

2023

Annual Reports and Resolutions

164th Annual Session
Orlando, Florida
October 7–10, 2023

Table of Contents

Councils and Commissions	1	Advocacy for Access and Prevention, Council on
	10	Communications, Council on
	16	Continuing Education Provider Recognition, Commission for
	20	Dental Benefit Programs, Council on
	26	Dental Education and Licensure, Council on
	31	Dental Practice, Council on
	38	Ethics, Bylaws and Judicial Affairs, Council on
	53	Government Affairs, Council on
	60	Members Insurance and Retirement Programs, Council on
	66	Membership, Council on
	71	National Dental Examinations, Joint Commission on
	79	Recognition of Dental Specialties and Certifying Boards, National Commission on
	89	Scientific Affairs, Council on
ADA Business Enterprises, Inc.	98	ADA Business Enterprises, Inc.
ADA Foundation	101	ADA Foundation
ADA Science and Research Institute	107	ADA Science and Research Institute
ADA 2022 Audited Financial Statement	127	ADA and Subsidiaries, Consolidated Financial Statements and Supplemental Schedules

Officers

George R. Shepley, president
Linda J. Edgar, president-elect
Mark E. Bronson, first vice president
David J. Manzanares, second vice president
Ted Sherwin, treasurer
W. Mark Donald, speaker of the House of Delegates
Raymond A. Cohlma, executive director and secretary

Board of Trustees

Craig S. Armstrong, Fifteenth District
James M. Boyle, III, Third District
Brendan Dowd, Second District
Terry Fiddler, Twelfth District
Frank J. Graham, Fourth District
John E. Hisel, Jr., Eleventh District
Karin Irani, Thirteenth District
Brett Kessler, Fourteenth District
James E. Lee, New Dentist Committee Chair
Chad R. Leighty, Seventh District
Rudolph T. Liddell, Seventeenth District
Marshall H. Mann, Fifth District
Randall C. Markarian, Eighth District
Michael D. Medovic, Sixth District
Scott L. Morrison, Tenth District
Gary D. Oyster, Sixteenth District
Richard J. Rosato, First District
Michele M. Tulak-Gorecki, Ninth District

Senior Staff

Krishna Aravamudhan, senior vice president, Practice Institute
Jordan Baugh, chief technology officer
Suzanne Ebert, vice president, Professional Career Services
Judith Fleeks, chief human resources officer
Scott W. Fowkes, general counsel
Tony Frankos, senior vice president, Publishing & Sales Enablement
James S. Goodman, chief business strategy and product portfolio officer, Business Group
Michael A. Graham, senior vice president, Government and Public Affairs
April Kates-Ellison, chief client services and tripartite relations officer, Member and Client Services
Norman Kwong, vice president, Business Development & Innovation
Catherine H. Mills, vice president, Product Development, Continuing Education & Meeting Engagement
Stephanie Moritz, chief customer innovation officer
David M. Preble, chief strategy officer and chief science officer
Robert Quashie, chief operating officer
Elizabeth (Betsy) A. Shapiro, chief of governance and strategy management
Paul Sholty, chief financial officer
Pamela Von Lehmden, vice president, Integrated Marketing & Brand Experiences
Marko Vujicic, chief economist and vice president, Health Policy Institute
Leslee Williams, vice president, Public & Professional Communications
Anthony J. Ziebert, senior vice president, Education/Professional Affairs

Council on Advocacy for Access and Prevention

Mancini, James, 2023, Pennsylvania, chair
 Simpson, Elizabeth V., 2024, Indiana, vice chair
 Arsenault, Karen V., 2023, Massachusetts
 Burdette, Karin L., 2026, Texas
 Clemente, Elizabeth A., 2024, New Jersey
 Cochran, Stephen D., 2024, Florida
 Conlon, Molly E., 2025, Wisconsin
 Delecki, Christopher, 2023, Washington
 Kosten, Kathryn R., 2024, Illinois
 Le, Huong N., 2025, California
 Margolin, Robert E., 2023, New York
 Marshall, Rodney M., 2024, Alabama
 Mattingly, Emily A., 2026, Missouri
 Millwood, Gregory A., 2026, South Carolina
 Nord, Jackie, 2025, North Dakota
 Otto, Alexandra P., Texas*
 Robertson, Jessica L., 2025, Arizona
 Rogers, Paul, N., 2026, Kansas

Grover, Jane S., senior director
 Cantor, Kelly, manager, Community Based Programs
 Lense, Elizabeth C., manager, Health Equity and Prevention Programs
 Sewell, Earl K., manager, Council Administration
 Thomas, Emma B., manager, Access Community Oral Health Infrastructure
 Zaborowski, Matt T., manager, Preventive Health Activities

The Council's 2022-23 liaisons include: Dr. Rudy Liddell (Board of Trustees, Seventeenth District), Ms. Victoria Carroll, (American Student Dental Association); and Mr. Greg Mitro (Alliance of the American Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.1. of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council shall be:

- a. Oral Health Literacy
- b. Oral Disease Prevention and Intervention
- c. Access to Oral Healthcare
- d. Community Oral Health Advocacy

* *New Dentist Member*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

Initiative/Program: Community Dental Health Coordinator (CDHC) Program

Success Measures: By December 2023, achieve at least 1000 graduates of the CDHC program across the United States with at least one federal program employing CDHCs to promote oral health.

Target: 1000 CDHC graduates nationally.

Range: 800—1200 graduates nationally.

Outcomes: To date, there are 22 CDHC training sites with over 900 graduates nationally.

- The Indian Health Service launched the CDHC program within its federal dental system in January 2023.
- The Health Resources and Services Administration (HRSA) awarded three (3) grants to applicants who focused on projects utilizing CDHC involvement.
- The West Virginia University School of Dentistry's Hygiene program will graduate their first cohort of CDHCs.
- Zufall Community Health Center has graduated its third cohort of CDHC.
- The Blue Ash Community College in Ohio, part of UC Cincinnati system, and the first Ohio-based training site, began its new CDHC program with 18 students enrolled.
- The Musc James B. Edwards College of Dental Medicine, Charleston, South Carolina, began the contract process to implement the CDHC program via sublicensing to six (6) dental hygiene/dental assisting programs in its community college network.
- Two dental schools in South Carolina are planning on engaging with the curriculum, one with educational links to every hygiene program in the state. A community college partner has developed an "Intro to Dentistry" pre-requisite course for those aspiring CDHC students who lack a dental training background.

A full-scale update of the curriculum was accomplished as well as the complete Spanish translation of all program modules. One CDHC data-based article was published this year, with two others being planned for late 2023 or early 2024. The sites of these CDHC projects which resulted in the data being prepared for publications included Washington DC, New Jersey, and New York.

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

Initiative/Program: Community Water Fluoridation (CWF)

Success Measure: Respond to requests for resources in a timely manner providing support to communities facing CWF challenges or states with pending CWF legislation. By November 1, 2023, complete update of Fluoridation Facts and submit to Publishing.

Target: All responses delivered in a timely manner. Fluoridation facts updated by November 1, 2023.

Range: NA

Outcome:

- Responded to New Hampshire Dental Association to successfully respond to a legislative challenge
- Responded to requests from several communities facing fluoride product shortages
- Responded to requests for the National Toxicology report
- Provided support to state dental association and members after the posting of the National Toxicology report drafts with resources for patients and local newspaper editorials
- Update to ADA Fluoridation Facts in progress for 2023

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

Initiative/Program: National Children's Dental Health Month

Success Measure: Achieve at least 100,000 downloads of 2023 NCDHM posters

Target: 100,000 posters distributed

Range: 80,000 - 120,000 posters distributed

Outcome: Distributed 122,850 National Children's Dental Health Month (NCDHM) Posters to ADA Members in all 50 states.

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

Initiative/Program: Emergency Department Referral (ED)

Success Measure: By September 30, 2023, establish a baseline for the number of hospitals across US that are currently offering ED referral programs for dental conditions.

Target: Establish baseline by September 2023

Range: NA

Outcome: ADA presented on its ED Referral initiative at the 2022 American College of Emergency Physicians (ACEP) Annual Scientific Assembly to the Social Emergency Medicine, Diversity and Inclusion & Health Equity, Rural Emergency Medicine, Emergency Department Medical Directors, and Freestanding Emergency Departments Sections. Work is ongoing in collaboration with ACEP to establish a baseline of the number of hospitals with a dental ED referral program.

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

Initiative/Program: Oral Health Equity

Success Measure: By July 31, 2023, at least 3000 individuals will attend a webinar on a health equity related topic.

Target: 3000 attendees

Range: 2000 - 4000 attendees

Outcome: To date, six webinars with approximately 1,200 attendees were offered with targeted content for dental to teams to utilize within their practice settings. Topics included:

- What ED Physicians Want Dentists to Know About Pain Management
- The Dark Side of Social Media – an Emergency Physician's Perspective for Dentists
- Promoting the HPV Vaccine: On Time at Age Nine
- Sports Dentistry, Injury Prevention, and the Doctor/Patient Perspective
- One Bite at a Time: Oral Health & Nutrition
- Side by Side: Winning Examples of Public/Private Partnerships

Culture of Safety: The Council continued to evaluate opportunities that address promotion of voluntary reporting of safety events (Resolution 78H-2019). No reports on dental safety events have been reported to the Dental Patient Safety Foundation (DPSF).

The ADA Culture of Safety Workgroup successfully completed Phase I and Phase II of its work and proposed a budget and work plan for Phase III during the June 2023 Board of Trustees meeting. After significant discussion, the Board decided to discontinue funding educational and associated marketing programs. The Council will continue its discussion on how to best move this issue forward.

Emerging Issues and Trends

- The prevalence of Human Papilloma Virus (HPV) and infections from oral cancer will continue to increase with dental offices playing an increasingly critical role in vaccination collaboration with medical providers or performing that vaccination role in the dental office setting.
- Oral Health Equity will play a central role in the design and expansion of Medicaid programs, legislative actions, dental student experiences, and healthcare organizations. Primary Care Associations in each state will guide health centers with a focus on Oral Health Equity through dental care initiatives for pregnant women, special needs adults, veterans, rural populations, and school children in the free lunch programs across the country.
- The need for shared electronic health records will become more evident due to health centers and hospitals needing to document shared patient experiences. This ability for physicians and dentists to communicate will be driven by third-party payers who are looking to improve patient compliance, reduce costs and move to value-based care.
- National support for the screening of chronic medical conditions within dental offices will escalate due to the initiatives articulated within Healthy People 2030 and the recognition of dental system referral value for patient-centered care.
- Dental office patients with addiction issues, health literacy challenges, or behavioral health conditions will prompt clinicians to increase their knowledge regarding trauma-informed care and human trafficking.
- Public-Private partnerships will increasingly become viewed as integral to strengthening disease prevention efforts in supporting rural health initiatives. Dental Service Organizations will selectively enter the public service space and exhibit strong affinity for veteran care.

Responses to House of Delegates Resolutions

Resolution: 303H-2022—Advocacy for Dentists to Refer to Tobacco and Vaping Cessation QuitLines

303H-2022. Resolved, that the appropriate ADA Agency:

1. Establish relationships with each state's QuitLine to gather accurate data on QuitLine referrals by dentists and other dental team members.
2. Facilitate a survey by state associations to understand QuitLine referrals by their members.
3. Increase tobacco and vaping cessation counseling and referral to QuitLines.

and be it further

Resolved, that the ADA Agency report back to the 2023 ADA House of Delegates.

An agreement was established with the North American QuitLine Consortium (NAQC) to assist the ADA in collecting information and developing a toolkit to promote referrals to State QuitLines.

The Toolkit, *Tobacco & Vaping Cessation – Implementing & Fostering QuitLine Referrals: A Guide for Oral Health Professionals*, will be released in conjunction with a two-part webinar series hosted on July 27 and August 3, 2023. This webinar (2 CE pending) will address what a State QuitLine is and outline how to use the toolkit to promote referrals and cessation efforts amongst oral health professionals.

A five-question survey was conducted within the ADA Advisory Circle in May 2023 and resulted in several hundred members sharing the status of tobacco and vaping cessation activities in their offices along with requests for the ADA to develop patient centered materials on these topics.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2025.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council on Advocacy for Access and Prevention reviewed the following policies and will submit them to the 2023 House of Delegates on separate worksheets:

Policy on Prevention Research to Aid Low-income Populations (*Trans.*2001:441) to be rescinded.

Orofacial Protectors (*Trans.*1994:654; 1995:613; 2016:322) to be amended.

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Council on Communications

Krishnan, Prabha, 2023, New York, chair
 Schott, Laura J., 2024, Texas, vice chair
 Baker, Carol A., 2024, South Carolina
 Briney, Lynse J., 2023, Illinois
 Cziok, Amber D., 2026, Minnesota
 Hammi-Blue, Anne, 2024, Arizona
 Isbell, T. Stotts, 2025, Arkansas
 Jackson, Lindsey D., 2025, New Hampshire
 Kazim, Amir E., 2024, California, *ad interim**
 Lewin, Rachel L., 2025, Pennsylvania
 Limosani, Mark A., 2024, Florida
 Maestas, Tanya Sue, 2023, Texas**
 Noguera, Angela P., 2023, Washington, D.C.
 Phillips, James J., Jr., 2026, Alabama
 Raum, Rhett E., 2025, Tennessee
 Schaff, Riley A., 2023, Michigan
 Shelton Wagers, Jill, 2026, Idaho
 Zucker, Andrew, 2026, Ohio

Nissim, Julia M., director

The Council's 2022–23 liaisons include: Dr. Terry Fiddler (Board of Trustees, 12th District) and Ms. Shafa Nathani (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.2., of the ADA Governance and Organizational Manual, the subject matter responsibility for the Council shall be:

- a. Advise on the management of the Association's reputation;
- b. Develop, recommend and maintain ADA strategic communications plans;
- c. Advise ADA agencies on branding;
- d. Advise on prioritization and allocation of communications resources; and
- e. Advise on communications and marketing for constituents and components, upon request.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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.

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

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

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

* Replaced Dr. Wade Banner, 2024, California

** New Dentist Member

Initiative/Program: Culture of Change Communications Plan

In March 2022, ADA Executive Director Dr. Raymond Cohlma requested the Council develop a strategic communications plan to create a more welcoming environment for students and early career dentists, particularly those from diverse practice modalities, at the local, state and national level. He cited the ADA's core values of Diversity and Inclusion, and ADA's declining membership market share as key reasons to develop the communications plan. Strategic planning commenced in Q2 2022 and has continued to date.

The Council formed a "Culture of Change Workgroup" for the 2022-23 term to provide strategic oversight and guidance to the "Culture of Change" communications plan throughout the year, highlighting ADA change-based initiatives, programs, and resources. The Council leadership and workgroup also created a feedback loop for input and insights from ADA Diversity & Inclusion stakeholders (groups detailed below).

Success Measure: Create a measurable communications plan promoting all the efforts the ADA is undertaking to welcome culture change, starting with a leader-to-leader audience and strategic focus.

Target: Launch Phase I in March 2023 and continue ongoing communications through November 2023.

Range: N/A

Outcome:

- Participated in a two-day, all-Council communications innovation workshop to develop a messaging platform and program priorities for the "Culture of Change" communications plan, August 2022.
- Convened leaders from the New Dentist Committee (NDC), Council on Membership (CM) and the Diversity & Inclusion Committee of the Board of Trustees for dialogue and feedback on the draft communications plan (key messaging, prospective target audiences, launch event), December, 2022.
- Developed and fielded survey to 1,100 ADA leaders – the intended communications plan target audience – to determine resonance of key messages, types of resources leaders seek for cultural, diversity and inclusion-based topics, plus their point of view on inclusion of diverse practice modalities at all levels of the Tripartite. Received 240 completed surveys (22% response rate, which is statistically significant) to inform communications plan.
 - Survey confirmed more-defined diversity, equity and inclusion (DE&I) goals for dentistry and the ADA, plus self-assessment tools, training courses and speakers are preferred resources for leaders.
- Hosted launch event "[Culture of Change: Building a Coalition for ADA's Future](#)," with 160+ registrants and 129 ADA leaders in attendance. Session featured a nationally recognized DE&I speaker to help foster conversations about how leaders can be role models for change, March 2023.
- Developed promotional materials for the [ADA Institute for Diversity in Leadership](#) program to help drive awareness and applications for the 2023 class; 72 total applications were received for the 2023 class, the highest amount to date for the program.
- The Workgroup and ADA Team are planning ongoing, May-Nov. 2023 communications of ADA DE&I initiatives to national leaders, including [Champions Network](#), [Amplifying Voices](#) and the [Spectra Diversity & Inclusion Assessment tool](#), so that these critical programs receive more targeted promotion to drive ADA leader awareness and engagement. Metrics from these efforts will be available in December 2023.

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.

Initiative/Program: Communications Innovation & Spokesperson Workgroup

The Communications Innovation & Spokesperson Workgroup:

- Examines existing member and stakeholder research to identify potential communication gaps, target audiences.
- Collects additional research to provide strategic recommendations and potential improvements/innovations to existing communications channels.
- Advises on the advancement of the 2023 ADA dentist-only social media group influencer strategy, developed in collaboration with ADA volunteers through a listening tour and strategic focus from the Council on Communications 2021-2022 Leadership Connections workgroup.
 - A key component of the strategy includes the launch of the new ADA Ambassador Program. Its purpose is to educate all dentists about the value of the American Dental Association through authentic interactions in closed dentist social media groups and other dental groups like study clubs.
- Collaborates with staff in the recruitment and retention of dentists as ADA media spokespersons, who convey credible information on oral health to the public through media interviews.

Success Measure:

- Provide a strategic recommendation to improve leader-to-leader communications across the Tripartite for 2024, based on data and insights yielded from the workgroup's research.
- Review all 2023 applications for the ADA Ambassador Program—a key component of the 2023 ADA Influencer Strategy—to lend volunteer insight to optimal candidates and select 5-10 candidates for the pilot year of program participation.
- Review updates to the ADA's Social Media Posting Protocol for ADA Officers and Trustees, last updated, 2014. This new refresh will provide additional insight and guidance for a broader audience of national volunteers who are active on various social media channels and commenting about ADA issues.
- Grow the ADA Spokesperson program by at least 1-2 qualified spokespersons per year to conduct media interviews.
- Through thoughtful vetting of spokesperson candidates, ensure the ongoing high caliber of a public relations team that consistently achieves above 90% positive/neutral sentiment quarterly in news coverage citing the ADA.

Target: N/A

Range: N/A

Outcome:

- Developed survey instrument to measure potential communications gaps with ADA leaders' audience and potential opportunities for improving leader-to-leader communications.
 - Survey will field in summer 2023; results (est. Sept. 2023) will support a strategic communication improvement recommended for consideration in 2024.
- Guidelines for the ADA Ambassador Program participants' terms are being finalized, as is an application to recruit 5-10 member ambassadors (end of May 2023). Participants will be screened and selected via the Workgroup to launch the program in the fall of 2023.
- Provide input, deliver newly updated social media protocol, and update Board of Trustees at the July 2023 meeting.
- The ADA added one new media spokesperson for advocacy for medical loss ratios for dentistry.
 - Dr. Mark A. Vitale, immediate past Chair of the Council on Government Affairs, has been recommended to the ADA Board of Trustees to join the ADA Spokesperson program. Dr. Vitale has served the ADA for last several months, with approval from Drs. Shepley, Edgar and Cohlmiya, as an ADA spokesperson on advocacy for medical loss ratios for dentistry. Following the ballot measure that voters adopted in

November 2022 in Massachusetts, more state dental societies are pursuing steps to advocate for medical loss ratios legislation in 2023. Dr. Vitale can explain this complex topic in a consumer-friendly manner to both local and national media.

- ADA Media relations outreach efforts, which includes the ADA media spokespersons, achieved 99% positive/neutral media sentiment in coverage through Q3-Q4 2022, and Q1 2023, with an audience of 31.9 billion and counting.
 - Of notable increase, the total audience reach of all news coverage citing the ADA in Q4 2022 was 13.9 billion +, which is an increase of 5 billion compared to Q3 2022, largely due to proactive media pitching of vaping research published in *JADA* and survey data on patient use of marijuana or other drugs in the 2022 Communications Trend Report.

Emerging Issues and Trends

For the long-term health of the ADA's reputation, its leaders must continuously address breaking issues in an agile fashion. The Council engages in real-time communications strategy work around emerging issues by:

- **Sharing the dentist perspective in real-time for ADA breaking issues:** As the dentist perspective is critical to effective communications, the Council provides this perspective for emerging issues, sharing questions they're hearing from members and sharing information back to constituents in real-time, to help the ADA Team to quickly disseminate clear, accurate information to members nationally.
- **Creating an annual Communications Trend Report:** In 2020, the Council created the first Communications Trend Report (Report) as an annual bellwether to help identify emerging issues, public health themes and crisis management risks that may impact the reputation of the profession. This Report is a significant asset for short and long-term communications planning at every level of the ADA to inform the delivery of member value.

Key themes of the 2023 surveys that will be compiled for the Report include:

- Public/consumer beliefs about public health topics such as pain medication, vaping, marijuana use and dental visits from age one.
- New and emerging issue topics from the dentist's perspective, including inflation and its impact on dental practices, mental wellness and pain management prescribing.
- For year-over-year analysis, relevant questions were maintained in the dentist survey and analyzed to demonstrate potential shifts in attitudes or beliefs for topics like workforce shortages and third-party payer issues.

Outcome: Report results are nationally representative of ADA membership and the U.S. population with a margin of error of +/- 3-4%, which is industry standard. The 2022 Report focused on three main issues: dental team staffing shortages exacerbated by the pandemic; tangible value of ADA membership; and the intersection of dentists' personal values. The Council and its Workgroup helped promote the data to the Tripartite for 2023 strategic planning purposes and promote key findings to the media. One data point, regarding dental patient use of marijuana and impact on dental treatment, garnered high profile media coverage in outlets like *The Hill* and *WebMD*. Reference to the data was the highest performing organic post on ADA's Instagram in 2022, and news stories on the topic achieved an audience reach of 1 billion. The media coverage and social media interest show that this topic interests both dentists and the public and underscores how oral health is connected to health.

The 2023 Report will be shared with national, state and local leadership in Q3 2023 as a strategic planning asset for the Tripartite to support 2024 planning.

Responses to House of Delegates Resolutions

Resolution: 304H-2022—Social Media Reviews and Reputation Management

304H-2022. Resolved, that the appropriate ADA agencies curate existing social media reputation management content to develop a Reputation Defense Toolkit to help dentists with the appropriate reaction to social media postings and reviews that are misleading or defamatory, to make the Reputation Defense Toolkit available as a member benefit and to initiate a plan to update the Toolkit as needed, and be it further

Resolved, that the ADA enter into discussions with social media platforms to assess the feasibility of revising user agreements to prohibit misleading or unverifiable posts and reviews, which cannot be responded to due to HIPAA limitations, and creating a fair and reasonable process for victims to remove misleading or defamatory posts.

Key Actions: In collaboration with the Council on Dental Practice, the Council curated resources to create a new, valuable toolkit on social media reviews. The Council leadership assigned the Communication Innovations Workgroup to research and audit all currently available ADA resources related to social media reviews for dentists and dental practices. This information was used by the Council to create a multiprong strategic effort to:

- Create an accessible and easy-to-access social media toolkit available on [ADA.org/Socialtoolkit](https://ada.org/Socialtoolkit) for reputation management and responding to reviews. This resource provides critical information including what dentists need to know about HIPAA, sample responses to common scenarios, and additional resources about social media management.
 - The Communication Innovations Workgroup evaluated 20 ADA resources plus external resources over a six-week period to gain inspiration for the toolkit format, display of offerings and how to package key takeaways for maximum ease of use and member value.
- Partner with the Council on Dental Practice and the Council on Government Affairs in advocacy efforts to the Federal Trade Commission (FTC), requesting the agency help ensure dental practices are protected from dishonest or misleading social media reviews. The ADA urged the FTC to:
 - Create an exception to enforcement and regulations under the FTC Act that would permit health care providers, including dentists, to disclose patient information in response to a review without violating regulations as long as the response is limited to the topics addressed in the review.
 - Encourage social media review sites to revise their Terms of Use to remove blanket restrictions on responding to posts with health information, such as in cases where the reviewer has already shared that information.
 - Require that reviewers identify themselves and require social media sites to verify identities to assist with determining if a review is fraudulent.

Outcome: Metrics from the social media toolkit's initial launch demonstrated high interest and the opportunity for continued promotion throughout the year for member value and ongoing recruitment/retention efforts.

Key metrics from the promotional timeframe of April 8-May 14, 2023 include:

- More than 18,600 total pageviews.
 - The majority – 90% of the click-throughs from promotions of the toolkit – took place on mobile devices.
- A paid Facebook campaign resulted in 15 million impressions and 86,456 engagements and was the ADA's #2 campaign for link clicks on Facebook since April 2020.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2024.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council conducted policy review as the lead agency responsible for 11 policies, due for review in 2023.

The Council reviewed the following five policies and determined that they should be maintained:

- Dental Access Barriers (*Trans.*2010:566)
- ADA Positions, Policies and Definitions in ADA Publications (*Trans.*1996:732)
- Preferred Professional Terminology (*Trans.*1977:914; 1997:661)
- Official Emblem for Dentistry (*Trans.*1965:228, 364)
- Statement of Policy on Use of Name of American Dental Association (*Trans.*1962:210, 284; 1999:974)

Six additional policies assigned to the Council are undergoing review, with initial discussions suggesting that such policies may be in need of amendment or rescission. Should the Council make such recommendations, resolutions calling for amendments to (or rescission of) the policies will be presented to the 2023 House of Delegates in separate reports.

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Commission for Continuing Education Provider Recognition

Meara, Daniel J., 2023, Delaware, chair
 Patel, Kumar J., 2024, Georgia, vice chair
 Bertot, Carlos D., 2025, Florida
 del Valle Sepúlveda, Edwin A., 2023, Puerto Rico
 Evans, Carlotta A., 2023, Massachusetts
 Leary, Kecia S., 2024, Iowa
 Mecham, Anthony R., 2026, Utah
 Nuger, Marc G., 2025, Maryland
 Patel, Seena, 2024, Arizona
 Petrie, Cynthia S., 2026, Missouri
 Pileggi, Roberta, 2025, Florida¹
 Rozdolski, Raquel, 2023, New York²
 Salman, Arif, 2026, West Virginia
 Seidberg, Bruce, 2026, New York
 Trecek, Carol, 2023, Wisconsin
 Upadhyaya, Jasbir D., 2025, Illinois
 Zelazo-Smith, Susan K., 2025, Illinois

Borysewicz, Mary A., director
 Cousins, Kelli, manager

The Commission's 2022–2023 Board of Trustees liaison is Dr. John E. Hisel, Jr. (Eleventh District).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As stated in Chapter IX, Section 30.C. of the ADA *Bylaws*, the duties of the Commission shall be to:

- a. Formulate and adopt requirements, guidelines, and procedures for the recognition of continuing dental education providers.
- b. Approve providers of continuing dental education programs and activities.
- c. Provide a means for continuing dental education providers to appeal adverse recognition decisions.
- d. Submit an annual report to the House of Delegates of this Association and interim reports, on request.
- e. Submit an annual budget to the Board of Trustees of the Association.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

The Commission is an ADA agency with independent authority to administer the ADA Continuing Education Recognition Program (CERP). For 2022-2023, the Commission goals and objectives are as follows

Objective: Utilize technology to facilitate the ADA CERP application process and data management

Initiative/Program: ADA CERP

¹ Replaced Silva, Renato, 2022, Pennsylvania

² Replaced Saraghi, Mana, 2021, New York

Success Measure: In 2023, success measures are to finalize master services agreement with selected vendor and scope of work. Upon implementation of new accreditation platform (completion date to be determined), success measures will be reduced time providers need to prepare ADA CERP applications, improved provider satisfaction with application process, and reduced staff time needed to compile audits of application processes and decision reports.

Target: Statement of work completed by October 15.

Range: Statement of work completed by December 1.

Outcome: This activity was in process at the time this report was written.

Objective: Simplify and clarify the ADA CERP Standards

Initiative/Program: ADA CERP

Success Measure: A completed draft of revised ADA CERP Standards is circulated for review by the communities of interest by December 2023.

Target: Draft revisions of five standards reviewed by Commission in September 2023.

Range: Draft revisions of five standards completed by December 2023.

Outcome: This activity was in process at the time this report was written.

The Commission held a working session at its April meeting and work is being conducted by subcommittees through the summer.

Objective: Leverage collaboration with Joint Accreditation for Interprofessional Continuing Education

Initiative/Program: ADA CERP

Success Measure: Increase number of providers receiving ADA CERP recognition through Joint Accreditation; increase visibility of ADA CERP among providers eligible for Joint Accreditation by participation in Joint Accreditation events.

Target: Number of providers with Joint Accreditation selecting ADA CERP recognition increases in 2023 over 2022 year-end total of 36; increase ADA CERP staff participation in Joint Accreditation activities, including Leadership Summit.

Range: A total of 36-40 providers electing ADA CERP recognition through Joint Accreditation in 2023; Commission staff participation in at least two activities hosted by Joint Accreditation.

Outcome: At the time this report was written 34 providers have selected ADA CERP recognition; providers will also be able to elect ADA CERP recognition in July.

Commission staff attended the Joint Accreditation Summit in Chicago in May; a webinar for jointly accredited providers will be held later in the year. Staff are participating in cross training to help support the Joint Accreditation review process.

Objective: Build value proposition to continuing education providers promoting participation in the program and understanding of program requirements.

Initiative/Program: ADA CERP

Success Measure: Targeted communications deployed to ADA CERP stakeholders. Sequence of

educational webinars for CE providers developed and implemented; new online resources for providers posted on website.

Target: Two live webinars for CE providers offered in 2022, new FAQ and other web-based resources regarding implementation of revised CERP eligibility requirements.

Outcome: Commission staff have given two live presentations on upcoming changes to ADA CERP policies, a third is scheduled for August; FAQs and materials for managing commercial conflicts of interest will be published in the third quarter of 2023; communications have been sent to CERP recognized providers regarding their potential role in providing education that meets the new DEA training requirement.

Emerging Issues and Trends

The Commission oversees ADA CERP, designed to recognize providers that meet standards for continuing dental education, promote continuous quality improvement in CE, and help dental professionals meet CE requirements for re-licensure. At the time this report was prepared in May 2023, there were 490 ADA CERP recognized providers; this number includes 33 providers based outside the United States and Canada, and 34 providers approved through Joint Accreditation for Interprofessional Continuing Education. Another 110 providers were approved by state dental societies and national specialty societies through the CERP Extended Approval Process (EAP). The current list of [ADA CERP recognized providers](#) is published on the Commission's website.

CERP recognized providers reported that they offered a combined total of over 35,500 unique CE activities in 2021, the most recent year for which data is available.

New Training Requirements for DEA Registration. Courses offered by ADA CERP recognized providers may help dentists meet a new federal requirement which requires controlled substance prescribers to complete 8 hours of one-time training on safe controlled substance prescribing as a condition of receiving or renewing a DEA registration. The new requirement, outlined in Sec. 1263 of the federal spending bill passed by Congress in December 2022, stipulates that only courses offered by certain providers will meet the training requirement. Organizations which the statute recognizes include providers approved by CCEPR through ADA CERP.

Revised ADA CERP Eligibility Criteria Take Effect. Beginning July 1, 2023, ADA CERP will no longer recognize commercial interests as providers of continuing dental education. ADA CERP defines commercial interests as individuals or entities that produce, market, re-sell or distribute health care goods or services consumed by, or used on, patients, or individuals or entities that are owned or controlled by an individual or entity that does so. The Commission does not consider providing clinical services directly to patients as a commercial interest. The intent of this change, approved by the Commission in 2019, is to reduce the potential conflicts of interest that arise when entities that produce, market, distribute or re-sell healthcare goods or services used on patients also control the content of continuing education activities. The Commission evaluated currently recognized providers and identified 43 which met the definition of a commercial interest; these organizations were notified that their status as ADA CERP recognized providers will expire no later than June 30, 2023. Some of these organizations have voluntarily discontinued participation in advance of this date. This change to the ADA CERP Eligibility Criteria aligns with eligibility requirements of accrediting agencies for CE in several other health professions.

