600050601 - International Consultation and Accreditation	0.0	73	-	28	-	-	45
1600050602 - International PACV	0.0	85	-	40	-	-	45
1600100000 - Natl Board Dental Exam Pt I	28.0	5,554	3,457	319	1,038	-	740
1600100100 - Natl Board Dental Exam Pt. II	0.0	5,466	-	-	1,398	-	4,069
1600100200 - Natl Board Dental Exam Hyg	0.0	4,020	-	-	1,498	-	2,522
1600150000 - Admission Tests	5.0	7,262	640	23	1,596	-	5,002
1600150005 - Outside Client Services	3.0	1,958	354	19	559	-	1,027
1600150100 - Advanced Dental Admission Test	0.0	214	-	65	70	-	80
1600200000 - Library Services	5.0	4	641	19	305	-	(961)
1600300000 - Research and Dev Fund	3.0	-	-	-	-	-	-
1600500000 - Objective Structured Clinical Examination	1.0	243	156	56	265	-	(234)
1600600000 - Commission on the Recognition of Dental Spec	1.0	91	165	26	2	-	(102)
1600100300 - Integrated National Board Dental Exam	0.0	173	-	-	40	-	133
Educ - Education	**72.0**	**29,654**	**8,780**	**1,768**	**6,905**	**-**	**12,201**

Department Descriptions

Cost Center	Description of Work Outputs
1600000000 - Sr. VP Education/Prof Affairs	The Office of the SVP—Education/Professional Affairs oversees the Division of Education/Professional Affairs and provides history, insight and overview on issues that are not or cannot be addressed at the departmental level.
1600050000 - Council Dental 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
1600050100-Coalition For Modernizing Dental Licensure	Agency advocating for dental licensure reform
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.

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Cost Center	Description of Work Outputs
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.
1600100300-Integrated National Board Dental Examination	The Integrated National Board Dental Examination (INBDE) mirrors that of the NBDE Program: to assist dental boards in determining the qualifications of individuals who seek licensure to practice dentistry.
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 decisions.
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.
1600600000 - Commission on the Recognition of Dental Specialties and Certifying Boards	The National Commission on Recognition of Dental Specialties and Certifying Boards will be grounded in objective standards that protect the public, nurture the art and science of dentistry, and improve the quality of care; it will serve to reduce potential bias or conflicts of interest, or the perception of bias or conflicts of interest, in the decision-making process of recognizing dental specialties.

1

Finance, Operations & Buildings

1

Divisional Summary by Natural Account

Finance & Operations	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Rental Income	6,897	6,652	7,157	259	3.8%	504	7.6%
Royalties	18	1	15	(3)	(14.4%)	14	1400.0%
Investment Income	1,842	2,000	1,900	58	3.1%	(100)	(5.0%)
Other Income	1,002	1,173	1,304	302	30.1%	131	11.1%
Total Revenue	**9,759**	**9,827**	**10,376**	**617**	**6.3%**	**549**	**5.6%**
Expense							
Salaries and Temporary Help	2,961	2,970	3,129	(168)	(5.7%)	(159)	(5.3%)
Fringe Benefits	1,180	1,200	1,261	(80)	(6.8%)	(61)	(5.1%)
Consulting Fees & Outside Svcs	135	227	155	(21)	(15.3%)	71	31.5%
Print., Publicat. & Marketing	20	28	21	(1)	(3.1%)	7	24.7%
Travel Expenses	70	65	56	14	20.6%	9	14.1%
Professional Services	394	318	340	54	13.7%	(23)	(7.2%)
Bank & Credit Card Fees	6	-	5	1	23.2%	(5)	(100.0%)
Office Expenses	118	145	137	(18)	(15.5%)	9	5.9%
Facility and Utility Costs	7,171	6,397	6,971	201	2.8%	(574)	(9.0%)
Depreciation and Amortization	1,591	1,769	1,839	(248)	(15.6%)	(70)	(4.0%)
Other Expenses	94	97	89	5	5.6%	9	8.9%
Total Expense	**13,741**	**13,215**	**14,001**	**(260)**	**(1.9%)**	**(786)**	**(6.0%)**
Pre-Tax Income	**(3,982)**	**(3,388)**	**(3,626)**	**356**	**8.9%**	**(238)**	**(7.0%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1400000000 - Chief Financial Officer	2.0	1,900	490	-	52	-	1,358
1400050000 - Accounting Department	16.8	-	2,156	12	46	-	(2,214)
1400150000 - Council on Mbr Ins & Rtrmt Prg	2.0	1,365	250	37	115	-	964
1400200000 - Central Services	8.0	50	939	-	74	99	(1,062)
1400400000 - Financial Planning and Analysis	3.0	-	555	7	27	-	(589)
1361111000 - HQ Building Facility	0.0	-	-	-	670	-	(670)
1360300000 - Headquarters Building	0.0	5,017	-	-	5,546	1,360	(1,889)
1370000000 - Washington DC Building	0.0	2,044	-	-	1,187	380	477
FinOpsBld - Finance and Operations - Buildings	**31.8**	**10,376**	**4,390**	**56**	**7,717**	**1,839**	**(3,626)**

Department Descriptions

Cost Center	Description of Work Output
1400150000 - Council on Mbr Ins & Rtrmt Prg	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.
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.
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. This includes systematic examination of results (such as membership or expense trends) and breaking the data into its component parts to understand interrelationships.
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.
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 &
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 & Public Affairs

1

Division Summary by Natural Account

Government & Public Affairs				$ Var	% Var	$ Var	% Var
	2018	2019	2020	20B vs 18A	20B vs 18A	20B vs 19B	20B vs 19B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Rental Income	14	12	19	5	38.9%	7	59.6%
Meeting & Seminar Income	25	25	17	(8)	(31.4%)	(8)	(33.1%)
Grants, Contributions, Sprship	41	9	-	(41)	(100.0%)	(9)	(100.0%)
Other Income	18	76	20	2	9.9%	(56)	(73.7%)
Total Revenue	**97**	**122**	**56**	**(41)**	**(42.6%)**	**(67)**	**(54.5%)**
Expense							
Salaries and Temporary Help	3,138	3,272	3,272	(134)	(4.3%)	0	0.0%
Fringe Benefits	1,064	1,130	1,168	(104)	(9.8%)	(38)	(3.4%)
Consulting Fees & Outside Svcs	1,269	1,239	1,145	125	9.8%	95	7.6%
Print., Publicat. & Marketing	103	95	83	20	19.4%	11	12.0%
Meeting Expenses	524	341	521	3	0.6%	(180)	(52.8%)
Travel Expenses	886	946	842	43	4.9%	103	10.9%
Professional Services	39	48	65	(25)	(63.4%)	(17)	(34.9%)
Bank & Credit Card Fees	1	3	1	1	47.1%	2	73.8%
Office Expenses	254	238	253	1	0.4%	(16)	(6.6%)
Facility and Utility Costs	79	67	91	(13)	(15.9%)	(24)	(36.3%)
Grants and Awards	2,009	2,000	2,317	(308)	(15.3%)	(317)	(15.8%)
Depreciation and Amortization	161	163	298	(137)	(84.9%)	(136)	(83.5%)
Other Expenses	1	6	-	1	100.0%	6	100.0%
Total Expense	**9,529**	**9,547**	**10,056**	**(528)**	**(5.5%)**	**(509)**	**(5.3%)**
Pre-Tax Income	**(9,431)**	**(9,424)**	**(10,000)**	**(569)**	**(6.0%)**	**(576)**	**(6.1%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1200000000 - Sr. VP Government/Public Aff.	4.0	-	654	46	527	-	(1,228)
1200050000 - Council on Government Affairs	0.0	-	-	71	2	-	(73)
1200100000 - State Government Affairs	5.0	17	778	93	65	-	(919)
1200150000 - ADPAC Gov	4.0	-	573	185	137	-	(895)
1200150001 - Lobby Day	0.0	-	-	161	515	-	(676)
1200250000 - Congressional Affairs	4.0	-	698	26	46	-	(770)
1200300000 - Federal Affairs/Policy	5.0	-	697	7	13	-	(717)
1200700000 - State Public Affairs Program	0.0	-	-	17	2,921	-	(2,938)
1200800000 - ADA Townhouse	0.0	39	-	-	54	164	(179)
1200900000 - ADA DC House II	0.0	-	-	-	44	135	(179)
1500300000 - CAAP - Administrative	7.0	-	1,040	109	38	-	(1,187)
1500300005 - Fluoridation	0.0	-	-	17	1	-	(18)
1500300015 - Access and Community Health	0.0	-	-	75	68	-	(143)
1500300045 - Preventative Health	0.0	-	-	35	15	-	(50)
1500300033 - Natl Childrens Dental Health	0.0	-	-	-	27	-	(27)
GovPubAffr - Government & Public Affairs	**29.0**	**56**	**4,440**	**842**	**4,475**	**298**	**(10,000)**

Department Descriptions

Cost Center	Description of Work Output
1200150000 - ADPAC Gov	ADPAC is responsible for raising money, distributing political contributions, grassroots advocacy and political education.
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.
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.
1200250000 - Congressional Affairs	Develops strategy and appropriate arguments for legl action in accordance with ADA policy. We lobby both the Legislative branch and the Executive branch with the policy team.
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.
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.
1200800000 - ADA House	House Side - 137 C Street, SE, Washington DC, Purchased in 2015
1500300000 - CAAP - Administrative	Provides support for the Coordinator for Action for Dental Health to capture metrics, provide educational info. 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 (including consultants).
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.
1200900000 - ADA DC HOUSE II	Senate Side - 400 C St. NE, Washington DC, Purchased in 2018
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.
1200000000 - Sr. VP Government/Public Aff.	Sr. VP over sees all production and administration within the division.
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.
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.
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.

Health Policy Institute

1

Division Summary by Natural Account

Health Policy Institute	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Publication and Product Sales	14	10	10	(4)	(29.3%)	0	0.0%
Other Income	66	89	60	(6)	(9.0%)	(29)	(32.6%)
Total Revenue	**80**	**99**	**70**	**(10)**	**(12.6%)**	**(29)**	**(29.3%)**
Expense							
Salaries and Temporary Help	1,476	1,544	1,543	(67)	(4.5%)	1	0.1%
Fringe Benefits	536	539	527	9	1.7%	11	2.1%
Consulting Fees & Outside Svcs	559	623	570	(11)	(1.9%)	53	8.5%
Print., Publicat. & Marketing	-	0	0	(0)	0.0%	(0)	(27.3%)
Meeting Expenses	9	10	10	(1)	(10.7%)	(0)	(0.0%)
Travel Expenses	73	42	45	28	38.5%	(3)	(7.1%)
Bank & Credit Card Fees	1	-	1	0	0.5%	(1)	(100.0%)
Office Expenses	29	26	24	5	18.5%	2	7.5%
Other Expenses	0	-	-	0	100.0%	-	0.0%
Total Expense	**2,684**	**2,784**	**2,720**	**(36)**	**(1.4%)**	**64**	**2.3%**
Pre-Tax Income	**(2,604)**	**(2,685)**	**(2,650)**	**(46)**	**(1.8%)**	**35**	**1.3%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1550000000 - Health Policy Institute	**13.0**	**70**	**2,070**	**45**	**605**	**-**	**(2,650)**

Department Descriptions

Cost Center	Description of Work Outputs
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.

1

Human Resources

1

Division Summary by Natural Account

Human Resources	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Expense							
Salaries and Temporary Help	988	949	1,021	(32)	(3.3%)	(71)	(7.5%)
Fringe Benefits	265	296	335	(70)	(26.4%)	(39)	(13.1%)
Consulting Fees & Outside Svcs	46	40	40	6	12.2%	0	0.0%
Print., Publicat. & Marketing	136	152	152	(16)	(11.7%)	-	0.0%
Meeting Expenses	7	-	-	7	100.0%	-	0.0%
Travel Expenses	13	11	11	2	14.7%	-	0.0%
Office Expenses	18	17	17	1	4.3%	0	0.0%
Other Expenses	565	529	493	72	12.7%	36	6.8%
Total Expense	**2,038**	**1,994**	**2,069**	**(31)**	**(1.5%)**	**(74)**	**(3.7%)**
Pre-Tax Income	**(2,038)**	**(1,994)**	**(2,069)**	**(31)**	**(1.5%)**	**(74)**	**(3.7%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1050400000 - Human Resources	**8.0**	**-**	**1,355**	**11**	**702**	**-**	**(2,069)**

Department Descriptions

	Cost Center	Description of Work Outputs
1	1050400000 - Human Resources	As a shared service functional division, Human Resources is key resource in support of organizational goals and priorities by establishing policies consistent with work life balance/total rewards, employment regulatory guideline compliance and the enhancement of the employee experience. This includes, but is not limited to: identifying, designing, and managing delivery of a broad range of employee benefit plans and offerings; serving as data owner, manager and analyst for the central database of the ADA's electronic employee records; driving the hiring, onboarding and placement strategies of ADA staff; designing and executing learning opportunities in support of staff/talent development, future planning and skill-building; working as a catalyst for organizational design and change strategies; managing ADA's compensation philosophy and salary administration; and serving as staff support for both the Compensation and Pension Committees of the ADA Board of Trustees.

Information Technology

1

Divisional Summary by Natural Account

Information Technology	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Expense							
Salaries and Temporary Help	5,530	5,868	5,879	(349)	(6.3%)	(11)	(0.2%)
Fringe Benefits	2,137	1,998	2,095	41	1.9%	(98)	(4.9%)
Consulting Fees & Outside Svcs	2,488	2,200	2,058	431	17.3%	142	6.5%
Meeting Expenses	0	-	-	0	100.0%	-	0.0%
Travel Expenses	46	60	48	(2)	(5.4%)	12	20.0%
Bank & Credit Card Fees	5	5	5	0	0.9%	1	10.0%
Office Expenses	1,296	1,346	1,416	(121)	(9.3%)	(71)	(5.2%)
Facility and Utility Costs	11	11	10	1	12.6%	1	4.8%
Depreciation and Amortization	1,759	1,722	2,005	(246)	(14.0%)	(283)	(16.4%)
Other Expenses	(0)	24	14	(14)	(75460.8%)	10	41.5%
Total Expense	**13,272**	**13,232**	**13,530**	**(259)**	**(1.9%)**	**(298)**	**(2.2%)**
Pre-Tax Income	**(13,272)**	**(13,232)**	**(13,530)**	**(259)**	**(1.9%)**	**(298)**	**(2.2%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1450000000 - Chief Technology Officer	4.0	-	711	3	89	-	(803)
1450350000 - Enterprise Services	17.0	-	2,617	10	1,939	1,106	(5,673)
1450400000 - Data Management	6.0	-	1,104	8	202	230	(1,545)
1450450000 - Digital Member Experience	9.0	-	1,467	8	573	145	(2,193)
1450700000 - Aptify Enterprise Solutions	14.0	-	2,075	19	699	524	(3,317)
InfoTech - Information Technology	**50.0**	**-**	**7,974**	**48**	**3,503**	**2,005**	**(13,530)**

Department Descriptions

Cost Center	Description of Work Outputs
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 staff resources, systems, software, security, audio visual, network infrastructure, telecommunications and technical support services that support ADA business operations. This includes on premise systems for all ADA locations, as well as off premise private cloud services, public cloud services, Software as a Service (SaaS) and similar technology.
1450400000 - Data Management	This cost center provides the staff resources, software tools and services to manage the operation and maintenance of databases used by applications throughout the ADA. This area also builds and updates the data warehouse, which produces management and strategic reporting to all levels of the Tripartite. Finally, this area collaborates with various divisions to set and maintain policies on how data is acquired, governed and reported.
1450450000 - Digital Member Experience	This cost center provides the integration and maintenance of software tools and services that allows ADA members to connect to relevant digital content, industry experts and each other via the ADA websites. It provides the staff resources to support, maintain, manage and enhance these systems and tools to promote the digital member experience.
1450700000 - Aptify Enterprise Solutions	This cost center provides the staff resources, software system and software tools to manage the support, maintenance and enhancements to all three (3) environments of the Aptify System. The three (3) environments are Aptify Enterprise (ADA/State/Local version of Aptify) that provides features and functionality for membership, commerce, meetings, legislative and broadcast email activities; the DTS environment used by the Department of Testing Services to manage the day-to-day business activities for testing dental students; and the CODA environment used by the Commission on Dental Accreditation staff to manage their day-to-day business activities around dental school accreditation.