Interprofessional Continuing Education. ADA CERP is in its fourth year as an associate member of [Joint Accreditation for Interprofessional Continuing Education™](#). Joint Accreditation offers providers of continuing education in the health professions the opportunity to be simultaneously accredited to provide continuing education in medicine, nursing, pharmacy, physician assisting, optometry, psychology, social work, registered dietitians, physical training and dentistry through a single, unified application process. As of May 2023, a total of 34 providers of interprofessional CE have requested ADA CERP recognition through Joint Accreditation. The goal of this collaboration is to help support healthcare professionals

coordinate patient care as part of interprofessional teams.

Strategic Planning: The Commission has adopted a strategic plan for 2023-2025. The Commission's strategic priorities are to evolve ADA CERP by revising current Standards and systems, to expand the impact of ADA CERP, and to continue to build awareness of the value of the program.

Technology: To improve ADA CERP application and recognition processes, the Commission has requested the ADA's technology division to fund a new accreditation platform which will support online application submissions and reviews. Selection of a vendor for this project was underway at the time this report was written. Development and implementation of an online platform and improved data management has been identified as a high priority by the Commission. The project has encountered numerous delays, most recently when development of a platform within Aptify was halted in 2021 as the ADA determined to seek a replacement for Aptify.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed to the Commission in 2022.

Self-Assessment

The Commission is next scheduled to conduct a self-assessment in 2024.

Policy Review

There are currently no ADA policies related to the Commission or CERP that the Commission has been charged with reviewing in accord with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.2012:370*).

Commission Minutes

For more information on recent activities, see the Commission's [minutes](#) on CCEPR.ADA.org.

Council on Dental Benefit Programs

Stilley-Mallah, Jessica A., 2023, Florida, chair
 Gardner, Stacey S., 2024, Alabama, vice chair
 Adams, Roderick H., Jr., 2023, Ohio
 Buchalter, Alyson K., 2026, New York
 Carrington, Adrian J., 2025, California
 Gazerro, Andrew, III, 2024, Rhode Island
 Ghazzouli, Hadi, 2024, Pennsylvania
 Hill, Rodney C., 2023, Wyoming
 Johnston, Mark M., 2023, Michigan
 Jolliff, Susan D., 2025, Texas
 Larson, Bryce A., 2023, Illinois*
 Moats, Mark A., 2025, Kentucky
 Morgan, Stephen A., Jr., 2026, Louisiana
 Olson, Shelley Barker, 2026, North Carolina
 Patel, Vishruti, 2025, Illinois
 Ramirez, Eddie, 2024, Oregon
 Stuefen, Sara E., 2026, Iowa
 Trapp, Scott A., 2024, Virginia

Aravamudhan, Krishna, senior vice president and acting council director
 Fiehn, Rebekah, director
 Shimpi, Neel, director
 McHugh, Dennis, senior manager
 Pokorny, Frank J., senior manager
 Colangelo, Erica, manager
 Dunsmoor, Afton, manager
 Jones, Carlos, manager
 Kirk, Lauren P., manager

The Council's 2022–23 liaisons include: Dr. Scott L. Morrison (Board of Trustees, Tenth District) and Ms. Lauren Ames (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.3. of the Governance and Organizational Manual, the areas of subject matter responsibility of the Council are:

- a. Administration and financing of all dental benefit programs including both commercial and public programs;
- b. Dental Quality Alliance;
- c. Monitoring of quality reporting activities of third party payers;
- d. Peer review programs;
- e. Code sets and code taxonomies including, but not limited to, procedure and diagnostic codes;
- f. Electronic and paper dental claim content and completion instructions; and
- g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

* *New Dentist Member*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

Initiative/Program: Insurance Reform: Commercial Market

Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less time on paperwork.

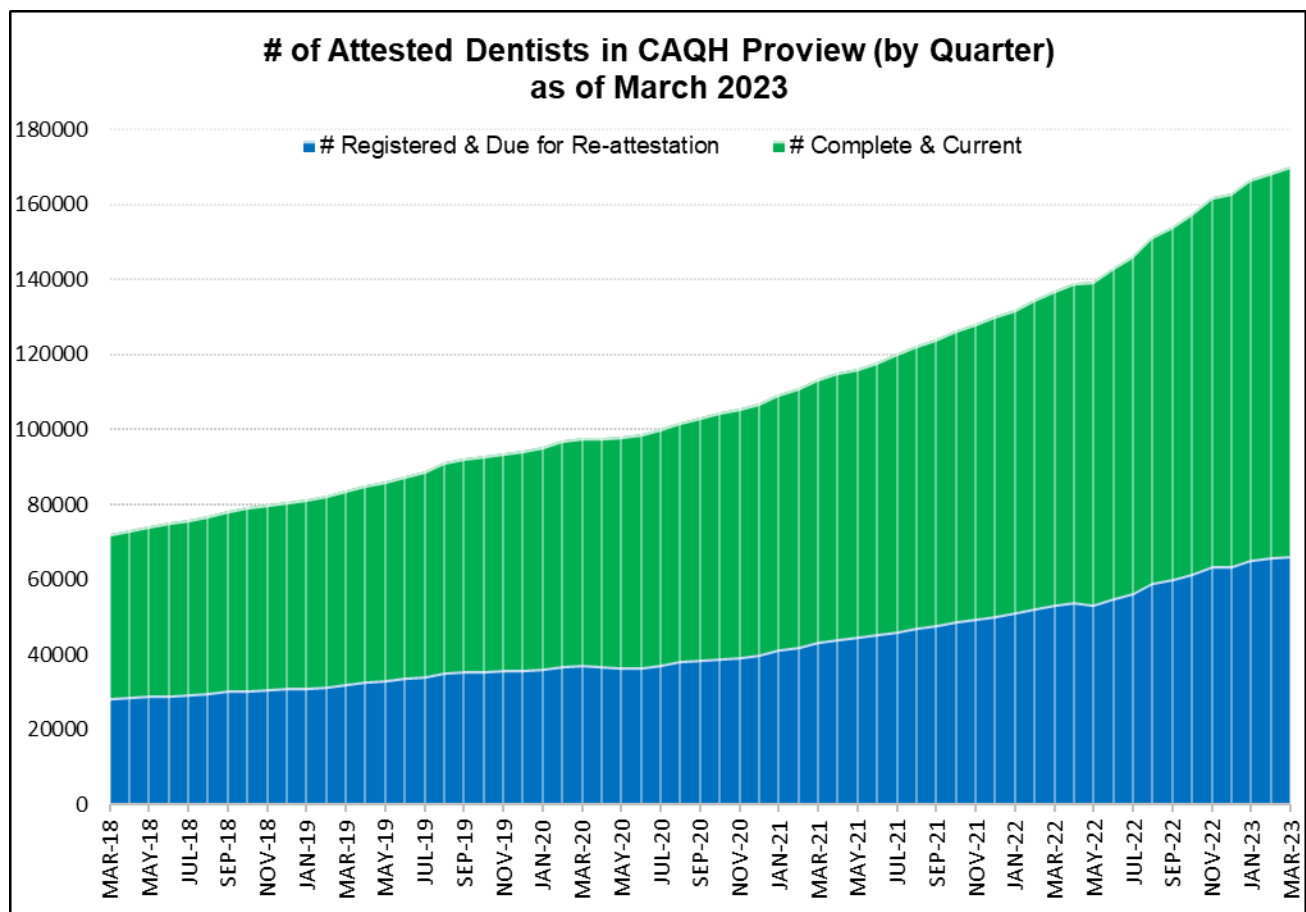
Target: At least an additional 500 dentists per month establish a new current attested profile in the ADA's Credentialing Service powered by CAQH ProView.

Range: Between 300 to 700 new profiles per month are added as complete and current profiles in CAQH ProView.

Outcome: As of May 2023, a total of 67,150 dentists have complete and current profiles; an average of 1,511 dentists are completing their profile per month. Another 37,452 dentists have completed applications and now only need to log in to re-attest. Outreach to dental payers has resulted in 29 participating dental organizations to date.

The credentialing service continues to experience strong and steady growth more than five years after implementation. Additionally, the number of dentists with profiles due for re-attestation also continues to trend downwards in proportion to the overall number of dentists using the system, which has surpassed 103,866 dentists nationally (see *Graph 1*).

Graph 1



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

Initiative/Program: Insurance Reform: Commercial Market

Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less time on paperwork.

Target: At least 2,500 plans purchased and 500 offices sign up with Bento in-office plans by December 31, 2023. At least 60,000 total dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by year end.

Range: Between 2,000 to 3,000 plans purchased and between 400 to 600 offices sign up with Bento in office plans by December 31, 2023. Between 45,000 to 55,000 dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by December 31, 2023.

Outcome: This past year, ADA marketing has focused on education and outreach at both state and local levels to promote this new solution to ADA members and build Bento's brand awareness throughout the dental community.

From June 2020 through March 2023, results have included:

- 56,096 dentists are currently using the Bento app to process claims from employer-sponsored and individually-purchased PPO plans.
- 293 practices are set up to offer in-office plans.
- 5,016 in-office plans have been purchased.

Since the ADA announced its endorsement of Bento in June 2020, in an effort to provide industry solutions for solving dental insurance issues for dentists, the endorsement of this potential market disrupter has helped send a clear signal to other dental plan carriers that improvements must occur. Bento brings automation into the traditional dental benefits administration sector.

As an added benefit, ADA members receive a 20% discount on their monthly subscription fee for purchased, in-office plans.

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

Initiative/Program: Coding Standards

Success Measure: Maintain the CDT as the HIPAA standard for reporting dental procedures on electronic transactions.

Target: Delivery of CDT 2024 technical content delivered by July 2023 including ASCII file, CDT Manual and CDT Companion.

Range: N/A

Outcome: As of mid-April 2023, technical content for the CDT 2024 ASCII file, CDT Manual and CDT Companion have been delivered to the ADA Department of Product Development and Sales ahead of schedule.

The CDT ASCII file contains CDT 2024 in an electronic format for CDT Code Commercial Use licensees, which include vendors of practice management systems used by dentists and claim adjudication applications used by third-party payers. Both the CDT Manual and Companion are reference and educational resources used by dentists and their practice staff to enable accurate documentation of services delivered in patient dental records, and proper reporting on claims (paper and electronic).

Additionally, the Council has proceeded with its research on the Enhanced CDT Code. A five-month public comment period – November 2022 through March 2023 – was established to solicit dental community feedback on the proposed Enhanced CDT Code's modifier architecture and sample content as posted on [ADA.org/publications/cdt](https://ada.org/publications/cdt). There were 326 written comments received.

Council review of the comments determined that the primary reasons for objections are perceived disruptions and anticipated negative financial effects (e.g., staff training, office overhead, and reduced reimbursements) without any clear near or long-term benefits of a change from the current five-character code number architecture with no modifiers. Very few comments addressed proposed modifier architecture's technical aspects.

After discussion, the Council determined that the Enhanced CDT Code Project should proceed within the constraints of the current CDT architecture (i.e., Dxxxx codes without further modifiers) to accommodate patient dental record documentation needs. The Council would continue to periodically monitor the needs of the dental profession and the need for CDT to include modifiers.

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key stakeholders. (Public)

Initiative/Program: Clinical Data Registry

Success Measure: Position the Association as a leader in advancing quality of care.

Target: Acquire 1.5 million patient records in the system by year end 2023.

Range: Acquire 1.4 million to 1.6 million patient records.

Outcome: Technical build of the data warehouse, practice and research portals completed.

The ADA Dental Experience and Research Exchange (DERE), ADA's oral health registry program, launched in July 2021 and is open to all practice types. Integration with Open Dental is complete. As of May 2023, there are 36 Open Dental practices in the system, 31 of which are fully integrated with a total of 532,268 patient records. Piloting with Epic and Eaglesoft is currently in progress and integration is on track to be completed by year end. The ADA DERE Research Portal launched to ADA staff researchers in 2022.

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key stakeholders. (Public)

Initiative/Program: Quality Standards

Success Measure: Position the Association as a leader in advancing quality of care.

Target: Not less than 40 state Medicaid programs report using measures developed by the Dental Quality Alliance (DQA).

Range: Between 35 to 45 states use measures developed by the DQA in their Medicaid programs.

Outcome: Thirty-five state Medicaid programs are currently using DQA measures.

Measures identified by the DQA are used in several federal and state programs. The Centers for Medicare & Medicaid Services uses three DQA measures for Medicaid program reporting and is considering adding two more.

The DQA currently has 23 organizations as dues-paying members.

Objective 9: Improve ADA's ranking as a trusted source of information for the public and key

stakeholders. (Public)

Initiative/Program: Coding Standards

Success Measure: Maintain Systemized Nomenclature of Dentistry (SNODENT) using established processes to ensure delivery of updated terminology set within stated timelines.

Target: Approval of the 2023 edition of SNODENT by fall 2023.

Range: N/A

Outcome: The Systematized Nomenclature of Dentistry (SNODENT) was developed by the ADA to serve as a set of terms in dentistry primarily related to findings and diagnostic terms. It has been harmonized with the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT); an international clinical terminology designed for use in clinical documentation in the Electronic Health Record (EHR). It is a recognized code set that will be the basis for EHR development and certification. The concepts included in SNODENT are managed by the SNODENT Maintenance Committee, which has representation from all dental specialty groups and the ADA. SNODENT is an American National Standard, which is approved annually by the SNODENT Canvass Committee.

The ANSI/ADA Standard No. 2000–SNODENT is revised annually. The 2022 edition of SNODENT, ADA Standard No. 2000.6, was reviewed and approved by the Canvass Committee in the fall of 2022 and accepted as an ANSI National Standard.

Emerging Issues and Trends

Dental Benefits Market Data

The data below is the most current information available.

Market Statistics [Source: National Association of Dental Plans]

- Almost 280 million people (84% of the US population) had a dental benefit in 2021 up approximately 4% from 2020.
- In 2021, PPOs continued to dominate the market at 88% up 2% from 2020.
- In 2021, the commercial market had approximately 95.9 million people (54%) with fully insured dental benefits, up 2% from the previous year versus ~80.9 million (46%) with self-funded plans. Fully insured plan participation continues to grow since 2013 due to the number of individuals purchasing dental benefits on the marketplace.
- In 2021, only 2.2% of enrollees (in large groups) with a maximum benefit of \$1,000 - \$1,500 used all of that benefit and 1.3% of enrollees with a maximum of \$1,500 - \$2,500 used all of their benefits.
- In 2021, 33% of annual maximums ranged from \$1,000 - \$1,500 and 48% ranged from \$1,500 - \$2,500 which were slight decreases from the prior year. This has resulted in 17% of plans having annual maximums over \$2,500.
- The median number of networks a dentist participates with is 15.7.

Medicare Advantage (MA) Plans Boosting Supplemental Benefits: Over 2,200 [Medicare Advantage plans](#) are offering supplemental benefits this year, up from about 600 in 2020, consulting firm ATI Advisory says, and the type of benefits has expanded to include things such as food delivery and help at home. A 2018 change in federal law enabled such plans to begin offering supplemental benefits.

Provider Rating Systems: Payers, specifically within the Delta Dental system continue to use commercially available products such as “DentaQual” to publicly rate dentists in their provider directories. The stated rationale is that employers, i.e., purchasers of group dental benefit plans, are seeking such information to support their employees’ choice of healthcare provider. Payers also report that most

dentists participating in their networks are not complaining or appealing their scores. The Council continues to use all available means to highlight the lack of validity of some of these rating programs.

Responses to House of Delegates Resolutions

There were no resolutions assigned to CDBP as primary agency from the 2022 House of Delegates.

Self-Assessment

In accordance with Resolution 1H-2013, the Council conducted its self-assessment through an open discussion. The primary annual goals of the Council include updating the CDT, maintaining relationships with payors, and representing the profession on legislative and regulatory issues. Overall, the Council was satisfied with Council processes that allows for more productive and efficient in-person meetings. The Council agreed that the duties and responsibilities as described in the *ADA Governance and Organizational Manual* remain relevant.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council reviewed Association policies related to dental benefits, coding and quality.

The Council reviewed the following policies and determined they should be maintained:

- Quality Health Care (*Trans.*1995:609; 2013:311)
- Position Statement on the Appropriate Use of Data From Quality Measurement (*Trans.*1998:701; 2013:311)
- Principles for the Application of Risk Assessment in Dental Benefit Plans (*Trans.*2009:424; 2013:321)
- Principles for Pay-for-Performance or Other Third Party Financial Incentive Programs (*Trans.*2006:328; 2013:310)
- Use of Health Care Effectiveness Data and Information Set (HEDIS) for Utilization Measures (*Trans.*2013:344)
- Guidelines on the Structure, Functions and Limitations of the Peer Review Process (*Trans.*1992:37, 603)
- Use of Peer Review Process by Patients and Third-Party Payers (*Trans.*1990:534)
- Dentist Participation in Peer Review Organizations (*Trans.*1987:501)
- Constituent Society Peer Review Systems (*Trans.*1981:573)
- Qualifications of Participating Dentists (*Trans.*1991:639)
- Statement on Dental Benefit Plans (*Trans.*1988:481; 2013:316)
- Guidelines on Professional Standards for Utilization Review Organizations (*Trans.*1992:601; 2001:433)
- Limitations in Benefits by Dental Insurance Companies (*Trans.*1997:680; 2011:453)
- Legislative Clarification for Medically Necessary Care (*Trans.*1988:474; 1996:686)

The Council will submit the following amendments to the 2023 House of Delegates on separate worksheets:

- Statement on Preventive Coverage in Dental Benefits Plans (*Trans.*1992:602; 1994:656; 2013:306; 5 2018:312)
- Statement on Managed Care and Utilization Management (*Trans.*1995:624)
- Dental Benefits within Affordable Care Act Marketplace and a Public Option (*Trans.*1995:624)

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Council on Dental Education and Licensure

Nickman, James D., 2023, Minnesota, chair, American Dental Association
 Usman, Najia, 2024, Ohio, vice chair, American Dental Association
 Avery-Stafford, Cheska, 2024, Wisconsin, American Dental Association
 Bennett, Donald P., 2025, Louisiana, American Association of Dental Boards
 Divaris, Kimon, 2024, North Carolina, American Dental Education Association
 Johnson, Jarod W., 2023, Iowa*
 Keith-Coble, Shandra L., 2025, Alabama, American Dental Education Association
 Lepowsky, Steven M., 2023, Connecticut, American Dental Education Association
 McAndrew, Maureen, 2026, American Dental Education Association
 Miles, Maurice S., 2023, Maryland, American Association of Dental Boards
 Mousel, Barbara L., 2024, Illinois, American Association of Dental Boards
 Otomo-Corgel, Joan, 2023, California, American Dental Association
 Shadid, Paul A., 2026, American Dental Association
 Smith, Toddrick, 2026, Tennessee, American Dental Association
 Tanguay, Jason A., 2025, Montana, American Dental Association
 Terry, Bruce R., 2024, Pennsylvania, American Dental Association
 Watkins, Catherine, 2026, American Association of Dental Boards

**New Dentist member*

Strotman, Meaghan D., director
 Ostrander, Sarah, senior manager
 Puzan, Annette, manager

The Council's 2022–23 liaisons include: Dr. Brendan Dowd (Board of Trustees, Second District) and Mr. Ryan Kaminsky (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.4. of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility for the Council shall be:

- a. Dental, advanced dental and allied dental education and accreditation;
- b. Recognition of dental specialties and interest areas in general dentistry;
- c. Dental anesthesiology and sedation;
- d. Dental admission testing;
- e. Licensure;
- f. Certifying boards and credentialing for specialists and allied dental personnel; and
- g. Continuing dental education.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

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

Initiative/Program: On behalf of the ADA as a key community of interest, review and comment on matters of the Commission on Dental Accreditation (CODA), Commission for Continuing Education

Provider Recognition (CCEPR), the Joint Commission on National Dental Examinations (JCNDE) and the National Commission on the Recognition of Dental Specialties and Certifying Boards (NCRDSCB).

Success Measure: Receive reports and submit comments by established deadlines to CODA, CCEPR, JCNDE and NCRDSCB.

Target: Meet review deadlines as appropriate or set by the Commissions.

Range: January through December

Outcome: All comment deadlines were met.

The Council transmitted comments to CODA on proposed revisions to the Accreditation Standards for Programs in advanced education in oral and maxillofacial radiology, orofacial pain, pediatric dentistry, and dental public health and to the Accreditation Standards for Dental Assisting Education Programs. Specifics on these matters are noted in the Council's January and June 2023 [meeting minutes](#).

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

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

Initiative/Program: Support the licensure reform efforts in accord with the ADA Comprehensive Policy on Dental Licensure.

Success Measures:

1. Support the development of licensure compact legislation and advocate for changes to state dental practice acts, rules and regulations regarding licensure.
2. Manage the ADA's involvement with the Coalition for Modernizing Dental Licensure (CMDL).
3. Continue to support the implementation and promotion of non-patient clinical licensure examinations, including the Joint Commission on National Dental Examinations (JCNDE) Dental Licensure Objective Structured Clinical Examination (DLOSCE).
4. Monitor the Dental Board of California's (DBC) implementation of its portfolio-style licensure examination.

Target: Reports on these matters at the January and June Council meetings; ongoing updates via electronic communications to members and reports at relevant standing committee conference calls.

Range: Ongoing

Outcome: At the time this report was written, this initiative was on plan.

As reported in its Annual Report to the 2022 House of Delegates, the Council supports ADA Policy on dentist and dental hygiene licensure portability through the pursuit and establishment of licensure compacts. Consistent with the ADA Comprehensive Policy on Dental Licensure (*Trans.*2018:341), and as reported previously to the House of Delegates, the Council has been monitoring the use and implications of licensure compacts among states for dentists and dental hygienists. In October 2020, the Council received notice that the U.S. Department of Defense was making grant funds available to assist professions in the development of new interstate licensure compacts. The scope of the grant included technical assistance from the Council on State Governments (CSG) in drafting model interstate compact legislation, developing a legislative resource kit and convening a national meeting of state policymakers to introduce the compact. In January 2021, the Council voted to submit a grant application and in March 2021, the Council was informed that the U.S. Department of Defense selected dentistry and dental hygiene to develop an interstate compact for licensing portability. CSG considered nominees suggested by the ADA and American Dental Hygienists' Association (ADHA) and appointed 29 individuals to serve

on the TAG. The TAG met five times in late 2021 and early 2022 and established the framework of an interstate compact through examination of the issues, current policy and best practices and provided guidance to CSG. Subsequently, CSG appointed a Compact Document Team (CDT) composed of 10 regulator board administrators, licensing experts and stakeholders to draft the model legislation. The CDT met multiple times between May 2022 and July 2022 and drafted the model legislative language. In August 2022, the draft legislation was widely circulated for stakeholder review and comment. The CDT met in November and December 2022 to consider suggested changes and update as appropriate the draft legislation based on comments submitted during stakeholder review. The revised draft language inclusive of changes made in response to stakeholder feedback was shared with the TAG and both groups came to consensus on finalized language. The final legislative model language of the Dentist and Dental Hygienist Compact was released on January 20, 2023, for consideration by states. At the time this report was prepared, Iowa, Washington and Tennessee had enacted the compact, and Kansas, Minnesota, New Jersey, Ohio and Texas had legislation pending. Other states are engaged and likely to pursue the compact in upcoming legislative sessions. Some state dental associations are partnering with the state dental hygiene associations and/or the Association of Dental Support Organizations (ADSO) to introduce and support the bills. The compact will become operational, and the Commission will be established when a minimum of seven states have adopted the legislation.

Established in 2018 by the ADA, American Dental Education Association (ADEA) and American Student Dental Association (ASDA), the Coalition for Modernizing Dental Licensure (CMDL or Coalition) is comprised of national and state organizations, institutions and programs representing dentistry, dental education, dental specialties, dental hygiene and non-profit groups working to advance access to oral health care and modernize the licensure process for dentistry and dental hygiene. In support of CMDL Strategic Plan goals, the Coalition has continued to advocate for the acceptance of all non-patient pathways to licensure in lieu of patient-based examinations and has prioritized advocating for the enactment of the Dentist and Dental Hygienist Compact. In support of building a strong and sustainable Coalition, leadership and staff met with state dental and hygiene associations and dental schools in several states and made presentations at state and national meetings. As of June 2023, 125 organizations have joined the Coalition.

The Council continues to support ADA policy calling for the elimination of patients from the clinical licensure examination process. As of June 2023, 49 states (including the District of Columbia) accept the results of manikin-based licensure examinations in addition to single-encounter patient-based examinations on a permanent basis. The Council also supports the JCNDE DLOSCE, a non-patient alternative to the traditional patient-based single encounter clinical licensure examination, made available to state dental boards in June 2020. As of June 2023, Alaska, Colorado, Indiana, Iowa, Washington, and Oregon were accepting results of the DLOSCE as either partially or completely fulfilling the clinical examination requirement for licensure. The JCNDE continues to collect validity data in support of the DLOSCE. One study demonstrated positive correlations between candidates' performance on the DLOSCE and their clinical performance during dental school. The 2023 DLOSCE Technical Report will be published on the [JCNDE website](#) following the JCNDE's annual meeting in summer 2023. More information about the DLOSCE is posted on the [JCNDE website](#).

The Council maintains licensure information on the [ADA website](#). The [Dental Licensure Dashboard](#) houses the Initial Licensure Requirements map, the Licensure by Credentials map, the CE and Renewal Requirements map and the Specialty Licensure map. The maps provide state-by-state information on the requirements for obtaining and maintaining licensure. Originally launched in 2020, the Dashboard continues to expand based on the needs of members and the public.

Per a directive of the 2013 House of Delegates (*Trans.*2013:327), the Council monitors the Dental Board of California's (DBC) implementation of its portfolio-style licensure examination and reports information annually to the House of Delegates. Since November 5, 2014, individuals may qualify for dental licensure in California on the basis of passing the Portfolio Examination while enrolled in a dental school approved by the DBC. As of March 31, 2023, the Dental Board of California has issued less than 90 dental licenses via the portfolio pathway, since its inception in 2014.

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

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

Initiative/Program: Fulfill responsibilities to and assignments by the ADA House of Delegates.

Success Measures:

1. Per the five-year review cycle, consider and possibly recommend revision to the licensure, anesthesia and sedation, and specialty recognition policies assigned to the Council for review.
2. Consider the annual reports of the Dental Assisting National Board and the National Board for Certification in Dental Laboratory Technology.
3. Provide governance oversight to the Department of Testing Services regarding the administration of the Dental Admission Test (DAT), Advanced Dental Admission Test (ADAT) and the Admission Test for Dental Hygiene (ATDH) programs.

Target: Submission of proposed revision to current ADA policy and responses to assigned resolutions to the 2023 House of Delegates; submission of comments to and collaboration with other ADA Councils on policy matters; action on DANB and NBC reports; set direction, establish policy and oversee research related to the DAT, ADAT and ATDH.

Range: May through August

Outcome: On plan

Emerging Issues and Trends

The Council is not aware of any new, significant trends or emerging issues not already being addressed by the Council.

Responses to House of Delegates Resolutions

Resolution: 410H-2022—Council on Dental Education and Licensure Resolution 410-Response to Resolution 108H-2021: National Commission on Recognition of Dental Specialties and Certifying Boards Requirements for Recognition Review

The Council transmitted the amended Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists to the National Commission on Recognition of Dental Specialties and Certifying Boards.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2024.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council reviewed the Association policies listed below related to licensure, anesthesia and sedation, and recognition. The Council determined the following should be maintained at this time:

- Promotion of Freedom of Movement for Dental Hygienists (*Trans.*1990:550; 2018:321)
- ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists (*Trans.*2007:384)

- Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards (*Trans.*2018:323)

The Council reviewed the policy titled “Comprehensive Policy on Dental Licensure” (*Trans.*2018:341) and is recommending amendment. Highlights include the addition of a statement urging dental boards to ensure all dental board members are free of real or perceived conflict of interest and should not serve simultaneously as examiners with a clinical testing agency, affirmation that determination of clinical competence may include any of the listed assessment pathways, deletion of the Curriculum Integrated Format (CIF) category because non-patient examination options are now readily available, and the addition of a licensure compacts section to clearly reflect the ADA’s support of compacts. The Council’s resolution calling for amendment to the policy is presented in a separate report to the 2023 House of Delegates.

The Council reviewed the policies titled “Guidelines for the Use of Sedation and General Anesthesia by Dentists” (*Trans.*2007:282; 2012:468; 2016:277) and “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students” (*Trans.*2007:282; 2012:469; 2016:277) and is recommending amendment to both documents to include the reference to the “ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students” approved by the Council in January 2021. The Council’s resolutions calling for amendment to these Guidelines are presented in separate reports to the 2023 House of Delegates.

The Council reviewed the policy titled, “Examinations for Allied Dental (Non-dentist) Personnel” (*Trans.*2010:595; 2018:322) and believes that this statement is irrelevant and not necessary; therefore, the Council is recommending rescission. The Council also reviewed the policies titled, “Specialty Areas of Dental Practice” (*Trans.*1995:633; 2018:330) and “Requirements for Board Certification” (*Trans.*1975:690; 2018:325) and believes that both policies are redundant with the ADA “Requirements for Recognition of Dental Specialties and Certifying Boards for Dental Specialists” (*Trans.*2001:470; 2004:313; 2009:443; 2013:328; 2018:326; 2022:XXX); therefore, the Council is recommending rescission of both policies. The Council’s resolutions calling for rescission of these policies are presented in separate reports to the 2023 House of Delegates.

Council Minutes

For more information on recent activities, see the Council’s [minutes](#) on ADA.org.

Council on Dental Practice

Chopra, Manish, 2023, Ohio, chair
 Ottley, Jeffrey C., 2024, Florida, vice chair
 Barnes, Richard W., 2024, California*
 Dornfeld, Kamila L., 2024, North Dakota
 Fitzpatrick, Amanda L., 2024, Missouri
 Fried, David L., 2025, Connecticut
 Gingrich, Margaret S., 2026, Michigan
 Goudarzi, Payam, 2026, New York
 Hollingsworth, James W., 2026, Mississippi **
 Howell, Ralph L., Jr., 2023, Virginia
 Korch, Michael J., 2025, Pennsylvania
 Rekhi, Princy S., 2024, Washington
 Ricci, Shane A., 2025, Texas
 Romo, Genaro, Jr., 2023, Illinois
 Saba, Michael A., 2025, New Jersey
 Smith, Lindsay A., 2023, Oklahoma
 Thompson, Jennifer L., 2026, New Mexico
 Wright, ArNelle R., 2023, Florida***

Alberti, Hana R., senior director
 Metrick, Diane M., senior manager
 Bloom, Felicia B., manager
 McManus, Katie L., manager

The Council's 2022–23 liaisons include: Dr. Brett H. Kessler, (Board of Trustees, Fourteenth District) and Mr. Gil Barahman (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII., K.5., of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council are:

- a. Dental Practice, including:
 - i. Dental practice management;
 - ii. Practice models and economics;
 - iii. Scope of practice;
 - iv. Impact of and compliance with regulatory mandates; and
 - v. Assessment of initiatives directed to the public and the profession;
- b. Allied Dental Personnel, including:
 - i. Utilization, management and employment practices; and
 - ii. Liaison relationships with organizations representing allied dental personnel;
- c. Dental Health and Wellness, including:
 - i. Dental professional well-being, wellness and ergonomics;
 - ii. Patient safety and wellness; and
 - iii. Liaison relationships with state well-being programs and related national organizations;
- d. Dental informatics and standards for electronic technologies; and
- e. Activities and resources directed to the success of the dental practice and the member.

* *Replaced Townsend, Julia, 2024, California*

** *Replaced Capes, Jeffrey, 2026, Georgia*

*** *New Dentist Member*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

Initiative/Program: Dental Team Health, Wellness, and Well-Being

Success Measure: Develop and promote resources to support a healthy dental workforce.

Target: Assure at least 80% utilization of the 200 Mayo Clinic's Dental Well-Being Index (WBI) assessment licenses. Assure at least 500 downloads of the Dentist Well-Being Program Directory.

Range: 70-90% Utilization of WBI, 400-600 downloads of Dentist Well-Being Program Directory.

Outcome: As of this report, 40% of licenses have been utilized for the WBI assessment and the Wellness Ambassadors have completed 20 different projects. The first cohort of Wellness Ambassadors will showcase their projects and join State Well-Being Directors and other stakeholders supporting wellness efforts at the newly developed 2023 ADA Health and Well-Being Summit in September. In addition to promoting downloads of the updated [ADA Dentist Well-Being Program Directory](#), the Dental Team Wellness Advisory Committee (DWAC) has dedicated efforts to establish strategy for addressing negative consequences regarding state licensing or regulatory policy for providers seeking support for health. As of June 5, 2023, 194 directories have been downloaded.

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

Initiative/Program: Opioid Prescribing Tools

Success Measure: Promote science-based tools to support appropriate opioid prescribing and prevent misuse.

Target: Develop and disseminate four tools, with at least 3,000 individual participants and 1,000 downloads of opioid related patient/provider resources.

Range: 2000-4000 participants and 800-1200 downloads of resources.

Outcome: As of May 26, 11,724 individuals have participated and 4,364 resource downloads.

Opioid Prescribing Resources and Outcomes

Title or Topic	Metrics
Opioid Clinical Roundtable Webinar - May 12, 2023	273 attendees
Opioid 2 Hour Webinar - May 24, 2023	581 attendees
Patient/Provider education tools: <ul style="list-style-type: none"> Opioid Chairside Opioid Checklist MATE Act/DEA Referral 	115 downloads 58 downloads 4191 downloads Development in progress
2022 ADA CDP CE Online Opioid specific webinars	10,400 participants (year to date 5/10/23)

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

Initiative/Program: ADA Standards Program

Success Measure: Establish timelines and complete the high-priority standards development activities within those established timelines.

Target:

Standards Projects and Deadlines

Standards Project	Draft Ready	Final Document
1110: Augmented Intelligence (AI) Standard Validation Dataset	September 2023	January 2024
1102: Eligibility Verification	September 2022	July 2023
1113: Data Content for Eligibility	June 2023	September 2023
11:08 Dental Health Functional Profile (DHFP)	July 2023	December 2023

Range: N/A

Outcomes attributed to the corresponding Standards Projects outlined in the table above:

1110: AI Validation Dataset: Working group subgroups are now being formed, draft to be developed with the goal of completion by due date of September 2023. A U.S. Sub-TAG on AI has been convened to provide the U.S. voice to the ISO standards development work around AI.

1102: Eligibility Verification: Draft is circulating for All Interested Parties (AIP) review; completion expected by due date of July 2023.

1113: Data Content for Eligibility: Draft is in working group review stage, completion expected by due date of September 2023.

1108: DHFP Guide: Draft is in development and is expected to be delivered by July 2023 deadline.

In addition to the high-priority projects noted above, nineteen new or revised standards and technical reports were approved in 2022 and through mid-2023. Listings of ADA standards and information about the ADA's standards committees can be found on [ADA.org](https://ada.org).

Examples include:

- ADA SCDI White Paper No. 1106 for Dentistry – Overview of Artificial and Augmented Intelligence Uses in Dentistry
- ANSI/ADA Standard No. 198 for Multifunction Handpieces
- ANSI/ADA/ISEA Standard No. Z87.62 for Occupational and Educational Eye and Face Protection Devices for Preventing Exposures Caused by Sprays or Spurts of Blood or Body Fluids.

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

Initiative/Program: ADA Standards Program

Success Measure: Increase recognition of ADA Standards by the U.S. Food and Drug Administration (FDA)

Target: At least 40% of applicable ADA SCDP/ International Organization for Standardization (ISO) standards are recognized by the U.S. Food and Drug Administration (FDA) by end of 2023.

Range: N/A

Outcome: As of May 2023, the FDA has recognized 105 of 241 (43%) of ADA/ISO standards. For products, the FDA recognizes and uses conformance with these standards as criteria to demonstrate safety and efficacy for clearance to market products in dentistry.

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

Initiative/Program: ADA Standards Program.

Success Measure: Effectively participate in external standards development and maintenance organizations to provide the voice of dentistry in those efforts.

Target: N/A

Range: N/A

Outcome: Described below based on each organization with liaison role.

National Fire Protection Agency (NFPA)

The American Dental Association (ADA) represents dental professionals as a voting member of the NFPA. [NFPA 99](#) Healthcare Facilities code, which includes chapter 15 “Dental Gas and Vacuum Systems”, is to establish criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity and are regularly adopted as building codes to provide safeguard implementations among practitioners, authorities having jurisdiction, and those who sell and install dental gas and vacuum systems within dental facilities.

Association for the Advancement of Medical Instrumentation (AAMI)

The ADA continues to maintain a liaison role to the AAMI, an ANSI accredited standards developer that is the primary source of standards for the medical device industry. There are AAMI working groups that address sterilization of medical devices, and reprocessing instructions and validation methods of medical devices that are pertinent to dentistry. The ADA has formed a joint working group with AAMI to develop a *Proposed AAMI/ADA Standard for a Guide to Steam Sterilization in Outpatient Dental Settings*. This standard will provide dentists with steam sterilization criteria that are specific to dental practices.

American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE)

The ADA continues to maintain a liaison role to the ASHRAE, and Air Conditioning Engineers organizations. ASHRAE is an ANSI-accredited standards developer in areas such as ventilation, indoor air quality and water treatment, and infection control and diseases, in healthcare and dental facilities. The ASHRAE Handbook is undergoing a major update in the Dental Section in which ADA volunteers continue to provide input.

Digital Imaging and Communications in Medicine (DICOM)

The ADA carries forward the ADA's support of DICOM standards for the secure exchange of digital dental radiographs and images. DICOM is approved by the ISO for use in practice management systems to transmit, store, retrieve, print, process, and display medical imaging information. The ADA develops DICOM standards for dental radiographic view sets and radiation dose reporting.

Health Level Seven International (HL7)

The ADA's ongoing partnership with HL7 has allowed for the creation of HL7 standards utilizing standard dental data content specifications named in *ANSI/ADA Standard No. 1079, Standard Content of Electronic Attachments for Dental Claims* and *ANSI/ADA Standard No. 1084, Reference Core Data Set for Communication Among Dental and other Health Information Systems*, which are expected to aid greatly in interoperability between dental information systems and other forms of health information exchange. The ADA and HL7 are in the process of renewing and expanding its partnership, which will promote the use of ADA Current Dental Terminology and the Systematized Nomenclature of Dentistry terminology, as well as represent the business needs of dental providers within the HL7 organization.

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

Initiative/Program: ADA Standards Program.

Success Measure: Establish the ADA Standards Program combining SCDP and SCDI within requirements to maintain ANSI accreditation.

Target: Achieve Council and Board approval of reorganization plan and ANSI reaccreditation by December 2023.

Range: N/A

Outcome: Reorganization plan completed and approved by ADA Standards Committees. Council and Board approval expected by July. ANSI reaccreditation expected by October 2023.

Emerging Issues and Trends

Medication Access and Training Expansion Act (MATE Act)

[Section 1263](#) of the spending bill passed by the U.S. Congress in December 2022 requires prescribers of controlled substances to complete eight hours of one-time training on safe controlled substance prescribing to receive or renew their registration with the U.S. Drug Enforcement Administration beginning June 27, 2023. The statutory language was taken from a separate bill called the MATE Act. The [MATE Act web page](#) and [MATE Act FAQs](#) are posted on ADA.org. As of the date of this report, over 3,500 downloads have been logged.

Mycobacteria infections

The Centers for Disease Control issued a Health Alert Network (HAN) [Health Advisory](#) regarding nontuberculous *Mycobacteria* infections associated with contaminated dental unit waterlines and the need for dental health care personnel (DHCP) to follow [established recommendations](#) to ensure the safety of their patients.

Federal COVID-19 Public Health Emergency (PHE) Expiration

The [Department of Health and Human Services \(HHS\)](#) has allowed the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire, effective as of May 11. The CDC no longer tracks community transmission data and states the [guidance and recommendations](#) continue to apply after the expiration of the federal COVID-19 PHE.

Digital Dentistry Technology and Innovation

Merging advanced technology into oral healthcare is transforming many aspects of the dental profession, including workflow and patient experience. From Augmented Intelligence to advances such as 3D printing, benefits as they relate to the dental profession, need to be explored.

Responses to House of Delegates Resolutions

Resolution: 304H-2022—Social Media Reviews and Reputation Management

304H-2022. Resolved, that the appropriate ADA agencies curate existing social media reputation management content to develop a Reputation Defense Toolkit to help dentists with the appropriate reaction to social media postings and reviews that are misleading or defamatory, to make the Reputation Defense Toolkit available as a member benefit and to initiate a plan to update the Toolkit as needed, and be it further

Resolved, that the ADA enter into discussions with social media platforms to assess the feasibility of revising user agreements to prohibit misleading or unverifiable posts and reviews, which cannot be responded to due to HIPAA limitations, and creating a fair and reasonable process for victims to remove misleading or defamatory posts.

The Council on Communications will provide a report regarding 304H-2022 to the 2023 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2024.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council on Dental Practice reviewed the following policies and determined they should be maintained:

Recommendations of Future of Dentistry Report (*Trans.*1983:552; 2013:313)
 Opposition to Corporate Mandated Requirements for Patient Treatment (*Trans.*2009:420)
 Best Dentist Lists (*Trans.*2005:339)
 Statement Supporting the Dental Team Concept (*Trans.*2013:313)
 ADA's Position on Dental Mid-Level Provider (*Trans.*1996:701)
 New Clinical Responsibilities for Dental Assistants (*Trans.*2008:439)
 Comprehensive Policy Statement on Allied Dental Personnel (*Trans.*1996:699; 1997:691; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505; 2021:330)
 Maintenance of Multi-Pathway Options for Dental Assistants (*Trans.*1996:696)
 Delegation of Radiographic Film Exposure (*Trans.*1982:534)
 Fee-for-Service Private Practice (*Trans.*1979:620)
 Direct to Consumer Dental Laboratory Services (*Trans.*2018:304)
 Dentistry's Role in Emergency Preparedness and Disaster Response (*Trans.*2007:431)
 Liability Protection for Bioterrorism Responders (*Trans.*2002:398)
 State Mass Disaster Plan (*Trans.*2002:387)
 Electronic Technology Activities (*Trans.*1993:695; 2013:313)
 Dental Practice Management Software (*Trans.*2001:428)
 Seamless Electronic Patient Record (*Trans.*1996:694)
 Electronic Technology in Dentistry (*Trans.*1992:608)
 ADA Involvement in Electronic Data Interchange Activities (*Trans.*1992:598)
 Development of Electronic Dental Patient Records (*Trans.*1992:598)
 Bone Marrow Matching Programs (*Trans.*2012:458)
 Economic Credentialing (*Trans.*1993:692)
 Hospital Medical Staff Membership (*Trans.*1999:923)
 Statement on Prosthetic Care and Dental Laboratories (*Trans.*1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430; 2018:305)
 Registration of Dental Laboratories (*Trans.*2013:323)
 Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities (*Trans.*1997:682; 2010:547)

Recognition Program for Meritorious Service by Certified Dental Technologists (*Trans.*1987:496; 1999:922)
 ADA Policy on Opioid Prescribing (*Trans.*2018:310)
 Statement on Alcoholism and Other Substance Use Disorders (*Trans.*2005:328; 2018:309)
 Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients (*Trans.*2005:330)
 Measuring the Demand for Dental Services (*Trans.*1995:623)
 Support for Programs that Forecast Public Demand for Dental Services (*Trans.*1995:609)
 Dental Needs Survey (*Trans.*1985:588)
 Diagnosis or Performance of Irreversible Dental Procedures by Non-Dentists (*Trans.*2004:328; 2010:494)
 Opposition to Pilot Programs Which Allow Non-dentists to Diagnose Dental Needs or Perform Irreversible Procedures (*Trans.*2010:521)
 Collaboration with Specialty Organizations on Workforce (*Trans.*2009:420)
 ADA's Position on New Members of the Dental Team (*Trans.*2009:419)

The Council will submit the following amendments to the 2023 House of Delegates on separate worksheets:

Guiding Principles for Dentist Well-Being Activities at the State Level (*Trans.*2005:330; 2012:442)
 Statement to Encourage U.S. Dental Schools to Interact with U.S. Dental Laboratories (*Trans.*2010:547)

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Council on Ethics, Bylaws and Judicial Affairs

Burton, Bruce A., 2023, Oregon, chair
 Peters, Debra A., 2024, Michigan, vice chair
 Adkins, Chris L., 2024, Georgia
 Davis, Gary S., 2023, Pennsylvania
 Depp, Ansley H., 2023, Kentucky
 Foster, Karen D., 2025, Colorado
 Grant, Leslie E., 2025, Maryland
 Howell, C. Danielle, 2026, Virginia
 Nichols, Kathleen M., 2024, Texas
 Palo, Paul A., 2026, Florida
 Pappas, Renee P., 2023, Illinois
 Purvis, James T., 2023, North Carolina*
 Reavis, Allen B., 2024, Kansas
 Roth, Kelly A., 2025, Ohio
 Serchuk, Richard B., 2025, New York
 Torbett, Jennifer A., 2026, Rhode Island
 Tran, Amy, 2026, California

West, Debra S., 2024, Nebraska

Elliott, Thomas C., Jr., director
 Lynch, Francine, senior manager
 Franklin, Daniel, manager

The Council's 2022–23 liaisons include: Dr. Richard J. Rosato (Board of Trustees, First District) and Mr. Nicholas Koutrakis (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII., Section K.6., of the *Governance and Organizational Manual of the American Dental Association (Governance Manual)*, the areas of responsibility of the Council on Ethics, Bylaws and Judicial Affairs (the Council) are:

- a. Ethics and professionalism, including disciplinary matters relating thereto;
- b. The governing documents of this Association, including:
 - i. Review of the constitutions and bylaws of constituents and components to ensure consistency with the Association's *Bylaws*; and
 - ii. To correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot, and to correct article, chapter and section designations, punctuation, and cross references and to make such other technical and conforming revisions as may be necessary to reflect the intent of the House in connection with amendments to the Association's *Bylaws*, *Governance Manual*, *Manual of the House of Delegates*, *Principles of Ethics and Code of Professional Conduct* and *Current Policies* where such revisions do not alter the material's context or meaning upon the unanimous vote of the Council members present and voting; and
 - iii. To report to the House of Delegates any corrections made to the governing documents of the Association pursuant to subsection ii. of this section of the *Governance Manual*; and

* *New Dentist Member*

- c. Hold hearings and render decisions in disputes arising between constituents or between a constituent and component.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

Initiative/Program: Provide high quality and trustworthy continuing education programming in ethics to members, constituents, components and dental schools.

Success Measure: Membership and other stakeholder access to excellent ethics education programming.

Target: Highly favorable participant evaluation of continuing education ethics programming and attendance at continuing education course offerings at the Annual Meeting or On-Demand.

Range: Favorable to highly favorable participant evaluation of continuing education ethics programming; registration of 50–100% of venue capacity.

Outcome: In 2021, the Council produced an on-demand course entitled “Conscious and Unconscious Bias in the Dental Practice.” This offering was made in place of an in-person seminar due to the pandemic. Response to the on-demand program has been favorable. Since inception, the on-demand course has been downloaded 820 times, with 232 downloads in 2023.

At SmileCon® 2022 the Council presented two (2) ethics continuing education offerings. The first discussed the ethics of interacting with patients via social media platforms, while the second addressed the ethical issues arising from responding to offensive comments by patients. At the request of the Committee on Annual Meetings and Division of Conferences and Continuing Education staff, the interactivity with attendees was provided by short scenario presented via the SmileCon® 2022 app that offered participants the opportunity to select what they believed to be the appropriate response from multiple choices, with the selections discussed during the presentation of the courses. The courses were judged to be highly successful. Because the courses were to be offered on the SmileCon® 2022 exhibition floor, estimated attendance was thirty (30) individuals per course. Actual attendance, taken from the number of course evaluation surveys received, were at least double the pre-course estimates. Overall satisfaction with the presentations was excellent; satisfaction ratings (respondents indicating that they were satisfied or very satisfied with the learning experience) were 87.5% and 89.23% for the two courses.

The Council is in the early planning stages for two (2) interactive ethics offerings to be launched during SmileCon® 2023 on the topics of ethical considerations that arise during the treatment of geriatric and pediatric patients. Proposals for those courses have been approved. A further report on these projects will be provided in the Council's 2024 Annual Report.

After the submission of its 2022 Annual Report, the Council finalized two (2) of the facilitator guides discussed in that report. Based on that experience, the facilitator guide has been streamlined to allow easier preparation and appropriate coverage for continuing education course topics. It is envisioned that the retooled facilitator guide, now called a presentation and discussion guide, will be paired with the corresponding “Ethical Moment” article and a copy of the podcast interview with the author of the article. Those elements will be packaged as an “Ethics Toolkit,” and offered to component and constituent dental societies and other interested organizations to assist them in the efficient and cost effective creation of ethics continuing education that then can be offered to their members.

In addition, the Council is beginning an examination of most efficient way to provide continuing education programming on ethics to members and the profession. For the past several years, the Council has developed and presented continuing education presentations at the annual meetings of the Association.

Over the coming year, the Council will consider enhancements to the current delivery method (such as recording the presentations) or alternative ways of delivering the ethics educational content to reach dental professionals beyond those that attend the annual show.

A further report on these projects will be provided in the Council's 2024 Annual Report.

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

Initiative/Program: Provide programming that allows members to obtain advice on ethical questions and suggest revisions to the ADA *Code of Ethics* and provide dental students a creative vehicle to examine and propose solutions to ethical dilemmas by reference to the ADA *Code of Ethics*.

Success Measure: Membership access to timely and topical advice and commentary concerning commonly arising ethical issues and Council consideration of suggested changes to the ADA *Code of Ethics*.

Target: Favorable response to and evaluation of a published ethics column and publication of that column in issues of *The Journal of the American Dental Association (JADA)*. Adoption by the House of Delegates of proposed amendments to the ADA *Code of Ethics* and adoption by the Council of proposed Advisory Opinions to the ADA *Code of Ethics*. Submission of at least six student-created ethics videos. Completion and distribution of at least fifteen episodes of the ethics podcast.

Range: Neutral to positive responses and feedback regarding published ethics material and proposals for amendment of the ADA *Code of Ethics*, including adoption by the House of Delegates of resolutions recommending amendments to the ADA *Code of Ethics*. Positive responses by the Council to any Advisory Opinions proposed for inclusion in the ADA *Code of Ethics*. Publication of ethics column in 75-90% of issues of *JADA* annually. Receipt of at least four to six student ethics videos and completion and distribution of twelve to fifteen podcast episodes.

Outcome: On target at time of submission.

Advisory Opinion: The Council has received no requests or proposals for Advisory Opinions since the submission of the Council's last Annual Report.

Ethical Moment: The Council prepares a column for *JADA* entitled "Ethical Moment." The topics covered are designed to be timely and topical and often receive favorable response from readers. Where the subject matter is appropriate, the Council collaborates with other agencies or experts to jointly develop "Ethical Moment" articles. Staff and members also write feature articles for *JADA* when a topic deserves more in-depth treatment than an "Ethical Moment" article can provide.

Regarding the Council's "Ethical Moment" articles published in *JADA*, anecdotal feedback has been positive. The process for developing "Ethical Moment" articles by members of the Council has been restructured and, under the new process, draft articles from Council members have increased. The increased production has resulted in "Ethical Moment" articles appearing in each issue of *JADA* since October 2022, with several additional draft articles submitted to *JADA* for consideration and review.

Student Ethics Video Contest: Since 2014, the Council sponsors a student ethics video contest that allows dental students to become familiar with the ADA *Code of Ethics* and provides an opportunity for students to engage in ethical decision making as they prepare to start careers in dentistry. This year, for the first time, the Council has enlisted the collaboration of the Student Professionalism and Ethics Association in Dentistry (SPEA). The contest creates greater awareness of the ADA *Code of Ethics* as predoctoral students create fictional scenarios and then apply the principles found in the ADA *Code of Ethics* to achieve ethical solutions.

In 2022, the Council awarded the contest grand prize to a student from the University Southern California Herman Ostrow School of Dentistry, while the honorable mention prize was awarded to a team of students enrolled at the Tufts University School of Dental Medicine. The winning entries in 2022 and those from the past several years are available for viewing [here](#).

The entry period for the 2023 contest has opened and will close in early September 2023. Videos received will be assessed by the Council and the winning videos uploaded to the ADA's [YouTube Channel](#).

Ethics Podcast: In 2022, the Council began considering new and novel ways to provide ethics programming that would be appealing and attractive to Association members, particularly new dentists and dental students. To capitalize on the universal availability of “smart phones,” extract additional value from the “Ethical Moment” articles that have been authored by Council members since 2004, and introduce the “Ethical Moment” feature in *JADA* to newer dentists and dental students who may not be familiar with the “Ethical Moment” feature, the podcast format was chosen to reach students and dentists who may prefer to receive educational content via podcast platforms and smart phone technology. The Council, using available resources, launched the first season of its podcast in June 2022, hosting fifteen episodes by the conclusion of the inaugural season in March 2023. Conceptually named “The Tooth Be Told,” the podcast was rebranded to “Dental Dilemmas” in time for its first episode. Season two of “Dental Dilemmas” is underway; sixteen episodes are planned for the current season, with several episodes either prepared or in development.

The “Dental Dilemmas” podcast was selected to participate in “Podcast Row” at SmileCon® 2022 in Houston, Texas, and has been invited to again participate in that event at SmileCon® 2023 in Orlando, Florida in October 2023.

An update on the status of the Council’s “Dental Dilemmas” ethics podcast series will be provided in the Council’s 2024 Annual Report.

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

Initiative/Program: Periodic review of Council statements to ensure continued accuracy and relevance.

Success Measure: Annually, on a five year schedule, review statements previously developed and adopted by the Council on various ethical issues and providing detailed explanations for the need for Advisory Opinions for the ADA *Code of Ethics*.

Target: Annual review of statements issued by the Council to ensure that the statements remain current and sound, making necessary revisions and updating supporting references as needed. Rescind statements that are no longer relevant and remove such statements from ADA.org and the list of Council statements found as an appendix to the ADA *Principles of Ethics and Code of Professional Conduct*.

Range: One to four statements reviewed annually.

Outcome: On target at the time of submission. At the time of its Annual Report, one statement, last reviewed in 2018, is undergoing review.

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

Initiative/Program: Review ADA governance material to ensure that such material aligns with the current governance policies and operational procedures adopted by the House of Delegates and Board of Trustees and assist tripartite members in amending governance material.

Success Measure: Annually review ADA governance material to conform to amendments to the ADA *Constitution and Bylaws*, *Governance Manual* and *Manual of the House of Delegates* approved by the

House of Delegates. Periodically review ADA governance material for technical and editorial revisions. Assist constituents and component societies with governance questions and revisions when requested, and summarize for the constituent societies ADA governance amendments enacted by the House of Delegates.

Target: Conform the online versions and revise and order print versions of the *ADA Constitution and Bylaws*, *Governance Manual* and *Manual of the House of Delegates* within 90 days of the adjournment *sine die* of the House of Delegates. Conduct a technical and editorial review of the ADA governance documents by the adjournment *sine die* of the Council meeting immediately preceding the ADA annual meeting. Provide a response to requests for governance assistance received from state and local dental societies within 60 days of receipt. Summarize House of Delegates governance actions within 60 days of the close of the House of Delegates.

Range: Conforming revisions to governance material completed within 60-120 days of the close of the House of Delegates. Editorial and technical review of 20-30% of the *ADA Bylaws* and *Governance Manual* performed annually. State and local society requests for governance assistance responded to within 45-75 days. House of Delegate governance amendment summaries distributed within 30-75 days of the conclusion of the ADA annual meeting.

Outcome: Due to the corruption of the electronic master files of the *ADA Constitution and Bylaws* and *Governance Manual*, necessitating a recreation of those files, conformed documents were not released until March 2023. The revised documents include revisions to conform the *ADA Constitution and Bylaws* and *Governance Manual* to the adopted resolutions of the 2022 House of Delegates and additional editorial and conforming revisions that were unanimously approved by the Council. These amendments are reported to the House of Delegates in Appendix 1 to this report pursuant to the requirements of Chapter VIII., Section K.6.b.iii., of the *Governance Manual*.

Emerging Issues and Trends

Diversity, Equity and Inclusion: In support of the Association's focus on the issues of diversity, equity and inclusion within the oral health care profession and the Association itself, the Council reviewed the *ADA Bylaws*, *Governance Manual* and *Code of Ethics*, *Current Policies* and the *Manual of the House of Delegates* to ensure that the Association's governing documents utilize inclusive language and conform to the Association's values. With the concurrence of the Speaker of the House of Delegates, the Council views these amendments as conforming to the Association's policies, and the revisions were made upon unanimous vote of the Council pursuant to Chapter VIII., Section K.6.b.ii., of the *Governance Manual*. These amendments are reported to the House of Delegates in Appendix 1 to this report as required.

Use of Artificial and Augmented Intelligence in the Clinical Practice of Dentistry: Commencing in April, the Council embarked on an evaluation of the use of augmented and artificial intelligence in the clinical practice of dentistry so that ethical issues and concerns that arise during such use can be identified. It is anticipated that one or more additional ADA councils may be involved in this work. Once that analysis is completed, the Council will provide such guidance as it believes necessary and employ the appropriate mechanisms to communicate that ethical guidance to dental professionals and, if needed, the public.

Responses to House of Delegates Resolutions

The revisions to the ADA governance documents adopted by the House of Delegates in Resolution 508H-2022, Resolution 512H-2022, Resolution 515H-2023, Resolution 516H-2023 and Resolution 517H-2023 have been incorporated into the applicable documents as detailed in Appendix 1.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2024.

Policy Review

No policies were scheduled to be reviewed by the Council in 2023 in accord with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370).

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

APPENDIX 1

REPORT ON UNANIMOUSLY APPROVED AMENDMENTS TO GOVERNANCE DOCUMENTS
PURSUANT TO CHAPTER VIII., SECTION K.6.b.iii. OF THE GOVERNANCE MANUAL

Amendments to Conform to Adopted 2022 Resolutions		
200 Series Resolutions: Reference Committee A (Budget, Business, Membership and Administrative Matters) 500 Series Resolutions: Reference Committee D: Legislative, Health, Governance and Related Matters)		
Res. No.	Document	Location
205H-2022	ADA <i>Bylaws</i> , Chapter III, Sections 50 and 110	Page 6, 7 and 9
	ADA <i>Bylaws</i> , Chapter V, Section 80	Pages 13 and 14
	ADA <i>Bylaws</i> , Chapter XII, Section 40	Page 21
210H-2022	ADA <i>Governance Manual</i> , Chapter I, Section B.3	Pages 3 and 4
512H-2022	<i>Manual of the House of Delegates</i> Election Commission and Campaign Rules	Revised material transmitted to Department of Board and House Matters for inclusion in the 2023 edition of the <i>Manual of the House of Delegates</i> Summary of Campaign Rules prepared and transmitted to Department of Board and House Matters
515H-2022	ADA <i>Governance Manual</i> , Chapter VIII, Sections A.2, B.3 and E	Page 11
516H-2022	<i>Manual of the House of Delegates</i> Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates	Revised material transmitted to Department of Board and House Matters for inclusion in the 2023 edition of the <i>Manual of the House of Delegates</i>
517H-2022	ADA <i>Governance Manual</i> , Chapter I, Section C	Section deleted in its entirety; see page 4
Gender-Specific to Gender-Neutral Revisions		
ADA <i>Bylaws</i>		
Location	Page(s)	Line No(s).
Ch. I., Sec. 20.A.	2	13
Ch. I., Sec. 20.B	2	30
Ch. I., Sec. 20.C	3	39
Ch. I., Sec. 20.E	3	56-58
Ch. I., Sec. 20.F	3	61-66

Ch. VI., Sec. G.	15	580-583
Governance Manual		
Ch. II., Sec. C.5.	7	327
Ch. V., Sec. C.	7	365
Ch. VI., Sec. E.	9	471
Ch. VIII., Sec. A.1.a.i.(a).	10 (footnote)	--
Ch. XI., Sec. C.4.b.	21	1104
Ch. XI., Sec. C.6.	22	1129
Ch. XVII.	26	1366
Ch. XVII.	26	1373
Manual of the House of Delegates and Supplemental Information*		
Section	Subsection	Revision
General Information for Delegates and Alternates	Seating of Alternate Delegates	"his or her" to "their"
Rules of the House of Delegates	Seating of Delegations	"he or she" to "they"
Rules of the House of Delegates	Presentation by President-elect	"his or her" stricken
General Procedures for Reference Committees	Consent Calendar	"he or she wishes" to "they wish"
Officers, Trustees, Council Members	Conflict of Interest	"his or her" to "their" (2x)
Election Commission and Campaign Rules	Introductory paragraphs	"his or her" to "their"
Election Commission and Campaign Rules	Paragraph 11	"his or her" to "their"
Current Policies Adopted 1954-2022		
Policy Title	Page	Revision
Guidelines for State Boards of Dental Examiners on the Definition of Routine Dental Services for Purposes of Dentists' Advertisements	26, 27	"his or her" to "their" (4x) "he or she advertises" to "they advertise"
Guidelines for an Advertising Code,	27	"his or her" to "their"
Guidelines for the Use of Sedation and General Anesthesia by	40	"his/her" to "their" (3x)

* Because the 2023 edition of the *Manual of the House of Delegates and Supplemental Information (HOD Manual)* was not available at the time of the preparation of this Annual Report, page numbers where the revisions occur are not provided. The gender pronoun revisions identified by CEBJA have been transmitted to the Department of Board and House Matters for inclusion in the 2023 edition of the *HOD Manual*.