Legal Affairs

1

Divisional Summary by Natural Account

Legal Affairs	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Other Income	43	36	68	25	58.7%	32	88.9%
Total Revenue	**43**	**36**	**68**	**25**	**58.7%**	**32**	**88.9%**
Expense							
Salaries and Temporary Help	2,454	2,504	2,598	(144)	(5.9%)	(94)	(3.7%)
Fringe Benefits	771	708	747	24	3.1%	(39)	(5.5%)
Consulting Fees & Outside Svcs	(1)	-	15	(16)	(2126.7%)	(15)	(100.0%)
Print., Publicat. & Marketing	1	5	5	(4)	(406.9%)	-	0.0%
Meeting Expenses	1	2	3	(2)	(287.0%)	(1)	(76.5%)
Travel Expenses	103	68	89	14	13.8%	(21)	(31.0%)
Professional Services	789	920	914	(125)	(15.8%)	6	0.6%
Office Expenses	27	31	29	(2)	(7.2%)	2	6.0%
Grants and Awards	4	4	4	-	0.0%	-	0.0%
Total Expense	**4,149**	**4,242**	**4,404**	**(255)**	**(6.2%)**	**(162)**	**(3.8%)**
Pre-Tax Income	**(4,106)**	**(4,206)**	**(4,336)**	**(230)**	**(5.6%)**	**(130)**	**(3.1%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1150000000 - Chief Legal Counsel	14.0	68	2,889	18	453	-	(3,292)
1150050000 - Council Ethics Bylaws & Judic	2.6	-	456	71	18	-	(545)
1150240000 - Internal Audit Services	0.0	-	-	-	230	-	(230)
1150250000 - Annual External Audit & Tax Fees	0.0	-	-	-	269	-	(269)
LeglAffr - Legal Affairs	**16.6**	**68**	**3,345**	**89**	**970**	**-**	**(4,336)**

Department Descriptions

Cost Center	Description of Work Outputs
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.
1150240000 - 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.
1150250000 - 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

1

Divisional Summary by Natural Account

Integrated Marketing & Communication				$ Var	% Var	$ Var	% Var
.	2018	2019	2020	20B vs 18A	20B vs 18A	20B vs 19B	20B vs 19B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Meeting & Seminar Income	-	7	7	7	100.0%	-	0.0%
Grants, Contributions, Sprship	46	-	-	(46)	(100.0%)	-	0.0%
Total Revenue	**46**	**7**	**7**	**(39)**	**(84.7%)**	**-**	**0.0%**
Expense							
Salaries and Temporary Help	3,901	3,806	4,194	(293)	(7.5%)	(388)	(10.2%)
Fringe Benefits	1,339	1,253	1,406	(67)	(5.0%)	(153)	(12.2%)
Consulting Fees & Outside Svcs	1,107	909	927	180	16.3%	(18)	(2.0%)
Print., Publicat. & Marketing	1,423	3,778	2,858	(1,436)	(100.9%)	919	24.3%
Meeting Expenses	20	33	44	(24)	(120.2%)	(10)	(31.2%)
Travel Expenses	145	181	189	(44)	(30.6%)	(9)	(4.9%)
Professional Services	0	4	-	0	100.0%	4	100.0%
Office Expenses	93	47	41	53	56.3%	6	13.7%
Facility and Utility Costs	1	-	-	1	100.0%	-	0.0%
Depreciation and Amortization	0	1	1	(1)	(236.7%)	0	15.8%
Other Expenses	3	-	-	3	100.0%	-	0.0%
Total Expense	**8,032**	**10,012**	**9,660**	**(1,628)**	**(20.3%)**	**352**	**3.5%**
Pre-Tax Income	**(7,986)**	**(10,005)**	**(9,653)**	**(1,666)**	**(20.9%)**	**352**	**3.5%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1240000000 - Sr VP Communications	4.0	-	916	21	30	1	(968)
1240050000 - Integrated Marketing	10.0	-	1,738	15	849	-	(2,602)
1240100000 - Digital Services	10.0	-	1,263	18	2,411	-	(3,691)
1240200000 - Communications	4.0	7	568	53	417	-	(1,031)
1240250000 - Council on Communication	2.0	-	291	71	4	-	(366)
1240400000 - Video Studio - Comm	3.0	-	394	-	-	-	(394)
1240280000 - Research Insights & Intelligence	2.0	-	431	11	158	-	(600)
1300400000 - Dept of Membership Marketing	0.0	-	-	-	-	-	-
Integrated Maketing & Communications	**35.0**	**7**	**5,600**	**189**	**3,870**	**1**	**(9,653)**

Department Descriptions

Cost Center	Description of Work Outputs
1240000000 - Sr VP Communications	The Chief Communications Officer cost center champions paid, earned, shared and owned communications excellence across the ADA, focusing on integrated campaigns, member and stakeholder communications, public affairs, research, digital expertise, social media, content creation, public relations, and creative services and issues management programs that are directly tied to ADA Strategic Goals, Mission and Vision.
1240050000 - Integrated Marketing	The Integrated Marketing and Brand Strategy cost center produces unified growth-marketing strategies, programs, messaging and content across all marketing channels, including paid, earned, shared and owned mediums. It facilitates a marketing and content development process and execution via cross-divisional teams and resources. Specifically, it operates 5 marketing centers of excellence: Member Value Marketing (Recruitment and Retention); State and Local Marketing; Non-Dues Sales Marketing; Industry and Consumer Engagement; and Integrated Content Delivery.
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 services supports states and locals in launching sites on the Branded Web Templates, providing site planning, content strategy, content management training and client service to member societies. ADA's Visual branding, creative design, photography and video production and animation 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 and influencer 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.
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.
1240280000 - Research Insights & Intelligence	The Research and Insights cost center produces qualitative and quantitative marketing research for the ADA, including Design Thinking insight development about dentists, and the ADA Advisory Circle member and nonmember research panels, which provide ongoing business intelligence feedback loops that help inform decisions on marketing campaigns for membership recruitment and retention, and product and services.
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

1

Divisional Summary by Natural Account

Member & Client Services	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Membership Dues	54,597	57,275	57,814	3,217	5.9%	539	0.9%
Grants, Contributions, Sprship	120	220	220	100	83.3%	-	0.0%
Other Income	94	-	-	(94)	(100.0%)	-	0.0%
Total Revenue	**54,811**	**57,495**	**58,034**	**3,223**	**5.9%**	**539**	**0.9%**
Expense							
Salaries and Temporary Help	3,540	3,695	3,809	(268)	(7.6%)	(114)	(3.1%)
Fringe Benefits	1,369	1,445	1,544	(175)	(12.8%)	(99)	(6.9%)
Consulting Fees & Outside Svcs	98	102	76	21	21.9%	26	25.1%
Print., Publicat. & Marketing	338	389	163	175	51.9%	227	58.3%
Meeting Expenses	125	94	126	(1)	(1.1%)	(32)	(33.6%)
Travel Expenses	368	457	437	(69)	(18.7%)	19	4.2%
Professional Services	(0)	-	-	(0)	100.0%	-	0.0%
Bank & Credit Card Fees	578	528	600	(22)	(3.8%)	(72)	(13.6%)
Office Expenses	108	92	93	15	14.2%	(1)	(1.1%)
Facility and Utility Costs	0	7	1	(0)	(29.4%)	7	92.9%
Grants and Awards	192	250	251	(58)	(30.4%)	(1)	(0.2%)
Other Expenses	11	4	28	(17)	(157.2%)	(24)	(588.8%)
Total Expense	**6,727**	**7,062**	**7,126**	**(399)**	**(5.9%)**	**(64)**	**(0.9%)**
Pre-Tax Income	**48,083**	**50,433**	**50,907**	**2,824**	**5.9%**	**475**	**0.9%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1300000000 - Sr. VP Membership & Client Svcs	2.0	-	447	9	3	-	(459)
1300100000 - Client Services	10.0	-	1,359	215	288	-	(1,862)
1300200050 - Council on Membership Admin.	2.0	-	271	92	277	-	(640)
1300250000 - Member Service Center	14.0	-	1,567	1	4	-	(1,572)
1300450000 - Department of Membership Info	8.0	57,874	953	5	645	-	56,271
1300500000 - Dental School Programs	0.0	160	-	63	46	-	51
1300550000 - Office of Student Affairs	2.0	-	238	47	73	-	(358)
1300600000 - Membership Data Analytics & Reporting	4.0	-	518	5	-	-	(522)
MbrTriMktg - Member and Client Services	**42.0**	**58,034**	**5,353**	**437**	**1,336**	**-**	**50,907**

Department Descriptions

Cost Center	Description of Work Outputs
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 Strategic Plan.
1300100000 - Client Services	Client Services is comprised of Dental Society, Dental School, and Diversity and Inclusion Outreach. We 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 masterfile database of over 300,000 records and annually handles over $55 million in member dues processing
1300500000 - 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.
1300600000 - Membership Data Analytics & Reporting	The Membership Data Analytics and Reporting team provides predictive and advanced analytics, as well as advanced operational reports (i.e. R&R Report, Membership Statement, National Member Dashboard, State & Student Portfolio). The team also maintains and cleanses data on the ADA Masterfile, and also maintains ADA Licensure Data, Dentist Survey Data, Faculty Data, CAQH License Data, Member Data Audits, etc.

Practice Institute

1

Divisional Summary by Natural Account

Practice Institute				$ Var	% Var	$ Var	% Var
	2018	2019	2020	20B vs 18A	20B vs 18A	20B vs 19B	20B vs 19B
	Actual	Budget	Budget	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)	Fav/(Unfav)
Revenue							
Publication and Product Sales	5	-	4	(1)	(11.5%)	4	100.0%
Meeting & Seminar Income	12	47	15	3	22.0%	(32)	(67.7%)
Grants, Contributions, Sprship	89	106	75	(14)	(15.3%)	(31)	(29.0%)
Royalties	31	-	15	(16)	(52.8%)	15	100.0%
Other Income	60	83	80	20	33.5%	(3)	(3.6%)
Total Revenue	**196**	**235**	**189**	**(8)**	**(3.9%)**	**(47)**	**(19.8%)**
Expense							
Salaries and Temporary Help	3,150	3,319	3,590	(441)	(14.0%)	(271)	(8.2%)
Fringe Benefits	1,169	1,119	1,229	(60)	(5.1%)	(110)	(9.9%)
Consulting Fees & Outside Svcs	181	149	1,150	(969)	(537.0%)	(1,001)	(672.8%)
Print., Publicat. & Marketing	150	69	83	67	44.6%	(14)	(20.9%)
Meeting Expenses	49	67	57	(8)	(16.3%)	11	15.7%
Travel Expenses	615	748	721	(106)	(17.3%)	26	3.5%
Professional Services	2	33	13	(11)	(550.0%)	20	60.0%
Bank & Credit Card Fees	0	1	0	0	14.0%	1	66.0%
Office Expenses	170	169	173	(3)	(2.0%)	(4)	(2.4%)
Facility and Utility Costs	0	-	0	(0)	(0.7%)	(0)	0.0%
Grants and Awards	3	4	3	(1)	(20.0%)	1	25.0%
Other Expenses	1	-	1	0	25.8%	(1)	(100.0%)
Total Expense	**5,489**	**5,677**	**7,021**	**(1,532)**	**(27.9%)**	**(1,344)**	**(23.7%)**
Pre-Tax Income	**(5,293)**	**(5,442)**	**(6,833)**	**(1,540)**	**(29.1%)**	**(1,391)**	**(25.6%)**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1450500000 - Standards Admin	4.0	18	561	382	129	-	(1,054)
1450500005 - U.S. Sub-Tags	0.0	36	-	11	32	-	(7)
1500000000 - VP Practice Institute	3.0	-	795	19	14	-	(828)
1500050000 - Center for Dental Practice	6.0	20	974	148	41	-	(1,144)
1500050100 - Center for Professional Success	4.0	51	583	12	181	-	(724)
1500050300 - PCSS O Grant	0.0	20	-	3	5	-	12
1500200000 - Ctr for Den Ben, Code & Qlty	10.0	44	1,549	146	22	-	(1,673)
1500210000 - Clinical Data Registry	0.0	-	-	-	1,000	-	(1,000)
1500400000 - Dental Informatics	2.0	-	358	-	56	-	(414)
PracticeInst - Practice Institute	**29.0**	**189**	**4,820**	**721**	**1,480**	**-**	**(6,833)**

Department Descriptions

1

Cost Center	Description of Work Outputs
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.
1450500005 - U.S. Sub-Tags	Provides support for the U.S. input and vote on all international dental standards. This cost center is comprised of industry technical reimbursement dues as revenue.
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 MAT	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.
1500210000 - Clinical Data Registry	The Clinical Data Registry is a comprehensive warehouse/registry to support development of health policy, treatment guidelines, medical necessity rules and to define population health and quality care.
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

1

Divisional Summary by Natural Account

Science Institute	2018 Actual	2019 Budget	2020 Budget	$ Var 20B vs 18A Fav/(Unfav)	% Var 20B vs 18A Fav/(Unfav)	$ Var 20B vs 19B Fav/(Unfav)	% Var 20B vs 19B Fav/(Unfav)
Revenue							
Meeting & Seminar Income	89	-	-	(89)	(100.0%)	-	0.0%
Grants, Contributions, Sprship	117	12	50	(67)	(57.3%)	38	316.7%
Other Income	1,351	998	1,160	(191)	(14.1%)	162	16.2%
Total Revenue	**1,557**	**1,010**	**1,210**	**(347)**	**(22.3%)**	**200**	**19.8%**
Expense							
Salaries and Temporary Help	3,179	3,245	3,309	(130)	(4.1%)	(64)	(2.0%)
Fringe Benefits	1,295	1,038	1,325	(30)	(2.3%)	(288)	(27.7%)
Consulting Fees & Outside Svcs	42	48	30	12	29.0%	19	38.5%
Print., Publicat. & Marketing	48	39	35	14	27.9%	4	11.1%
Meeting Expenses	24	62	21	3	12.7%	42	66.9%
Travel Expenses	323	402	298	25	7.7%	103	25.7%
Professional Services	275	136	91	184	67.0%	45	33.1%
Bank & Credit Card Fees	22	3	8	15	66.1%	(5)	(200.0%)
Office Expenses	215	211	181	35	16.0%	31	14.4%
Facility and Utility Costs	5	3	2	3	60.8%	1	20.0%
Grants and Awards	-	12	-	-	0.0%	12	100.0%
Depreciation and Amortization	141	189	205	(63)	(44.7%)	(16)	(8.3%)
Other Expenses	6	6	6	0	7.9%	1	8.3%
Total Expense	**5,576**	**5,393**	**5,509**	**67**	**1.2%**	**(116)**	**(2.1%)**
Pre-Tax Income	**(4,019)**	**(4,383)**	**(4,299)**	**(280)**	**(7.0%)**	**84**	**1.9%**

Summary by Department

ADA 2020 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue $	Expense $				Net $
			Employee Costs	Travel	Services	Depreciation	
1650000000 - Sr. VP Science Prof. Affairs	3.0	-	596	28	8	-	(632)
1650050000 - Council on Scientific Affairs	3.0	50	464	85	68	-	(566)
1650100000 - Research and Laboratory	9.0	-	1,033	54	158	185	(1,430)
1650200000 - Product Evaluations	2.0	-	264	3	7	-	(275)
1650200001 - OTC Seal Program	4.0	1,160	485	23	78	20	555
1650300000 - Scientific Information	8.0	-	1,018	22	9	-	(1,049)
1650500000 - Evidence Based Dentistry	6.0	-	775	83	44	-	(901)
Science Institute	**35.0**	**1,210**	**4,634**	**298**	**372**	**205**	**(4,299)**

Department Descriptions

Cost Center	Description of Work Outputs
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 on ADA.org and "For the Patient" pages in JADA. Scientific Information is also responsible for responding to House Resolutions 86H-2016 and 53H-2018 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 chairside guides. The Center for Evidence-Based Dentistry also provides continuing education opportunities through focused workshops and lectures.