Dentists, Part III, Educational Requirements		
Standards for Dental Society Publications	62, 63	“his/her” to “their” (4x) “he/she” to “they” (5x) “him/her” to “them” (2x)
Policy Statement on Continuing Dental Education	69	“his or her” to “their”
Policy Statement on Lifelong Learning	70	“his or her” to “their”
Professional Dental Care	73	“his or her” to “their”
Freedom of Choice	73	“his or her” to “their”
Fee-for-Service	73	“his or her” to “their”
Statement on Programs Limiting Dental Benefit to Network Providers	77	“his or her” to “their”
Standards for Dental Benefit Plans	81	“The patient should also be reminded that he or she is” to “Patients should also be reminded that they are”
Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers	84	“he or she accepts” to “they accept”
Authorization of Benefits	87	“his or her” to “their”
Preauthorization of Benefits	88	“he or she is” to “they are”
Audits of Private Dental Offices by Third-Party Payer	89	“his or her” to “their” (3x)
Benefits for Services by Qualified Practitioners	90	“his or her” to “their” (2x)
Federal Student Loan Programs	97	“his or her” to “their”
Recognition of Tooth Designation Systems for Electronic Data Interchange	104	“his or her” to “their”
Policy Statement on Evidence-Based Dentistry	106	“his or her” to “their”
Policy on Fees for Dental Services	109	“his or her” to “their”
Fee Profiles	110	“his or her” to “their”
Statement on Prosthetic Care and Dental Laboratories	132, 133	“he or she is” to “they are” “his/her” to “their”
Reimbursement Under Third-Party Programs	139	“his or her” to “their”

Guidelines on Professional Standards for Utilization Review Organization	148	“his or her” to “their”		
Statement on Capitation Dental Benefit Programs	150	“his or her” to “their” (2x)		
Administrative Process for Transferring Members	153	“his or her” to “their”		
Nonmember Utilization of ADA Member Benefits	154	“his or her” to “their”		
Specialty Areas of Dental Practice	184	“himself/herself” to “themselves”		
Tax Deductibility of Dental and Medical Expenses	187	“his or her” to “their”		
Dental Examinations for Pregnant Women Persons and Women Persons of Child-Bearing Age	194	“Dental Examinations for Pregnant Women and Women of Child-Bearing Age” to “Dental Examinations for Pregnant Persons and Persons of Child-Bearing Age” “ Resolved , that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.” to “ Resolved , that the ADA urge all pregnant persons and persons of child-bearing age to have a regular dental examination.”		
Dental Treatment During Pregnancy	194	“her” stricken		
Minutes of the 2022 House of Delegates Annual Session				
Page	Revision			
17	“his or her” to “their”			
34	“his or her” to “their”			
61	“his or her” to “their” (2x)			
65	“his or her” to “their”			
91	“his or her” to “their”			
93	“his or her” to “their”			
Revisions Pursuant to Governance Manual, Ch. VIII., § K.6.b.ii				
Location	Page(s)	Line(s)	Revision (additions <u>underscored</u> , deletions stricken)	Rationale
ADA Bylaws				
Ch. VIII., Sec. 20.	18	685-687	Section 20. COMPOSITION, SELECTION NOMINATION AND ELECTION OF MEMBERS. The composition, selection, and nomination, and election procedures as set forth in the Governance Manual shall be	Grammar and syntax

			amendable only on with a two-thirds (2/3) affirmative vote of the delegates present and voting.	
Ch. VIII., Sec. 30.D.	18	695-696	D. Propose new policies, and rescission of and amendments to existing policies, for consideration by the House of Delegates; and	Correct punctuation and clarity
Ch. IX., Sec. 10.	18	702-704	<i>Section 10. ESTABLISHMENT OF COMMISSIONS:</i> The House of Delegates shall establish commissions as set forth below, each of which shall have the areas of responsibility, composition, and operations that are set forth in these Bylaws and in the Governance Manual. The commissions of this association are:	Correct punctuation
Ch. IX., Sec. 30.A.b.	18	716	b. Accredite dental, advanced dental, and allied dental educational programs.	Correct punctuation
Ch. IX., Sec. 30.A.c.	18	717-719	c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally <u>completely</u> different from that of the accrediting body of the Commission.	Grammar
Ch. IX., Sec. 30.B.e.	19	732-733	e. Submit an annual report to the House of Delegates of this Association, and interim reports, on request.	Correct punctuation
Ch. IX., Sec. 30.C.a.	19	737-738	a. Formulate and adopt requirements, guidelines, and procedures for the recognition of continuing dental education providers.	Correct punctuation
Ch. IX., Sec. 30.C.d.	19	742-43	d. Submit an annual report to the House of Delegates of this Association, and interim reports, on request.	Correct punctuation
Ch. IX., Sec. 30.D.d.	19	756-757	d. Submit an annual report to the House of Delegates of this Association, and interim reports on request.	Correct punctuation
Ch. X., Sec. C.	19	771-772	C. RULES OF OPERATION. The rules of operation and procedures of committees shall be as set forth in the Governance Manual and the rules of <u>the</u> body establishing the committee.	Grammar
Ch. XIII.	21-22	869-878	Each trustee, officer, council member, committee member, employee and other agent of the Association shall be held harmless and indemnified by the Association against all claims and liabilities, and a All costs and expenses, including attorney's fees, reasonably	Grammar and clarifying

			incurred or imposed upon such person in connection with or resulting from any action, suit or proceeding, or the settlement or compromise thereof, to which such person may be made a party by reason of any action taken or omitted to be taken by such person as a trustee, officer, council member, committee member, employee or agent of the Association, in good faith are to be covered. This right of indemnification shall inure to such person whether or not such person is a trustee, officer, council member, committee member, employee or agent at the time such liabilities, costs or expenses are imposed or incurred. <u>I</u> and, in the event of such person's death, <u>this right</u> shall extend to such person's legal representatives. To the extent available, the Association shall insure against any potential liability hereunder.	
Ch. XIV., Sec. 30.A.	22	890	A. The Governance Manual is under the authority of the House of Delegates and shall may be amended by a resolution of the House of Delegates.	Grammar
Ch. XIV., Sec. 30.C.	22	899-900	C. The Organization and Rules of the Board of Trustees is under the authority of the Board of Trustees and shall may be amended by a Board of Trustees resolution.	Grammar
Ch. XIV., Sec. 30.D.	22	901-902	D. The Standing Rules for Councils and Commissions is are under the authority of the Board of Trustees and shall may be amended by a majority vote of the members of the Board of Trustees <u>resolution</u> .	Grammar, redundancy
Governance Manual				
Ch. VII., Sec. A.1.	9	476-477	1. Assist the Board of Trustees in supervising, monitoring, and providing guidance to all Association councils, Commissions, and committees in regard to their administrative functions and specific assignments	Correct punctuation
Ch. VII., Sec. A.2.	9	478	Systematize the preparation of council, commission, and committee reports; and	Correct punctuation
Ch. VII., Sec. A.3.	9-10	479-480	3. Encourage collaboration and the exchange of information concerning mutual interests and issues between councils, committees, and commissions.	Correct punctuation

Ch. VIII., Sec. A.	10	489	A. Members, Selections <u>Composition,</u> Nominations and Elections, <u>and</u> <u>Removal for Cause.</u>	Revise so heading better describes content of section
Ch. VIII., Sec. A.1.a.i.(a)	10	494-497	(a) Eight (8) members shall be nominated by the Board of Trustees on a rotational system by trustee district from the active, life or retired members of this Association, no one of whom shall be a full-time member of a faculty of a school of dentistry, a current dental examiner or member of a state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency.* These members shall be elected by the House of Delegates.	Grammar; last stricken sentence redundant to Section A.1.d.3. Footnote revised for gender neutrality (see p. 8, above).
Ch. VIII., Sec. A.1.b.	10	514-517	b. Council on Members Insurance Retirement Programs. The Council on Members Insurance Retirement Programs shall be composed of ten (10) members, nine (9) of whom are active, life or retired members who are selected from nominations open to all trustee districts whose terms of office shall be staggered in such a manner that three (3) members will complete their terms each year.*** *** In order to establish the Council's revised composition, the Council members in office at the time this footnote becomes effective shall finish their terms in accordance with their scheduled completion dates. For each of the service term years of 2018-2019 through 2020- 2021, 3 new members shall be selected for nomination by the Board of Trustees for three-year service terms in order to achieve the new 3-year rotational pattern. This footnote shall expire at adjournment sine die of the 2021 House of Delegates.	Footnote deleted by its own terms.
Ch. VIII., Sec. A.4.	11	539-541	Prior to issuance of the decision by the Board of Trustees, no council member shall be excused <u>disallowed</u> from attending any meeting of a council unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Board of Trustees.	Editorial revision for clarity
Ch. VIII., Sec. D.2.	11	573	2. Staff. The Executive Director shall employ the staff of councils staff, in the event they are employees, and shall	Editorial revision for simplification and clarity.

			select their titles for council staff positions in the event they are employees.	
Ch. VIII., Sec. I.	12	608-609	I. Privilege of the Floor. Chairs and members of councils who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports, but shall not have the right to vote.	Correct punctuation.
Ch. IX., Sec. A.1.b.	14	718-720	b. Four (4) members who are active, life or retired members of this Association and also active <u>current</u> members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards.	Revision to distinguish between ADA membership category and membership status in AADB.
Ch. IX., Sec. A.1.c.	14	721-723	c. Four (4) members who are active, life or retired members of this Association and also active <u>current</u> members of the American Dental Education Association shall be selected by the American Dental Education Association.	Revision to distinguish between ADA membership category and membership status in ADEA.
Ch. IX., Sec. A.2.b.	14	732-734	b. Six (6) members who are active, life or retired members of this Association and also active <u>current</u> members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards.	Revision to distinguish between ADA membership category and membership status in AADB.
Ch. IX., Sec. A.2.c.	14-15	735-737	c. Three (3) members who are active, life or retired members of this Association and also active <u>current</u> members of the American Dental Education Association shall be selected by the American Dental Education Association.	Revision to distinguish between ADA membership category and membership status in ADEA.
Ch. IX., Sec. A.3.b.	15	747-749	b. One (1) member who is an active member of selected by the American Dental Education Association and also, if eligible, who is an active, life or retired or life member of this Association, if eligible, and a current member shall be selected by of the American Dental Education Association.	Revision to distinguish between ADA membership category and membership status in ADEA.
Ch. IX., Sec. A.4.c.	15	758	c. A member of the general public appointed by the Commission.* * To achieve the desired staggering of member terms for continuity, the initial terms of the members of the National Commission on Recognition of Dental Specialties and Certifying Boards shall be as set forth in Appendix 2 that accompanied Resolution 30H-2017 that established this Commission. This footnote shall expire without further action	Footnote deleted by its own terms.

			at the adjournment sine die of the 2021 House of Delegates.	
Ch. IX., Sec. C.5.	15	774-775	5. Amendment. The entirety of this Section A of Chapter IX is amendable by a two-thirds (2/3) affirmative vote of delegates present and voting, provided that the proposed amendment(s) shall have been presented in writing at a previous session or a previous meeting of the same session of the House of Delegates.	Correct punctuation.
Ch. IX., Sec. E.1.a.	15	780-782	a. The Commission on Dental Accreditation shall have the power to appoint consultants to assist in developing requirements and guidelines for conducting the accreditation program and accreditation evaluations, including site visitations, of predoctoral, advanced and allied dental education programs.	Correct punctuation.
Ch. IX., Sec. H.	16	823-825	Meetings may be held at the ADA Headquarters Building, the ADA Washington Offices or from multiple remote locations through the use of a conference telephone or other communications equipment by which all members can communicate with each other.	To conform to having multiple sites in Washington D.C.
Ch. IX., Sec. J.	16	827-829	J. Privilege of the Floor. Chairs and members of the commissions of this Association who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports, but shall not have the right to vote.	Correct punctuation.
Ch. XVIII., Sec. C.	26	1383-1385	C. Trade and Laboratory Exhibits. Products and services of the dental trade and dental laboratories and other products and services may be exhibited at each scientific session under the direction of the Board of Trustees and in accordance with rules and regulations established by that body.	To conform to actual offerings exhibited at annual scientific session.
Appendix 1 and Appendix 2	28-51	--	Newly Added Material	To illustrate and clarify the operation of the judicial procedures set forth in Chapter XI.

Council on Government Affairs

Gesek, Daniel J., Jr., 2024, Florida, chair
 Kent, Leigh W., 2024, Alabama, vice chair
 Abdulwaheed, Abe D., 2024, Massachusetts
 Aiken, Sean A., 2023, Kentucky*
 Blake, John L., 2023, California
 Chamberlain, Darren D., 2025, Utah
 Clemens, David L., 2024, Wisconsin
 Crabtree, Mark A., 2023, Virginia
 Di Vincenzo, Giorgio T., 2023, New Jersey**
 Erickson, Doug M., 2025, Minnesota
 Greenwell, Darren S., 2026, Kentucky
 Hildebrandt, David J., 2026, Louisiana
 Miller, Raymond G., 2023, New York
 Roberts, John R., 2025, Indiana
 Roberts, Matthew B., 2023, Texas
 Tauberg, James A.H., 2025, Pennsylvania
 Velazquez, Elisa J., 2026, New Jersey
 Watson-Lowry, Cheryl D., 2024, Illinois
 Willis, Heather A., 2026, Alaska

Yaghoubi, Roxanne, director
 Burns, Robert J., senior manager
 Linn, David N., manager
 McGee, Corey A., manager

The Council's 2022–23 liaisons include: Dr. Gary Oyster (Board of Trustees, Sixteenth District), Ms. Sue Hadnot (Alliance of the American Dental Association), and Ms. Nicole Anderson (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.7., of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council shall be:

- a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities;
- b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress;
- c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate policies which are designed to advance the professional status of federally employed dentists; and
- d. Disseminate information which will assist the constituents and components involving legislation and regulation affecting the dental health of the public.

* *New Dentist member*

** *American Dental Political Action Committee chair without the power to vote*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

The Council on Government Affairs (CGA) works on many of the same issues as other ADA Councils, but does so from a government affairs perspective. With guidance from the leadership of CGA, as well as from the staff and leadership of other Councils in the public/professional group, the staff lobby the government on the ADA's priorities. This lobbying is focused on issues that increase the value of ADA membership and reflect the values of ADA members.

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

Initiative/Program: Congressional support of the ADA's priority legislation.

Success Measure: Increased numbers of Congressional cosponsors of the ADA's priority legislation.

Target: Secure 200 bipartisan and bicameral cosponsors for the ADA's priority legislation.

Range: Secure 180-220 bipartisan and bicameral cosponsors for the ADA's priority legislation.

Outcome: Target met. Thanks to the ADA's lobbying, there were more than 200 bipartisan and bicameral cosponsors for the ADA's priority legislation.

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

Initiative/Program: Federal government funding for oral health programs.

Success Measure: Secure increased federal government funding for oral health programs.

Target: Increase federal government funding for oral health programs, including the National Institute of Dental and Craniofacial Diseases (NIDCR) and the Centers for Disease Control and Prevention (CDC) Division of Oral Health, by more than the average Consumer Price Index (CPI).

Range: Increase federal government funding for oral health programs, including the NIDCR and CDC Division of Oral Health, by 3-5%.

Outcome: Range met. The Fiscal Year 2023 omnibus appropriations bill that passed Congress and became law included an increase of 3.5% for oral health programs across the board, including an increase of more than \$15 million for the NIDCR.

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

Initiative/Program: The ADA's federal government affairs agenda on student loan reform.

Success Measure: Passage of legislation or a finalized regulation that would provide student loan relief to dentists who work in underserved areas or with underserved populations.

Target: The introduction of legislation or regulation that would provide student loan relief to dentists who work in underserved areas or with underserved populations.

Range: The introduction of two to three bills or regulations that would provide student loan relief to dentists who work in underserved areas or with underserved populations.

Outcome: Success measure met. The Bio-Preparedness Workforce Pilot Program was included in the Fiscal Year 2023 omnibus appropriations bill, which passed Congress and became law. The pilot program provides student loan repayment to health care professionals, including dentists, who undertake careers in infectious disease in underserved areas. For example, dentists who provide care to patients in underserved areas with HIV/AIDS through the Ryan White program could receive student loan repayment. Additionally, the Department of Education finalized a regulation to reform the Public Service Loan Forgiveness (PSLF) program, and as a result, it is easier for dentists who work in underserved areas or with underserved populations to receive PSLF relief.

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

Initiative/Program: Addressing the shortages of dentists in rural areas.

Success Measure: Passage of federal legislation to address the shortages of dentists in rural areas.

Target: The introduction of federal legislation to address the shortages of dentists in rural areas.

Range: The introduction of one to two bills to address the shortages of dentists in rural areas.

Outcome: Success measure met. The Maximizing Outcomes through Better Investments in Lifesaving Equipment (MOBILE) Health Care Act passed Congress and was signed into law in October 2022. This legislation expands the use of the Health Resources and Services Administration's (HRSA) grant program for community health centers. It allows the health centers to set up a mobile unit regardless of whether the health center also sets up a permanent health care site. The law helps address the shortages of dentists in rural areas by expanding care into those areas through mobile units.

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

Initiative/Program: Medicare medically necessary dental care.

Success Measure: A finalized regulation that expands coverage for Medicare beneficiaries who need dental care before certain medical procedures.

Target: Proposed regulation on Medicare medically necessary dental care.

Range: One to two regulations on Medicare medically necessary dental care.

Outcome: Success measure met. The Centers for Medicare and Medicaid Services (CMS) finalized a regulation that expands Medicare medically necessary dental care to beneficiaries before an organ transplant, cardiac valve replacement, or valvuloplasty.

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

Initiative/Program: Medicare Advantage (MA) dental benefits.

Success Measure: A finalized regulation that improves the transparency of MA dental benefits.

Target: Proposed regulation to improve the transparency of MA dental benefits.

Range: One to two proposed regulations to improve the transparency of MA dental benefits.

Outcome: Success measure met. CMS finalized a regulation that requires more transparency in the marketing of MA dental benefits, including the TV commercials where celebrities sell MA plans to seniors.

by promising them dental benefits. Several of the ADA's recommendations to CMS were included in the final regulation, including prohibiting the advertising of dental benefits if none of the plans offered in the area provide such a benefit. CMS is also no longer allowing the advertising of plans with a large dental benefit when the plans offered in the area only provide a benefit of a much lesser value.

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

Initiative/Program: Medicaid dental care.

Success Measure: Finalized regulation expanding Medicaid dental care.

Target: The introduction of federal legislation or regulation on Medicaid dental care.

Range: The introduction of two to three federal bills or regulations on Medicaid dental care.

Outcome: Success measure met. CMS announced that all states would now cover dental care for Medicaid beneficiaries for 60 days postpartum. Additionally, the ADA worked with dentist Congressman Mike Simpson (R-ID) to introduce the Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act for the first time. This bill would reduce administrative burdens for Medicaid dentists, including audits and credentialing. The ADA also supported the introduction of the Medicaid Dental Benefit Act, which would require all states to provide comprehensive adult dental benefits to their Medicaid beneficiaries.

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

Initiative/Program: Dental Loss Ratio (DLR).

Success Measure: Passage of federal legislation or finalized regulation on DLR for Medicaid managed care plans.

Target: The introduction of federal legislation or administration proposals on DLR for Medicaid managed care plans.

Range: The introduction of one to two federal bills or administration proposals on DLR for Medicaid managed care plans.

Outcome: Target met. President Biden included in his Fiscal Year 2024 budget a proposal to require Medicaid managed care dental plans meet a DLR of 85%.

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

Initiative/Program: Oral health equity for people with disabilities.

Success Measure: The establishment of a facility fee billing code for dental surgeries in hospitals and ambulatory surgical centers.

Target: A regulation establishing a facility fee billing code for dental surgeries in hospitals.

Range: One to two regulations on dental surgeries in hospitals and ambulatory surgical centers.

Outcome: Target met. In the Hospital Outpatient and Prospective Payment System final rule, CMS established a new G code for dental surgeries in hospitals. This code increases the facility fee from \$203 to more than \$1,700. The increased fee helps to increase access to dental surgeries for people with

disabilities who need to have their surgeries performed under anesthesia in an operating room. The ADA also continues to advocate for the inclusion of the new code in the ambulatory surgical center covered procedures list.

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

Initiative/Program: Medical-dental integration.

Success Measure: Finalized federal regulation allowing dentists to vaccinate.

Target: Proposed federal regulation on dentists and vaccination.

Range: One to two proposed regulations on dentists and vaccination.

Outcome: Success measure met. The Department of Health and Human Services (HHS) amended a Public Readiness and Emergency Preparedness Act declaration to authorize dentists and dental students to vaccinate patients against mpox (formerly known as monkeypox).

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

Initiative/Program: Licensure reform for dentists and hygienists.

Success Measure: The passage of federal legislation that would allow for licensure reciprocity for dentists and hygienists.

Target: The introduction of federal legislation that would allow for dental licensure reciprocity.

Range: One to two introduced federal bills on dental licensure reciprocity.

Outcome: Success measure met. The ADA supported the Military Spouse Licensing Relief Act, which allows dentists or hygienists who are military spouses to have licensure reciprocity in the state in which their spouse is stationed. Additionally, it gives members of the military licensure reciprocity. This bill passed Congress and was signed into law as part of the Veterans Auto and Education Improvement Act.

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

Initiative/Program: Licensure reform for dentists and hygienists.

Success Measure: Introduce and pass the dentist and hygienist licensure compact in seven states in order to activate the compact.

Target: The introduction of the licensure compact in seven states.

Range: The introduction of the licensure compact in three to seven states.

Outcome: Target met. The compact language was finalized in January of 2023, meaning that a number of states had already passed their bill filing deadlines, or had already decided on their agenda for the session. Nonetheless, as of this writing, three states—Washington, Iowa, and Tennessee—have passed the compact, and a further five have been introduced, with more to come. There has been significant interest in at least 10 states in pursuing the compact in 2024.

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

Initiative/Program: Fighting Insurance Interference Strategic Taskforce (FIIST).

Success Measure: Increase by 30% legislative and regulatory activity related to third party payer issues in State Public Affairs (SPA) states.

Target: Increase by 30% legislative and regulatory activity related to third party payer issues in SPA states.

Range: 20–30% of activity relating to third party payer issues in SPA states.

Outcome: The target was exceeded. Thirty-nine state dental societies received FIIST/SPA funding to engage in third party payer issues on the state level in the January-June 2023 SPA grant period. There were 33 proposed dental insurance reform laws put forward by 20 state societies receiving FIIST dedicated SPA funds, representing an increase in activity of 51% (20 of 39 states saw activity). To date, there are six new laws in two states in 2023 with the result of a 6% conversion rate (6 of 33 proposals became law). The State Government Affairs (SGA) staff also worked with a few state dental societies that did not request FIIST/SPA money but were engaged in third party payer legislation nonetheless. So far two state societies have been successful in passing laws without SPA funding but with SGA's assistance, resulting in three new laws. All told, there are nine new dental insurance reform laws in 2023 positively impacting dentists and patients.

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

Initiative/Program: Grassroots program.

Success Measure: Successfully grow grassroots network and ensure network can communicate to members of Congress and staff.

Outcome: In 2022, over 23,000 communications were sent to Capitol Hill.

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

Initiative/Program: Tooth Talk Podcast.

Success Measure: Cover important advocacy-related topics through the podcast platform.

Outcome: Over 1,500 downloads for each episode.

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

Initiative/Program: ADA Dentist and Student Lobby Day.

Success Measure: Educate dentists and students on pertinent issues before Congress. Assist dentists and students in advocating for these issues before members of Congress and staff.

Outcome: Lobby Day 2023 was held in-person on March 5-7. Over 700 students, dentists, and state staff attended and participated. More than 300 meetings were held with legislative offices to lobby for issues including 'ADA 101,' dental insurance reform, student loan reform, and Medicaid.

Emerging Issues and Trends

The 118th session of Congress is beginning to introduce bills and hold hearings. As this process continues, the ADA will continue to advocate for legislation that aligns with the goals of the public/professional group. In addition to the bills mentioned earlier in this report, these key bills include, but are not limited to:

- The Resident Education Deferred Interest (REDI) Act, which would allow borrowers to defer their student loans interest-free while serving in a medical or dental internship or residency.
- The Restoring America's Health Care Workforce and Readiness Act, which would double the funding for the National Health Service Corps' scholarship and loan repayment programs.
- The Action for Dental Health Act reauthorization, which would provide grants for innovative workforce and access to care programs.
- The Ensuring Lasting Smiles Act (ELSA), which would require private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect.
- The Dental and Optometric Care (DOC) Access Act, which would ban non-covered services provisions in dental and vision insurance plans.
- The Oral Health Literacy and Awareness Act, which would authorize an oral health literacy campaign at HRSA.
- The PREVENT HPV Act, which would increase awareness of HPV-related cancers and educate the public on the need for HPV vaccination.

Responses to House of Delegates Resolutions

The 2022 House of Delegates referred Resolutions 502 and 502S-1 to the appropriate agency for further study. The Council will provide a response in a separate report.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2025.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), CGA reviewed the following Association policy and determined that it should be maintained.

General, Pediatric and Public Health Dental Residency Programs (*Trans.*2019:298)

The Council has submitted resolutions to amend or rescind other Association policies based on their adequacy (or obsolescence) in modern times, appropriateness of language and terminology, consistence with other Association policies, and the merits of any revision(s). Those recommendations are contained on separate worksheets.

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Council on Members Insurance and Retirement Programs

Huot, Richard A., 2025, Florida, chair
 Sokolowski, Joseph E., 2024, Missouri, vice chair
 Ganter, Stephanie R., 2023, Texas*
 Ghareeb, Sami M., 2023, West Virginia
 Grossman, Richard R., 2025, Pennsylvania
 Herre, Craig W., 2023, Kansas
 Jacob, Hubert J., 2024, Ohio
 Male, James R., 2023, Ohio
 Williams, David S., 2025, Delaware
 Wood, III, C. Rieger, 2024, Oklahoma

Tiernan, Rita, senior manager

The Council's 2022-23 liaisons include: Dr. Frank J. Graham (Board of Trustees, Fourth District) and Dr. Zane Keller (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.8. of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council on Members Insurance and Retirement Programs ("CMIRP") shall be:

- a. Insurance and retirement plan products and resources; and
- b. Risk management education programs and resources.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

Objective 1-5: The ADA members insurance and retirement plans are uniquely designed to enhance the value of membership across all segments which helps support the Membership strategic goal and objective to increase member recruitment and retention, and the Financial strategic goal and objective to increase non-dues revenue (royalties and service income).

Initiative/Program: ADA Members Group Insurance Plans, issued by Protective Life ("Protective"); ADA Members Retirement Programs, administered by Equitable; ADA Health Insurance Exchange web portal, powered by JLBG Health, Inc., and development of insurance and financial risk management educational resources to help members succeed in managing exposure to risk.

Success Measure: Increase member engagement and utilization of the ADA members insurance and retirement programs and risk management resources as defined by growth in plan participation, total assets under management and non-dues revenue (royalties and service income). In addition, benchmarking studies help validate the competitive cost value and financial stability of the product offerings as benefits of membership.

* New Dentist member

Target: 2023 year-end total combined non-dues revenue is estimated to generate approximately \$6 million from all budgeted sources including insurance plans royalties, service income and CMIRP expense budget reimbursement in support of the ADA strategic plan financial goals.

Range: An annual estimate of \$5.5 to \$6 million in combined total non-dues revenue from all budgeted sources including: 1) royalties, ADA Members Insurance Plans, Protective; 2) service income, ADA Members Retirement Program and ADA endorsement of a suite of Equitable retirement products and financial advisor services; 3) royalties, ADA-endorsed Health Insurance Exchange web portal, JLBG Health, Inc.; and 4) reimbursement of CMIRP annual expense budget including ADA overhead cost recovery.

Outcome: On track to meet or slightly exceed 2023 total non-dues revenue budget goals with nearly \$5.7 million already received as of June 30 from insurance plans royalties (based on prior year plan financial experience), Q1-2023 service income and CMIRP expense reimbursement sources as listed above.

ADA Members Group Insurance Plans: The ADA Members Insurance Plans (“ADA Plans”) products portfolio consists of nine group plans administered by Protective (following their acquisition from Great-West Life & Annuity) which include the 1) Annually Renewable Term Life, 2) Level Term Life, 3) Universal Life, 4) Student Life, 5) Disability Income Protection, 6) Student Disability, 7) Office Overhead Expense (disability), 8) Hospital Indemnity with an optional Extended Care Rider and 9) Critical Illness. The two supplemental medical insurance plans replaced the former MedCASH Insurance Plan which remains in effect, but only for existing certificate holders. The ADA Student Members Life and Disability Insurance Plans (“ADA Student Plans”) provide coverage on a guaranteed issue basis at *no-cost* to ADA student members while completing their dental school education D1-D4 years, including post-doctoral residency programs.

Table 1. ADA Members Group Insurance Plans total participation at year-end December 31, 2022. Participation is defined as the total number of certificates of insurance issued (by plan) to dentist members and dental student members, and the number of certificate riders issued covering spouses and/or dependent children. Members insured in more than one plan hold multiple certificates.

ADA MEMBERS GROUP INSURANCE PLANS	EOY 2022
Term Life (Members)	34,264
Spouses	10,645
Dependent Children ¹	4,279
Student Members <i>No-Cost</i> Term Life	13,605
Universal Life	940
Level Term Life (Members)	1,482
Spouses	331
Dependent Children ¹	154
Disability Income Protection	12,046
Student Members <i>No-Cost</i> Disability	12,000
Office Overhead Expense (disability)	5,614
MedCASH (Members & Dependents)	3,263
Hospital Indemnity (Members & Dependents)	546
Critical Illness (Members & Dependents)	504

Total Number of In-Force Certificates of Insurance and Dependent Riders (All Plans) 99,673

¹ Members with dependent child coverage; not the total number of insured children.

As reported by Protective total participation across all the ADA Plans for year-ending December 31, 2022, decreased by approximately 6.5% largely attributable to persistent declines in membership and aging trends coupled with a lack of sustained growth to offset the number of non-renews and voluntary lapses. More specifically, the Term Life Plan first introduced in 1934 illustrates the compounded effect of these membership trends which accounted for nearly half of the total aggregate decrease in participation across all plans or 3,193 insured members and 1,790 covered spouses and/or dependent children. Additionally, the increased number of dentists retiring from active practice with a lesser need for term life and disability products has had an impact on participation.

In academic year 2022, there were a total of 13,605 student member participants in the no-cost term life plan and 12,046 in the no-cost disability income plan. Aggregate participation in the ADA Student Plans remains relatively consistent year over year with some fluctuation based upon the size of the incoming class which helps offset the number of graduates. Eligible student members who are not participating at an insurance auto-enrolled school and register directly online for coverage through the ADA Student Plans (Protective) [website](#) also helps boost participation throughout the year.

Protective's field representatives continue to broaden their efforts to promote the ADA no-cost insurance benefits of membership to D1-D4 students and residents by hosting lunch and learn events on-campus, collaborating with ADA and ASDA chapter leaders on opportunities to exhibit and present at local district meetings and conferences, and customize marketing and related communications for the student and new dentist audiences using digital and social media channel distribution. According to Protective, these collective efforts are having a positive impact as evidenced by an uptick in the number of student coverage activations online through the first quarter of 2023.

Additionally, one of the most significant ongoing initiatives which contributes to student engagement and retention is the Dental School Insurance Auto-Enrollment Initiative through Protective with 18 schools currently participating. This program facilitates the auto-enrollment of a schools registered eligible dental students (D1-D4 and post-doctoral residents) to participate in the ADA no-cost Student Members Life and Disability Plans. There being no cost to the students or the dental school underscores the value of these ADA member benefits and the opportunity to foster and strengthen relationships with dental school leaders.

The ADA Student Plans are significant because they provide the foundation for the next generation of ADA active members and the pipeline for future growth of the ADA Plans. Protective reported conversion of 570 new dentists last year demonstrating the ongoing challenges with membership retention following graduation. To help best address this in 2023, Protective aligned its marketing and field representative sales efforts to build connections with D1-D4 students and help elevate the member experience while transitioning from dental school into dental practice.

Expansion of digital marketing with a new and early career dentist focus took center stage in 2022-23 with the "Always On" marketing campaign to promote the ADA Plans under the new Protective brand since the February 1, 2022 transition was completed. This online marketing strategy was quite successful as measured by above average response rates and length of user navigation sessions. Protective plans to implement new strategic and customized marketing initiatives for 2023-24, including the launch of its rebranded and enhanced ADA Plans website which features a more contemporary design, ease of navigation, expanded content and tools and resources to optimize the member's digital experience.

Despite the membership demographic shifts and brand marketing challenges in a post-transition year, Protective reported 689 new organic sales to first-time buyers of one or more of the ADA Plan products, including 192 new applications generated from the ADA new member incentive offer. This promotion provides eligible dentists who newly join the ADA with a guaranteed-issue term life benefit at no-cost for six months which can then be renewed at the ADA member group rates. It is hoped that this promotional offer and further advancements in digital marketing and communications will help support ADA's membership recruitment and growth in 2024.

The ADA group plans remain strong and well positioned financially and offer a competitive value proposition when compared to individual policy options in the retail market. Protective reports that the ADA Plans currently help protect the lives of more than 70,000 members and their families, inclusive of active, life, retired, federal, student, graduate and faculty members, their spouses, and dependent children. The Council proudly recognizes the importance of these insurance benefit plans and their financial significance to the ADA and its membership.

ADA-endorsed Members Retirement Program: The ADA-endorsed Members Retirement Program (“ADA Program”), administered by Equitable Insurance Company, offers competitive retirement plan design options for dentist practice owners through various retirement products. These plan design types are 401(k) plans (i.e., Safe Harbor, Traditional, Simple and Owners only), New Comparability Plans, defined contribution pension and profit-sharing plans, as well as Defined Benefit plans and Cash Balanced plans that offer managed accounts. Safe Harbor is the most often requested plan design.

The ADA Members Retirement Program design includes Equitable’s comprehensive service platform, provided through various retirement products, which provides full recordkeeping and plan administration services to dentist employer and employee participants at competitive fees. The broad range of services include maintaining the tax-qualified status of the IRS-approved plan offerings, discrimination testing, 5500 form filings, transaction processing and contemporary web tools and resources to manage plan participant contributions and allocation of funds.

The Equitable Investment Management Group manages the investment fund portfolios under the ADA Members Retirement Program. ADA retains an outside consultant to annually review the Program structure, fees and fund performance as measured against applicable benchmarks and industry trends. This helps ensure that ADA’s endorsement of the Equitable brand products and service platform continues to offer a market competitive option for members and employees who elect to participate.