Resolutions

(See Resolution 33; Worksheet:2095)
(See Resolution 34; Worksheet:2096)

1 **BOARD RECOMMENDATION: Vote Yes to Transmit.**

2 **BOARD VOTE: UNANIMOUS.**

Resolution No. 33 New

Report: Board Report 2 Date Submitted: August 2019

Submitted By: Board of Trustees

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

Total Net Financial Implication: $133,319,000 (Revenue)
$133,286,000 (Ongoing Expense) Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

APPROVAL OF 2020 BUDGET

Background: (See Report 2 of the Board of Trustees to the House of Delegates: 2020 Budget, Worksheet:2016). The Board of Trustees is recommending a 2020 operating budget of $133,319,000 in revenues and $133,286,000 in expenses and income taxes, generating a net surplus of $33,000. In addition, the budget anticipates $1,734,000 of operating capital expenditures. The 2020 budgeted revenue figures include an $11 dues increase. The vote on this resolution **only** approves the 2020 Budget and **not** the dues as there is a separate resolution to approve the annual dues of the association.

Resolution

33. Resolved, that the 2020 Annual Budget of revenues and expenses, including net capital requirements be approved.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 34 New

Report: Board Report 2 Date Submitted: August 2019

Submitted By: Board of Trustees

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

Total Net Financial Implication: $1,100,000 Net Dues Impact: $11

Amount One-time _____ Amount On-going $1,100,000

ADA Strategic Plan Objective: Supports All Strategic Plan Objectives

How does this resolution increase member value: See Background

ESTABLISHMENT OF DUES EFFECTIVE JANUARY 1, 2020

Background: The Board of Trustee at its July 2019 meeting approved a preliminary budget with net surplus of $33,000. The 2020 budget as approved includes an $11 dues increase. The $11 dues increase brings the current full dues rate to five hundred and sixty-five dollars $565.

Resolution

34. Resolved, that the dues of ADA active members shall be $565.00, effective January 1, 2020.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 34S-1 Amendment

Report: Board Report 2 Date Submitted: August 2019

Submitted By: Eleventh Trustee District

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

Total Net Financial Implication: $3.9M Net Dues Impact: $38

Amount One-time _____ Amount On-going $3.9M annually

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 TO RESOLUTION 34: ESTABLISHMENT OF DUES EFFECTIVE JANUARY 1, 2020

The following amendment to Resolution 34 was submitted by the Eleventh Trustee District and transmitted on August 19, 2019, by Mr. Bracken Killlpack, executive director, Washington State Dental Association.

Background: Reducing the number of dues discount categories and the number of members eligible to obtain said discounts provides the ADA with an opportunity to reduce the full dues rate without impacting the amount of dues revenue collected. In other words, more members paying full dues means that the full dues can be less. Data provided by ADA staff demonstrates that implementing the dues simplification proposal outlined in Resolution 15 one year earlier would allow ADA to obtain the 2020 budget revenue of $57.8 M with a full dues rate of $527 as opposed to the 2019 rate of $554 or the proposed 2020 rate of $565. Below is a table of dues revenue generated if Resolution 15S-1 (Worksheet:2011a) were implemented sine die of 2019 House of Delegates.

2020 Dues Rate	Total ADA Dues Revenue 2020	% of Budgeted ADA Revenue 2020
$565 (currently proposed)	$62.05 M	107.4%
$554 (2019 rate)	$60.85 M	105.1%
$527	$57.90 M	100.2%

Proposed Resolution

Amendment underscored: deletion ~~stricken~~.

34S-1. Resolved, that the dues of ADA active members shall be $~~565~~527.00, effective January 1, 2020.

BOARD RECOMMENDATION: Received after the August 2019 Board of Trustees meeting.

Resolution No. 74-75 New

Report: Board Report 11 Date Submitted: July 2019

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

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

REPORT 11 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: RESPONSE TO RESOLUTION 49-2018: THE DENTIST'S PRAYER

Background: The House of Delegates, through Resolution 49-2018, determined that the question of the proper role of faith and religion in the Association be referred to the appropriate ADA agency and that the agency also consider "The Dentist Prayer" with a report to the 2019 House of Delegates. The Board directed its Diversity and Inclusion Committee to prepare a recommendation on this issue. The Board agrees with the recommendation of its Committee as set forth in this report and thanks the members of that Committee.

How is the ADA Doing with Diversity and inclusion?

Through implementation of its *2015-2019 Diversity and Inclusion Plan*, diversity and inclusion efforts have been ongoing with notable progress over the last several years. However, more work is needed for ADA's governance, programs and policies to be widely seen as sensitive to diversity in the dental profession and the nation's population. A variety of stakeholders, including state and local dental societies, outside dental organizations, staff and volunteers, were recently asked to evaluate ADA's diversity and inclusion journey and share their perspective on where ADA ranks on the following *Diversity and Inclusion Continuum:*

1. **Unacquainted** – Diversity and difference are not on the radar of the dental society. Discussions on the value that diversity and inclusion bring to the organization have not taken place.
2. **Realization** – There is an understanding of the importance of diversity and inclusion and the ADA is fostering conversations about how to better create a welcoming and inclusive environment for all dentists.
3. **Intentional Inclusion** – The ADA and its leadership have made a formal commitment to diversity and inclusion and structural efforts are in place to advance efforts.
4. **Strategic Inclusion** – Long-term, broad-reaching diversity and inclusion strategic measures are in place and align with the Association's overall goals and objectives.
5. **Culture of Inclusion** – All layers of diversity and inclusion are considered and supported and systematic processes for maintaining inclusion are woven into the dental society's culture and operations.

The respondents collectively ranked ADA between *Realization* and *Intentional* inclusion. Given the changing demographics of the profession and ADA's commitment to diversity and inclusion through its core values, it's more critical than ever before that the ADA evolve on this continuum. To make progress, the ADA must embrace strategies to advance inclusion, while growing diversity. These combined efforts

will reinforce ADA's membership and leadership role within organized dentistry and can also impact the profession and the patients its members serve.

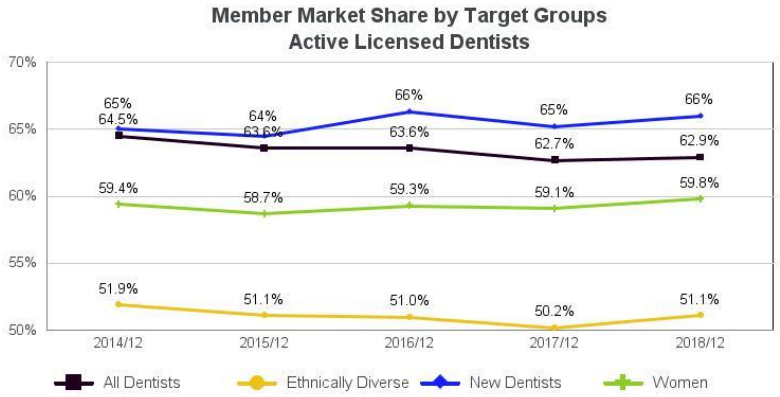
Combining Efforts to Advance Inclusion, While Growing Diversity

Diversity

The many dimensions of diversity include gender, religious beliefs, race, marital status, ethnicity, parental status, age, education, physical and mental ability, income, sexual orientation, occupation, language, geographic location, and many more components. By adoption of Resolution 54H-2011, Definition of ADA Diversity (*Trans*.2011:550), ADA defines diversity as follows:

> **Resolved,** that ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices.

Broader diversity is now reflected in the profession, including women, ethnically diverse, and group practice dentists with different beliefs, mindsets, experiences and expectations. These growing market segments represent the demographics where ADA market share tends to lag, as highlighted in the graph below. This means that ADA membership overall is less diverse than the dental profession. This disconnect is likely to lead to continued reductions in overall market share, specifically for new dentists entering the profession. New dentist market share is highlighted below.



Inclusion

While increases in membership diversity are positive, a focus on diversity, without inclusion, is not an effective or sustainable strategy. In order to attract and sustain diverse members, inclusion must be an implicit part of the equation. ADA's diversity and inclusion statement proclaims:

> The American Dental Association strives to model diversity and inclusion in everything we do. We believe that these foster an innovative and dynamic culture and lead to sustainable results. They allow us to further advance the dental profession, improve the oral health of the public, and promote equity and access to oral health. As a result, we serve and support the different identities, beliefs and perspectives of a diverse membership, leadership, workforce and staff, as well as a wide range of communities and organizations.

While diversity focuses on difference and numbers, inclusion promotes a culture where everyone, despite their difference, is welcomed, represented and valued. An organization's journey to achieve inclusion begins with an intentional focus and commitment that is showcased systemically through organizational actions and behaviors. Systemic inclusion can help attract and sustain diverse members and also positively impact their member experience.

Moving Forward: Intentionally Inclusive versus Unintentionally Exclusive

Not taking strong action to enhance inclusion across all levels of the ADA will result in missed opportunities to demonstrate relevance. This can ultimately have a significant negative impact on ADA's credibility as the voice of the profession and its future membership.

As the ADA's Diversity and Inclusion Committee prepares to launch its new 2020-2025 Diversity and Inclusion Plan, it is evaluating progress, determining gaps and identifying future opportunities. Key opportunities under the new plan include intentionally creating inclusive norms through culture, systems, and policies. Some traditions can be at odds with inclusion, although they may not intend to exclude others.

Best practices suggest that religious diversity must account for *those with different beliefs, as well as those who are not religious*. Given this, it becomes increasingly important for ADA to take a neutral role in regards to upholding any policy related to a particular religion. A neutral policy stance ultimately positions the ADA to appeal to the broadest range of members and potential members with varying beliefs, mindsets and expectations. In light of this, the Board's Committee questioned the role of faith and religion in the Association and also discussed the appropriateness and necessity of prayer in a health professional organization. Sentiments from this discussion led the Committee to evaluate two related ADA policies; The Dentist's Prayer and ADA's policy on Religious Diversity. Upon thoughtful consideration, the Committee believes and the Board agrees that changes to these policies will intentionally cultivate a more inclusive environment. Therefore, the Board concurs with its Committee and recommends rescinding the Dentist's Prayer from ADA policy and amending the ADA policy on Recognition of Religious Diversity.

Proposed Resolutions

74. Resolved, that the ADA Policy titled The Dentist's Prayer (*Trans.*1991:643) be rescinded.

75. Resolved, that the ADA Policy titled Recognition of Religious Diversity (*Trans.*1965:607) be amended as follows (additions underscored, deletions ~~stricken~~):

Recognition of ~~Religious~~ Diversity

Resolved, that in recognition of ~~the religious~~ diversity and to be inclusive of ~~the~~ our membership, ~~all~~ meetings of this Association ~~that~~ may begin with a ~~prayer or invocation also include a~~ moment of reflection, in lieu of a prayer.

Resolutions

(Resolution 74: See Worksheet 2100)
(Resolution 75: See Worksheet 2102)

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Resolution No. 74 New

Report: Board Report 11 Date Submitted: July 2019

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

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

RESCISSION OF ADA POLICY, THE DENTIST'S PRAYER

Background: Best practices suggest that religious diversity must account for those with different beliefs, as well as *those who are not religious*. Given this, it is imperative that the ADA take a neutral role in regards to upholding any policy related to a particular religion. A neutral policy stance ultimately positions the ADA to appeal to the broadest range of members and potential members with varying beliefs, mindsets and expectations. In light of this, the ADA Diversity and Inclusion Committee questioned the role of faith and religion in the Association and also discussed the appropriateness and necessity of prayer in a health professional organization. Sentiments from this discussion led the Committee to evaluate The Dentist's Prayer (*Trans.*1991:643). Upon thoughtful consideration, the Committee believes that rescission to this policy will intentionally cultivate a more inclusive environment. Therefore, in support of the Committee's findings, the Board of Trustees recommends rescinding The Dentist's Prayer from ADA policy.

Resolution

74. Resolved, that the ADA Policy titled The Dentist's Prayer (*Trans.*1991:643) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

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

WORKSHEET ADDENDUM
ADA POLICY TO BE RESCINDED

The Dentist's Prayer (*Trans.*1991:643)

Resolved, that the American Dental Association express its belief on quality assurance by accepting the first general Parameter of Care:

The Dentist's Prayer

Thank you, O Lord, for the privilege of being a dentist,

For letting me serve as your instrument in ministering to the sick and afflicted,

May I always treat with reverence the human life which you have brought into being and which I serve,

Deepen my love for people so that I will always give myself gladly and generously to those stricken with illness and pain,

Help me to listen patiently, diagnose carefully, prescribe conscientiously, and treat gently,

Treat me to blend gentleness with skill,

To be a dentist with a heart as well as a mind.

Joseph G. Kalil, D.D.S.

Resolution No. 75 New

Report: Board Report 11 Date Submitted: July 2019

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

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

AMENDMENT OF ADA POLICY, RECOGNITION OF RELIGIOUS DIVERSITY

Background: Best practices suggest that religious diversity must account for *those with different beliefs, as well as those who are not religious*. The Board of Trustees believes that changes to this policy will intentionally cultivate a more inclusive environment. A culture of inclusion allows all levels of the ADA to appeal to the broadest range of members and potential members.

Therefore, the Board recommends amending the ADA Policy titled Recognition of Religious Diversity (*Trans.*1965:607) as follows (additions underscored; deletions ~~stricken~~):

Resolution

Recognition of ~~Religious~~ Diversity

75. Resolved, that in recognition of ~~the religious~~ diversity and to be inclusive of ~~the~~ our membership, ~~all~~ meetings of this Association ~~that~~ may begin with a ~~prayer or invocation also include a~~ moment of reflection, in lieu of a prayer.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 85 New

Report: NA Date Submitted: August 2019

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

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

AMERICAN DENTAL ASSOCIATION'S DEFINITION OF DIVERSITY

Background: As the Board of Trustees standing committee on Diversity and Inclusion prepares to launch its new 2020-2025 Diversity and Inclusion Plan it is evaluating progress, determining gaps and identifying future opportunities. A key opportunity under the new plan includes updating the current ADA definition of diversity to be more inclusive of the different dimensions of diversity. To that end, the Board of Trustees recommends the rescission of the current Definition of ADA Diversity, replacing it as follows:

Proposed Resolution

Definition of ADA Diversity

85. Resolved, that the ADA defines diversity through many dimensions, including, but not limited to race, ethnicity, gender, age, physical abilities/qualities, sexual orientation, religious and ideological beliefs, professional practice choices and personal lifestyle preferences, and be it further

Resolved, that the ADA Policy, Definition of ADA Diversity (*Trans***.**2001:421; 2011:550), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

WORKSHEET ADDENDUM

POLICY TO BE RESCINDED

Definition of ADA Diversity (*Trans***.**2001:421; 2011:550)

Resolved, that ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices.

Resolution No. None N/A

Report: Council on Membership Report 2 Date Submitted: July 2019

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

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

UPDATE ON POST-DOCTORAL PILOT PROGRAM

Background: The ADA, in collaboration with 14 state societies, launched a pilot program in January waiving the $30 dues rate for graduate students attending a program in these states. Learnings from this pilot helped to identify and communicate member value and understand the potential level of growth with this target market. The overall goals of the program are to increase graduate student membership; improve the data collected for graduate students; and to increase the conversion of graduate student members to dues paying members. ADA, its participating state partners and a steering committee of program directors have been working together to build a collaborative plan scalable for the full graduate student market.

Key Highlights to Date:

- As of May 2019, there were 2,027 active licensed graduate members; 762 more compared to May 2018. Also, the May number of graduate student members has surpassed the end-of year 2018 number of 1,897 active licensed graduate members. The ADA is on track to meet the goal of a 400 graduate student member net growth in 2019. Given the timing of the graduation routine, end of month, May numbers are used in this report.

- When the pilot was launched, ADA was able to identify approximately 60% of the total market of graduate students. That percentage has grown to 63% as of May 2019.

- The ADA has been working closely with participating state societies to move existing graduate student members from “direct” membership in the ADA to “tripartite” membership at the ADA, state and local levels within Aptify and welcome them to all three levels of the organization. A communication/engagement plan was developed and is being utilized by state societies to assist with:
    - recruitment direct to residents and through program directors/faculty
    - relationship building with program directors
    - member communications
    - retention efforts including onboarding new members and member engagement efforts
    - conversion of graduate students members to dues rate A members in and out of state

- A steering committee of program directors/faculty, chaired by Drs. Freedman and Hanlon, was formed to gain insight and perspective on how to best engage both program directors/faculty and residents and to identify any opportunities and challenges. The committee met twice by conference call and discussed how to remain relevant to residents, strategies for identifying residents, relationship building strategies with program directors and how to support them in their work. A Post-Doctoral/Resident Steering Committee Update is attached as Appendix A.

- A survey to graduate student members and nonmembers will be deployed next quarter to capture more data and to gain an understanding of graduate student needs while in a program.

- An area within Aptify was developed to provide state societies with more detailed information about all graduate/residency programs in the U.S., to identify the program directors for each program, and to match graduate students to the programs.

With the elimination of dues for graduate students through the pilot program, state and local societies are able to better engage residents directly through the graduate programs and offer services and programs locally. In addition, this program enhances the ability of societies to build relationships with program directors, identify residents within the programs and increase the communication reach of membership and member value. For these reasons, and based on the success of the program to date, the Council voted to recommend to the 2019 House of Delegates the elimination of graduate student dues, via Resolution 15 (Worksheet: 2012), proposed amendments to the ADA *Governance and Organizational Manual*, Chapter I. Membership Matters, Section B. Dues, Special Assessments and Related Financial Matters, rather than continuing the successful pilot program for another two years. Should the House of Delegates approve the recommendation to eliminate graduate student dues, the collaborative efforts of the ADA and participating societies with this target market will continue and be deployed to all societies across the U.S.

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)

Appendix A

Post-Doctoral/Residents Steering Committee Update

The Post-Doctoral Steering Committee is comprised of eight members. The committee was formed to gain insight and perspective on how to best engage program directors/faculty and residents and to identify opportunities and challenges with both targets.

Members:

- *Dr. Mary Jane Hanlon, (co-chair), Tufts School of Dental Medicine, Boston, MA*
- *Dr. Jay Freedman, (co-chair), Abington Jefferson Hospital, Abington PA*
- Dr. Darwin Hayes, Bronx Care Health System, Bronx NY
- Dr. Marty Hogan, Loyola University Medical Center, Chicago, IL
- Dr. Sarah Khan, Resident, Maimonides Medical Center, Brooklyn, NY
- Dr. Kimberley Perkins-Davis, Meharry Medical College, Nashville, TN
- Dr. Tyrone Rodriguez, Yale New Haven Health Hospital, New Haven CT
- Dr. Jill Wallen, Nebraska Medical Center Omaha, NE

Objectives:

1. To capture the resident journey
2. To understand resident needs, concerns and what's important/not important to them
3. To identify strategies for identifying residents in each program
4. To identify strategies for ADA/State Societies to engage and connect with program directors and residents (relationship building strategies)
5. To identify strategies for encouraging program director/resident membership (recruitment/retention/value proposition/peer to peer influencers)
6. To understand how the ADA/state societies can support program directors/faculty in their work

Key Highlights:

The Committee met by conference call in April and May. Discussions have resulted in staff exploration of the following ideas:

- Survey residents to identify needs and also consider a separate collaborative effort with ADEA to identify needs.
- Explore opportunities for states/locals to connect with residents in the second quarter and also towards the end of programs.
- Consider a portal for residents directors, inclusive of resources to share with residents.
- Consider a resident section on ADA.org including resources for life after residency.
- Expand ADA Success programs beyond the dental school classroom; offer Success programs at resident programs.
- Retrieve temporary licenses from state boards to identify those in a residency program
- Explore leadership development opportunities for program directors.
- Communicate lobbying efforts that impact program directors in an effort to recruit this market to membership.
- Identify faculty members at different programs who are committed to ADA and leverage their influence to be foot soldiers on the ground.

Future calls will be convened to explore additional opportunities, as well as discuss challenges and successes with current initiatives.

Resolution No. None N/A

Report: Board Report 8 Date Submitted: July 2019

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

ADA Strategic Plan Objective: Finance-Obj. 4: Unrestricted liquid reserves targeted at no less than 50%.

How does this resolution increase member value: Not Applicable

REPORT 8 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: TECHNOLOGY INITIATIVES, EXPENDITURES AND ESTIMATED 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 directs staff to regularly validate ADA technology spending as compared to other associations. In 2018, 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). 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.* The data management project that is underway 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 tripartite. Phase I of this multi-phased project focused on developing and deploying dashboards to the states with membership-related data only using the ADA's existing business intelligence software, Information Builders. As of this report, all states as well as the Board and ADA Executives have received dashboard reporting. Additional software licenses were purchased in 2018 to accommodate rolling dashboards out to existing and new users. Phase II is underway, which focuses on dues revenue information. In addition, plans are underway to rollout dashboards to the local societies. Once the dashboard content has been defined, they will be designed to meet the management needs of the local societies. A software upgrade was also completed to bring Information Builders to the current version. This version provides additional features and functionality to the users as well as ensures compliance with our software licensing agreement.

- *Websites*. The ADA's websites are now using Oracle Infinity and Google Analytics for all web 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 is underway to move the current Coveo Search software to the Cloud. This move is necessary because the vendor will discontinue support of the current software this year. In addition, this upgrade offers Artificial-Intelligence (AI)-powered site search solutions. Search results will offer content suggestions to users based on the user's personal content viewing as well as aggregated users' content viewing. These features support the transition to a more personalized site experience by making search results more relevant for users. Sitecore, the content management software used on all ADA websites is scheduled for an upgrade in 2019. This upgrade will bring the software to the current version, which will bring new features and functionality to the users and ensure compliance with our software licensing agreement.

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. As of this report, 32 states and 88 components are using the branded web templates with another 7 sites (1 state and 6 components) scheduled to be deployed this year. A project is underway to design a refreshed home page design template that sites can use as an alternative to the current home page. This design leverages advances in website design and provides an improved responsive user experience. Sitefinity, the web content management software used on these sites is also scheduled for an upgrade in 2019. As with Sitecore, this upgrade will bring new features and functionality to the users and ensure compliance with our software licensing agreement.

- *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. A new framework was released that utilizes a flexible code library and allows for more efficient site management that is fully responsive for the large number of screen sizes available today. A new iterative design was launched on the ADA.org homepage. This new design is the beginning of a new design scheme for the entire website. This new design scheme is now being expanded through the authenticated experience. The remaining user experience flows are being finalized and all site component prototypes are being developed for implementation planning. Content Management System (CMS) licensing options to achieve the proposed website vision are being reviewed to determine the best path forward.

- *Mobility.* Existing mobile applications continue to be upgraded to current mobile platforms. A major redesign was completed to the Chairside Instruction mobile application, which had not been updated in several years.

- *Finance/HR/Payroll.* The first release of NetSuite, the ADA's new financial system was deployed in 2018. Since the initial implementation, system enhancements and updates continue to be identified and developed with the business users. An ADABIG subsidiary was created in NetSuite to provide this new subsidiary the ability to record all transaction types as well as have the same functionality as other ADA subsidiaries. Some ADA corporate customers prefer to pay with single-use credit cards. A process was implemented to allow Accounts Receivable staff to record and maintain this information in NetSuite. Skillsoft, the ADA's Learning Management System (LMS) was replaced with the LMS module available in UltiPro, the ADA's HR/Payroll system. This change allows staff to register for ADA-sponsored training courses, which are automatically added to the employee's record upon completion.

- *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 was completed this year. This upgrade was 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. Audio Visual (AV) upgrades were completed in the Chicago and Washington DC offices. 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. 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. Each environment requires a separate upgrade due to the customization of each environment. An upgrade to the Enterprise environment is currently underway. This upgrade will help move Aptify users from a client/desktop application to a web application that is more user friendly and allows users access to Aptify from any device with any web browser.

- Aptify/Education. A project to move the existing CODA Accreditation database and the CODA Consulting Training website to Aptify is underway and is slated for completion in August. This environment will be separate from the existing Aptify Enterprise and DTS environments to comply with student data security requirements. A project is also underway to move the existing CERP database to Aptify. This project is slated for completion in 2020.

The table below outlines actual project implementation expenditures in the core areas in 2018, projected spending in 2019 and planned spending in 2020. Also disclosed is spending related to infrastructure hardware and major projects.

IT Core Area	2018 Actual Spending	2019 Projected Spending	2020 Planned Spending
Enterprise Reporting & Analytics	233,145	0	0
Websites (National)	20,108	35,000	39,000
Websites (National) (Contingency Fund)	0	56,980	0
Websites (States & Locals)	91,688	165,852	108,000
Mobile Applications	53,180	20,000	15,000
Digital Member Experience	137,171	350,500	0
Finance/HR/Payroll	329,975	172,000	10,000
Finance/HR/Payroll (Reserves/Capital Replacement Fund)	47,375	0	0
Infrastructure, Hardware & Software Licenses	854,611	1,380,786	791,000
Aptify (National)	204,701	390,000	175,000
Aptify (National) (Reserves/Capital Replacement Fund)	181,670	0	0
Aptify (States & Locals)	187,500	175,000	175,000
Total Project Spending	2,341,124	2,746,118	1,313,000
Balance of IT Operating Budget	11,008,436	10,486,122	12,217,050
Total IT Spending	13,359,560	13,232,240	13,530,050

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. None N/A

Report: Board Report 13 Date Submitted: August 2019

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

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

REPORT 13 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: MULTI-STATE GROUP DUES COLLECTION PILOT PROGRAM

Background: This is an annual report about a pilot program that was authorized by the Board of Trustees by adoption of B-77-2018:

> **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 receive 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 one year after it has been implemented.

Great Expressions Dental Centers (GEDC) was selected to be the focus of the dues collection pilot. The 10 states with GEDC dental offices are: Connecticut, Georgia, Florida, Massachusetts, Michigan, New Jersey, New York, Ohio, Texas and Virginia.

Pilot Goals: The goals of the pilot are to identify opportunities to streamline the member application process at the state society level, as well as to provide administrative simplification for dues payments paid for by GEDC as a benefit to employee dentists who practice in multiple practice locations and in various states.

Operational Improvements: Strategic efficiencies developed by the Department of Membership Operations (DMO) for the pilot include:

- A monthly data exchange process between DMO and GEDC for new employee dentists which enables DMO to collaborate with states to expedite membership application approvals and dues quoting.
- Creation of custom views and reports within Aptify which enable DMO to invoice GEDC for membership dues efficiently.
- An internal ADA process to collect one bulk dues payment from GEDC and then disburse ADA, State and Local dues to each state society via check, a monthly data exchange of dentists who

terminate their employment with GEDC and provide this information to the state Executive Directors and membership staff on a monthly basis, enhancing the ability of state and local societies to engage these dentists and encourage their membership renewal as they transition from GEDC to another practice setting;

- Retaining and tracking all GEDC dentist data in the Aptify database, keeping this data transparent within all state and local society views.

Member Benefits: The pilot enabled the ADA to streamline the onboarding process of new dentist hires for the HR department at GEDC, enabling the employee dentist to access member benefits quickly. Previously, new hires may not have become ADA members until several months after they were hired, and might have left the GEDC before being approved for membership, and exposed to all of the benefits that the ADA, state and local have to offer. Once a dentist leaves a group practice, he or she may go into a private practice setting. If the dentist has been exposed to the value of ADA membership, he or she is more likely to renew membership in the Tripartite going forward. ADA has developed electronic member benefit information brochures which GEDC shares on their employee portal. This information includes benefits relevant to dentists in a multi-state group practice setting. GEDC dentists continue to receive benefits and outreach from the ADA and their state, including state marketing campaigns and other outreach communications.

Success Measures and Outcomes: The pilot has helped to reduce data reconciliation times at the state level and retain GEDC group practice dentists from 2018; the ADA has successfully invoiced, received and disbursed $389,466 in 2019 dues on behalf of 376 GEDC employee dentists. The new processes have improved data quality by tracking dentists moving in and out of GEDC employment and into other practice settings. On average, GEDC reports approximately 10 dentists per month terminate their employment. As ADA looks toward to future collaboration with various large multi-state practices, tracking dentists as they move from large practice environments is a challenge. The Council on Membership is very encouraged by the initial successes of the pilot in dues collection and application approval efficiencies that have been achieved. Maintaining GEDC information in Aptify requires resources to ensure data integrity, including direct contact with the dentist to help ensure retention of Tripartite membership. This pilot has been effective and warrants expansion going forward, however presently DMO does not have the capacity to roll out this pilot on a global scale in 2020.

Next Steps: Based upon the successes of the streamlined dues collection pilot to date, the improved processes between the ADA and the participating societies with GEDC will continue in 2020. As additional dental service organizations look to reduce administrative burdens and offer their employee dentists with Tripartite membership as part of their benefits, the ADA will seek opportunities for expansion of this pilot program. The ADA is currently focusing on the new features, process improvements and insights from this pilot that can be scaled in the near future for another DSO or large group practice. Reallocation of ADA internal resources and building capacity to support expansion of this pilot are being planned.

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 N/A

Report: Board Report 14 Date Submitted: August 2019

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

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: Not Applicable

REPORT 14 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 12/31/18 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 1/1/19 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 2018 (for balance sheet purposes), 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 12/31/18 audited balance sheet): The following roll-forward analysis of the ADA's 12/31/18 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 plan's 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.