With the evolution of time, the ADA Program’s aging trends have contributed to a decline in the total number of active dentist employer-sponsored retirement plans and their employee participants. Table 2 reflects a net decrease in total assets under management as of December 31, 2022, due in large part to financial market conditions and the increased number of dentists retiring and taking retirement plan distributions. On a positive note, ADA Program total sales trended higher at 48 plans in 2022 which helps support participation and asset growth goals.

Table 2. ADA Members Retirement Program Participation

	EOY 2021	EOY 2022
Number of Sponsored Plans (401k)	2,234	2,105
Number of Dentist Employers and Employee Participants	10,574	10,418
Total Assets Under Management	\$1.888B	\$1.481B

To address the needs of members and employees who are at or approaching retirement and have maximized their contribution and to preserve existing accounts as well as grow new business takeovers, the ADA-endorsed Equitable products portfolio also includes a comprehensive suite of fixed indexed and customizable variable annuities. These Equitable product options for dentist members marketed under ADA’s endorsement include the 1) Structured Capital Strategies, 2) Retirement Cornerstone and 3) Investment Edge. In addition, Equitable offers the Retirement Gateway Association (“RGA”) plan product which is designed to attract large retirement plans with assets over \$500,000.

In recent years, Equitable targeted marketing efforts to promote the RGA’s competitive pricing and customizable features has helped attract new participants and increase sales. The RGA program

continues to add value to the broader ADA-endorsed portfolio of product options for members and help conserve existing accounts with higher assets. As of December 31, 2022, Equitable reports there are approximately 29 plans in the RGA and \$24 million in assets under management.

The Structured Capital Strategies, Retirement Cornerstone and Investment Edge individual annuity products are more challenging to sell through direct mail marketing but nonetheless, are important to Equitable's strategy for future growth and diversification of the ADA-endorsed products portfolio to attract and retain members. At year-end 2022, there were 14 participant accounts with approximately \$3.1 million in total assets under management, an increase of approximately 72% over the prior year.

Individual Retirement Accounts: ADA endorses the Equitable 300+ Series Individual Retirement Account although it is no longer available to new account participants. Rather, in 2022 Equitable began offering the Equivest Individual Retirement Account products, including SEP (Simplified Employee Pension) and SIMPLE (Savings Incentive Match Plan for Employees) IRA plan types. As of December 31, 2022, Equitable reports a total of 1,867 IRA plan participants and assets under management now represent approximately \$78.5 million.

As of year-end 2022, the ADA Members Retirement Program and endorsed suite of other product options represented a total of approximately \$1.6 billion in assets under management that generated nearly \$600,000 in service income to the ADA in support of ADA Strategic Plan goals.

Equitable Financial Advisor Services & Initiatives: For 2022, Equitable continued to promote the availability of Equitable Financial Advisor services to ADA members and their employees which complements the ADA Members Retirement Program and broader suite of ADA-endorsed Equitable products. Equitable Financial Advisors uses a holistic, consultative approach to providing financial and retirement planning and wealth management services to best meet the needs of our members. Through collaboration with ADA, Equitable Financial Advisors provided subject matter experts for the ADA Financial Journey educational webinar series the past two years and is scheduled to present a new CE course at SmileCon 2023 as well as participate on the New Dentist Committee hosted educational panel session. This year, Equitable redesigned its [website](#) to highlight its new Financial Advisor services and optimize digital engagement with ADA members.

Equitable is planning to expand its presence at dental schools in 2023-24 to develop connections with student members and help educate them on managing debt, financial planning strategies and retirement savings plans. In addition, Equitable is developing webinar content uniquely designed to address the needs of new and early career dentists.

ADA-endorsed Health Insurance Exchange Web Portal Resource: The ADA-endorsed JLBG Health, Inc. web portal (ADAHealthExchange.com) is an online valuable resource for members, their employees and families looking to navigate the health insurance exchange marketplace and plan options in each state. Royalty revenue generated for ADA's endorsement of the web portal is minimal per year and totaled nearly \$23,400 for the 2022 health insurance marketplace open enrollment period.

Emerging Issues and Trends

The Council is not aware of any new, significant trends or emerging issues not already being addressed by the Council.

Responses to House of Delegates Resolutions

The Council has submitted a separate Report 1 to the House in Response to 212H-2022: Insurance and Paid Extended Leave which read as follows:

212H-2022. Resolved, that the appropriate ADA agency explore options to help employer dentists offer paid extended/family leave (such as insurance products) that can be purchased as a member benefit, and be it further

Resolved, that the appropriate ADA agency report back to the 2023 ADA House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2026.

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Council on Membership

Thakkar, Nipa R., 2024, Pennsylvania, chair
 Rao, Aruna S., 2024, Minnesota, vice chair
 Atarod, Ensy A., 2025, Texas
 Bellamy, Wallace J., 2023, California
 Bijoor, Renuka R., 2025, New York
 Ghisalberti, Giancarlo L., 2023, New Jersey*
 Jones, David K., 2026, Arkansas
 Kunzman, Nathaniel W., 2025, Colorado
 Moriarty, Janis B., 2024, Massachusetts
 Nelson, Cate E., 2023, Michigan
 Nguyen, Robin M., 2026, Florida
 Patel, Meenal H., 2023, North Carolina
 Safavian, Mehrdad S., 2026, Ohio
 Sergie, Susan A., 2026, Alaska
 Simpson, Kerri, T., 2024, West Virginia
 Sniscak, Thomas J., 2023, New Jersey
 Sword, Rhoda J., 2024, Georgia
 Tiersky, Terri S., 2025, Illinois

Eitel, Sandra L., senior director
 Subick, Nicole M., manager

The Council's 2022-23 liaisons include: Dr. Michele Tulak-Gorecki (Board of Trustees, Ninth District) and Ms. Justina Anigbo (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.9 of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility for the Council shall be:

- a. Membership recruitment and retention and related issues;
- b. Monitor and provide support and assistance for the membership activities of constituents and components; and
- c. Membership benefits and services.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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

Initiative/Program: Acquisition, Retention and Conversion (ARC) Program

Success Measure: Maintain a net-positive gain in membership recruitment of all dentists within 70% or more of constituents.

Target: Reach 5,000 potential members/current members through allocated ARC programs

Range: 4,000-6,000

*New dentist member

Outcome: To date, 13 programs have been completed and approximately 700 dentists and students have been reached. As part of this year's ARC programming, societies were encouraged to host their events in the fall to allow for an additional touchpoint with two critical segments – students and new graduates. With 84 events yet to be held, the target is expected to be met. Final results TBD in December 2023.

The Council on Membership oversees the annual distribution of \$250,000 in grants to state and local societies to support their recruitment and retention efforts targeted toward the ADA's priority and growing markets, namely students and early career dentists.

The 2023 ARC Program received a total of 121 applications and 97 were approved based on their alignment with the criteria and greatest potential for member growth – 27 for the Student "Ask me Anything" Program, 53 for the New Grad "Ask me Anything" Program and 17 original ideas. As part of the "Ask me Anything" programming, societies were encouraged to hold their events for students and new grads in the fall.

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

Initiative: Internationally trained, non-U.S. licensed dental school faculty membership

Success Measure: Develop a pathway to membership for internationally trained, non-U.S. licensed dental school faculty

Target: Increase engagement and grow membership of dental school faculty

Range: N/A

Outcome: The Council on Membership initiated a Joint Action Team in collaboration with the Council on Scientific Affairs and Council on Dental Education and Licensure to address key membership challenges and opportunities, including exploration of ADA member value, dues structure and pricing for internationally trained non-US licensed dental school faculty, who are not currently eligible for ADA membership.

Faculty are the number one influencer for dental students, including shaping their opinions about the ADA. Yet market share for full-time faculty has steadily declined over the past few years and is currently at 51.8%. Additionally, dental schools are increasingly hiring internationally trained non-U.S. licensed faculty, who have a difficult and inconsistent path to membership which is dependent on the desire/ability of individual state associations to support them. This continues to widen the gap of market share for ADA faculty members, and just as importantly, eliminates their opportunity to contribute their expertise to the ADA in leadership roles, and serve as advocates for ADA membership among their students.

Based on the needs mentioned above and 2023 survey data from faculty citing their barriers to membership, the Joint Action Team developed and proposed a resolution to create a membership category for dentists working full-time at U.S. dental schools. The resolution was adopted by the Council on Membership and will be submitted to the 2023 House of Delegates on a separate worksheet.

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

Initiative/Program: ADA Value Proposition and Membership Models Project

Success Measure: Defined member value propositions and development of a new tripartite membership dues structure that more accurately reflects evolving practice models

Target: Member value propositions and a new tripartite membership dues model

Range: N/A

Outcome: The Council on Membership continued its exploration of potential dues models in response to Resolution 40-2020, which directed the ADA to explore a new tripartite membership dues structure that more accurately reflects evolving practice models. After extensive research on various models over the past several years, at the beginning of 2023, the Council supported the ADA hiring an outside consultant to further explore new tripartite membership models that define the member value propositions for dentists in multi-site large group practice and the DSO entities that support them.

Elements of the ADA Value Proposition and Membership Models Project completed to date include:

- Stakeholder meetings and in-depth interviews with leaders from state dental associations and national ADA volunteers and staff
- In-depth interviews with 11 DSO leaders
- Six focus groups with DSO-supported dentists from large, medium, and small DSOs
- Value proposition workshops with three leadership groups: state dental associations, national ADA volunteers (including members of the Council on Membership), and national ADA staff

The value propositions will continue to be workshopped with key leadership groups, followed by a proposal of three potential tripartite membership dues models submitted for consideration to the Council on Membership.

Objective 3: Maintain an overall retention rate of 94%

Initiative/Program: ADA Member Philanthropy Recognition

Success Measure: Recognize dentists who have contributed significant philanthropic efforts through a member loyalty program category

Target: Incentivize dentists to give back to their communities

Range: N/A

Outcome: As a member benefit offered through the future member loyalty program, the Council on Membership recommended to the Board of Trustees at their July meeting the concept of a self-reporting platform that tracks philanthropic hours and projects of member dentists, as well as a database of local, state, national and global volunteer opportunities. The concept and recommendation were developed leveraging research that was obtained in Q2 2023 through the ADA's Advisory Circle. Such initiatives would foster camaraderie and community among dentists while supporting ADA's why statement, "we make people healthy," by encouraging dentists to give back at local, state, national and global levels.

Emerging Issues and Trends

In support of the multi-site large group practice growth trends identified in [HPI's recent research](#), and the ADA Value Proposition and Membership Models Project listed above, the ADA conducted in-depth interviews with 11 DSO leaders and six focus groups with DSO supported dentists in small, medium and large practice settings to better understand the barriers to membership.

Key findings from the DSO leaders include:

- **There is a deep respect for the ADA, even from our detractors.** Every DSO practice leader acknowledges that the ADA is the most powerful voice of advocacy for the dental profession and the most recognized and trusted brand.
- **DSO Practice Leaders also value the ADA's efforts around clinical standards and quality metrics.**

- **Dues are not the barrier to DSOs participating in the ADA;** the barriers are:
 - Lack of acceptance of dentists practicing in DSOs.
 - Not seeing DSOs in the leadership of the ADA.
 - Expecting the ADA to be a more powerful voice for all dentists.
- **They want more support for the business of dentistry.** They are also looking for clinical pathways to mentor and train their doctors better.
- **DSO Practice Leaders feel there is a lack of vocal support for all practice modalities.**
- A public campaign to promote oral health is a widely shared priority.

Key findings from DSO supported dentists include:

- They want the ADA to acknowledge that DSO practice settings employ high-quality dentists and provide excellent dental care.
- DSO supported dentists, like practice leaders, place a high priority on advocacy around insurance reimbursement policies.
- Every focus group mentioned student debt relief, contract negotiations, and support evaluating job offers.
- They feel many DSOs develop better CE than the ADA but that it can be restricting. DSO-supported dentists are looking for a broader range of CE choices.
- **They need a better understanding of what the ADA can do for them.** They don't see themselves represented within the organization, so they don't see the value.
- They look to ADA to explain different career paths in dentistry and help them understand their choices.
- **Consistent communication about ADA's work for DSO-supported dentists is essential.** I.e., how it is relevant to them and how the ADA works for all dentistry regardless of practice modality.

These research findings are helping inform the Council on Membership's future work on membership models addressing the ADA's fastest growing segment: dentists practicing in multi-site large group practices.

Responses to House of Delegates Resolutions

The Council on Membership did not receive assignments from the 2022 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2025.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council on Membership reviewed Association policies related to membership.

The Council on Membership reviewed the following policies and determined they should be maintained:

- Financial Hardship Dues Waivers (*Trans.*2002:381; 2018:300)
- Registration Fees for Members (*Trans.*1989:537)
- Involvement of Students in Society Activities (*Trans.*1979:649)
- Dues Exemption for Active-Duty Members (*Trans.*2004:297, 335; 2015:296)
- Parallel Membership Categories (*Trans.*2008:482; 2018:299)
- Administrative Process for Transferring Members (*Trans.*2001:422)
- Promoting the Value of Tripartite Dentistry (*Trans.*1995:606; 2013:365)
- Utilization of Tripartite Resources (*Trans.*1995:604; 2018:300)
- Collaboration with Other Organizations to Support ADA Recruitment and Retention Activities (*Trans.*1989:540; 1997:659; 2018:301)

- Dental Organization Membership Contingent on ADA Membership (*Trans.*1985:610; 1996:667)
- Dentists Retired From Federal Service (*Trans.*1963:285; 1996:671)
- Streamlining Membership Category Transfers (*Trans.*2001:426; 2018:300)
- Long-Term Dues Waivers (*Trans.*2002:384)
- Student Membership (*Trans.*1977:957; 1996:673; 2015:291)
- Tripartite Membership Application Procedures (*Trans.*1998:685; 2014:524; 2018:299)
- Transfer Nonrenews (*Trans.*1995:605; 2018:299)
- Requirement for Membership Maintenance in ADA for Fellows of the American College of Dentists, the USA Section of the International College of Dentists and the Pierre Fauchard Academy (*Trans.*1989:538; 2012:512)
- Association Support for Members Participating in Various Reimbursement Systems (*Trans.*1996:674)
- Compliance With Civil Rights Laws (*Trans.*1997:666)

The Council reviewed the following policies and is recommending amendments or rescission:

- Application Process for Direct ADA Membership (*Trans.*1989:539)
- Nonmember Utilization of ADA Member Benefits (*Trans.*1990:532)
- Differential Charges According to Membership Status (*Trans.*1982:506; 2004:294; 2018:300)
- Diversity in Association Membership Marketing and Consumer-Related Materials (*Trans.*1995:606)

These proposed actions are presented in separate reports to the 2023 House of Delegates.

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

Joint Commission on National Dental Examinations

Da Silva, John D., 2023, Massachusetts, chair, American Dental Education Association
 Herro, Anthony, 2024, Arizona, vice chair, American Association of Dental Boards
 Grzesikowski, Tami, 2026, Florida, American Dental Hygienists' Association
 Hogan, Rachel E., 2024, Oregon, American Dental Education Association
 Iranmanesh, M. Reza, 2026, Florida, American Dental Association
 Jang, Han-Na, 2024, Virginia, American Dental Hygienists' Association
 Lau, Tommy, 2023, Michigan, American Student Dental Association
 Loomer, Peter, 2025, Texas, American Dental Education Association
 McKee, Julie, 2025, Kentucky, American Association of Dental Boards
 Patel, Jeetendra, 2025, Louisiana, American Association of Dental Boards
 Schiano, Frank, 2025, Massachusetts, American Dental Association
 Sherrard, James R., Connecticut, 2026, Public Member
 Starsiak, Mary A., 2023, Illinois, American Association of Dental Boards
 Tepe, Patrick J., 2023, Wisconsin, American Dental Association
 Zajkowski, Mark, 2025, Maine, American Association of Dental Boards
 Open position: American Association of Dental Boards

Waldschmidt, David M., senior director and director
 Grady, Matthew, director
 Hinshaw, Kathleen J., director
 Matyasik, Michael, senior manager
 Curtis, Alexis, manager
 Davis, Laura, manager
 Hussong, Nicholas B., senior manager
 Svendby, Bryan, senior manager
 Worner, Brad, manager
 Yang, Chien-Lin, senior manager

The JCNDE's 2022–23 Board of Trustees liaison and student observer are Dr. Karin Irani (Thirteenth District) and Mr. Christopher Elkhali (American Student Dental Association), respectively.

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As listed in Chapter IX, Section 30.B. of the ADA *Constitution and Bylaws*, the duties of the Joint Commission on National Dental Examinations (JCNDE) shall be to:

- a. Provide and conduct examinations for all purposes, including assisting state boards of dentistry and dental examiners in exercising their authority to determine qualifications of dentists and other oral health care professionals seeking certification and/or licensure to practice in any state or other jurisdiction of the United States.
- b. Make rules and regulations for the conduct of examinations and the certification of successful candidates.
- c. Serve as a resource for dentists and other oral health care professionals concerning the development of examinations.
- d. Provide a means for a candidate to appeal an adverse decision of the Commission.
- e. Submit an annual report to the House of Delegates of this Association, and interim reports, on request.
- f. Submit an annual budget to the Board of Trustees of the Association.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

The Joint Commission is an agency of the ADA that maintains independent authority to pursue activities in accordance with the duties assigned to it within the ADA *Constitution and Bylaws*. As such, the Joint Commission determines its own corresponding goals and objectives. The information presented below is derived from the JCNDE's strategic plan, with corresponding updates provided in *italics* after each statement.

JCNDE Strategic Goals and Key Objectives

Goal One: Develop and conduct highly reliable, state of the art examinations to support decisions about licensure and certification of members of the oral health care team.

1. Conduct the National Board Dental Examination (NBDE) Part I through July 30, 2020 and Part II through July 31, 2022, and ensure policies for the orderly, secure and fair administration of these examinations are implemented. *The NBDE Part I was sunset on December 31, 2020. The JCNDE extended the deadline for the NBDE Part II from July 31, 2022 to December 31, 2022. All candidates eligible for the NBDE Part II were allowed one additional testing attempt between August 1 and December 31, 2022.*
2. Conduct the National Board Dental Hygiene Examination (NBDHE) and ensure policies for the orderly, secure and fair administration of this examination are implemented. *The NBDHE continues to be administered in an orderly, secure, and fair manner. In 2022, the JCNDE approved a draft roadmap for NBDHE development, which further strengthens this important examination program.*
3. Successfully transition to the Integrated National Board Dental Examination (INBDE) program by August 1, 2022 and ensure policies for the orderly, secure and fair administration of this examination are implemented. *The INBDE was launched on August 1, 2020, and since that time more than 15,000 INBDE administrations have successfully occurred. In 2023 the JCNDE will consider a roadmap for INBDE development that will outline research activities from 2023 through 2026. This roadmap will help ensure that INBDE development continues in an optimal fashion.*
4. Further integrate best practices in testing into JCNDE examinations by introducing multi-stage adaptive testing, 3-parameter logistic (3PL) item response theory for the NBDHE, and the development of an image bank, to support the validity of JCNDE programs. *The JCNDE continues to make significant progress in each of the areas indicated. The aforementioned NBDHE Roadmap calls for the utilization of an advanced scoring model for the NBDHE, with implementation to occur no sooner than 2025. This Roadmap also requires investigation into the feasibility of implementing multi-stage adaptive testing for the NBDHE.*
5. Explore the potential use of other innovations in testing, such as automatic item generation, simulations ("gamification" of testing), video, partial credit scoring and the use of testing windows, and develop recommendations on whether to pursue these testing modalities. *Ongoing review and investigation continues to occur in this area, based on identified needs. In 2022 the JCNDE proposed the creation of new 3D models and medical illustrations for the Dental Licensure Objective Structured Clinical Examination (DLOSCE) and Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE).*
6. Engage key stakeholders and communities of interest in discussions of potential new examinations and testing modalities. *The DHLOSCE business plan was reviewed and approved by the JCNDE in 2021, and in 2022 and 2023 the JCNDE has appointed highly qualified subject matter experts to serve as test constructors and build content for this examination. The JCNDE is also monitoring dental therapy as a potential profession, to understand whether it could be appropriate to build a corresponding examination at a later date.*

Goal Two: Serve as a trusted and independent resource on assessment for the oral health care professions to state dental boards and other key stakeholders.

1. Develop a strategic communications plan to guide JCNDE's communications and engagement with key stakeholder groups (i.e., stakeholder mapping, understanding stakeholders' interests and needs, reframing the messaging around the "why," increasing understanding of the range of resources JCNDE can provide). *JCNDE communications are an ongoing and vital activity. Each JCNDE standing committee identifies specific communication needs based on committee discussion and the JCNDE's strategic goals. These needs in turn are forwarded to the JCNDE's newly established standing committee on Communications and Stakeholder Engagement, which formulates the JCNDE's communication plan. The plan is then implemented by staff.*
2. Provide high quality tools, credible information and guidance about best practices in testing and assessment to support state boards in carrying out their role regarding the licensure and certification of oral health care professionals. *This represents an ongoing activity. The JCNDE has conducted webinars and provided presentations to dental boards and licensing agencies, the American Association of Dental Boards (AADB), and the American Association of Dental Administrators (AADA). During these presentations staff routinely point to the Standards for Educational and Psychological Testing (AERA, ADA, NCME, 2014) as a primary reference in support of valid, fair, and reliable examinations. Staff regularly attend professional meetings and industry conferences involving testing (e.g., Association of Test Publishers) to remain fully informed on industry best practices and new developments.*
3. Increase understanding of the mission and work of the JCNDE among members of the ADA House of Delegates (HOD), and the importance of JCNDE's position and reputation as a credible and independent testing agency. *This goal was articulated to facilitate approval of desired Bylaws changes that were submitted to the ADA HOD in 2019. The desired changes were approved by the HOD at that time, and since then the JCNDE has expanded this goal to include additional communities of interest. In communicating with communities of interest the JCNDE continues to assert its position and reputation as a professional and independent testing agency.*
4. Reduce incidents of cheating and sharing of exam questions among test takers by increasing understanding of the impact on the exam's cost and validity, stressing professionalism, and raising awareness of the potential consequences of such actions. *The JCNDE continues to pursue activity in support of this goal. Plans are in development to roll out informational materials (i.e. posters, articles, and videos), educating students and examination candidates on the impact and consequences of rule violations. In addition, the JCNDE determined that rule violations and/or irregularities occurring in separate examination programs implemented by the Department of Testing Services (e.g., the Advanced Dental Admission Test Program) may result in penalties that impact a candidate's ability to test in a National Board Examination program.*
5. Utilize Commissioners as peer ambassadors to increase understanding of the JCNDE and build stronger relationships with state dental boards. *In promoting the DLOSCE with dental boards, the JCNDE has utilized a combination of Commissioners, former DLOSCE Steering Committee members, and staff to deliver the message. This has helped in promoting the DLOSCE, and will continue to be utilized going forward.*

Goal Three: Strengthen the governance of JCNDE to increase responsiveness, credibility and independence.

1. Undertake a comprehensive review of the JCNDE's governing documents (e.g., bylaws, standing rules, exam regulations, composition, and structure) and make recommendations to strengthen the governance systems and structures as appropriate. *JCNDE governance documents were comprehensively reviewed and revised in 2019, with corresponding changes approved by the JCNDE as appropriate, or moved forward to the ADA Board of Trustees and HOD as applicable. The ADA HOD accepted the changes recommended by the JCNDE. The JCNDE has appreciated the support of the ADA BOT and HOD, and the confidence that has been placed in the JCNDE.*

2. Identify opportunities to increase the agility and nimbleness of the JCNDE's governance and decision-making processes. *The JCNDE reviews its policies and governance documents on an annual basis, providing agility and nimbleness. Additionally, the JCNDE has conferred additional powers to its Chair in times of crisis, to expedite and facilitate decision-making when time is of the essence.*

Emerging Issues and Trends

The following communicates the actions of the JCNDE since its prior Annual Report to the HOD:

1. Pursued efforts in support of the strategic direction of the JCNDE as it pursues its mission and vision. This includes the following:
 - A. Directed staff to initiate efforts so that a JCNDE strategic planning meeting could take place in the second quarter of 2023. This meeting involved careful scrutiny of the JCNDE's mission, vision, goals, objectives, and governance, while also considering the political, economic, social, technological, legal, and educational contexts within which the JCNDE pursues its activities.
 - B. Directed staff to survey boards to better understand the status of the profession of dental therapy within each board's jurisdiction, and boards' perceptions of the need for a National Board Dental Therapy Examination (NBDTE).
 - C. Directed staff to develop a strategic roadmap for the dental examinations of the JCNDE, to align efforts so goals and objectives can be achieved as effectively as possible.
2. Approved actions in support of the continued fairness of administrations of the examinations of the JCNDE.
 - A. Approved a fairness and sensitivity review process proposed by Department of Testing Services (DTS) staff and directed staff to pilot the process in 2023—or as soon as logistically feasible—by applying the process to a subset of INBDE, DLOSCE, and NBDHE items.
 - B. Directed staff to solicit applications from individuals willing to serve as fairness and sensitivity reviewers for the examination programs of the JCNDE, with review and selection of such individuals occurring in 2023.
 - C. Granted a request to extend the NBDE Part II discontinuation date to help ensure that candidates who had prepared to challenge this examination but encountered difficulties beyond their control—due to the global pandemic, difficulties in obtaining visas, etc.—had a reasonable opportunity to do so.
3. Strengthened the anticipated contributions of JCNDE members and test constructors, through further reduction of conflicts of interest and enabling greater flexibility in contributor selection decisions:
 - A. A member of the JCNDE may not simultaneously serve or have served as a principal officer or an active examiner of an external clinical testing or test development agency within the last five (5) years or three (3) years for officers and examiners, respectively. The preceding applies to Commissioners whose appointments are made subsequent to the JCNDE's June 2020 meeting.
 - B. JCNDE test constructors cannot simultaneously serve as an examiner or officer for any external clinical testing or test development agencies, nor can they have served on such an agency for the past five (5) years.¹
 - C. With respect to the procedures for electing a public member, the JCNDE eliminated the requirement that at least two qualified nominees be identified, in favor of a provision

¹ This provision applies to test constructors whose appointments are made subsequent to the Joint Commission's June 2022 meeting.

- indicating that the JCNDE may choose to delay a Public Member appointment until a suitable, qualified candidate is identified. This is intended to provide flexibility to the JCNDE in situations where a single, highly qualified Public Member candidate has applied for the role.
- D. The JCNDE selected a new Public Member to serve an upcoming term beginning in October 2022 and concluding in October 2026.
 - E. In limited instances, the JCNDE may permit a test constructor who does not strictly meet requirements to move forward, if the JCNDE's perspective is that the quality of contribution provided by the individual far exceeds any challenges incurred due to the lack of strict adherence.
4. Strengthened and aligned the JCNDE's efforts to assess the knowledge, skills, and abilities of aspiring Dental Hygiene professionals, to provide comprehensive and precise evaluation.
 - A. Adopted Strategic Goals and a Roadmap to help set the strategic direction for the Dental Hygiene examination programs of the JCNDE, including incorporation of advanced scoring models and multi-stage adaptive testing.
 - B. Monitored progress and efforts to design, construct, and implement the JCNDE's Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE), the launch of which is anticipated in 2024.
 5. Advanced the security of National Board Examination (NBE) administrations, to further increase confidence that results of NBEs provide an accurate representation of candidate skills and abilities.
 6. Reviewed JCNDE communication activities and identified opportunities for improvement and enhanced communications.
 - A. Reviewed the results of a comprehensive survey of dental and dental hygiene candidates and educators, to better understand the effectiveness of JCNDE communications and guide future communication efforts.
 - B. Identified specific areas where communication is needed, and directed staff to proceed as indicated to help address these needs.
 - C. Promoted new JCNDE initiatives (e.g., Multi-Stage Adaptive Testing, shortening of the National Board Examinations), and socialized these concepts with communities of interest to help ensure the readiness of those communities.
 7. The Joint Commission continues to take action to ensure it has sufficient, highly capable and knowledgeable test constructors to build rigorous examination content. This occurred through the appointment and reappointment of DLOSCE, INBDE, and NBDHE test constructors to serve in the 2023 DLOSCE, INBDE, and NBDHE Test Constructor Pools.
 8. The Joint Commission monitors its examinations closely and regularly to ensure they are psychometrically valid and performing as intended.
 9. The next annual meetings of the JCNDE will be held on June 28, 2023 and June 26, 2024. The next annual State Dental Board Forums will occur June 26, 2023 and June 24, 2024.
 10. The following provides performance information for each of the examinations of the JCNDE.

NBDE Part II: Table 1 presents performance trends for the NBDE Part II over the past 10 years. As shown in Table 1, the number of **first-time** candidates from **accredited** programs ranged between 5,338 and 6,227 between 2013 and 2020, then dropped substantially in 2021 and 2022. This decline is attributable to candidates transitioning from the NBDE to the INBDE program, in response to the sunsetting of Part II in 2022. Across the ten-year period indicated, failure rates for **first-time** candidates from **accredited** programs ranged from 6.3% (2013) to 11.7% (2022). Failure rates for

first-time candidates from **non-accredited** programs were higher across the board, ranging from 23.3% (2019) to 42.0% (2015).

TABLE 1
Numbers and Failure Rates for First-time and Repeating Candidates
NBDE Part II

	Accredited				Non-Accredited				Total	
Year	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2013	5,338	6.5	465	22.5	1,190	40.0	513	52.8	7,506	15.3
2014	5,704	7.4	543	21.4	1,557	37.3	593	45.2	8,397	16.5
2015	5,834	7.5	604	22.7	1,630	42.0	783	48.8	8,851	18.5
2016	6,034	8.7	682	24.1	1,861	34.2	913	45.0	9,490	18.3
2017*	6,138	8.3	712	23.9	1,698	34.4	879	45.3	9,427	17.6
2018	5,769	7.9	670	23.4	1,759	23.7	766	39.4	8,964	14.8
2019	5,985	9.7	653	20.1	1,562	23.3	605	47.4	8,805	15.5
2020	6,227	7.4	673	21.8	1,206	26.4	511	41.3	8,617	13.2
2021	4,332	9.9	561	23.7	1,331	28.7	606	45.1	6,830	17.8
2022	1,201	11.7	496	30.9	551	36.8	881	61.1	3,129	33.0

* A new standard was introduced this year, based on updated standard setting activities.

Note: The NBDE Part II was discontinued in 2022.

INBDE: Table 2 presents performance trends for the INBDE in the past three years. As shown, the number of candidates completing the INBDE has increased significantly in virtually all categories, due to the discontinuation of the NBDE Part II on December 31, 2022. Failure rates for the INBDE have been low for **first-time** candidates from **accredited** programs, across the initial years of the INBDE's implementation. Conversely, failure rates for **first-time** candidates from **non-accredited** programs are significantly higher, ranging from 38.8% in 2020 to 25.3% in 2022. The preceding indicates that candidates trained by CODA-accredited dental programs are well-prepared to challenge the INBDE, as compared to those educated by non-accredited programs.

Table 2
Numbers and Failure Rates for First-time and Repeating Candidates
INBDE

	Accredited [†]						Non-Accredited [‡]						Total	
	First Attempt ^a		Mixed Attempt ^b		Retake ^c		First Attempt ^a		Mixed Attempt ^b		Retake ^c		All Attempts	
	N	% Fail	N	% Fail	N	% Fail	N	% Fail	N	% Fail	N	% Fail	N	% Fail
2020	204	1.0	1	0.0	69	7.3	147	38.8	0	-	117	58.1	538	24.5
2021	2,018	1.3	3	0.0	245	16.0	1,340	33.1	1	0.0	971	55.8	4,578	22.3
2022	5,837	0.8	15	0.0	234	13.2	2,144	25.3	10	20.0	1,145	44.7	9,385	12.1

^a Indicates candidates who had never previously attempted the INBDE, NBDE Part I, or NBDE Part II.

^b Indicates candidates who passed NBDE Part I on their first attempt and subsequently elected to attempt the INBDE instead of NBDE Part II.

^c Indicates candidates who had previously attempted and failed the INBDE, NBDE Part I, or NBDE Part II.

[†] Indicates candidates trained by dental education programs accredited by CODA.

[‡] Indicates candidates trained by dental education programs not accredited by CODA.