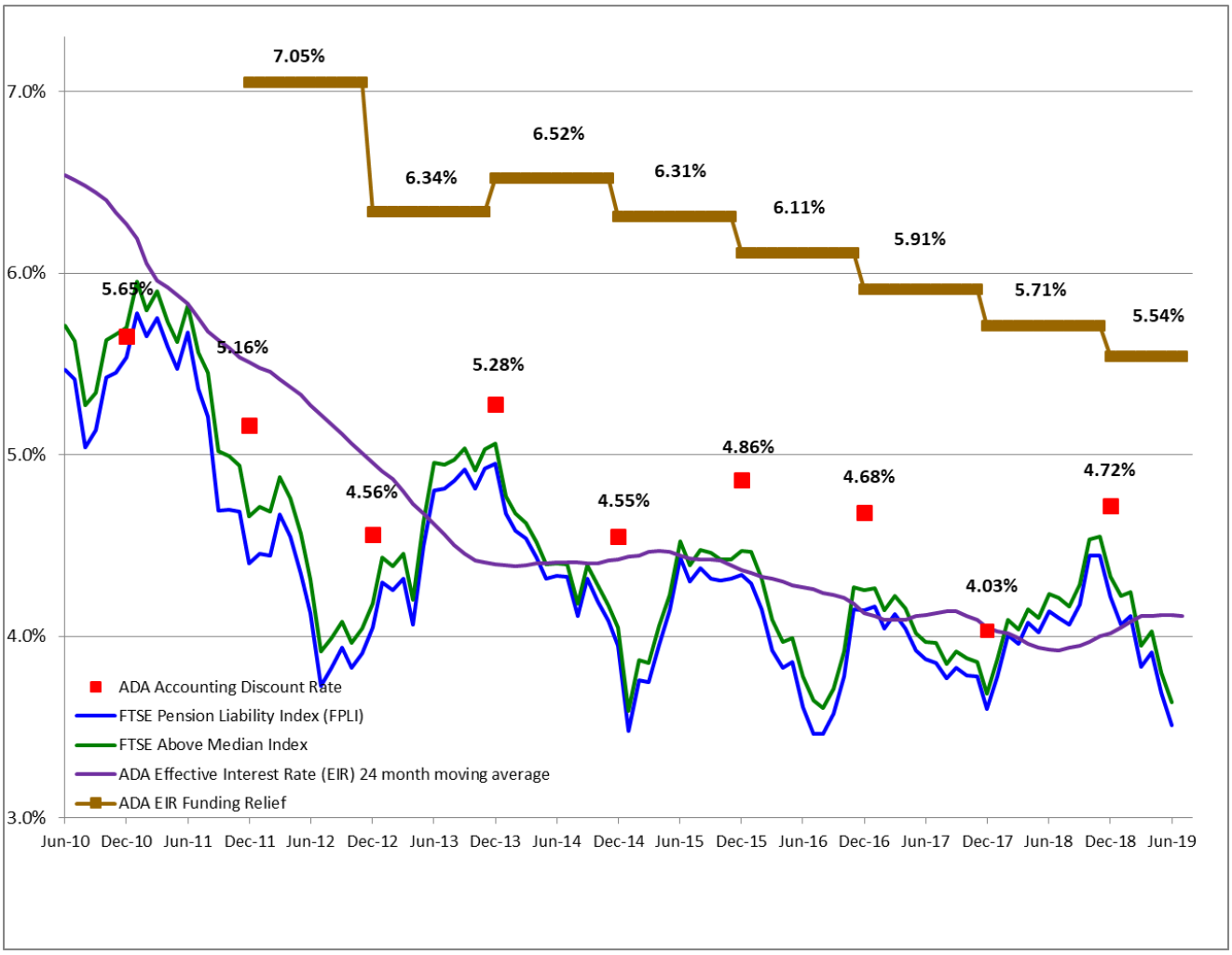
Finally, studies of mortality experience for participants in pension plans have been published by the Society of Actuaries in recent years. While these studies have often indicated that pension plan participants are generally living longer, sometimes revised mortality tables adjust life expectancy estimates 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 following chart.

The following historical roll-forward analysis chart shows an eight 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 2018 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. For year-end 2018, the liability decreased due to an increase in discount rate from 4.03% to 4.72% and revised mortality improvement expectations, which was offset by unfavorable investment performance. So far in 2019, interest rates have been decreasing while asset performance has been trending upward. The impact of decreasing “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**	**2018**	**Notes**
Beginning Balance, December 31 of prior year	48.8	51.1	56.8	29.0	50.4	54.1	56.4	53.0	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)	(2.7)	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)	(4.7)	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	11.7	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)	9.3	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	2.7	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	(18.9)	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)	(0.6)	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	(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**	**49.7**	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%	4.03%	
End of Year	5.16%	4.56%	5.28%	4.55%	4.86%	4.68%	4.03%	4.72%	
Rate change impact: (increase)/decrease liability		**(0.60%)**	**0.72%**	**(0.73%)**	**0.31%**	**(0.18%)**	**(0.65%)**	**0.69%**	

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 increased during 2018 but have decreased to date in 2019.

The funded status calculated based on accrual basis liability and fair value of plan assets included in the ADA's 12/31/18 balance sheet was 76.4% which compares to 76.6% funded status as of 12/31/17.



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" and "BBA 2015", reflect higher "ADA EIR Funding Relief" rates based on a 25 year average to provide pension relief which reduced the Plan's funding requirements for 2012 through 2019.

The FTSE (Financial Times Stock Exchange Group) Indexes are also included as an indicator of current interest rate trends. These rates moved upward in 2018 resulting in a higher accounting rate at 12/31/18 than at 12/31/17. So far during 2019, these rates have decreased noticeably.

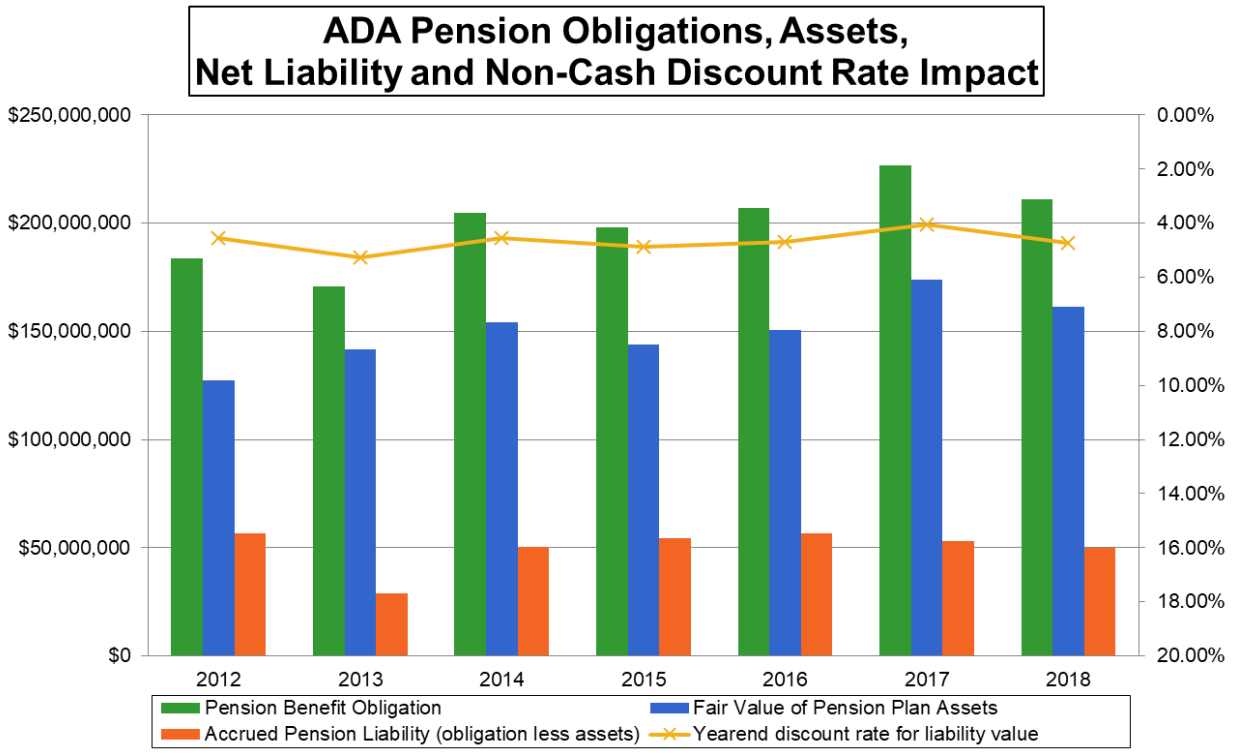
The inverse relationship between interest rates and the valuation of the year-end pension liability can also be seen in the following multi-year graph that includes:

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 $28.6M on the liability with an offsetting impact on the plan assets estimated at $12.0M which combine to a total "net impact" of $16.6M. So far in 2019, U.S. interest rates recently fell for a variety of reasons – chiefly the expectation that the Federal Reserve will reduce the Federal Funds Rate Target in the near future. Interest rates remain relatively low on a historical basis. Based on the profile of the Plan's liabilities, increases in longer-term interest rates would result in favorable adjustments to the Plan's funded status.

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 12/31/18 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 2014		Year End 2015		Year End 2016		Year End 2017		Year End 2018	
	amount	%	amount	%	amount	%	amount	%	amount	%
AFTAP Net Effective Interest Rate	**6.31%**		**6.11%**		**5.91%**		**5.71%**		**5.54%**	
Cash Basis Target Liability (= 100% status)	$ 156,344	100.0%	$ 163,231	100.0%	$ 170,791	100.0%	$ 178,074	100.0%	$ 189,771	100.0%
Less: Plan Assets	(159,182)	101.8%	(143,349)	87.8%	(150,126)	87.9%	(178,530)	100.3%	(170,666)	89.9%
Net AFTAP Report Unfunded Plan Liability	$ (2,838)	-1.8%	$ 19,882	12.2%	$ 20,665	12.1%	$ (456)	-0.3%	$ 19,105	10.1%

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.

For 2019, updated mortality tables (reflecting recent studies which were already accounted for in the accrual basis liability discussed earlier) resulted in an increase in the Cash Basis Target Liability over the prior year. This, coupled with poor 2018 market conditions, resulted in the reduced funded percentage reflected above.

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 to $2.2 million in 2017 and to $2.7 million in 2018.

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 and investment performance during 2019 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 strategy 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.

Vote: Report 14

BLACK	Yes	GEHANI	Yes	KLEMMEDSON	Yes	RODRIGUEZ	Absent
COHLMIA	Yes	HARRINGTON	Yes	KYGER	Yes	SABATES	Yes
DOROSHOW	Yes	HERRE	Yes	LEARY	Yes	SHEPLEY	Yes
EDGAR	Yes	HIMMELBERGER	Yes	MCDOUGALL	Yes	STEPHENS	Yes
FISCH	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

REPORT OF PRESIDENT

What an honor to be here with so many dedicated leaders, dedicated leaders committed to the American Dental Association.

Let me start by saying thank you, to you the House of Delegates, for your overwhelming support and the trust you have placed in me to serve you as the 155th President of the American Dental Association.

Thank you to the talented staff at the ADA for your support and teamwork.

Thank you to my Board, who were exemplary this year in tackling some very difficult issues in the most efficient, professional and dutiful manner.

Thank you to my President-Elect, Chad Gehani for his unwavering support, for his unconditional loyalty, for his counsel and guidance, and for his sincere friendship.

Finally, I would like to thank my wife Linda, who made the travel and Board duties possible, who was a real partner that represented this association and the profession so well as the first lady of the American Dental Association, or as her Instagram handle reads FLOTADA. Whether interacting with ADA leaders and staff, elected officials, leaders of other dental organizations or dental students, she embodies the inclusivity and hospitality we want to be known for as an organization. So please join me in thanking her.

Last year, when I took the oath of office in Honolulu Hawaii, I was told, “You are the official spokesperson and leader for more than 163,000 member dentists of this Association. At the end of your term of office, you will be called to give an account of your stewardship.”

At one point in history, this address would be the only way for the House of Delegates to receive an account of the President’s stewardship. But thanks to Instagram, Facebook, the ADA News, the Leadership Updates, the Morning Huddle and my special Messages from the President, you are more informed as a House of Delegates than ever before!

I will put into perspective what occurred during my stewardship, as well as thoughts as we look forward to the bright future ahead.

Greatness is never achieved by the efforts of any one individual. But a team of talented leaders and staff alike, who work together in tandem and in harmony toward a common goal and vision. This is how we achieve greatness and how we are encouraged to attempt the impossible. Last year when I addressed the House I promised, “This is my commitment to you. The ADA will continue to take bold action on issues that impact our member dentists and our patients alike. We will address disruptions head-on and seek the most innovative ways to address our members’ biggest concerns.”

So that effort started at our Board’s first meeting. You see, the main purpose of any Board is to provide oversight and set strategic direction for an organization. The latter is what most Boards struggle with and the ADA is not an exception. So to rectify this, the ADA Board at its retreat focused on the changing world. The advances of science and technology and most importantly the consumer experience around those advances, the CX as it has been termed by business experts. The consumer experience, and not just technological advancement, is the true deciding factor between success and failure in a disruptive environment and marketplace. We explored how we as the ADA could better serve our customers in a changing world; our customers being our members, our constituent societies, the public and our patients.

The Board explored the concept of lateral thinking. Finding solutions to our organization's biggest problems through efforts that may be seemingly unrelated. Lateral thinking is discovering solutions that deviate from convention.

So my ask was for the Board to open their minds, explore ways our world is changing and understand how our customers, our patients, our members, and our constituent societies experience what we deliver.

And then ask the question, "Will that experience meet their expectations in the future?"

This was part of the background that set the stage for the next 5 year strategic plan, Common Ground 2025.

This plan is based on the best market research that I have seen in more than 2 decades of serving as a leader in organized dentistry.

It utilized the quantitative market research surveys to discover what our members value, their awareness of our programs and how happy they are with our efforts. It combined the persona research of our members and patients, as well as the qualitative market research that lead to the ADA Practice Transitions program. The result is a comprehensive snapshot of all the segments of ADA members and potential members. The plan, Common Ground 2025, will ensure that the ADA remains relevant to members, remains relevant as the voice for the profession representing the vast majority of dentists, remains relevant as the trusted source of information, remains relevant through financial sustainability, and remains relevant as it benefits both our members AND the public.

For too long, I have heard people lament the duel constitutional purpose of the ADA, "enhancing the oral health of the public and to promote the art and science of dentistry." For some reason, they thought these purposes were at odds. They are not. It is just that the most important word was overlooked as nothing more than a simple conjunction. The word "AND" is the unifier, the most important word in the statement and gives us direction for Common Ground 2025. We guarantee success when we hit the sweet spot, where our efforts benefit both the public AND our members.

Your Board tackled some difficult strategic discussions this year—Disruption, Consumerism, Student debt, and Inclusion. They also handled some tough decisions yet worked in a most efficient and collegial manner. The tone was set that the Board Room was a fair and safe place for open and honest discussion, resulting in the Board survey showing the highest functionality and satisfaction of the Board in the history of the survey tool.

Dental students are not only the future of our profession, they are the NOW of our profession. In an effort to best engage the student leaders and better align the efforts of the ADA and the American Student Dental Association, the two Boards met for a joint session just weeks after the ASDA leaders were elected. The Boards examined ways we could further collaborate as organizations and connected the student leaders with their ADA counterparts, in order to build relationships, for collaboration and mentorship throughout their leadership year and hopefully for a lifetime.

In December we celebrated the passage of the Action for Dental Health Act. We were successful in passing this bipartisan legislation when little was happening in Washington DC. We now have federal funding for safety net programs like Give Kids A Smile, Missions of Mercy, and Emergency Room referral programs to help provide access to care.

For sponsoring this Act, along with his long history of support of the dental profession, the Board unanimously supported my recommendation for Congressman Mike Simpson, a fellow dentist, to receive the Distinguished Service Award of the ADA.

Many of you heard about the documentary “Root Cause” which was spreading fake news and scaring patients with false claims about root canal therapy. In a dual strategy we provided our members with the necessary information to dispel the myths in the documentary; to help put their patients at ease and alleviate their fears. We also partnered with the endodontists and dental researches to leverage our influence to have the documentary taken down from Netflix.