NBDHE: Table 3 presents performance trends for the NBDHE over the past 10 years. As shown, administration volume has generally been quite consistent, with **first-time** candidates from **accredited** programs testing at much higher volumes than candidates from **non-accredited** programs. Decreases and increases in test administration volume and failure rates occurring between 2020 and 2022 are largely a function of the impact of the COVID-19 pandemic. Fewer administrations could occur in 2020 due to pandemic restrictions. Correspondingly, candidates became further removed from their studies and clinical experiences at the time of their (delayed) test administrations, and consequently performed less well on the examination. This pattern is illustrated through

corresponding increases in failure rates (13.4% and 14.3% in 2021 and 2022, respectively) and more retake administrations in those years.

TABLE 3
Numbers and Failure Rates for First-time and Repeating Candidates
NBDHE

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2013	7,016	4.8	489	45.8	231	17.3	52	53.9	7,788	8.1
2014	7,357	4.8	527	47.4	204	23.0	68	63.2	8,156	8.5
2015	7,227	4.4	499	46.3	179	22.9	40	55.0	7,945	7.7
2016	7,397	5.1	506	41.7	214	27.6	45	35.6	8,162	8.1
2017*	7,262	6.2	677	49.8	253	33.2	81	46.9	8,273	11.0
2018	7,360	5.8	654	46.2	328	34.8	88	44.3	8,430	10.4
2019	7,316	7.9	852	49.1	377	35.5	119	51.3	8,664	13.8
2020	6,938	9.7	764	51.3	302	44.0	135	60.7	8,139	15.7
2021	7,478	13.4	1,571	50.5	534	51.3	271	59.4	9,854	22.7
2022	6,933	14.3	1,721	54.5	235	55.7	168	66.1	9,057	24.0

* A new standard was introduced this year, based on updated standard setting activities.

DLOSCE: Table 4 presents performance trends for the Dental Licensure Objective Structured Clinical Examination (DLOSCE) in the past three years. Table 4 shows a decrease in administration volume relative to the first year of this examination program, but an increase in failure rates attributable to the rigorous nature of this examination program.

TABLE 4
Numbers and Failure Rates for First-Time and Repeating Candidates
DLOSCE

Year	Accredited				Non-Accredited				Total	
	First Attempt ^a		Retake ^c		First Attempt ^a		Retake ^c		First Attempt and Retake	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2020	231	9.5	2	0.0	14	57.1	1	100.0	248	12.5
2021	97	5.2	10	30.0	9	11.1	6	66.7	122	10.7
2022	44	25.0	4	50.0	5	0.0	2	50.0	55	25.5

Responses to House of Delegates Resolutions

The Joint Commission did not receive any assignments from the ADA House of Delegates in 2022.

Self-Assessment

The Joint Commission is next scheduled to conduct a self-assessment in 2027.

Policy Review

While the Joint Commission is an agency of the ADA, it maintains independent authority to provide and administer licensure exams in dentistry and dental hygiene. The Joint Commission maintains its policies and procedures in the following documents: 1) *Rules of the Joint Commission on National Dental Examinations*, and 2) *Operational and Policy Manual of the Joint Commission on National Dental Examinations*. Changes to these documents were noted previously in this report.

Commission Minutes

For more information on recent activities, see the Commission's [Unofficial Actions Report](#) on ADA.org.

National Commission on Recognition of Dental Specialties and Certifying Boards

McAllister, Brian S., 2023, Delaware, chair
 Glenn, Gayle, 2024, Texas, vice chair
 Aste, Leonard R., 2025, Utah
 Beeler, Michele, 2025, Kentucky
 Carroccia, Anthony S., 2023, Tennessee
 Catey-Williams, Mara, 2023, Indiana
 Chaffin, Jeffrey G., 2024, Iowa
 Clem, Donald S., 2025, California
 Felsenfeld, Alan L., 2024, California
 Ganzberg, Steven I., 2023, California
 Gluskin, Alan H., 2026, California
 Halpern, David F., 2024, Maryland
 Huber, Michael A., 2024, Texas
 Hudis, Stephen I., 2026, New Jersey
 Knapp, Jonathan B., 2024, Connecticut
 Lang, Maureen E., 2024, Texas
 Moody, Edward H., Jr., 2023, Tennessee
 Muller, Susan, 2023, Georgia
 Murphy, Kathleen, 2026, Illinois
 Murphy, Ned, 2025, Wisconsin
 Radack, Stephen T., III, 2026, Pennsylvania
 Raman, Prabu, 2024, Missouri
 Ramesh, Aruna, 2021, Massachusetts
 Warner, Ben F., 2026, Texas
 Young, Brenda J., 2024, Virginia

Baumann, Catherine A., director

The National Commission's 2022–23 liaison is Dr. Marshall H. Mann (Board of Trustees, Fifth District)

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As stated in Chapter IX, Section 30.D. of the ADA *Bylaws*, the duties of the National Commission shall be to:

- a. Formulate and adopt procedures for the recognition of specialties and specialty certifying boards in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties*.
- b. Grant or deny specialty recognition to specialty organizations and specialty certifying boards seeking recognition in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties*.
- c. Provide a means for sponsoring organizations and certifying boards to appeal an adverse recognition decision.
- d. Submit an annual report to the House of Delegates of this Association and interim reports on request.
- e. Submit the National Commission's annual budget to the Board of Trustees of the Association.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

The National Commission has been granted independent authority through the ADA *Bylaws* to recognize dental specialties and their respective certifying boards. The National Commission determines its own strategic goals and objectives. For 2023, the National Commission goals and objectives are as follows:

Objective 1: Implementation of third phase of the National Commission's Communication Plan including the development of four (4) educational presentations for communities of interest.

Initiative/Program: National Commission

Success Measure: Third phase of the National Commission Communication Plan is fully implemented and posted on the National Commission website by December 31, 2023.

Target: Successful implementation and completion of the third phase of the National Commission Communication Plan with the final set of the National Commission's educational series to be posted on the National Commission's website.

Range: Completion by December 31, 2023.

Outcome: National Commission communities of interest and the public have a better understanding of the purpose of the National Commission and specialty recognition in general.

Objective 2: Continued development of in-depth training modules for incoming Commissioners to aid in preserving the historical knowledge and current operations of the National Commission.

Initiative/Program: National Commission

Success Measure: Successful presentation of in-depth training modules to incoming Commissioners by December 31, 2023. Incoming Commissioners all "pass" an exit exam after completing modules.

Target: Successful completion of in-depth training modules for in-coming Commissioners to aid in preserving the historical knowledge and current operations of the National Commission.

Range: Completion by December 31, 2023.

Outcome: Training modules thoroughly orient new Commissioners to their roles and responsibilities on the Board of Commissioners. National Commission Communication and Technology Committee will meet periodically throughout the year to monitor content and progress on the completion of the in-depth training session to be conducted by December 31, 2023.

Objective 3: Develop initial goals and objectives for the National Commission 2025-2030 Strategic Plan, Action Plan and Dashboard.

Initiative/Program: National Commission

Success Measure: Completion of the initial development of measurable goals and objectives for the National Commission 2025-2030 Strategic Plan by December 31, 2023.

Target: Successful development of measurable goals and objectives for the National Commission 2025-2030 Strategic Plan

Range: Completion by December 31, 2023.

Outcome: Strategic Planning and Policy Review Committee and Board of Commissions will be able to adopt the 2025-2030 Strategic Plan, Action Plan and Dashboard at its April 2024 meeting.

Emerging Issues and Trends

The National Commission continues to monitor trends in specialty recognition occurring in other health-related professions and continues to investigate whether subspecialty designation is appropriate for the dental profession. The National Commission completed the Periodic Review of Dental Specialties in 2021, with emerging issues and trends in each of the 12 recognized specialties available for review on the National Commission website. The National Commission determined, through the Periodic Review process, that each of the 12 recognized dental specialties continue to meet all of the *Requirements for Recognition*. In addition, the National Commission conducts an Annual Survey of Recognized Certifying Boards, with emerging issues and trends in each of the 12 recognized certifying boards available for review on the National Commission's website.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the National Commission in 2023.

Self-Assessment

In accordance with Resolution 1H-2013, the National Commission conducted a self-assessment in 2023, which is presented in Appendix 1.

Policy Review

The National Commission currently oversees the recognition of the 12 dental specialties and their respective certifying boards. The National Commission implemented its own policies and procedures related to specialty recognition in 2018. A three (3) year review of individual National Commission policies was adopted as part of the strategic plan. The National Commission adopts new and revised policies as part of its regular, annual meeting agenda, which was held on April 24, 2023. There are currently no ADA policies related to the National Commission that the National Commission has been charged with reviewing in accord with Resolution 170H-2012, Regular Comprehensive Policy Review.

Commission Minutes

For more information on recent activities, see the National Commission [minutes](#) on ADA.org.



National Commission on Recognition of Dental Specialties and Certifying Boards

2023 SELF-ASSESSMENT

Executive Summary: The National Commission on Recognition of Dental Specialties and Certifying Boards (National Commission) fulfils its responsibilities by administering objective recognition requirements, policies, procedures and criteria for specialty sponsoring organization and specialty certifying board recognition and re-recognition process that reduces real and perceived conflicts of interest, protects the public, nurtures the art and science dentistry and improves patient quality of care.

The National Commission has provided the attached report summarizing the self-assessment process conducted from November 2022-April 2023.

Key Issues: The National Commission's self-assessment affirms the following:

- The National Commission effectively fulfills its *Bylaws* duties through ongoing administration of the specialty sponsoring organization and specialty certifying board recognition and re-recognition process in accordance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*, established procedures for conducting appeals of adverse recognition actions and the timely submission of reports and budgets to the American Dental Association (ADA) House of Delegates.
- The work of the National Commission is grounded in administration of objective recognition requirements, policies, procedures and criteria that protect the public, nurture the art and science of dentistry and improves patient quality of care.
- Equal representation by general dentist and specialist practitioners on the National Commission Board of Commissioners helps ensure balanced, peer-review processes.
- Through the adoption of Mission, Vision, and Values Statements in 2019 and a Strategic Plan in March 2020, the National Commission continues to enhance operations to ensure that the National Commission continues to implement consistent, valid practices that are aligned with Commission best practices.

In summary, the National Commission administers its specialty recognition and re-recognition program in accordance with best practices for agencies with responsibility for developing and implementing recognition standards and criteria that promote and monitor continuous quality improvement in dental specialty recognition.

Background: The National Commission on Recognition of Dental Specialties and Certifying Boards was established by Resolution 30H-2017 (*Trans.* 2017:250) as the ADA agency responsible for developing a process and criteria by which specialty sponsoring organizations and specialty certifying boards are recognized.

In late 2016, The Board of Trustees charged the Task Force on Specialty and Specialty Certifying Board Recognition to evaluate the process and criteria by which specialties and specialty certifying boards are recognized.

The following principles guided the Board and its Task Force in developing the proposal to revise the specialty and specialty certifying board recognition process. The process must:

- be grounded in objective standards that protect the public, nurture the art and science of dentistry, and improve the quality of care;
- serve to reduce potential bias or conflict of interest, or the perception of bias or conflicts of interest, in the decision making process;
- include multiple steps, including provisions for appeal;
- be operationally similar to the Commission on Continuing Education Provider Recognition, Commission on Dental Accreditation and Joint Commission on Dental Examinations;
- include representation from the ADA (general dentists and academics), each of the dental specialties recognized pursuant to the criteria contained in the *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*, and the public. In addition, opportunities for input from other communities of interest should be incorporated into the process;
- build on the expertise that has been developed by the Council on Dental Education and Licensure and be grounded in the existing *ADA Requirements for Recognition of Dental Specialties and National*

Certifying Boards for Dental Specialists. The *ADA Requirements for Recognition* were developed and maintained by the Council on Dental Education and Licensure; they are approved by the ADA House of Delegates; and

- be financially prudent and not place undue financial burden on the ADA of the dental specialty organizations. The National Commission's annual operating budget would be subjected to review by the Board of Trustees and approved by the ADA House of Delegates.

The establishment of the National Commission has reduced real and perceived conflicts of interest in the specialty recognition decision-making process, which is aligned with the recognition processes in other health professions and conforms with the national standards and public expectations on establishing objective processes for applying standards and making high-stakes decisions.

Threshold Issues:

The National Commission is the only body within the American Dental Association (ADA) charged with making decision related to specialty recognition and re-recognition. The *Bylaws* duties of the National Commission, as established by the ADA House of Delegates, are limited in focus and strictly related to the recognition and re-recognition of dental specialty sponsoring organizations and their respective certifying boards based on compliance with the *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.

ADA *Bylaws* (Chapter IX, Sec. 30.C) describe the duties of the National Commission as follows:

- a. Formulate and adopt procedures for the recognition of specialties and specialty certifying boards in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.
- b. Grant or deny specialty recognition to specialty organizations and specialty certifying boards seeking recognition in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.
- c. Provide a means for sponsoring organizations and certifying boards to appeal an adverse recognition decision.
- d. Submit an annual report to the House of Delegates of this Association and interim reports on request.
- e. Submit the National Commission's annual budget to the Board of Trustees of the Association.

Since the National Commission's inaugural meeting in May 2018, the Board of Commissioners has worked to develop clear, concise, and transparent policies, procedures and criteria related to specialty and certifying board recognition and re-recognition.

The National Commission's annual goals are based on the National Commissions 2020-2025 Strategic Plan. On an annual basis, the National Commission Strategic Planning and Policy Review Committee and the Board of Commissioners review the 2020-2025 Strategic Plan, Action Plan and Dashboard to ensure that the National Commission is meeting its goals and objectives.

Structure:

The focus of the National Commission is on dental specialty sponsoring organization and certifying board recognition and re-recognition, conducting the Periodic Review of Dental Specialty Education and Practice every ten (10) years and reviewing the annual surveys of recognized certifying boards; therefore, the optimal composition of the Board of Commissioners should consist of individuals who are familiar with dental education, dental specialty education and board certification of diplomates.

The composition of the Board of Commissioners as directed by the ADA House of Delegates consists of an equal number of general dentist members as recognized specialty members. When a new specialty is recognized, the composition of the Board of Commissioners increases by two (2) members due to the requirement that there is an equal number of general dentists as specialty members. In 2018, the inaugural Board of Commissioners consisted of

19 members. Due to the recognition of three (3) new specialties, the size of the Board of Commissioners has increased to 25 Commissioners. In March 2022, the Board of Commissioners discussed concerns related to the requirement that there be an equal number of general dentists as recognized specialty members noting that, if in the future, there are more specialties recognized, the size of the Board of Commissioners will become too large to be efficient and will increase the financial burden on the ADA and recognized specialty sponsoring organizations.

Efficiencies:

The Board of Commissioners is the decision-making body of the National Commission. The National Commission has two (2) Review Committees and four (4) Standing Committees that are advisory to the Board of Commissioners. Since 2018, the National Commission has utilized three (3) ad hoc committees to study specific issues.

The National Commission is focused on being financially prudent and does not want to place an undue financial burden on the ADA or the dental specialty sponsoring organizations. Given this, the Board of Commissioners meets in-person on an annual basis. If a supplemental meeting of the Board of Commissioners is required, the meeting is held virtually. All meetings of the Review and Standing Committees are virtual and the number of Review and Standing Committee meetings is based on the workload of the committee.

As a newer Commission, the Board of Commissioners has spent a large amount of time reviewing and refining policies, procedures and criteria to ensure that what is in place is clear, concise, and transparent. As part of the National Commission Strategic Plan, the Board of Commissioners adopted an Assessment Process Goal that implemented an annual review of the National Commission's Policy and Procedure Manual to develop a rotating schedule to review a set number of policies for potential revision on an annual basis.

The National Commission is supported by one (1) full-time staff. Based on the operational efficiency of staff and the Board of Commissioners, one (1) full-time staff member meets the needs of the National Commission.

Areas of Responsibility:

The National Commission is the only body within the American Dental Association (ADA) charged with making decisions related to specialty recognition and re-recognition. The *Bylaws* duties of the National Commission as established by the ADA House of Delegates is limited in focus and is related to the recognition and re-recognition of dental specialty sponsoring organizations and their respective certifying boards based on compliance with the *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.

Agenda Review:

The National Commission Board of Commissioners meets on an annual basis. Given this, the Board of Commissioners annual meeting agenda is robust to ensure that the Board of Commissioners takes action on all recommended actions put forward by the National Commission Review and Standing Committees. Prior to the conclusion of its annual meeting, the Board of Commissioners have thoughtful discussions related to emerging trends, future projects and the review of operational efficiencies.

Big Issues and Strategic Direction:

In 2022, the National Commission worked in partnership with the Council on Dental Education and Licensure to revise the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* to make the requirements more complete, understandable and thorough in an effort to strengthen the specialty recognition process. The proposed revisions to the *Requirements for Recognition* were adopted by the ADA House of Delegates in October 2022.

In March 2020, the National Commission Board of Commissioners adopted its 2020-2025 Strategic Plan and has successfully met virtually all of its goals and objectives. In April 2023, the Board of Commissioners held

initial discussions related to what goals and objectives should be included in the 2025-2030 National Commission Strategic Plan.

Attachments: National Commission Mission, Vision, and Values
National Commission Strategic Plan

NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS

Mission, Vision, and Values Statements

Mission

The National Commission on Recognition of Dental Specialties and Certifying Boards serves the public and the profession by providing transparent and objective review of the recognized specialty sponsoring organizations, prospective specialty organizations, their respective certifying boards and their adherence to the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.

Vision

The National Commission on Recognition of Dental Specialties and Certifying Boards is held to be the standard for excellence and professionalism in the recognition of dental specialties and dental specialty certifying boards.

Values

- Objectivity
- Integrity
- Transparency
- Consistency
- Professionalism

Adopted 3/19; Revised 3/20

**NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND
CERTIFYING BOARDS**

STRATEGIC PLAN 2020-2025

Goal 1: Organizational Capacity Goal: Strong Working Relationships with Communities of Interest

Objective 1. Develop communication plans designed to increase National Commission brand and educate the public/communities of interest on the role of the National Commission.

Action/Metrics:

- Establish a Standing Committee on Communication and Technology by Q2 2020.
- Communication and Technology Committee to draft a communication plan for consideration by the National Commission. Upon adoption, the committee will implement and oversee the plan by Q3 of 2021.
- Hold virtual and/or in-person hearings related to application process and/or educational sessions for communities of interest as are necessary.

Objective 2. Engage and assist the recognized certifying boards in complying with the newly revised *Requirements for Recognition* in order to build value in the Annual Report.

Action/Metrics:

- Develop timelines and policies to allow for achievement of compliance with the revised *Requirements for Recognition* by Q2 of 2020.
- Seek certifying board feedback on the Annual Report by engaging in discussions related to the content of the Annual Report in order to build value in completion of the report by Q2 of 2020.
- Develop a webinar/training session for the August 2020 meeting of the recognized certifying boards for the purpose of improving the quality of report submissions.

Goal 2: Emerging Trends: Monitor Trends in the Oral Health Care Field Focusing on Specialty Recognition

Objective 1. Communicate with other ADA commissions and councils to identify trends and develop innovative solutions to issues affecting the profession.

Action/Metrics:

- Participate in a forum with CODA and CDEL to review emerging trends and common goals and to ensure communication to advance the dental profession by Q1 of 2021.
- Investigate whether there is a need in dentistry for the recognition of other areas of clinical areas of interest (subspecialties) associated with the recognized dental specialties by Q3 2024.

Goal 3: Assessment Process Goal: Improve National Commission Processes

Objective 1. Annual Review of National Commission's Policy and Procedure Manual

Action/Metrics:

- Development of rotating schedule to review a set number of policies for potential revision on an annual basis.

- The Strategic Planning and Policy Review Committee will receive and implement strategies based on an annual review provided by the Chair of each Standing and Review Committees of the Commission.
- Develop formatted document outlining instructions for communities of interest to make comments on open applications, with clear instructions on keeping testimony relevant to criteria.
- Creation of ad hoc committee to develop Code of Conduct and Professionalism

Objective 2. Streamline management of National Commission application, review, billing and reporting processes through technology upgrades.

Action/Metrics:

- Investigate the development and costs of implementing an electronic management software system by Q4 of 2021.

Objective 3. Develop and implement policy regarding the Commission's definition, term of service, nomination and appointment of consultants for Review, Standing and Special Committees based on financial considerations and the emerging needs of the specialty community.

Action/Metrics

- Review associated costs
- Determine criteria for value and appropriateness

Goal 4: Financial Goal: National Commission Investigate Potential Sources of Revenue to Offset Operating Expenses

Objective 1: Development and execution of a shared services agreement with the ADA

Action/Metrics:

- Develop and execute a shared services agreement with the ADA by Q1 of 2020.
- Evaluate allocation formula for shared services paid by the National Commission to the ADA and propose revisions as needed, so that it is reflective of the National Commission and the shared services it receives.

Objective 2. At such time as members are added or removed from the National Commission, the National Commission budget shall be reviewed to determine cost/revenue implications to the National Commission with the understanding that the financial obligations of each specialty group to the National Commission may need to be adjusted.

Objective 3. Investigate additional sources of revenue based on products of value to the community.

Adopted 3/20; Revised 9/20

Council on Scientific Affairs

Khajotia, Sharukh S., 2023, Oklahoma, chair
 Kumar, Purnima, 2024, Michigan, vice chair
 Clonan, Ellyce, 2023, New York¹
 da Costa, Juliana, 2025, Oregon
 Dhar, Vineet K., 2024, Maryland
 Fouad, Ashraf F., 2025, Alabama
 Haraszthy, Violet I., 2026, New York
 Hasturk, Hatice, 2024, Massachusetts
 Holtzman, Jennifer S., 2026
 Ioannidou, Effie, 2023, Connecticut
 Kademani, Deepak, 2023, Minnesota
 MacDonnell, William A., 2025
 Masri, Radi M., 2023, Maryland²
 Nascimento, Marcelle M., 2024, Florida
 Park, Jacob G., 2024, Texas
 Schwartz, Kevin G., 2026, Pennsylvania
 Tenuta, Livia M., 2026, Michigan
 Villa, Alessandro, 2025, Florida

DeLong, Hillary R., senior manager

The Council's 2022–23 liaisons are Dr. Randall Markarian (Board of Trustees, Eighth District) and Ms. Jenna Chun (American Student Dental Association).

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

As described in Chapter VIII, Section K.10., of the *ADA Governance and Organizational Manual*, the Council's areas of subject-matter responsibility shall be:

- a. Science and scientific research, including:
 - i. Evidence-based dentistry;
 - ii. Evaluation of professional products;
 - iii. Identification of intramural and extramural priorities for dental research every three years; and
 - iv. Promotion of student involvement in dental research.
- b. Scientific aspects of the dental practice environment related to the health of the public, dentists, and allied health personnel;
- c. Standards development for dental products;
- d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients;
- e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations; and
- f. The ADA Seal of Acceptance Program.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

¹ New Dentist Member

² Replaced Dr. Carol Lefebvre, 2023, Georgia

This section presents outcomes from June 2022 to May 2023, advancing the ADA Strategic Plan, Common Ground 2025.

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

Initiative/Program: ADA Clinical Evaluators (ACE) Panel Program

Success Measure: Number of ACE Panel Reports published in *JADA*

Target: Four reports per calendar year

Range: Three to five reports published each calendar year

Outcome: Since June 2022, the Council has published four ACE Panel reports in *JADA*:

1. September 2022: [Oral health care practice patterns for geriatric patients](#)
2. December 2022: [Intraoral appliance use in dental practice](#)
3. April 2023: [Prevalence and applications of 3-dimensional printers in dental practice](#)
4. June 2023: Teledentistry Adoption and Applications (pending publication at the time of this report)

All the above-listed ACE reports also have associated Continued Education (CE) learning opportunities on *JADA*, which are 0.5 hours each. So far in 2023, 98 CE credits have been awarded from ACE Panel CE courses. In 2022, there were 430 ACE Panel CE courses awarded total.

This program has met its stated goal.

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

Initiative/Program: ADA Seal of Acceptance Program

Success Measure: Review of category requirements and product submissions per year

Target: Review of 2-3 category requirements/year; no defined product submission review target

Range: 1-4 category requirement reviews; no defined product submission review range

Outcome: From June 2022 through April 2023, the Council has reviewed and approved eleven product submissions and revised the following two existing product category requirements: fluoride dentifrices and fluoride rinses. In addition to the regular review of those two categories, the Council approved development of a new Seal program product category entitled “Over-The-Counter (OTC) orally-administered analgesic medication for temporary management of Acute Dental Pain,” and will review proposed submission requirements in June 2023. The Council also reviewed the specialty toothbrush category for inclusion of a new sub-category related to suction-enabled toothbrushes. Requirements specific to that subset of specialty toothbrushes are expected to be finalized in June 2023. In total, four Seal product categories were reviewed/developed by the Council. The Council will continue to support the scientific and administrative aspects of the program— including regular program review for efficiency, currentness, and emerging categories- but does not have control over the number of future product submissions.

In addition to Seal program operations, staff have also been involved in marketing the program more broadly, including an April 2023 [presentation](#) on the Seal program’s value and impact at the Indiana University School of Dentistry’s Research Day Symposium. The presentation was intended to create

awareness about the Seal program among dental and dental hygiene students and faculty, and was well received.

This program has exceeded its stated goal.

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

Initiative/Program: Evidence Synthesis and Translational Research

Success Measure: Progress of clinical resource development per approved timeline

Target: Publications submitted according to approved work plan

Range: n/a

Outcome: The Council is currently overseeing the development of several peer-reviewed publications, some of which have adjusted targeted submission dates based on staffing changes and Council-approved changes in project direction. The following reflects progress since June 2022:

1. Caries Management Guideline Series: Restorative Treatments:
 - a. STATUS: completed
 - b. Supporting systematic review and meta-analysis published in [February 2023 JADA](#)
 - c. Guideline approved by Council, anticipated publication in June 2023 issue of *JADA*
2. Caries Management Guideline Series: Caries Prevention:
 - a. STATUS: on hold
 - b. The Caries Prevention guideline project is currently on hold due to resource constraints. A revised project schedule is under development and will be reviewed by the Council at its July 2023 meeting.
3. ADA/FDA Radiograph Guideline Update
 - a. STATUS: delayed
 - b. The ADA/FDA Radiograph Guideline update is comprised of three separate manuscripts:
 - i. Safety/regulatory – Council to review in June 2023
 - ii. Diagnostic test accuracy – delayed, with anticipated completion in Q4 2023
 - iii. Indications and frequency of dental radiographs and CBCT imaging – delayed, with anticipated completion in Q1 2024
4. Adult Dental Sedation and Anesthesia, *anticipated completion in Q4 2023 [on track]*
 - a. STATUS: on schedule for completion
 - b. The format of the dental sedation guideline was modified in January 2023 after approval from the Council on Dental Education and Licensure (CDEL), who initiated the project request. The new format - a scoping review of the safety issues with moderate sedation in adults in a dental practice – is on track for delivery by December 2023.

In January 2023, the Council approved an algorithmic decision tool for use in responding to requests for the development of scientific materials, which assists the Council in determining the most appropriate format for its scientific publications based on available research, intended audience, and other factors. They also developed authorship criteria for peer-reviewed publications developed by the Council, which helps to provide clarity and transparency about authorship expectations for various internal and external parties involved in development of CSA publications. Both documents guide and support the development of future Council publications.

Some of the deliverables under this program are delayed.

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

Initiative/Program: ADA Dental Standards

Success Measure: Participation in SCDP/SCDI via Council representatives, as requested

Range: n/a

Outcome: Following an ADA Standards Program format change in Fall 2022, the Council was asked to identify CSA representatives to sit on the Oversight Committees of both its arms: one on the Standards Committee on Dental Informatics (SCDI) and three on the Standards Committee on Dental Products (SCDP). Those representatives regularly report to the Council on relevant activities. In March 2023, the SCDP and SCDI both approved a resolution to restructure their programs further. The Council is expected to review a recommendation regarding this restructuring effort at its July 2023 meeting.

This program has met its stated goal.

Additional Council Related Projects

Research Priorities Development

In June 2022, the Council approved three-year intramural and extramural research priorities for the ADA (note: this is a CSA subject area of responsibility specified in the *ADA Governance and Organizational Manual*). The intramural priorities help guide the Council and the ADA in prioritizing the work of the Council; the extramural priorities are developed to assist ADA advocacy and communication efforts in their promotion of dental, oral, and craniofacial research to external stakeholders. Those documents appear as Appendices 1 and 2 to this Annual Report.

Emerging Issues and Trends

The Council on Scientific Affairs is part of a Joint Action Team (JAT) which was formed in early 2023 to identify barriers to ADA membership for dentist faculty members and/or those who may be ineligible for membership due to licensure requirements. The JAT is being led by the Council on Membership, who has further detailed this effort in their Annual Report.

Responses to House of Delegates Resolutions

The Council has no items of business stemming from the 2022 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2026.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the CSA reviewed three Association policies.

Upon review, the CSA has recommended rescission of the ADA Policy on Tooth Whitening Administered by Non-Dentists (*Trans.*2008:477) That recommendation was forwarded to the 2023 House of Delegates for consideration via a separate report.

The CSA reviewed the following two policies and determined they should be maintained:

- Human Papillomavirus (HPV) Vaccination for the Prevention of Infection with HPV Types Associated with Oropharyngeal Cancer (*Trans.*2018:351)
- Early Detection and Prevention of Oral and Oropharyngeal Cancer (*Trans.*2014:506; 2019:277)

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.

APPENDIX 1

ADA Council on Scientific Affairs Intramural Scientific Research Priorities: 2023-2026

CSA Intramural Research Priorities (2023-2026)

The CSA recommends that the ADA support scientific research in the following categories for 2023-2026:

1. **Innovative devices, technologies, and therapeutics**
 - a. Artificial Intelligence (AI) technology for oral healthcare assessment and patient management
 - b. Novel in-office treatments
 - c. Oral hygiene products
 - d. Regenerative therapies
 - e. Tele-dentistry (scientific aspects of clinical use)
2. **Health disparities and population health**
 - a. Health inequity and health delivery models
 - b. Oral health literacy
 - c. Population and practitioner health, including behavioral health
 - d. Social and commercial determinants of health

APPENDIX 2

ADA Council on Scientific Affairs Extramural Research Priorities: 2023-2026

Background/Purpose

As America's leading voice for oral health, the ADA advocates for strong investment in scientific research for the advancement of oral health care and improvement of patient and population health outcomes. Beginning in 2020, and every three years thereafter, the ADA Council on Scientific Affairs (CSA) has a duty to define intramural and extramural research priorities that are practical and clinically relevant to practicing dentists. These priorities are aimed at improving the safety and effectiveness of existing dental treatments, techniques and products; as well as promoting the development and evaluation of novel treatments, techniques, and products that are most likely to impact dental practice in the near future.

The ADA Extramural Research Priorities are shared with external organizations, dental schools and funding agencies to promote further study and external financial support for these priorities. Triennial updates help ensure that the document addresses existing and emerging research needs and priorities in dentistry, with input from ADA members and other critical stakeholders.

As America's leading advocate for oral health, the ADA strongly supports the dental research and educational enterprise, and takes a leading role in promoting, conducting and critically reviewing research on topics related to dentistry and its relationship to the overall health of individuals and populations. The ADA will continue to serve as a facilitator of the national dental research effort, identify priority topics for research, and help ensure the timely dissemination of information to the profession.

CSA Extramural Research Priorities (2023-2026)

Priority 1: Strengthen and Support the Nation's Investment in the Oral Health Research Infrastructure

1. Expand the oral health research infrastructure across the scientific/science continuum to facilitate research conduct and scholarly activity.
2. Invest in training to improve diversity and inclusivity within the oral health research workforce.
3. Support "big data" and health services research, including use of the dental practice-based research network to improve oral health surveillance and monitoring, with the goal of promoting the integration of evidence-based (or scientifically-supported) therapeutics and best practices within the overall health care system.

Priority 2: Integrate Dental and Medical Aspects of Dental and Craniofacial Research to Improve Patient Care

1. Examine the relevance of oral health to the overall health and well-being of individuals and populations and promote the resulting evidence of those examinations.
2. Promote the integration of oral diseases and oral health quality-of-life outcomes into health studies and initiatives.
3. Explore the impact of environmental, behavioral, and social determinants on oral health outcomes across a patient's lifespan within diverse³ population groups.
4. Examine the complexity of the human oral microbiome and its interactions with other human ecosystems.