I met with the Surgeon General and his boss the Assistant Secretary of Health to discuss dentistry’s role in finding solutions to the opioid crisis. This summer I was invited to speak at the National Institute of Health to a group of more than 500 scientists, researchers and individuals in the recovery space. They wanted me to explain why the American Dental Association was the first health care organization to stand up and advocate for solutions to the opioid crisis… when other health care organizations would not. It was the courage and leadership of our Council on Governmental Affairs, our Board of Trustees and this House of Delegates that made it happen. Following accolades about the ADA and our profession from the Director of the NIDCR, I was honored to explain in a most personal and professional way how our organization stepped up and did the right thing. That was one of my proudest moments representing this profession. Thank you all for your courage!

This year, for the first time ever we have bipartisan bills in both the House and the Senate to repeal the antitrust exemption of the McCarran-Ferguson Act! We are poised to correct the unfair business practices of insurance companies, to level the playing field and increase competition in the marketplace.

But we need to get the Senate moving, particularly those Senators in leadership and the Judiciary Committee. To that end I took our advocacy efforts all the way to the White House, where we met with a special assistant to the President to shore up Presidential support through a Statement of Administration Policy and to seek influence over the leadership of the Senate. We are closer than we have ever been before. I am confident that once we are able to get this bill to a vote on the Senate floor, this repeal will be signed into law.

We met with the Food and Drug Administration back in February. My question to them was simple and straightforward, “Why do you allow Smile Direct Club to provide orthodontic aligners outside of the ‘by prescription only’ requirement?” They explained the best way to bring public health and safety issues to their attention was to file a formal complaint. So, on behalf of the ADA we filed the citizens petition describing how patients have been harmed because of this model of dispensing aligners.

We later filed a complaint with the FTC consumer protection division against Smile Direct Club because of what we believe is its misleading advertising and the difficulty patients have when they try to seek recourse when outcomes are problematic. This is the type of bold action I have talked about.

As we move forward into the future the ADA must continue to take bold action on issues that impact our member dentists and our patients alike. We must address disruptions head-on and seek the most innovative ways to address our members’ biggest concerns. We recognize that the business and practice of dentistry is changing dramatically. What remains one of the most pressing calls for each and every one of us, is to shape these forces, these disruptors, in such a way, that we continue to advance the profession forward in the most positive manner… that we are the ones to steer and guide change, so that the foundations of our profession, those things that make us professionals and not just people in a job or a career, but the foundations of our

profession remain strong….and most of all that the business and practice of dentistry remains true to the trust that has been placed in us by our patients and by the public.

We can't listen to those who defend their actions by claiming, "I'm a disruptor" as if that gives them the authority to hurt people, to be misleading, and ignore standards of care. In the advancement of oral health, we must demand that patients are protected from harm, and we must promote our ethics and professionalism. We can't be a risk-averse organization. We need to continue to make decisions in the best interest of our patients despite the difficulties and despite litigious nature and bullying of others.

As leaders, we are charged with ensuring a positive future—not for maintaining the status quo—but for addressing disruption head-on, and building and shaping a most positive future.

Together we can deliver that bright future I have talked about.

Together, we can take bold action despite the risks.

Thank you for opportunity to serve you as your President and thank you for giving me the chance to make a difference.

Dental Benefits, Practice and Related Matters

Resolution No. 5 New

Report: N/A Date Submitted: June 2019

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

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 REGARDING EMPLOYMENT OF A DENTIST

Background: The Council on Dental Practice (CDP) proposed an amendment to the statement regarding employment of a dentist. This policy includes a broad statement that employers need to comply with federal and state law. However, the Council recommends including a distinct statement against discrimination to emphasize the importance of this concept and to support members, especially new dentists, who are employees. The proposed amendment mirrors the prohibition against discrimination found in the ADA Principles of Ethics and Code of Professional Conduct.

Proposed Resolution

5. Resolved, that the current ADA Statement Regarding Employment of a Dentist *(Trans.2013:353)* be amended as follows (additions are underscored).

Statement Regarding Employment of a Dentist

These guidelines provide guidance for practice owners or management companies (collectively "employers") in their working relationships with dentists associated with their practices, either as employees or independent contractors, except for postdoctoral education programs where a resident dentist is an employee of the educational program (collectively "employees"). The purpose of these guidelines is to protect the public in the provision of safe, high-quality and cost-effective patient care. Employers and employees should recognize and honor each of the guidelines set forth in this policy statement.

I. As described in the *ADA Principles of Ethics and Code of Professional Conduct,* dentists' paramount responsibility is to their patients. An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management, including with respect to but not limited to:

a. The use of any materials, or the delivery of a prosthetic device, that represents an acceptable standard of care or the refusal to use materials or deliver a prosthetic device that does not represent an acceptable standard of care;

b. The use of techniques that are reasonably believed to be within the standard of care and are in the patient's best interest or the refusal to use techniques that are not within the standard of care and are not in the patient's best interests (recognizing the patient's right to select among treatment options);

c. The mandated provision of treatment that the employee dentist feels unqualified to deliver; and

d. The provision of treatment that is not justified by the employee dentist's personal diagnosis for the specific patient.

II. Because all employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations, an employed dentist should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers. Employers should make certain that, for example:

a. Appropriate business practices, including but not limited to billing practices, are followed;

b. Facilities and equipment are maintained to accepted standards;

c. Employment contractual obligations are adhered to.

d. Employment practices must prohibit discrimination including hiring and compensation practices on the basis of race, creed, color, gender, national origin, gender identity, sexual orientation or disability.

III. Because a dentist is functioning within a professional domain, anyone employing a dentist should, for example:

a. Guard against lay interference in the exercise of a dentist's independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management;

b. To the extent permitted by law, promptly provide the dentist access to all relevant patient records in the event of peer review, board complaint or lawsuit, both during and subsequent to the dentist's employment; and

c. Recognize and honor the dentist's commitment, as an ADA member, to comply with the *ADA Principles of Ethics and Code of Professional Conduct.*

* Dentists are advised that employment contracts may have provisions that conflict with these guidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.

and be it further

Resolved, that the Association publish and promote this statement to dentist employers and employees, and be it further

Resolved, that the Association encourage constituent societies to utilize this statement to facilitate legislative and regulatory measures to ensure the fair and ethical treatment of dentist employees and the patients that they treat.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 7 New

Report: N/A Date Submitted: June 2019

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

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, REGULATING NON-DENTIST OWNERS OF DENTAL PRACTICES

Background: ~~Twelve (12) states, Arizona, California, Colorado, Indiana, Kentucky, Maine, Minnesota, Nevada, New Mexico, North Dakota, Washington and Wisconsin, allow a person or legal entity not licensed as a dentist in the state to participate in the ownership of a private dental practice~~. States have varying dental practice ownership requirements, ranging from requiring dentist ownership to allowing a person or a legal entity not licensed to practice as a dentist participation in total or partial ownership of private dental practices. In order to protect the oral health and safety of patients, assure their continuity of care and to provide states with guidance to ensure that licensed dentists are leaders of the dental team and in control of the practice of dentistry, the Council has proposed that the ADA policy Regulating Non-Dentist Owners of Dental Practices (*Trans.*2011:491) be amended to request registration of non-dentist owners by the state licensing board and/or appropriate state authority.

In order to protect the oral health and safety of patients, assure their continuity of care and to provide states with guidance to ensure that licensed dentists are leaders of the dental team and in control of the practice of dentistry, the Council has proposed that the ADA policy Regulating Non-Dentist Owners of Dental Practices (*Trans.*2011:491) be amended to request registration of non-dentist owners by the state licensing board and/or appropriate state authority.

Resolution

7. Resolved, the statement regarding, *Regulating Non-Dentist Owners of Dental Practices (Trans.*2011:491*)* should be amended as follows (additions are underscored).

Regulating Non-Dentist Owners of Dental Practices

Resolved, that in order to protect the oral health and safety of patients, and to ensure their continuity of care, the ADA, through its appropriate agencies, urge and assist constituent societies to advocate for the regulation of entities that provide dental services but are owned or controlled by non-dentists, corporations or dentists not licensed in that state by dental licensing and state authorities, and be it further

Resolved, that licensing and state authorities be urged to establish regulations which hold entities providing dental services that are owned by non-dentists, corporations or dentists not licensed in that state to the same ethical and legal standards as those that are owned by state licensed dentists, and be it further

Resolved, that when non-dentists, corporations or dentists not licensed in that state own a dental practice or a private facility for the delivery of dental care these entities should register and obtain a license to do business by both their respective dental licensing board and state agency when such requirements exists.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 7S-1 Amendment

Report: N/A Date Submitted: August 2019

Submitted By: Eleventh District Caucus

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

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 7: REGULATING NON-DENTIST OWNERS OF DENTAL PRACTICES

The following amendment to Resolution 7 was submitted by the Eleventh District Caucus and transmitted on August 22, 2019, by Mr. Bracken Killpack, executive director, Washington State Dental Association.

Resolution

7S-1. Resolved, that the statement on *Regulating Non-Dentist Owners of Dental Practices*, (*Trans*.2011:491) be amended as follows (additions are double underscored; deletions double ~~strikeouts~~).

Regulating Non-Dentist Owners of Dental Practices

Resolved, that in order to protect the oral health and safety of patients, and to ensure their continuity of care, the ADA, through its appropriate agencies, urge and assist constituent societies to advocate for the regulation of entities that provide dental services but are owned or controlled by non-dentists, corporations or dentists not licensed in that state by dental licensing and state authorities when state law allows non-dentists, corporations, or dentists not licensed in that state to own or control dental practices, and be it further

Resolved, that licensing and state authorities be urged to establish regulations which hold entities providing dental services that are owned by non-dentists, corporations or dentists not licensed in that state to the same ethical and legal standards as those that are owned by state licensed dentists, and be it further

Resolved, that ~~when~~ if non-dentists, corporations or dentists not licensed in that state own a dental practice or a private facility for the delivery of dental care these entities should register and obtain a license to do business by both their respective dental licensing board and state agency when such requirements exists.

BOARD RECOMMENDATION: Received after the August 2019 Board of Trustees meeting.

Resolution No. 8 New

Report: N/A Date Submitted: June 2019

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

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 DENTISTS' CHOICE OF PRACTICE SETTINGS

Background: The Council on Dental Practice (CDP), with the support of the Council on Government Affairs (CGA), recognizes the wide diversity of practice models that exist in the dental profession. ADA's Health Policy Institute reports just over 50% of dental practices in the US were solo owner practices, down from 65% in 1999. Dentists are increasingly practicing in groups of different sizes. As more dentists seek opportunities outside of solo practice, the CDP has proposed amending the policy, Dentists' Choice of Practice Settings (*Trans.*1994:637), to support dentists' choice of practice setting.

Proposed Resolution

8. Resolved, that the ADA Statement on *Dentists' Choice of Practice Settings (Trans.*1994:637*)* be amended as follows (additions are underscored; deletions are ~~stricken~~).

Dentists' Choice of Practice ~~Settings~~ Models

Resolved, that the ADA supports ~~or initiate legislation to maintain~~ the ability of dentists to freely choose a practice ~~setting~~ model best suited to their ~~style~~ professional preference and training so they can assist patients in achieving the highest quality dental health.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 8S-1 Amendment

Report: N/A Date Submitted: August 2019

Submitted By: Eleventh District Caucus

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

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 8: STATEMENT ON DENTISTS' CHOICE OF PRACTICE SETTINGS

The following amendment to Resolution 8 was submitted by the Eleventh District Caucus and transmitted on August 22, 2019, by Mr. Bracken Killpack, executive director, Washington State Dental Association.

Resolution

8S-1. Resolved, that the statement on *Dentist's Choice of Practice Settings* (*Trans.*1994:637) be amended as follows (additions are double underscored).

Dentists' Choice of Practice ~~Settings~~ Models

Resolved, that the ADA supports ~~or initiate legislation to maintain~~ the ability of dentists to freely choose a practice ~~setting~~ model best suited to their ~~style~~ professional preference and training so they can assist patients in achieving the highest quality dental health without interference of their clinical independence.

BOARD RECOMMENDATION: Received after the August 2019 Board of Trustees meeting.

Resolution No. 9 New

Report: N/A Date Submitted: June 2019

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

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

STATEMENT ON PROGRAMS LIMITING DENTAL BENEFIT TO NETWORK PROVIDERS

Background: The Council on Dental Benefit Programs (CDBP) recommends rescinding the policy titled "Closed Panel Dental Benefit Plans" (*Trans.*1989:545; 2014:451) and the policy titled "Guidelines for Components of Dental Health Maintenance Organizations" (*Trans.*1988:476; 1993:689; 1995:610; 2013:304) in lieu of a new policy "Statement on Programs Limiting Dental Benefit to Network Providers."

These policies address similar issues that can be combined for efficiency. Further, emerging types of networks including Exclusive Provider Organizations need to be included in the policy.

Proposed Resolution

9. Resolved, that the ADA policy, "Statement on Programs Limiting Dental Benefit to Network Providers" be adopted.

Statement on Programs Limiting Dental Benefit to Network Providers

The ADA supports approaches to designing dental benefit programs that allow patients the freedom to choose a dentist and receive benefit payment.

A Closed Panel Dental Benefit Plan exists when patients eligible to receive benefits can receive them only if services are provided by dentists who have signed an agreement with the benefit plan to provide treatment to eligible patients. As a result of the dentist reimbursement methods characteristic of a closed panel plan, only a small percentage of practicing dentists in a given geographical area are typically contracted by the plan to provide dental services.

An Exclusive Provider Organization (EPO) is a type of Preferred Provider Organization (PPO) under which patients must use providers from the specified network of dentists to receive a benefit; there is no payment for care received from a non-network provider except in an emergency situation.

A Dental Health Maintenance Organization (DHMO) is a dental benefit plan that is a legal entity that accepts the responsibility to provide or otherwise ensure the delivery of an agreed upon set of comprehensive oral health care services for a voluntarily enrolled group of persons in a geographic area, with dental care provided by only those dentists having contracts with the DHMO to provide these services.

The ADA opposes these approaches as the *only* dental benefit plans available to patients. To protect the patient's freedom to receive benefits for dental services provided by any legally-qualified dentist of his or her choice, the ADA suggests the following guidelines for dental benefit plan sponsors who choose to offer these types of dental benefit programs:

1. Benefit programs that offer dental benefits through these types of plans should also offer a Freedom of Choice Plan with equal or comparable benefits which permits free choice of dentist under a fee-for-service arrangement. Under this system, individual consumers should have periodic options to change plans.

2. There should be equal premium dollars per subscriber available for all dental plans being offered.

3. All dentists willing to abide by the terms of the programs provider contract should be eligible to participate in the program.

4. Dental subscribers in these plans should be made fully aware of, and have access to, the profession's peer review mechanism.

5. When requested by the patient, these plans should pay for a second opinion from a dentist outside the network.

6. A complete description of benefits provided under each plan should be given to all eligible individuals prior to each enrollment period. Benefit limitations and exclusions of each plan should be clearly described, and a complete and current list of dentists who participate in these plans should be provided and updated semi-annually.

7. The Freedom of Choice Plan should be designated the primary enrollment plan, i.e., eligible individuals who fail to enroll in any plan should be enrolled in the freedom of choice plan.

and be it further,

Resolved, that the ADA policies titled Closed Panel Dental Benefit Plans (*Trans.*1989:545; 2014:451) and Guidelines for Components of Dental Health Maintenance Organizations (*Trans.*1988:476; 1993:689; 1995:610; 2013:304) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

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

WORKSHEET ADDENDUM

POLICIES TO BE RESCINDED

Closed Panel Dental Benefit Plans (*Trans.*1989:545; 2014:451)

A closed panel dental benefit plan exists when patients eligible to receive benefits can receive them only if services are provided by dentists who have signed an agreement with the benefit plan to provide treatment to eligible patients. As a result of the dentist reimbursement methods characteristic of a closed panel plan, only a small percentage of practicing dentists in a given geographical area are typically contracted by the plan to provide dental services.

The Association recognizes this concept as one way of financing dental services. However, due to the economic incentive for patients to choose a personal dentist from a limited number of contracted dentists, this benefit concept has the potential to reduce the patient's access to dental care.

In view of these concerns, the Association opposes this approach as the only dental benefit plan available to patients. To protect the patient's freedom to receive benefits for dental services provided by any legally qualified dentist of his or her choice, the Association suggests the following guidelines for dental benefit plan sponsors who choose to offer a closed panel dental benefit plan:

1. Benefit programs that offer dental benefits through a closed panel should also offer a plan with equal or comparable benefits that permits free choice of dentist under a fee-for-service arrangement.

2. There should be equal premium dollars per subscriber available for all dental plans being offered.

3. A complete description of benefits provided under each plan should be given to all eligible individuals prior to each enrollment period. Benefit limitations and exclusions of each plan should be clearly described, and a complete and current list of dentists who participate in the closed panel plan should be provided and updated semi-annually.

4. The freedom of choice plan should be designated the primary enrollment plan, i.e., eligible individuals who fail to enroll in any plan should be enrolled in the freedom of choice plan.

5. Subscribers should have periodic options to change plans.

Guidelines for Components of Dental Health Maintenance Organizations
(*Trans.*1988:476; 1993:689; 1995:610; 2013:304)

A dental health maintenance organization (DHMO) is a dental benefits plan that is a legal entity that accepts the responsibility to provide or otherwise ensure the delivery of an agreed upon set of comprehensive oral health care services for a voluntarily enrolled group of persons in a geographic area, with dental care provided by only those dentists having contracts with the DHMO to provide these services.

The American Dental Association opposes DHMOs as the sole benefit plan available to subscribers. Rather, a DHMO should be presented to consumers as an alternative mode of financing and delivering oral health services, along with a comparable program that permits free choice of dentist.

The ADA maintains that DHMOs should not receive preferential treatment and suggests the following guidelines for DHMOs:

1. The DHMO should be recognized as only one of many alternatives to finance oral health care.

2. A complete description of benefits provided under each plan should be given to all eligible individuals prior to each enrollment period. Benefit limitations and exclusions of each plan should be

clearly described, and a complete and current list of dentists who participate in the closed panel plan should be provided.

3. Development and administration of a DHMO should be under the control of a dentist.

4. Dental subscribers in a DHMO setting should be made fully aware of, and have access to, the profession's peer review mechanism.

5. A dental health education program with emphasis on prevention should be provided to all enrolled in a DHMO dental program.

6. The utilization of dental personnel should be consistent with American Dental Association policy.

7. Benefit programs offering dental care through a DHMO should also offer a plan with equal or comparable benefits that permits free choice of dentist under a fee-for-service arrangement. Under this dual choice system, the individual consumers should also have periodic options to change plans and there should be equal dental plans.

8. The freedom of choice plan should be designated the primary enrollment plan, i.e., eligible individuals who fail to enroll in any plan should be enrolled in the freedom of choice plan.

9. Administration should assure maximum benefits in dental care and minimum expenditures for administration.

10. When requested by the patient, the DHMO should pay for a second opinion from a dentist outside the DHMO network.

11. A broad range of dental services should be available to subscribers.

12. There should be no economic deterrent imposed that would discourage the utilization of diagnostic, preventive and emergency services.

Resolution No. 10 New

Report: N/A Date Submitted: June 2019

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

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

PROPOSED NEW POLICY, PATIENTS' RIGHTS TO RECEIVE A BENEFIT FOR DENTAL PROCEDURES FROM THEIR MEDICAL PLAN

Background: The Council on Dental Benefit Programs is proposing a new policy statement on "Patients' Rights to Receive a Benefit for Dental Procedures from their Medical Plan".

The ADA has been receiving many inquiries from member dentists requesting information on appropriateness of billing the patients' medical plan for dental procedures. This policy proposal will help establish the ADA opinion on this issue.

Proposed Resolution

10. Resolved, that the ADA policy, "Patients' Rights to Receive a Benefit for Dental Procedures from their Medical Plan" be adopted as follows.

The ADA supports the rights of patients to receive a benefit for dental procedures from their medical plan when the dental procedures are not paid for by the patients' dental benefit plan.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 11 New

Report: N/A Date Submitted: June 2019

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

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, MEDICAL LOSS RATIO

Background: The Council proposes rescinding the policy titled Managed Care Programs' Administrative Costs, Profit and Treatment Expense (*Trans.*1994:644) and amending the policy titled Medical (Dental) Loss ratio (*Trans.* 2015:244).

The Council believes these policies are duplicative and proposes combining the policies for efficiency.

Proposed Resolution

11. Resolved, that the ADA policy, Medical Loss Ratio, *(Trans.* 2015:244) be amended as follows (additions are underscored; deletions are ~~stricken~~).

Medical (Dental) Loss ratio (*Trans.* 2015:244)

Resolved, that the ADA supports the concept of a "Medical Loss Ratio" for dental plans defined as the proportion of premium revenues spent on clinical services and quality improvement versus administrative services and company profits, and be it further

Resolved, that dental plans, both for profit and nonprofit should be required to publicize in their marketing materials to plan purchasers and in written communications to their beneficiaries the percentage of premiums that fund treatment and the percentage of premiums that go to administrative costs, promotion, marketing and profit, or in the case of nonprofit entities, reserves, and be it further

Resolved, that the ADA support legislative efforts to require dental benefit plans to file a comprehensive MLR report annually and to establish a specific loss ratio for dental plans in each state, and be it further,

Resolved that the ADA policy, Managed Care Programs' Administrative Costs, Profit and Treatment Expense (*Trans.*1994:644) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

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

WORKSHEET ADDENDUM

POLICY TO BE RESCINDED

Managed Care Programs' Administrative Costs, Profit and Treatment Expense
(*Trans.*1994:644)

Resolved, that the appropriate agencies of the American Dental Association seek federal legislation and encourage constituent societies to seek state legislation that would require Health Maintenance Organizations (HMOs), capitation programs, and Preferred Provider Organizations (PPOs), both for profit and nonprofit, to publicize in their marketing materials to plan purchasers and in written communications to their patients the percentage of premiums that fund treatment and the percentage of premiums that go to administrative costs, promotion, marketing and profit, or in the case of nonprofit entities, reserves.

Resolution No. 12 New

Report: N/A Date Submitted: June 2019

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

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

PROPOSED ADA POLICY STATEMENT ON THE USE OF SILVER DIAMINE FLUORIDE

Background: An expert panel convened by the American Dental Association Council on Scientific Affairs and the Center for Evidence-Based Dentistry conducted a systematic review and formulated evidence-based clinical recommendations for the arrest or reversal of noncavitated and cavitated dental caries using nonrestorative treatments in children and adults. Dental caries is a chronic non-communicable disease that affects people of all ages worldwide.

The panel provided recommendations for the use of 38% silver diamine fluoride (SDF) solution to arrest noncavitated and cavitated carious lesions on primary and permanent teeth. SDF 38% is the only concentration available in the United States.

In the interest of public health, SDF may be used for a broad range of clinical situations including but not limited to, when local or general anesthesia is not preferred, when a patient is not able to cooperate with treatment, or when it is necessary to offer a less costly or less invasive alternative.

The dentists' clinical judgment should be used to identify situations in which application of these recommendations may not be appropriate. The dentist should offer or explain all nonsurgical and restorative treatment options and their potential adverse effects to all patients.

In order to ensure this product would be used in the manner intended by the clinical guidelines, the Council recommends adopting the ADA Policy Statement on the Use of Silver Diamine Fluoride.

Proposed Resolution

12. Resolved, that the ADA policy, Statement on the Use of Silver Diamine Fluoride, be adopted.

Statement on the Use of Silver Diamine Fluoride

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain limited circumstances, SDF can be used as a non-restorative treatment to arrest cavitated carious lesions on primary and permanent teeth. SDF treatment for carious lesions requires appropriate diagnosis and monitoring by a dentist.

When using SDF for caries management, the following protocols should be followed:

1. A diagnosis of caries and comprehensive treatment plan, developed by a dentist, are necessary for each patient prior to the application of SDF.

2. Patients or their lawful guardians who opt for this treatment modality should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.

3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training under the indirect or Public Health supervision of a dentist, in accord with state law and in conjunction with the above protocols, keeping in mind that caries removal may be indicated for effective use of SDF.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 12S-1 Amendment

Report: N/A Date Submitted: August 2019

Submitted By: Eleventh 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

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 12: PROPOSED ADA POLICY STATEMENT ON THE USE OF SILVER DIAMINE FLUORIDE

The following amendment to Resolution 12 was submitted by the Eleventh Trustee District and transmitted on August 21, 2019, by Dr. Brooke Fukuoka.

Background: Some of the language could be interpreted and used by third-party payers to limit benefits. Additionally, when dentists are making referrals for special-needs patients or children, dental benefit plans may deny a benefit based on frequency limitations if the referring doctor does a comprehensive exam to treatment plan before referring. The exam by the referring doctor may also make subsequent management by the specialist more difficult if the referring doctor had difficulty managing the patient to perform the exam. Some wording in the resolution may also indicate treatment protocols that appear to be more specific and/or restrictive than current published studies would indicate.

Proposed Resolution

12S-1. Resolved, that the ADA policy, Statement on the Use of Silver Diamine Fluoride*,* be adopted (additions underscored; ~~deletions stricken~~).

Statement on the Use of Silver Diamine Fluoride

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain ~~limited~~ circumstances, SDF can be used as a non-restorative treatment to arrest cavitated carious lesions on primary and permanent teeth. SDF treatment for carious lesions requires appropriate diagnosis and monitoring by a dentist.

When using SDF to arrest carious ~~caries~~ lesions ~~for caries management~~, the following protocols should be followed:

1. A diagnosis of caries and plan for comprehensive treatment ~~plan~~, developed by a dentist, are necessary for each patient prior to the application of SDF.

2. Patients or their lawful guardians who opt for this treatment modality should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.

3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training under the direct, indirect, general, or Public Health supervision of a dentist, in accord with state law and in conjunction with the above protocols, and the dentist takes responsibility for providing further care, if indicated. ~~keeping in mind that caries removal may be indicated for effective use of SDF.~~

BOARD RECOMMENDATION: Received after the August 2019 Board of Trustees meeting.

Resolution No. 13 New

Report: N/A Date Submitted: June 2019

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

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, ALTERATION OF DENTAL TREATMENT PLANS BY THIRD PARTY CLAIMS ANALYSIS

Background: The Council on Dental Benefit Programs proposes amending the policy titled, Alteration of Dental Treatment Plans by Third-Party Claims Analysis (*Trans.*1999:929; 2013:320).

Dental Plans often include policies that pay a benefit for a procedure different from that submitted by a dentist. The Council proposes an addition to the policy to strengthen the ADA viewpoint that this constitutes changing the treatment plan and not supported when the patient has not been examined.

Proposed Resolution

13. Resolved, that the ADA policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis, *(Trans.*1999:929; 2013:320) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Alteration of Dental Treatment Plans by Third-Party Claims Analysis
***(Trans.*1999:929; 2013:320)**

Resolved, that in consideration of existing policy on standards for dental benefit plans (*Trans.*1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the treating dentist, and carries with it full liability, and be it further

Resolved, that the formulation or alteration of a treatment plan without an examination of the patient is unethical and should be prohibited, and be it further

Resolved, that the ADA encourage the adoption of ~~this~~ these positions by the American Association of Dental Boards, all state dental associations, and all states' boards of dentistry, and be it further

Resolved, that the ADA urges state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 13S-1 Amendment

Report: N/A Date Submitted: August 2019

Submitted By: Third 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

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 13: REVISION OF POLICY, ALTERATION OF DENTAL TREATMENT PLANS BY THIRD-PARTY CLAIMS ANALYSIS

The following amendment to Resolution 13, was submitted by the Third Trustee District and transmitted on August 7, 2019, by Dr. Gary S. Davis, secretary, Pennsylvania Dental Association.

Background: The Third Trustee District supports the amendment proposed by the Council on Dental Benefit Programs and suggests an additional amendment to further clarify the ADA's viewpoint. Resolution 13 asks for an exam but does not indicate who is authorized to do the exam. In that scenario, an exam could be done by a non-dentist or a dentist who is not licensed in the state where treatment is being provided.

The Third Trustee District amendment clarifies that there must be a dental examination provided by a dentist who is licensed in the state where the patient is being treated or where the dentist is legally authorized to provide such examination.

Proposed Resolution

13S-1. Resolved, that the ADA policy, Alteration of Dental Treatment Plans by Third-Party Claims Analysis, (Trans.1999:929; 2013:320) be amended as follows (additions are <u>double underscored</u>; deletions are ~~stricken~~):

Alteration of Dental Treatment Plans by Third-Party Claims Analysis (*Trans.*199:929; 2013:320)

Resolved, that in consideration of existing policy on standards for dental benefit plans (*Trans*.1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546), the challenge of a dental treatment plan by a third-party claims analysis is considered diagnosis and thereby constitutes the practice of dentistry, which can only be performed by a dentist licensed in the state in which the procedures are being performed, who has equivalent training with that of the treating dentist, and carries with it full liability, and be it further

<u>Resolved,</u> <u>that the formulation or alteration of a treatment plan without a~~n~~ dental examination of the patient by a dentist legally authorized in the state in which the patient is being treated is unethical and should be prohibited, and be it further</u>

Resolved, that the ADA encourage the adoption of ~~this~~ these positions by the American Association of Dental Boards, all state dental associations, and all states' boards of dentistry, and be it further

Resolved, that the ADA urges state dental associations and all states' boards of dentistry to pursue legislation and/or regulations to meet this end.

BOARD RECOMMENDATION: Vote Yes

Vote: Resolution 13S-1

BLACK	Yes	GEHANI	Yes	KLEMMEDSON	Yes	RODRIGUEZ	Absent
COHLMIA	Yes	HARRINGTON	Yes	KYGER	Yes	SABATES	Yes
DOROSHOW	Yes	HERRE	Yes	LEARY	Yes	SHEPLEY	Yes
EDGAR	Yes	HIMMELBERGER	Yes	MCDOUGALL	Yes	STEPHENS	Yes
FISCH	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. 26 New

Report: N/A Date Submitted: June 2019

Submitted By: Minnesota Dental Association

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

DEFINING THE PRACTICE OF DENTISTRY

The following resolution was submitted by the Tenth Trustee District and transmitted on June 13, 2019 by Carmelo Cinqueonce, executive director, Minnesota Dental Association.

Background: The practice of dentistry is undeniably inseparable from the myriad of controlling decisions within a dentist's domain. And while a number of tasks may be delegated to, and or conducted via service contracts with non-dentist individuals or corporations, the ultimate authority and decision making within a dental practice must remain with a licensed dentist. Such authority must not be abdicated in a manner which would relinquish control. A similar resolution was adopted by the Minnesota Dental Association's 2018 House of Delegates. The language is being brought forward to restate the domain of the dentist and his/her professional, and in many cases statutory, responsibility over the practice of dentistry.