³ Diverse population groups include, but are not limited to: geriatric individuals, children and adolescents; pregnant and medically-complex patients; and vulnerable populations (e.g., disabilities, etc.). Diversity considerations also include research into gender-specific responses to preventive and therapeutic strategies used to address oral diseases and conditions.

5. Promote the integration of oral health care within precision health care.
6. Support basic and translational scientific efforts to better understand biologic mechanisms that explain the interconnection between oral and overall health in complex models that recognize genetic, epigenetic, molecular, cellular and environmental levels.
7. Support research to develop patient treatment protocols and decision support tools to enhance dental response to pandemics and other public health emergencies. This research includes the following areas:
 - Risks of disease transmission in the dental clinic, with emphasis on aerosolized and airborne infectious agents;
 - Development of contemporary patient care delivery paradigms;
 - Mechanisms for the effective triage of care;
 - Emergency treatment assessment criteria;
 - Facility design and engineering protocols for office environmental safety

Priority 3: Improve Prevention and Management of Oral Diseases and Conditions across a Patient's Lifespan within Diverse⁴ Population Groups

1. Support studies on the etiology, prevention and management of common oral diseases and conditions; including (in alphabetical order):
 - Dental caries
 - Dental acid erosion
 - Oral and oropharyngeal cancer
 - Peri-implant diseases
 - Periodontal disease
 - Pulpitis and apical periodontitis
 - Salivary gland dysfunction
2. Support the development of evidence-based clinical practice guidelines for the prevention and management of oral diseases and conditions. Diseases and conditions of interest include (in alphabetical order):
 - Dental caries
 - Oral and oropharyngeal cancer
 - Peri-implant diseases
 - Periodontal disease
 - Pulpitis and apical periodontitis
3. Support research on the role of tobacco, nicotine, and marijuana products in oral disease etiology and exacerbation (including vaping and e-cigarettes) and promote findings to increase awareness of their impact on oral health.
4. Explore the mechanisms of pain and management of acute and chronic dental pain (including patient expectations and perceptions of pain) and promote pain diagnosis and evidence-based treatment.
5. Expand the understanding of the underpinnings of inflammatory responses associated with oral diseases and conditions to include the innate immune response, modulation of adaptive immune response, neuro-inflammatory pathways and epithelial barrier functions, with the goal of developing applications for individual and population health.

Priority 4: Encourage the Dissemination and Implementation of New Evidence-Based Technologies, Tools, and Strategies to Improve Oral Health Outcomes

⁴ Diverse population groups include, but are not limited to: geriatric individuals, children and adolescents; pregnant and medically-complex patients; and vulnerable populations (e.g., disabilities, etc.). Diversity considerations also include research into gender-specific responses to preventive and therapeutic strategies used to address oral diseases and conditions.

1. Support research, including educational research, on the implementation of evidence-based strategies (including barriers of implementation), including clinical practice guidelines, risk assessment protocols, and other clinical decision support tools, to enhance the prevention and management of common oral diseases and conditions, including acute dental pain, caries, periodontal disease, and oral cancer.
2. Support research on the effectiveness of tele-dentistry and other virtual consultation applications to improve patient health outcomes.
3. Support and promote research for the development, testing, and use of safe, novel restorative materials and biomimetic materials for oral and craniofacial health care, including the restoration and regeneration of hard and soft tissues affected by trauma, disease and developmental defects.

Priority 5: Encourage Research into Environmental and Occupational Risks and Concerns for the Oral Care Community

1. Advance the understanding of mental health conditions that impact oral health care providers, particularly during a public health emergency; this includes mental health research aimed at both dental teams and patients.
2. Support studies for the development of safe and effective infection control procedures and protocols for use in dental treatment environments; this includes research to address:
 - Risk of disease transmission within dental settings;
 - Personal protective equipment; and
 - Disease monitoring to protect the health of patients and the dental team.
3. Encourage research that focuses on other occupational health hazards, including but not limited to:
 - Retinal damage
 - Hearing loss
 - Chemical exposure
 - Material allergies
 - Psychological hazards (i.e., stress, mental health)
 - Physical hazards (i.e., musculoskeletal)
4. Promote the development, assessment and use of sustainable products, materials and equipment to conserve natural resources and to minimize the impact on our environmental ecosystems.

ADA Business Enterprises, Inc.

Wholly Owned Subsidiary Annual Report and Financial Affairs

Bulman, Bill, 2025, Illinois, chair
 Rosato, Richard, 2023, New Hampshire*
 Samandari, Nafys, 2025, Arizona
 Farey, Allison, 2025, California
 Mann, Marshall, 2026, Georgia*
 Matin, Britany, 2026, Alabama
 Cohlma, Raymond, Oklahoma (ADA Executive Director)

Doherty, Deborah, chief executive officer

**ADA Trustee*

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

A wholly-owned for-profit subsidiary of the ADA, ADA Business Enterprises, Inc. (ADABEI) leads in the development of revenue generation by providing best-in-class products, services and opportunities that create value.

In 2022, ADABEI goals Included:

- Create member value and increase member engagement
- Through financially stable program growth, increase non-dues revenue
- Improve organizational effectiveness and alignment with the ADA, state societies, and other subsidiaries to support the ADA's strategic plan

In 2022, all goals for the year were met or exceeded.

- Member Value & Increased Engagement:
 - o Increased the number of leads sent to providers
 - o Worked with providers to improve special member value
 - o Exceeded customer service metrics with providers
 - o Increased financial educational content to new dentists
 - o Increased marketing to key targets (i.e. students, new dentists, non-owner dentists)
- Financial Goals (see tables 1-3):
 - o 2022 total program revenue, compared to 2021, grew by \$278,000 or 4.7%
 - o ADABEI distributed a \$1,500,000 dividend to the ADA in 2022
 - o Renewed five products
 - Fitness Classes (ClassPass)
 - Computers and Technology (Lenovo)
 - Staff Apparel (Lands' End)
 - Luxury Vehicles (Mercedes-Benz)
 - Payroll (OnPay)
 - o Launched three new products
 - Sustainable Cars (Volvo)
 - Branded Gear (Threadfellows)
 - Tours for Active Travel (AHI Further)
- Organizational Effectiveness:
 - o Exceeded state collaboration and marketing goal by 4.0%
 - o Collaborated with ADA and ADA subsidiaries (i.e. ADAPT, Non Dues, Publishing)

Total Program Financials

Total program revenue of \$6,245,000 exceeded the 2023 budget of \$6,171,000 by \$74,000 or 1.2%. Compared to 2021, total program revenue grew by \$278,000 or 4.7%.

Table 1. 2022 Total Program Financials

	2022 Actuals	2022 Budget	Variance (\$)	Variance (%)		2021 Actuals	%
Revenue (ADA and ADABEI)	\$6,245,000	\$6,171,000	\$74,000	1.2%		\$5,967,000	4.7%
Expenses	\$3,501,000	\$3,650,000	\$149,000	4.1%		\$3,479,000	(0.6%)
Net	\$2,744,000	\$2,521,000	\$223,000	8.8%		\$2,488,000	10.3%

ADA Royalties

In 2022, the ADA earned royalties of \$3,672,000 from endorsed providers in the program, exceeding the budget by \$74,000 or 2.0%.

In addition to the royalties, ADABEI also contributed \$1,500,000 in dividends to the ADA in 2022, bringing the total contribution to the ADA to \$5,172,000.

State dental societies may choose to co-endorse products and services and share in program revenue through a license agreement. In 2022, the ADA shared \$1,137,000 in royalties with states.

Table 2. 2022 ADA Financials

	2022 Actuals	2022 Budget	Variance (\$)	Variance (%)		2021 Actuals	%
ADA Royalties	\$3,672,000	\$3,598,000	\$74,000	2.0%		\$3,490,000	5.2%
State Royalty Share	\$1,137,000	\$1,183,000	\$46,000	3.9%		\$1,185,000	4.1%

ADABEI Financials

In 2022, ADABEI earned \$2,573,000 in revenue as a result of fees to ADABEI from the program and finished 2022 with net income (pre-tax) of \$209,000.

Table 3. 2022 ADABEI Financials

	2022 Actuals	2022 Budget	Variance (\$)	Variance (%)
ADABEI Revenue	\$2,573,000	\$2,573,000	\$0	2.6%
Expenses	\$2,364,000	\$2,467,000	\$103,000	4.2%
Net (Pre-Tax)	\$209,000	\$106,000	\$103,000	97.1%

Emerging Issues and Trends

Products

ADABEI continues to focus on the strategic management of endorsed provider relationships, to develop short and long-term approaches to improve member value through product features, pricing and service. In 2022, the program included 27 products and services from 20 providers:

- Credit Card—U.S. Bank
- Credit Card Processing—Best Card
- Patient Financing—CareCredit, LLC
- Practice Financing & Commercial Real Estate—BMO Bank
- Luxury Vehicles—Mercedes-Benz
- Sustainable Cars—Volvo
- Marketing Services, Practice Communication Software, ADA TV and Secure Email—PBHS, Inc. and Revenue Well
- Small Group Tours and Small Group Tours for Active Travel—AHI Travel
- Interpretive Services—CyraCom
- Amalgam Separators, Emergency Medical Kits and Sharps—HealthFirst
- Payroll Services—OnPay
- Staff Apparel—Lands' End Business Outfitters, Inc.
- Office Supplies—Office Depot
- Shipping—UPS
- Fitness—Class Pass
- HIPAA Compliance—Compliance Group
- Student Loan Refinancing and Dentist Mortgages—Laurel Road
- Appliances—GE
- Temporary Staffing—Stynt
- Computers & Technology—Lenovo

ADA Foundation

Armstrong, Craig, 2023, Texas, chair*
 Graves, Dana, 2025, Pennsylvania
 Tulak-Gorecki, Michele, 2025, Michigan*
 Cohlma, Raymond, ADA executive director

Shapiro, Elizabeth, ADA chief of governance and strategy management
 Catral, Nicole, ADA director, Department of Corporate Social Responsibility and Philanthropy (“DCSRP”)
 Schilligo, Tracey, ADA manager, professional programs, DCSR
 Zinn, Robert, ADA director, accounting and reporting

Background and Strategic Planning Update

The ADA Foundation (“ADAF” or “the Foundation”) has been in a state of transition since June 2019, when the ADA Board of Trustees (“BOT”), representing the sole Member of the ADAF, refocused the work of the Foundation. Following the creation of the ADA Science and Research Institute LLC (“ADASRI”) and the transition of scientific research out of the ADAF and into ADASRI in 2021, the Foundation narrowed its strategic focus to philanthropy. The ADAF Board adopted the following vision and mission statements, which incorporated feedback from the BOT, in December 2021:

Vision: Hopeful and healthier communities

Mission: Encouraging hope and health in our communities through philanthropy, professional development and recognizing promising leaders in the dental profession

The ADAF launched efforts in January 2022 to develop a comprehensive five (5)-year strategic plan. The cornerstone of this plan is the belief that the ADAF has the capability to become a leading foundation with respect to improving people’s lives through an oral health lens. This belief is necessarily informed by the ADAF’s visibility to other ADA activities, such as the newly created Give Veterans A Smile (“GVAS”) National Advisory Committee, whose outcomes the ADAF may be uniquely situated to support.

In early 2022, the ADAF Board—in collaboration with consulting firm Association Options LLC and with regular input from the BOT—developed a four-pillar structure for the strategic plan entitled “GIVE”: **G**rowth, **I**nnovation, **V**alue, and **E**volution. This structure contemplates that all Foundation activities should “ladder up” to one of these four pillars.

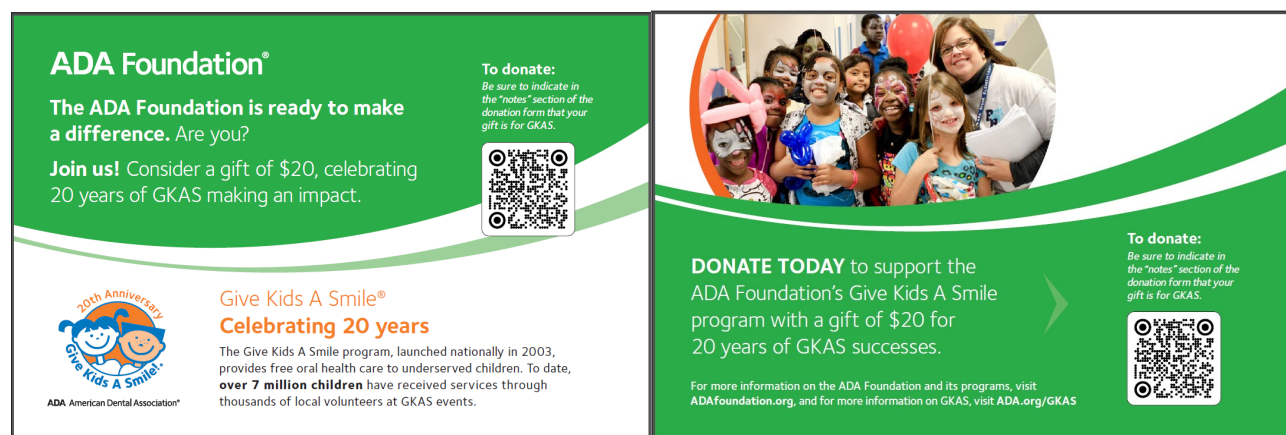


*ADA Trustee

The ADAF presented the “GIVE” pillars to the BOT in June 2022 and, in August 2022, presented a concise, one-year “Maintenance and Strategic Business Plan” that the ADAF Board developed in response to the BOT’s feedback. This one-year plan was intended to provide a roadmap for the ADAF’s ongoing operations while the Foundation works to develop a multi-year (2023-2028) strategic plan.

Two cornerstones of the Foundation’s high priority initiatives depended on BOT action: 1) the understanding that the ADAF’s future success will be powered by having branded programs that align with the mission of the ADAF, are known to constituents, and provide fundraising opportunities; and 2) the need for enhancements to the ADAF Board’s size and composition in order to equip the ADAF with the breadth and depth of expertise necessary to deliver on a five-year strategic plan.

With respect to branded programs: at the ADAF’s recommendation, the BOT transferred Give Kids A Smile (“GKAS”) and other “Smiles” programs from the ADA’s Department of Corporate Social Responsibility and Philanthropy (“DCSRP”) to the ADAF via a resolution in August 2022. This transfer boosted fundraising potential: donors may now make tax-deductible gifts directly to these programs (which was not possible when the programs resided within the ADA’s 501(c)(6) structure). Additionally, this move simplified the giving experience of corporate sponsors who wish to provide in-kind product donations but need to make such gifts to a 501(c)(3). This transition also set the stage for a public awareness-focused soft “re-launch” of the ADAF at SmileCon in October 2022, through sponsorship of the ADA’s Philanthropy Day events and use of marketing collateral—featuring a GKAS-focused donation appeal—made possible by reactivating the ADAF’s electronic donation capability.



Cards distributed at SmileCon 2022 and the 2022 House of Delegates in Houston. Although donations were encouraged, the primary purpose of the communication was to raise public awareness of ADAF.

Regarding governance improvements: at the recommendation of the ADAF Board and the BOT’s Governance Committee, the BOT amended the *Bylaws of the ADA Foundation* (“Bylaws”) in February 2023 to elaborate on the service of outside directors on the ADAF Board: 1) between six (6) and eight (8) additional outside directors seats were added to the Board; 2) the terms of outside directors may be staggered in order to balance continuity with new perspectives; and 3) the ADAF shall use its best efforts to recruit outside directors “with broad and diverse backgrounds, age, experience, and abilities, and with relevant financial and/or business acumen or relevant nonprofit experience and expertise.”

Following amendments to the *Bylaws*, the ADAF promptly launched a call for outside director applications, completed interviews by mid-May 2023, and is on schedule to nominate individuals for election by the Member at the June 2023 BOT meeting.

In tandem with these efforts, the ADAF Board has been developing a five-year strategic plan, including metrics for measuring success and detailed financial projections. The BOT has been provided with regular status updates, and feedback is incorporated on an ongoing basis. To infuse the plan with insights

from the new directors to be seated on the ADAF Board this summer, the ADAF anticipates presenting its draft five-year strategic plan to the BOT for comment in October 2023.

In addition, the ADAF Board, in collaboration with a consultant, is developing a communication and marketing strategy for the Foundation that, in the short term, will drive messaging about ADAF and its programs at SmileCon 2023; this strategy will also be integrated into the five-year strategic plan.

Advancing ADA Strategic Goals and Objectives: ADAF Programs, Projects, Results and Success Measures

This section presents ADAF key accomplishments and outcomes from May 1, 2022 to April 30, 2023, except where other timeframes are noted.

The ADAF's activities in the past year have directly supported the Common Ground 2025 ADA Strategic Plan's "Finance" and "Public" Goals: the Foundation's financial sustainability makes possible its programmatic work and grant-making activities with regard to supporting the advancement of the health of the public through philanthropy. Also relevant is the "Organizational Goal"—particularly its Objective 8, which concerns supporting organizational effectiveness and alignment of ADA subsidiaries.

Moreover, the ADAF's five-year strategic plan will be calibrated to ensure that the Foundation's priorities going forward align with, and fortify, those of the ADA, to the greatest extent possible, consistent with the ADAF's 501(c)(3) status.

The ADAF anticipates reporting out on its future accomplishments using the "GIVE" four-pillar structure, the details of which are being honed in advance of the October 2023 presentation of the draft five-year plan to the BOT. For purposes of this report, key tactical achievements of the Foundation can be grouped into four (4) topical categories, as described below.

1. Deliver on Current ADAF Programs

While strategic planning is underway, it has been critical for the ADAF's current constituents and ongoing brand reputation efforts that the Foundation continue to deliver on existing ADAF programs. The day-to-day operations of these programs yield impactful outcomes as summarized below.

Two Endowments

- The Relief Fund:
 - The Relief Fund provides financial assistance to dentists and their qualifying dependents with meeting essential daily living expenses and emergency living needs; these needs-based awards are made through the Charitable Assistance Grant program. To the extent funds are available, the Relief Fund may also be used for a limited number of additional charitable purposes, including emergency dental care in disaster-stricken areas.
 - In 2022, the Relief Fund provided nine (9) grants to individuals totaling \$224,344, as well as a \$50,000 grant to the Ukraine Dental Association for emergency dental supplies and care.
 - In 2023, the Foundation has allocated \$446,292 for relief grants.
- The Samuel D. Harris Fund for Children's Dental Health ("Harris Fund"):
 - The Harris Fund is used to award grants to programs that support children's dental health in the United States.
 - In the past, the Harris Fund supported various grants; for 2023, the ADAF Board has approved \$222,426 to support the Give Kids A Smile and Tiny Smiles program activities.

Two Award Programs

- Overview: The Crest and Oral-B Promising Researcher and Dr. David Whiston Leadership Awards are keystone annual programs of the ADAF. In a new development this year, both awards are now open to non-U.S. residents to apply, broadening the scope of eligible applicants

and the ADAF's potential reach. These award programs provide an important opportunity for the ADAF to bolster its reputation through promoting its support of talented individuals improving the oral health of the public; each award is for \$5,000. The Foundation seized the opportunity to publicize the award winners in fall 2022 through working closely with *ADA News*.

- The Dr. David Whiston Leadership Award ("Whiston Award"):
 - The Whiston Award recognizes a promising leader who is a member of a diverse group that has been traditionally underrepresented in leadership whose research excellence and leadership has made substantial contribution to improve the oral health of the public.
 - The award funds cover the costs of attending the ADA Institute for Diversity in Leadership.
 - Funds can also be used to defray the costs of the Institute project, with a research focus on addressing an issue or challenge within their community or organization, or the oral health of the public or an underserved population.
 - In the 2022 application cycle, two (2) Whiston Awards were awarded.
- The Crest and Oral-B Promising Researcher Award:
 - This award promotes and recognizes excellence in oral health research by providing financial assistance for promising researchers to pursue a career in research that advances preventive dentistry.
 - In the 2022 application cycle, one (1) Crest and Oral-B Promising Researcher Award was awarded.

2. Manage Finances and Assets with Clarity, Transparency and Future-Looking Capability

Financials—Year Ending December 31, 2022

The year-end results are broken down between Philanthropy and Research.

For Philanthropy, revenue ended at \$397k, which was a 5632.1% increase over the 2022 budget of \$7k. Driving the favorable variance in revenue was the unbudgeted transfer of the Give Kids A Smile Fund from the ADA (\$328k) and unbudgeted sponsorships/contributions (\$56k). Total expenses for Philanthropy ended 2022 at \$1.042 million, a 26% decrease from the 2022 budget of \$1.409 million. The favorable variance in expenses for Philanthropy was due to less than budgeted spending on grants and awards (\$217k including \$44k less to ADA's Department of Corporate Social Responsibility and Philanthropy ("DCSRP")) and unspent consulting fees (\$150k).

The total fund balance for Philanthropy ended 2022 at \$12.918 million. Included in this total is the value of the two endowment funds: (1) The Harris Fund (\$3.350 million); and (2) the Relief Fund (\$7.024 million). Also included is the balance of the unrestricted fund (\$1.994 million), the Crest and Oral-B Promising Researcher Award fund (\$93k), and the Whiston Award fund (\$129k).

In Research, total spending was \$593k, which was slightly higher than the 2022 budgeted amount of \$426k. The total fund balances in Research at the end of 2022 were \$2.263 million, comprised mostly of the General Research & Education fund (\$1.312 million) and the Colgate fund (\$921k).

ADAF Patent Portfolio

Consistent with the strategy of centralizing scientific research activities in ADASRI and enabling ADAF to focus on philanthropy, the ADAF Board licensed the majority of its intellectual property (patent) assets to ADASRI in February 2022. The patents that were not included in the exclusive license agreement are also being managed by ADASRI through a shared services agreement by and between the two entities. ADASRI's subject matter expertise will continue be instrumental with respect to assessing the patents' value; efforts to identify commercial opportunities and potential sublicensees have been ongoing since spring 2022, and regular updates are provided to the ADAF Board. Additionally, tactical reductions in the portfolio's size continue to have a favorable impact on the ADAF's budget, together with a reduction of costs to manage the portfolio as a result of transitioning to new outside counsel in June 2022.

3. Improve Operational Structure and Governance

Ongoing strategic planning activities will do much to inform and shape the operational structure improvements needed to support the Foundation's day-to-day activities and financial sustainability.

In the meantime, process improvements completed in late 2022 and early 2023 are setting the Foundation up for success. Such developments include behind-the-scenes efforts like refreshing the intercompany services agreement (by and between the ADA and the ADAF) to reflect the transition of the GKAS, Tiny Smiles, and any and all future "Smiles" programs from the ADA to the ADAF, as well as public-facing improvements: in September 2022, the new Foundation website—compatible with mobile—went live. It is considered an "MVP" (a minimal viable product) pending the ADAF's strategic planning activities and so currently centers around the Foundation's present core activities. Most significantly, the website now includes a "donate" button, enabling individual donors to make a secure online gift from either a desktop or their phone. (The ADAF's continued compliance with charitable state registration laws across the United States makes this functionality possible.)

The "Background and Strategic Planning Update" section of this report summarizes the February 2022 amendment of the *Bylaws*, which was a prerequisite to equipping the ADAF Board with the breadth and depth of expertise it will need to deliver on a five-year strategic plan. Thanks to these changes, the current four (4)-person ADAF Board—which has only one (1)-outside director—is anticipated to benefit from the diverse viewpoints of at least six (6) new outside directors starting in summer 2023, in time for polishing the five-year strategic plan by the fall. These changes are consistent with the ADA's preference for its subsidiaries and affiliates to be overseen by skills-based boards, and a larger board will also provide more fundraising opportunities for directors and/or their respective networks. Further governance enhancements—including the creation of standing committees to support the ADAF Board with respect to financial and other matters—will be considered in the coming months.

4. Bolster the ADAF's Reputation through its Contributions and Support

The ADAF's support (via grant funding) of the ADA's DCSR program burnished the ADAF's reputation through the numerous achievements of the Department's programs in 2022, which include, but are not limited to:

- Nearly 4,500 dentists participated in more than 1,000 Give Kids A Smile ("GKAS") events across the U.S. in 2022 that provided nearly \$13 million worth of charitable oral health services to 273,000 underserved children;
- A special [20th Anniversary GKAS Gratitude Report](#) was created and shared in honor of two successful decades of programming;
- The GKAS Pack and Give Back Event took place in Houston during the ADA's 2022 SmileCon conference and provided 1,000 underserved children with backpacks filled with nutritious snacks, oral health educational materials, toothbrushes, and toothpaste;
- The second annual SmileDASH event, benefiting GKAS, in October 2022 encouraged SmileCon registrants to run, walk, bike, swim or do any other distance activity and log their miles to help ADA reach its goal of 5,000 total miles. A total of 156 individuals participated, logging more than 3,500 total miles and raising awareness about GKAS;
- As part of GKAS's collaboration with Colgate, more than 200 children received screenings and education in Houston during SmileCon on Colgate's Bright Smiles, Bright Futures mobile dental van, which was located on the exhibit floor;
- Seventy-five percent (75%) of GKAS programs taking place in 2022 expanded their events to include Tiny Smiles, which provides oral health services to children from age 0 (birth) to five;
- A 12-month collaboration with the California Dental Association promoted the Treating Young Kids Everyday CE course (a \$200 value worth two CE credits) at no cost to the user. The course is designed to increase dentists' confidence to see babies and young children and inspire a commitment to decreasing the prevalence of dental caries in children. A total of 367 professionals completed the course; and
- The ADA International Dental Volunteer Trip Calendar was updated to include details for 180 international volunteer opportunities throughout 2022.

As GKAS, Tiny Smiles, and any and all other future “Smiles” programs now reside in the ADAF, these will be reported on as ADAF programs going forward.

To bolster the ADAF’s marketing efforts, the DCSRPP began actively identifying opportunities to acknowledge in public-facing materials the ADAF’s support of GKAS. For example, the ADAF was recognized for its support of GKAS in a press release, [American Dental Association Celebrates 20th Annual Give Kids A Smile Program with Exclusive Product Sponsors, Henry Schein and Colgate-Palmolive](#), in February 2022:

The success of GKAS would not be possible without the nearly 37,000 dental professionals who volunteer at local events each year in addition to national sponsors, Henry Schein and Colgate, and long-time supporters like the ADA Foundation.

As another example of such publicity, the ADAF was recognized for its support of Tiny Smiles in an ADA News story, [ADA Promoting California Dental Association’s CE on Caries Prevention](#), in December 2022.

The ADA Foundation is collaborating with the California Dental Association to promote the CDA’s Treating Young Kids Everyday (TYKE) continuing education course, intended to inspire a commitment to decreasing the prevalence of children’s dental caries.

The collaboration is part of the ADA Foundation’s Give Kids A Smile’s Tiny Smiles program, an oral health education program for dental professionals sponsored by Colgate and CareCredit.

ADA Science and Research Institute

Kessler, Brett, 2023, Colorado, chair
 Boyan, Barbara, executive director, Institute for Engineering and Medicine, Alice T. and William H. Goodwin, Jr. Professor, Department of Biomedical Engineering, Virginia Commonwealth University
 Boyle, Jim, 2025, Pennsylvania
 Cohlma, Raymond, ADA executive director
 Dolan, Teresa (Terri), chief dental officer, Overjet, Massachusetts
 Geisinger, Maria (Mia), professor and program director in Periodontology, University of Alabama at Birmingham School of Dentistry
 Khajotia, Sharukh, associate dean for Research and Innovation, President's Associates Presidential Professor, Division of Dental Biomaterials, University of Oklahoma College of Dentistry; affiliate associate professor of Chemical, Biological and Materials Engineering, University of Oklahoma College of Engineering
 Klein, Ophir, executive director, Cedar-Sinai Guerin Children's, California
 Somerman, Martha, field chief editor, Frontiers in Dental Medicine, Maryland
 Winston, Leslie, vice president, Global Health Care, Procter & Gamble, Ohio

Preble, David, interim chief executive officer
 Lyznicki, James, director, Science Governance

Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association*

In October 2019, the ADA Board of Trustees (BOT) created a new wholly owned ADA subsidiary, in the form of a single member limited liability company, called the ADA Science and Research Institute LLC (ADASRI). Similar to its other ADA subsidiaries, the ADA is the sole member of the LLC, and controls ADASRI Board elections and removals, as well as approvals and amendments to the ADASRI *Operating Agreement*. As an ADA subsidiary, the BOT deemed that ADASRI allowed greater flexibility for science and scientific research activities, staffing, and resources than could be provided under the existing or alternative organizational structures.

The objective of the BOT in creating ADASRI was to provide for centralized, coordinated leadership of all ADA science and research activities. This was accomplished by combining the operations of the research laboratories, based in Maryland (the former Volpe Research Center) and the ADA Science Institute (based in Chicago) to allow for a renewed focus on the creation and translation of scientific knowledge and the development of new dental products and technology, and the enhancement of clinical care outcomes through scientific research, innovation, and collaboration.

As ADASRI began to move forward it became apparent that the LLC form hampered its goals and operations. Specifically, to fulfil its research institute mission, ADASRI seeks a wide range of grants, both public and private, seeks to hire top quality researchers, including those with burdensome school loan obligations, and wishes to compete for researchers from overseas who have the requisite visas. Important grants, programs to aid researchers, and unfettered access to research candidates from other countries were not available to the LLC. It became apparent that another organizational form was needed, and legal research disclosed that converting to a not-for-profit organization, and specifically a charitable organization of some type under Section 501(c)(3) of the United States Code, would overcome the problems the LLC had encountered.

At its February 2023 meeting, the ADASRI Board of Directors voted to recommend to the BOT that the LLC be transitioned to a 501(c)(3) public charity. The BOT approved this recommendation at its April 2023 meeting.

ADASRI Core Functions. In May 2021, the ADASRI Board of Directors approved the following core functions of ADASRI:

1. Operate as an independent Center of Excellence through original research and the translation and dissemination of scientific knowledge to improve oral health outcomes and advance the dental profession:
 - A. Conduct innovative scientific research, focused on select high priority oral health topics;
 - B. Maximize the ability to develop patents through innovative scientific research;
 - C. Apply for and receive government and private sector funding to support basic, applied, and translational scientific research;
 - D. Work with government agencies, universities, industry and other groups on scientific research programs and activities; and
 - E. Provide a mechanism to build a designated science and research reserve fund for investment in future projects/capital.
2. Provide support and expert advice to the ADA on science and research matters, according to the specifications in the ADA/ADASRI Intercompany Services Agreement:
 - A. Provide scientific expertise to ADA for achieving public health goals and objectives specified in the ADA Strategic Plan; and
 - B. Provide infrastructure and capacity to support the operations of the ADA Council on Scientific Affairs (CSA) to ensure the optimal conduct of the Council's assigned duties and responsibilities.

Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

ADASRI serves as the primary contact for scientific support for the ADA to ensure alignment with its strategic plan, *Common Ground 2025*. Specifically, ADASRI staff support the following objective in the ADA Strategic Plan:

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

Outcome: The leadership role of ADASRI in supporting the ADA strategic plan, specifically the Public goal, is a key focus of ADASRI. "Science and evidence based" is a core value of the ADA and ADASRI continues to show commitment to the science-related tasks presented by the parent organization. Until his resignation and departure from ADASRI in April 2023, as the ADA chief science officer and ADASRI Chief Executive Officer (CEO), Dr. Marcelo Araujo, played an important role as a member of the senior staff executive team aiming to establish the strategy that allows the ADA to meet the goals for the strategic plan. More specifically, Dr. Araujo was a key contributor to the group focused on the Public Goal in partnership with the Government Affairs team and the Dental Practice and Health Policy Institute leaders for:

- Providing scientific support for the overall advocacy, education and policy development plan of the ADA.
- Providing scientific support through the development of science-based resources for the ADA in accordance with the ADA/ADASRI Intercompany Services Agreement; and
- Leading the recognition of advancements made to the profession and/or public through execution of sponsored science and research award programs

In addition, ADASRI provided staff expertise and effort to:

- **Support the Council on Scientific Affairs (CSA).** ADASRI staff continue to focus on specific deliverables for CSA including policy development, the ADA Seal of Acceptance program, scientific support for dental standards development, and the ADA Clinical Evaluators (ACE) Panel program. In the past year, ADASRI staff provided ongoing and active participation in the development of ANSI/ADA and ISO standards, including technical reports to address the cleanliness of dental

instruments and on laboratory methods for assessing the safety of orthodontic aligner materials. The ADA Seal of Acceptance Program contributes considerable non-dues revenue for the ADA and continues to help dentists and consumers distinguish safe and effective products from unproven trends. Please refer to the CSA's Annual Report for more information on these programs.