Proposed Resolution

26. Resolved, that except as provided in the ADA Policy entitled "Ownership of Dental Practices" (*Trans.*2000:462), it is the position of the American Dental Association that dentist-owned dental practices may contract with non-dentist persons or entities for business, professional, and support services to assist dentists in the operations of dental practices, but such services should be subject to the oversight and control of a licensed dentist. Dentists do not retain management control if a non-dentist contractor has the authority to set, approve, or disapprove policies or practices relating to the clinical practice of dentistry, including, but not limited to, any of the following clinical activities:

a. Patient scheduling,
b. Treatment planning,
c. Selecting or purchasing dental equipment, dental materials, or dental laboratories,
d. Referral of patients, or
e. Access to patient data and patient records.

and be it further

Resolved, that except as provided in the ADA Policy entitled "Ownership of Dental Practices" (*Trans.*2000:462), it is the position of the American Dental Association that dentists should maintain management control over activities that might be viewed as the business side of the practice. A dentist is deemed to have relinquished management control of their practice of dentistry if a non-dentist contractor has any of the following authorities or characteristics including but not limited to:

a. Authority over dental practice bank accounts,
b. Ability to make key financial decisions for the practice,
c. Power to employ clinical or office-based staff,
d. Control over whether a refund payment to a patient is made,
e. Authority to establish billing policies or practices,
f. Ability to determine which dental benefit plans are accepted.

BOARD COMMENT: Current ADA policies include Ownership of Dental Practices (*Trans.*2000:462), Regulating Non-Dentist Owners of Dental Practices (*Trans*.2011:491) and Dentistry (*Trans.*1997:687; 2015:254). Amendments to the ownership policies have been submitted to the 2019 House of Delegates by the Council on Dental Practice.

While current policies do not specifically define either dental practice or ownership of a dental practice, these concepts are intertwined. Given the submission of amendments to existing policies, the Board of Trustees recommends referral of this resolution to the appropriate ADA agency so this resolution can be assessed with all related, and possibly amended, policies.

BOARD RECOMMENDATION: Vote Yes on the Referral.

Vote: Resolution 26

BLACK	Yes	GEHANI	Yes	KLEMMEDSON	No	RODRIGUEZ	Yes
COHLMIA	Yes	HARRINGTON	Yes	KYGER	Yes	SABATES	Yes
DOROSHOW	Yes	HERRE	Yes	LEARY	Yes	SHEPLEY	Yes
EDGAR	Yes	HIMMELBERGER	Yes	MCDOUGALL	Yes	STEPHENS	Yes
FISCH	Yes	HUOT	Yes	NORBO	Yes	THOMPSON	Yes

Resolution No. 27 New

Report: N/A Date Submitted: June 2019

Submitted By: Minnesota Dental Association

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

RESOURCES FOR MEMBER DENTISTS

The following resolution was submitted by the Tenth Trustee District and transmitted on June 13, 2019 by Carmelo Cinqueonce, executive director, Minnesota Dental Association.

Background: The number of dentists electing to enter into relationships with dental support organizations has steadily risen over the last several years. As such, those members electing to pursue that career path are often asked to enter into complex business agreements. The ADA's Center for Professional Success provides a wealth of information and resources designed to assist member dentists on a variety of professional topics. A valuable addition to the Center for Professional Success library would be a document detailing what a member dentist should know when reviewing business service agreements with dental support organizations.

Proposed Resolution

27. Resolved, that the American Dental Association Legal Division create a document on what a dentist needs to know when reviewing a business services agreement with a dental support organization (similar to "Dentist Employment Agreements: A Guide to Key Legal Provisions),

and be it further

Resolved, that the ADA State Government Affairs Division track dental support organization-related legislative and regulatory activities in constituent states and make the information available to ADA members.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 28 New

Report: N/A Date Submitted: August 2019

Submitted By: Second Trustee District

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: $33,660 Net Dues Impact: $0.33

Amount One-time $33,660 Amount On-going

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

PEDIATRIC SCREENING FOR SLEEP RELATED BREATHING DISORDERS

The following resolution was submitted by the Second Trustee District and transmitted on June 17, 2019, by Dr. Mark J. Feldman, executive director, New York State Dental Association.

Background: In 2017, the ADA House of Delegates approved a policy statement on Sleep Related Breathing Disorders (SRBD). The adopted policy statement outlines the role of dentists in treating SRBD. Key components include assessing a patient's risk for SRBD as part of a comprehensive medical and dental history and referring affected patients to appropriate physicians. Specifically, the policy statement refers to the screening of children.

> In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development or other risk factors that may lead to airway issues. If risk is determined, intervention through medical or dental referral or treatment may be appropriate to help treat the disorder and/or develop an optimal physiologic airway and breathing pattern.

It is widely believed that current dental education does not prepare dentists to recognize pediatric airway issues. Additionally, standardized methods of screening with standardized thresholds for referral also are not currently available. Development of such standard methods and thresholds would serve to dispel the subjective criteria that is currently used. Contemporaneous educational materials on the screening methods and the significant signs of pediatric airway issues would benefit the dental community and public. Therefore, the following resolution asks the appropriate agency or agencies of the ADA to develop such a protocol and educational materials and to promote the use of the protocol where appropriate. Certainly, the Give Kids A Smile® events that are held nationally provide a great opportunity to screen thousands of children for this debilitating health problem.

Resolution

28. Resolved, that the American Dental Association, through its appropriate agency or agencies, develop a screening tool/protocol for pediatric airway issues for use by dentists, and be it further

Resolved, that this tool be promoted for use in dental practice and provided as a resource for Give Kids A Smile® events where permitted under applicable state laws and regulations.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 35 New

Report: N/A Date Submitted: July 2019

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

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, INFECTION CONTROL IN THE PRACTICE OF DENTISTRY

Background: The Centers for Disease Control and Prevention (CDC) has issued updates to the 2003 Guidelines for Infection Control in Dental Health Care Settings and future updates are possible. CDC has not changed the name or date of the original guidelines when updates have been made. The proposed amendment clarifies that CDC updates should be followed.

Resolution

35. Resolved, that the policy *Infection Control in the Practice of Dentistry (Trans:*2012:470*)* be amended as follows (additions are underscored).

INFECTION CONTROL IN THE PRACTICE OF DENTISTRY

Resolved, that it be ADA policy to support the implementation of standard precautions and infection control recommendations appropriate to the clinical setting, per the 2003 Guidelines for Infection Control in Dental Health Care Settings and the 2016 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care from the Centers for Disease Control and Prevention (CDC), and be if further

Resolved, that the ADA urges practicing dentists, dental auxiliaries and dental laboratories to keep up to date as scientific information leads to improvements in infection control,

and be it further

Resolved, that this policy includes implementation of CDC recommendations for vaccination and the prevention and management of exposures involving non-intact skin, mucous membranes and percutaneous injuries.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 72 N/A

Report: Elder Care Workgroup Report 1 Date Submitted: August 2019

Submitted By: Elder Care Workgroup

Reference Committee: B (Dental Benefits, Practice and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

ELDER CARE WORKGROUP REPORT 1 TO THE HOUSE OF DELEGATES:
ELDER CARE STRATEGY

Background: This is a progress report on the work to date of the ADA Elder Care Workgroup, which was appointed in response to action by the 2018 House of Delegates (HOD) that "the President appoint an ad hoc committee with the relevant expertise to review and update Resolution 5H-2006 (*Trans.*2006:319) and identify an implementation plan and timeline to address elder care including Medicare" (*Trans.*2018:310).

The workgroup was appointed in February 2019. Members of the workgroup include Dr. Cesar Sabates, Florida, *chair;* Dr. Joseph Battaglia, New Jersey; Dr. Michael Eggnatz, Florida; Dr. William Gerlach, Texas; Dr. Judith Jones, Michigan; Dr. Matthew Messina, Ohio; Dr. Paul Mulhausen, M.D., Iowa; Dr. Richard Nagy, California; Dr. Marsha Pyle, Missouri; Dr. Diane Romaine, Maryland; Dr. Ronald Riggins, Illinois; and Dr. Thomas Sollecito, Pennsylvania. An independent facilitator was engaged to help the workgroup identify and focus on specific elder care issues.

A comprehensive, detailed background document summarizing the ADA's work on Resolution 5H-2006 (*Trans.*2006:319), was prepared and distributed to the workgroup, with the intent to capture all the ADA work in the area of elder oral health care in the intervening years.

The facilitator administered and analyzed a two-question survey with all workgroup members to prepare for the group's first meeting and begin setting priorities:

1. What are the biggest issues or challenges that need addressing with respect to Oral Care and the Elderly?
2. As we begin to plan our work, what are the important lessons to be learned from the history of Resolution 5H-2006?

An introductory conference call was held in April 2019, with the workgroup beginning to identify ongoing informational needs in developing a comprehensive strategy, specifically:

- Need to stratify/identify the segments within the senior population, based on the existing diversity (differing needs for care, mobility, ability to pay, medically complex, etc.)
- Identify training needs for dentists to provide care to older adults, specifically to meet the needs of the complex elderly (significant comorbidities, cognitive challenges, mobility issues, etc.)

- Workgroup responsibility to balance needs of patients who need financially accessible care, and the needs of the profession to be financially sustainable

Following the initial meeting, the facilitator interviewed each workgroup member at length to identify their priorities for the development of a comprehensive elder oral healthcare strategy. Extensive pertinent resource material was gathered and distributed to the workgroup based on the analysis of these interviews in preparation for the workgroup's first in-person meeting in June 2019. The workgroup's efforts to date have focused on developing strategies related to advocacy, education, practice support and other non-financial areas.

Next Steps: Pending the decision of the House of Delegates, an additional meeting would be needed to complete the task assigned by the HOD. An in-person meeting is planned for early October 2019 for conversation and decision-making related to unique delivery costs of elder care from both the perspective of dentists and patients in the current economic environment. The resolution assigned to this workgroup directed a review of current ADA policy on Medicare and if deemed appropriate, recommendations for amendments to Medicare policy. Due to time constraints, these issues were not discussed at the first meeting. The second meeting would address the complexities of this specific issue on its own.

The workgroup would continue to gather and analyze data and information that will help address these challenging issues and finalize recommendations, including financing of elder oral health care, which would be reported to the 2020 HOD.

Resolution

72. Resolved, that the *ad hoc* Elder Care Committee, comprised of members appointed by the President, be reauthorized for another year to review and update Resolution 5H-2006 (*Trans*.2006:319) and to identify an implementation plan and timeline to address elder care including Medicare.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 76 New

Report: N/A Date Submitted: August 2019

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

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 STATEMENT ON THE ROLE OF DENTISTRY IN THE TREATMENT OF SLEEP RELATED BREATHING DISORDERS

Background: The Centers for Medicare and Medicaid Services (CMS) has taken the position that a dentist cannot be compensated for any diagnostic services under Medicare Part B in addition to billing for the appropriate oral therapy appliance under durable medical equipment (DME). The proposed amendment would clarify the dentists' role in the treatment of patients with Sleep Related Breathing Disorders as diagnosed and referred by a physician. The dentist must decide whether a sleep appliance is appropriate, which type of appliance is best suited to the individual patient, and monitor and adjust the appliance as indicated.

Resolution

76. Resolved, that the *Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders* (*Trans.*2017:269) be amended as follows (additions are underscored; deletions are ~~stricken.~~)

Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (*Trans*.2017:269)

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth, as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various surgical modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients compared to no therapy or placebo devices. Oral appliance

therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP). Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist's role in the treatment of SRBD includes the following:

- Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to the appropriate physicians for proper diagnosis.

- In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern.

- Oral appliance therapy is an appropriate treatment for mild and moderate sleep apnea, and for severe sleep apnea when a CPAP is not tolerated by the patient.

- When a physician diagnoses obstructive sleep apnea in an adult patient and the treatment with oral appliance therapy is recommended ~~When oral appliance therapy is prescribed by a physician~~ through written or electronic referral ~~order for an adult patient with obstructive sleep apnea~~, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate, a dentist should fabricate an oral appliance, monitor its effectiveness and titrate the appliance as necessary.

- Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity.

- Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral.

- Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of OA titration.

- Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment.

- Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.

- Dentists should maintain regular communications with the patient's referring physician and other healthcare providers to the patient's treatment progress and any recommended follow-up treatment.

- Follow-up sleep testing by a physician should be conducted to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. None N/A

Report: Board Report 9 Date Submitted: July 2019

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

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: RESPONSE TO RESOLUTION 75H-2018: DATA COLLECTION PARAMETERS FOR DENTAL PRACTICE DELIVERY MODELS

Background: The 2018 House of Delegates adopted the following resolution.

> **75H. 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.

The proposal for this resolution identified the need to establish a robust study outline with clinically and socially relevant parameters that can be used in the future to evaluate emerging practice delivery models.

The ADA Health Policy Institute (HPI) convened an advisory group of experts to create the requested study outline. The final report is a guide for researchers, state dental associations, state and local health program personnel and other oral health stakeholders. The report outlines the process of identifying a problem, understanding the innovation or program implemented to address that problem, and evaluating the effectiveness of that innovation or program based on a variety of program evaluation criteria (i.e. measures). The intent of the document is to be a comprehensive resource on conducting a variety of oral health related evaluations, including evaluations of the effectiveness of different practice delivery models.

The Advisory Group convened by HPI includes:

- Donald L. Chi, DDS, PhD, University of Washington
- Peter Damiano, DDS, MPH, University of Iowa
- Daniel J. Klemmedson, DDS, MD, ADA Trustee, Fourteenth District
- Susan McKernan, PhD, MS, DMD, University of Iowa
- Elizabeth Mertz, PhD, MA, University of California, San Francisco
- Jean Moore, DrPH, FAAN, University at Albany, State University of New York

The final report can be accessed at the following link:
https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Documents/75HReport.pdf?la=en

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Resolution No. 87 New

Report: N/A Date Submitted: August 2019

Submitted By: Third 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

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

TRACKING DATA ON DONATED SERVICES

The following resolution was submitted by the Third Trustee District and transmitted on August 22, 2019, by Rebecca Von Nieda, director, Meetings and Administration, Pennsylvania Dental Association.

Background: In 2018, the ADA House of Delegates adopted Resolution 25H-2018:

> **25H-2018. Resolved,** that the Board of Trustees be urged to prioritize the establishment of 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, and be it further
>
> **Resolved,** that the Board identify the best approach to fund the clinical data warehouse/registry and provide an implementation plan with a timeline to the 2019 House of Delegates.

This resolution was referred to the Council on Dental Benefits Programs. The Council has proposed the following:

> Vision: The ADA wants to establish a data warehouse with data from all dental practices, including solo and small groups, so that the Association can play a leadership role in advancing the clinical evidence base for the profession. Specifically, by being the steward of a national clinical data registry, the ADA will:
>
> - Identify opportunities to improve third-party payment policies and further support optimum oral health for all
> - Provide clinical evidence supporting the appropriate delivery of dental services upholding the highest ethical standards of the profession
> - Inform clinical decision support tools provided to dentists, including standardized benchmarking tools
> - Track and report patient oral health outcomes over time and across different care delivery models, geographic areas, etc.

The ADA Third District believes that a key element of the clinical data registry should include information on care that is provided pro bono, or at a reduced fee by dentists in their dental offices. Tracking volunteerism would allow for better metrics for care provided to this under-reported segment and further

speaks to the strategic plan's core value of *Commitment to the Improvement of Oral Health*. It is a tracking tool that dentistry can use when evaluating the impact our volunteer care has on overall health care. Therefore, the following resolution is proposed:

Resolution

87. Resolved, that if feasible, capabilities to track data on donated services through dentists' volunteerism be built into the ADA clinical data warehouse system to generate aggregate reports.

BOARD RECOMMENDATION: Received After the August 2019 Board of Trustees meeting.