- Sustain ADA Scientific Collaborations.** In 2022, Dr. Araujo, ADA chief science officer, played an important and involved role in working with US-based and international organizations, such as the American Association for Oral, Dental, and Craniofacial Research (AAODCR), International Association for Dental Research (IADR), World Health Organization (WHO), National Institute for Dental and Craniofacial Research (NIDCR), Centers for Disease Control and Prevention (CDC), and the FDI World Federation (FDI). This was accomplished by participating in key meetings, as well as by defining strategy that can impact policy worldwide. An example was his involvement as part of the delegation that is working towards the Congress of the Parties 4, of the Minamata Convention. The goal is to continue to support the phase down of amalgam globally and understanding the opportunities for the creation of new restorative dental materials that can be used by dentists, as well as ensuring that regulations are implemented to avoid a negative impact on the environment due to the release of mercury when existing amalgam restorations are removed.

Advancing ADASRI Strategic Goals and Objectives: ADASRI Programs, Projects, Results and Success Measures

In July 2020, the ADASRI Board adopted a three-year Strategic Plan (2020-2022), aligned with its Purpose Statement. This section presents ADASRI key accomplishments and outcomes for the past year related to that plan.

Goal 1: Support ADASRI Board governance operations, structure, and business plan to finalize the establishment of the ADASRI.

Metrics:

- 1.1. Submit the process for approval of non-budgeted special project requests from ADASRI stakeholders (ADA Board, HOD, ADA agencies) to the ADASRI Board by the end of Q2.

Results: COMPLETED. The process was developed by an ad hoc Workgroup appointed by the ADASRI Board chair in December 2021; the Workgroup's recommendations were approved by the Board of Directors in April 2022.

- 1.2. Submit IP marketing goals to the ADASRI Board by the end of Q2; submit the IP marketing strategy to the ADASRI Board by the end of Q3.

Results: COMPLETED. The full plan was developed by ADASRI staff and approved at the July ADASRI Board meeting.

- 1.3. Complete all tasks related to the work of the joint ADASRI Board/CSA Workgroup to define the respective roles and responsibilities of the ADASRI Board of Directors and the Council on Scientific Affairs for science and research by the end of Q2.

Results: COMPLETED. The ADASRI chair appointed an ad hoc Workgroup to deliberate this issue. The work was managed entirely by members of the ADASRI Board and CSA, along with external consultants, and was completed by Q3. The Workgroup's findings were communicated by the ADASRI chair to the CSA chair in Q4.

- 1.4. Develop and approve the 2023-2025 ADASRI Strategic Plan by Q3.

Results: COMPLETED. A five-year Strategic Plan (2022-2027) was developed by the ADASRI Board of Directors and senior staff and approved by the Board of Directors in Q2 2022.

Objectives and metrics were approved by the ADASRI Board at its February 2023 meeting. The Strategic Plan (2023-2027) is provided as Attachment 1 to this report.

- 1.5. Submit the 2023-2025 Business Plan to the ADASRI Board by Q4, following approval of the 2022-2027 ADASRI Strategic Plan.

Results: POSTPONED TO 2023. This task was postponed to 2023 pending approval of metrics for the new strategic plan by the ADASRI Board.

Goal 2: Establish and maintain a research plan and portfolio to fulfill the ADASRI Operating Plan based on high priority topics that most effectively and efficiently utilize existing ADASRI personnel strengths, facilities and financial resources.

Metrics:

- 2.1 Publish 20 manuscripts by Q4 in peer reviewed journals to disseminate research findings and enhance accessibility of such findings to dental professionals and external stakeholders. (Range: 18-22)

Results: COMPLETED EXCEEDING METRICS. A total of 25 manuscripts were published by the first week of November 2022. (see Attachment 2)

- 2.2 Develop 55 additional scientific resources by Q4 to be used by the ADA, including *Oral Health Topics*, abstracts to scientific conferences, dental product standards, patents, and other resources. (Range: 50-60)

Results: COMPLETED EXCEEDING METRICS. A total of 114 resources were developed by the first week of November 2022. (see Attachment 3)

- 2.3 Submit 15 external grant proposals by Q4 based on the needs of the ADASRI to supplement the annual funding provided by the ADA. (Range: 13-17)

Results: COMPLETED BELOW METRICS. Due to the changes in staff at ADASRI, a total of 10 proposals were submitted this year. Some of these grants were brought to ADASRI by newly hired staff members.

- 2.4 Establish and maintain 10 ADASRI-initiated external collaborations, including dental student research projects, government, private, industrial and/or academic research facilities, agencies, and professional organizations by Q4.

Results: COMPLETED EXCEEDING METRICS. A total of 18 collaborations were established in 2022. (see Attachment 4)

- 2.5 Address the ADASRI Board's recommendations for ADASRI science and research programs derived from the three External Review Panels by Q4.

Results: COMPLETED. During the July 2022 ADASRI Board meeting, senior directors representing the departments of Evidence Synthesis and Translational Research (ESTR) and Innovation and Technology Research reported back with responses to the recommendations from the respective external review panels. At the December ADASRI Board meeting, the senior director of Applied Research will provide a similar report to the Board. An update on ESTR programs and activities, as requested by the ADASRI Board chair, also will be provided to the Board during the December Board meeting.

Goal 3: Develop and enact strategies to effectively and efficiently utilize available financial resources based on approved ADASRI research priorities.

Metrics:

- 3.1 Complete the ADASRI staff Career Path Project by the end of January 2022 and implement changes to the ADASRI organizational chart by the end of February 2022.

Results: COMPLETED.

- 3.2 Submit the 2023 ADASRI budget to the ADA by the end of Q2.

Results: COMPLETED. The 2023 budget proposal for ADASRI was initially submitted to the ADA by April and further revisions were incorporated to the proposal after receiving feedback from the ADA Board of Trustees. The total budget request for 2023 is \$9,739,071.

- 3.3 Use of ADASRI Reserves Fund.

- 3.3.1 Submit a structure and process for use of the Reserves Fund for ADASRI Board approval by the end of Q2

Results: COMPLETED. The work was done throughout the year and the structure was presented to the Board of Directors at the December 2022 meeting.

- 3.3.2 Submit a process for the review and funding of pilot research project proposals to the ADASRI Board by Q2.

Results: UNDER DEVELOPMENT, TO BE COMPLETED IN 2023. The development was put on hold while the Budget and Finance Committee concentrated on the investment policy in 2022 and put discussion of allocations from the Reserve Fund and associated policy into the parking lot for 2023.

- 3.3.3 Submit an investment strategy for the Reserves Fund to the ADASRI Board by Q3

Results: COMPLETED. The ADASRI Budget and Finance Committee worked with ADA finance staff and investment consultants throughout the year to develop a comprehensive Investment Policy, which was approved by the ADASRI Board at its December 2022 meeting. This was a priority deliverable for the ADASRI Board in 2022.

- 3.4 Manage the approved 2022 budget to a tolerance of +3% by the end of Q4.

Results: COMPLETED. Per the October 2022 ADA accounting report, the budget variance was within the threshold established by the ADASRI Board. The largest variance was for Salary and Fringe Benefits, which is attributed to the number of open positions that occurred throughout the year. Hiring has been challenging due to the high level of competition for dental researchers in the United States and the lack of individuals with the requisite training and qualifications for posted ADASRI research positions.

- 3.5 Complete four performance-related conversations annually for all ADASRI employees (*2021 performance results, 2022 goals setting, career development and midyear*) focusing on retention of high performing talent and team development, to achieve business objectives, in accordance with ADA policies, processes and core values.

Results: COMPLETED. All employees participated on all steps of the performance process in 2022.

Other Key Accomplishments

Recognition

- Dr. Spiro Megremis was named as one of the 2023 American Association for Dental, Oral, and Craniofacial Research (AADOCR) class of Fellows, honored in March during the 52nd Annual Meeting and Exhibition of the AADOCR in Portland, Oregon. The AADOCR Fellows Program recognizes leaders who have achieved research excellence and served AADOCR throughout their careers.
- Dr. Spiro Megremis was awarded the “Leroy Wyman Award” by the ASTM for his contribution to the Medical and Surgical Materials and Devices work, recognized during the ASTM F04 meeting in Denver, Colorado.
- A team including ADASRI researchers Ms. Laura Eldridge, Dr. Cameron Estrich, and Dr. Marcelo Araujo were awarded the 2022 Cuspie Scientific Paper of the Year: [US dental health care workers' mental health during the COVID-19 pandemic](#). Eldridge L., et al. JADA 153(8):740-749; J Dent Hyg 96(4):9-19.
- Dr. Kevin Byrd was named Chair of the Scientific Information Committee, American Association of Dental, Oral, and Craniofacial Research.
- Dr. Kevin Byrd was named an Associate Editor, Journal of Clinical Periodontology.

Awards

- Dr. Kevin Byrd was awarded a grant from the Chan Zuckerberg Initiative (CZI). This prestigious grant is a multi-million dollar, multi-institute, multi-national project to understand oral and airway development in children with a goal to advance single-cell and spatial biology in oral tissues.
- Dr. Derek Smith was awarded a grant from the National Institute for Dental and Craniofacial Research (NIDCR) to develop an oral health screening tool for an integrated model of care to reduce treatment-related oral morbidity in head and neck cancer survivor.
- Dr. Simone Duarte received an NIDCR award to study low-temperature plasma as an approach for the treatment of peri-implantitis.
- Dr. Ruth Lipman received an award from the Hu-Friedy Business Group sponsored research project to address challenges and barriers to compliance with dental waterline infection control guidance.
- Ms. Ashley Bowers received a 2023 Multi-Centre Collaborative Research Travel Award to study oral microbiome changes after exposure to charcoal-containing dentifrices.
- Led by Dr. Xiaohong Wang and Dr. Phil Dowd, ADASRI successfully executed a collaborative research agreement with the University of Maryland School of Dentistry on dental restorative materials.

Science in Seconds. ADASRI launched a new, well-received, video series in 2022 titled Science in Seconds. Each video in the Science in Seconds series explains an ADASRI research project in one minute or less. These videos are initially posted as a paid social media campaign on the ADA's social media channels. Then, after a campaign ends, the video is posted to the [ADASRI homepage](#) as well as to the [ADASRI YouTube playlist](#), where the video are an enduring asset.

Seal of Acceptance Program. In 2022, the ADA Seal of Acceptance Program received 15 new submissions, and 22 flavor additions to the current family of products. ADASRI staff efforts to process these submissions and the receipt of maintenance fee payments, resulted in \$1,314,000 in revenue for the ADA.

American Association for Dental, Oral, and Craniofacial Research (AADOCR) 2023 Meeting.

ADASRI was a silver sponsor of the 2023 AADOCR meeting, which was attended by over 2,000 individuals. ADASRI hosted an exhibit booth at the meeting where ADASRI-branded resources were distributed, and booth hosts fielded questions about the Institute's current research and collaboration opportunities. This was the first time that ADASRI hosted a reception at the AADOCR meeting. The reception was attended by approximately 150 individuals and was a useful opportunity to raise awareness about the research institute.

Approval of Proposed Terms to be Included in the Exclusive Patent License Granted by ADAF to ADASRI. Prior to the formation of the ADASRI, research activities were carried out under the American

Dental Association Foundation (ADAF). This includes research activities from the group based in Maryland, as well as the IP created that was (and still is) assigned to the ADAF. To accomplish a transfer of IP-related duties, an agreement was required between ADAF and ADASRI to give ADASRI the right to engage in patent prosecution and licensing. Led by Dr. Phil Dowd, ADASRI-ADAF successfully executed an agreement for the management of the ADAF Intellectual property (IP) portfolio. This resulted in the development of a marketing plan for ADASRI IP (and ADASRI-managed IP) assets. The plan includes the generation of marketing materials for all technologies, active marketing of technologies, and the initiation of and successful negotiations of industry-sponsored research agreements based on our intellectual property and intellectual capital (people).

ADASRI will derive feedback from marketing activities to determine which technologies likely have merit and are worth continued investment, while also identifying those technologies that likely have no return on investment, where patent prosecution and maintenance can cease. This will allow good stewardship of the IP portfolio and the associated budget. Furthermore, ADASRI has selected appropriate patent counsel, who also have experience in connecting clients with potential licensees, technology and licensing assistance, and litigation, to further enhance ADASRI's technology commercialization activities.

ADASRI Research Priorities (2023-2027). To fulfil the goals outlined in the ADASRI Strategic Plan, the ADASRI Board of Directors adopted the following research priorities, arranged in four overarching pillars:

Cell and Molecular Biology

- Clinically relevant biology of the oral cavity:
 - Oral biofilms: model development and biofilm/host interactions;
 - Cell population and molecular expression dynamics of oral tissues, and when appropriate and/or available, other tissues of the body;
 - Effects of host interactions and environmental stimuli on the human oral microbiome; and
 - Advancing our understanding of factors regulating oral-dental tissues in health and diseased states.

Clinical Science and Prevention

- Oral biofilm mediated diseases: modeling and biofilm comparisons to include development of dysbiosis models
- Home oral hygiene
- Define mechanisms that explain interactions between oral tissues and other tissues of the body in health and diseased states
- Novel and non-traditional oral therapies and oral care products
- Over-the-counter dental hygiene product testing: efficacy and safety

Dental Materials and Devices, Biomaterials, and Biomineralization

- Bioengineering and dental/oral devices
- Biomaterial: interactions with host and/or biofilm; and effect of biomaterials on host response
- Biosensors/integrated devices for management of oral health and overall health, to include home use devices
- Development, characterization and restoration of dental materials, mineralized tissues, scaffolds, and their associated tissue interfaces
- Development and characterization of oral products and devices

Evidence Synthesis and Dissemination Research

- Translational research (systematic reviews, support for the development of clinical practice guidelines and recommendations, evaluating success of dissemination efforts)
- Dental knowledge and dental practice knowledge gap analysis with respect to caries, periodontal disease, and head and neck cancer prevention, detection, and treatment
- Dental service delivery research with respect to the epidemiology of, and access to, care issues for caries, periodontal disease, and head and neck cancer
- Occupational health research related to affects the practice of dentistry has on dental care

professionals, as well as the effects of home oral hygiene practices on the health and wellbeing of the public

These priorities are intended to guide the cumulative efforts of ADASRI. It is incumbent upon the ADASRI CEO and senior staff to identify ways to operationalize these priorities on an annual basis with consideration of ADASRI personnel, budget, and resource constraints. To help ensure alignment with these priorities, a review of research conducted within each of the ADASRI departments will be conducted in 2024 by external review panels under the oversight of the ADASRI Research Committee.

Emerging Issues and Trends

ADASRI researchers study and report on critical and emerging oral health issues that are relevant to the practice of dentistry and improvement of oral health. Ongoing issues that are of concern for ADASRI include laboratory space issues, information technology infrastructure needs for researchers, and the recruitment and retention of researchers.

Board Minutes

For more information on recent ADASRI activities, see the minutes of the ADASRI Board of Directors, which are posted on the House of Delegates ADA Connect site, or the minutes of the CSA as posted on ADA.org.

Attachment 1.**ADASRI STRATEGIC PLAN (2023-2027)****ADASRI Vision Statement**

"To be a leading research institution that advances clinical practice to enhance oral and overall health."

ADASRI Purpose Statement

"Improving lives through research that transforms oral and overall health of individuals and populations."

Core Values

The ADASRI Board adheres to the following core values as established by the ADA:

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

GOAL 1	To conduct innovative dental, oral and craniofacial research that advances clinical practice and is aimed at improving overall health for all.
Objectives	
1.1 <u>Publications</u> : publish manuscripts in high quality peer-review journals.	
1.2 <u>Grants</u> : submit grant proposals to external funding sources.	
1.3 <u>Grant quality</u> : Increase and sustain the submission/funding rate of grant proposals on an annual basis.	
GOAL 2	To be a public and professional resource for accurate, up-to-date scientific information on dental, oral, and craniofacial diseases and conditions
Objectives	
2.1 <u>External resources</u> : develop and publish scientific resources for dissemination to clinical and/or public audiences, based on ADASRI priorities. (Include abstracts, conference presentations, invited presentations, standards and other materials not requested by the ADA)	
2.2 <u>Internal resources</u> : develop and publish scientific resources for dissemination to clinical and/or public audiences, based on ADA science priorities.	
2.3 <u>Standards development</u> : serve as project lead for the development of work items of the Standards Committee on Dental Products (SCDP) over the next 5 years.	
GOAL 3 2023 priority	To develop and implement a marketing and communication plan for ADASRI, focusing on dissemination of research and scientific advancements.
Objectives	
3.1 Submit yearly an ADASRI Communications Plan to the ADASRI Board.	
GOAL 4	To provide expertise and facilities for the evaluation of technology and products that advance oral and overall health.
Objectives	

4.1 Engage dental or other health sciences students in the conduct of ADASRI-sponsored basic, applied, or epidemiologic research.	
4.2 Formalize scientific collaborations to foster ADASRI research.	
4.3 Define an ongoing strategy for laboratory occupancy in Maryland and Chicago. 2023 priority	
GOAL 5	
Objectives	
5.1 Submit yearly a plan for the development and marketing of IP to the ADASRI Board.	
5.2 Increase and sustain the number of executed research-related agreements (e.g., disclosures, provisional patents, license agreements, patent applications) on an annual basis.	
GOAL 6	To operate under a governance and organizational structure that allows efficient and effective work.
Objectives	
6.1 Define, review, and maintain policies and processes to guarantee high quality and effectiveness of ADASRI governance.	
6.2 Define, review and maintain policies and processes to guarantee high quality and effectiveness of ADASRI research, within the realm of the ADASRI governance and organizational structure.	
6.3 Fully transition the ADASRI from an LLC to a 501(c)3 non-profit organization.	
GOAL 7 2023 priority	To attract, develop and retain talent with expertise in the areas of focus for the organization.
Objectives	
7.1 <u>Staff recruitment</u> : implement and sustain a strategy for the recruitment of high-quality researchers.	
7.2 <u>Staff retention</u> : develop and maintain a plan and tools for the retention of high performing staff.	
7.3 <u>Career development</u> : focus on the expertise and skills development of the staff to help ensure opportunities for continual professional growth and development. .	
GOAL 8 2023 priority	To increase annual funding year over year.
A.	Grow and diversify external funding through licensing, external grants and sponsored research contracts.
Objectives	
8.1 <u>Reserve fund</u> : increase the ADASRI Reserve Fund year over year.	
8.2 <u>External funding</u> : by 2027, awards will equal at least 1/3 of the annual funding for ADASRI.	
8.3 <u>Grants management</u> : implement an effective and efficient financial reporting system for ADASRI grants.	
B.	Continue to procure ADA funding, based on priorities set by the ADA/ADASRI Intercompany Services Agreement.
Objectives	
8.4 Submit a detailed budget to the ADASRI Board with justification for increases above the budget for the previous year.	

Attachment 2.

Publications of the American Dental Association Science & Research Institute for 2022

1. "Diagnosis and Management of Oral Extraintestinal Manifestations of Pediatric Inflammatory Bowel Disease" by Kevin Byrd et al. in the *Journal of Pediatric Gastroenterology and Nutrition* ([January 1, 2022](#))
2. "Validating Cleanability of Dental Rotary Diamond Instruments Soiled with 2 Clinically Relevant Dental Test Soil Components" by Prerna Gopal (first author), Erin Claussen, Kristy Azzolin, and Spiro Megremis in the *Journal of the American Dental Association* ([January 6, 2022](#))
3. "COVID-19 Vaccine Intention and Hesitancy of Dental Hygienists in the United States" by Laura Eldridge, Cameron Estrich, Marcelo Araujo et al. in the *Journal of Dental Hygiene* ([February 1, 2022](#))
4. "Employment Patterns of Dental Hygienists in the United States during the COVID-19 Pandemic: An Update" by Cameron Estrich, Laura Eldridge, Marcelo Araujo et al. in the *Journal of Dental Hygiene* ([February 1, 2022](#))
5. "Infection Prevention and Control Practices of Dental Hygienists in the United States during the COVID-19 Pandemic: A Longitudinal Study" by Cameron Estrich (first author), Marcelo Araujo et al. in the *Journal of Dental Hygiene* ([February 1, 2022](#))
6. "Effect of Heating on Physicochemical Property of Aerosols during Vaping" by Taejun Ko (first author) and Shinae Kim in the *International Journal of Environmental Research and Public Health* ([February 8, 2022](#))
7. "An Inkjet Printed Flexible Electrocochography (ECoG) Microelectrode Array on a Thin Parylene-C Film" by Yoontae Kim (first author), Stella Alimperti, et al. in *Sensors* ([February 8, 2022](#))
8. "Multifunctional Periodontal Probes and Their Handheld Electronic System for Simultaneous Temperature, pH, and Depth Measurements" by Nicole Ritzert (first author), Taejun Ko, Shinae Kim et al. in the *Journal of the Electrochemical Society* ([February 17, 2022](#))
9. "Engineering 3-D Printed Scaffolds with Tunable Hydroxyapatite" by Yoontae Kim (first author), Eun-Jin Lee, Shozo Takagi, Laurence Chow, Stella Alimperti et al. in the *Journal of Functional Biomaterials* ([March 23, 2022](#))
10. "Potentiometric Rotating Ring Disk Electrode Study of Interfacial pH during Carbon Dioxide Reduction and Hydrogen Generation in Neutral and Weakly Acidic Media" by Nicole Ritzert et al. in the *Journal of Physical Chemistry C* ([April 21, 2022](#))
11. "Effects of Thermal Cycling on Mechanical and Antibacterial Durability of Bioactive Low-Shrinkage-Stress Nanocomposite" by Xiaohong Wang et al. in the *Journal of Dentistry* ([July 8, 2022](#))
12. "U.S. Dental Healthcare Workers' Mental Health during the COVID-19 Pandemic" by Laura Eldridge (first author), Cameron Estrich, Marcelo Araujo et al. in the *Journal of the American Dental Association* ([August 1, 2022](#))
13. "Electron Paramagnetic Resonance Characterization of Sodium- and Carbonate-Containing Hydroxyapatite Cement" by Eaman Karim (first author), Shozo Takagi, Stanislav Frukhtbeyn, Laurence Chow et al. in *Inorganic Chemistry* ([August 5, 2022](#))
14. "Effect of Preradiation Dental Intervention on Incidence of Osteoradionecrosis in Patients with Head and Neck Cancer: A Systematic Review and Meta-analysis" by Olivia Urquhart (first author), Hillary DeLong, Kathleen Ziegler, Lauren Pilcher, Sarah Pahlke, Ruth Lipman et al. in the *Journal of the American Dental Association* ([August 16, 2022](#))

15. "Antibiotic Prescription Patterns among U.S. General Dentists and Periodontists" by Ruth Lipman, Marcelo Araujo et al. for the *Journal of the American Dental Association* ([August 26, 2022](#))
16. "Improve Dentin Bonding Performance Using a Hydrolytically Stable, Ether-Based Primer" by Xiaohong Wang (first author) et al. in the *Journal of Functional Biomaterials* ([August 26, 2022](#))
17. "Assuring the Safety of Dental Materials: The Usefulness and Application of Standards" by Spiro Megremis (first author) in *Dental Clinics* ([September 10, 2022](#))
18. "Novel Antibacterial Low-Shrinkage-Stress Resin-Based Cement" by Xiaohong Wang et al. in *Dental Materials* ([September 15, 2022](#))
19. "Strategies for Developing Evidence-Based Clinical Practice Guidelines to Foster Implementation into Dental Practice" by Sarah Pahlke et al. in the *Journal of the American Dental Association* ([September 17, 2022](#))
20. "A Roadmap for the Human Oral and Craniofacial Cell Atlas" by Kevin Byrd et al. in the *Journal of Dental Research* ([September 26, 2022](#))
21. "The Effects of Staining and Cleaning on the Color and Light Transmittance Changes of a Copolyester Retainer Material with Different Surface Textures" by Max Gruber, Henry Lukic, Spiro Megremis et al. in *Materials* ([September 30, 2022](#))
22. "Machine Learning in Predicting Tooth Loss: A Systematic Review and Risk of Bias Assessment" by Kevin Byrd et al. in the *Journal of Personalized Medicine* ([October 9, 2022](#))
23. "Effect of Curcumin-Loaded Photoactivatable Polymeric Nanoparticle on Peri-implantitis-Related Biofilm" by Simone Duarte et al. in *Photodiagnosis & Photodynamic Therapy* ([October 13, 2022](#))
24. "Low-Temperature Plasma Short Exposure to Decontaminate Peri-Implantitis-Related Multispecies Biofilms on Titanium Surfaces In Vitro" by Simone Duarte et al. in *BioMed Research International* ([October 26, 2022](#))
25. "Impact of Curcumin Loading on the Physicochemical, Mechanical, and Antimicrobial Properties of a Methacrylate-Based Experimental Dental Resin" by Simone Duarte et al. in *Scientific Reports* ([November 4, 2022](#))

Attachment 3.

Additional ADASRI Scientific Resources Developed in 2022 (includes *Oral Health Topics*, abstracts to scientific conferences, dental product standards, patents, and other resources)

American Dental Association Clinical Evaluators (ACE) Panel Surveys and Continuing Education

1. "Dentist-Administered Vaccines" by Olivia Urquhart et al. in the *Journal of the American Dental Association* ([January 1, 2022](#))
2. "Dentist-Administered Vaccines" online CE course ([January 3, 2022](#))
3. "Oral-Systemic Health Considerations in Dental Settings" online CE course ([March 24, 2022](#))
4. "Oral-Systemic Health Considerations in Dental Settings" by Olivia Urquhart et al. in the *Journal of the American Dental Association* ([April 1, 2022](#))
5. "Oral Health Care Practice Patterns for Geriatric Patients" by Olivia Urquhart et al. in the *Journal of the American Dental Association* ([September 1, 2022](#))
6. "Oral Health Care Practice Patterns for Geriatric Patients" online CE course ([September 22, 2022](#))
7. "Intraoral Appliance Use in Dental Practice" by Olivia Urquhart et al. in the *Journal of the American Dental Association* (December 1, 2022)
8. "Intraoral Appliance Use in Dental Practice" online CE course ([December 15, 2022](#))

"For the Patient" Columns in the Journal of the American Dental Association

9. "Key Points for Your Child's Teeth" by Anita Mark ([January 1, 2022](#))
10. "Options for Making Your Dental Treatment More Comfortable" by Anita Mark ([February 1, 2022](#))
11. "Caring for Dental Instruments" by Anita Mark ([March 1, 2022](#))
12. "Keeping Your Dentist Up to Date" by Anita Mark ([April 1, 2022](#))
13. "Shopping Smart: Look for the Seal" by Anita Mark ([May 1, 2022](#))
14. "Staying in the Game with Mouthguards" by Anita Mark ([June 1, 2022](#))
15. "Keeping Your Gums Healthy" by Anita Mark ([July 1, 2022](#))
16. "Returning to Good Health Care Can Start with a Smile" by Anita Mark ([August 1, 2022](#))
17. "What Are Dentists Seeing in Older Adults?" by Anita Mark ([September 1, 2022](#))
18. "The Basics of Mouth Sores" by Anita Mark ([October 1, 2022](#))
19. "Diabetes and Your Oral Health" by Anita Mark ([November 1, 2022](#))
20. "Oral Piercings and Gems: Know What You're Getting Into" by Anita Mark (December 1, 2022)

Abstracts at the [2022 Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research](#) (AADOCR), March 21–26, 2022

21. "[Calcium and Phosphate Ion Release from Experimental Remineralizing Dental Composites](#)," presented by Stanislav Frukhtbeyn and coauthored by Anthony Giuseppetti et al.
22. "[Characterization of Materials Used to Produce Orthodontic Sequential Aligners](#)," presented by Raquel Miera and coauthored by Henry Lukic and Spiro Megremis
23. "[Connexin-43/MAPK Mechanisms Control Osteoblast-Endothelial Interaction](#)," presented by Eun-Jin Lee
24. "[Development of Fluorapatite-Titanium Composites for Dental Implant Applications](#)," presented by Eaman Karim and coauthored by Stanislav Frukhtbeyn, Shozo Takagi, Laurence Chow et al.

25. ["Discovery of Novel Cell Subpopulations in Human Gingival Epithelia,"](#) presented by Quinn Easter and coauthored by Kevin Byrd et al.
26. ["Effect of E-cigarette Vaping Temperature on Growth of Streptococcus mutans,"](#) presented by Shinae Kim and coauthored by Anthony Giuseppetti et al.
27. ["Fluorapatite and CaF₂ Formation in Low Concentration Fluoride-Calcium-Phosphate Complex Solutions,"](#) presented by Shozo Takagi and coauthored by Eaman Karim and Laurence Chow
28. ["Influence of Water in Accelerated Degradation of 3Y-TZP Powder,"](#) presented by Yifeng Liao and coauthored by Max Gruber, Henry Lukic, and Spiro Megremis
29. ["Metal Analysis in E-cigarette Aerosol Produced at High Power,"](#) presented by Taejun Ko
30. ["Mounting Configuration as a Variable in Light Transmission Measurements in Spectrometer/Integrating-Sphere Systems,"](#) presented by Henry Lukic and coauthored by Spiro Megremis
31. ["A Self-applied Fluoride-Calcium-Phosphate Complex Treatment Reduced Dentin Hydraulic Conductance,"](#) presented by Laurence Chow and coauthored by Anthony Giuseppetti
32. ["Stress, Burnout, and Wellness in U.S. Dentists during COVID-19 Pandemic,"](#) presented by Cameron Estrich and coauthored by Marcelo Araujo et al.
33. ["Tunable Hydroxyapatite Bioscaffolds Using Underwater 3-D Printing Method,"](#) presented by Yoontae Kim and coauthored by Laurence Chow, Shozo Takagi et al.
34. Symposia "The AADOCR Code of Ethics" and "Ethical Translation of Research to Clinical Practice" organized by Marcelo Araujo
35. Workshop "Single-Cell and Spatial Multiomics Resources to Advance Salivary Research" included presentation by Kevin Byrd titled ["Spatial Proteomics: an Emerging Tool for Diagnosis and Discovery in Salivary Research"](#)
36. Symposium "Evidence-Based Clinical Practice Guideline for Managing Acute Dental Pain" included presentation by Olivia Urquhart titled ["Evidence to Inform the Management of Acute Dental Pain"](#)

Abstracts at the [2022 Annual Meeting of the International Association for Dental Research \(IADR\)](#), June 20–25, 2022

37. ["3-D Printing Technology to Build Vascularized Tissues,"](#) presented by Yoontae Kim
38. ["Bone-on-a-Chip Platform Reveals New Mechanisms Involved in Endothelial-Osteoblast Interaction,"](#) presented by Stella (Stylani) Alimperti
39. ["Corticosteroids for Postoperative Acute Pain Due to Tooth Extraction,"](#) presented by Olivia Urquhart
40. ["COVID-19 Vaccine Hesitancy among Dental Healthcare Workers in the U.S.,"](#) presented by Laura Eldridge and coauthored by Cameron Estrich, Marcelo Araujo et al.
41. ["Electrochemical Sensors for In Vitro Vascular Endothelial Growth Factor Measurement,"](#) presented by Anna Kalmykov
42. ["Enhancing Dentin Bonding Durability Using a New Additive,"](#) presented by Xiaohong Wang
43. ["Local Anesthetics for Postoperative Acute Pain Due to Tooth Extraction,"](#) coauthored by Olivia Urquhart et al.
44. ["Postoperative Acute Pain Due to Tooth Extraction in Adult Population,"](#) coauthored by Olivia Urquhart et al.
45. ["Postoperative Acute Pain Due to Tooth Extraction in Pediatric Population,"](#) coauthored by Olivia Urquhart et al.

46. "[Quality of Data for When Translating Science to Clinicians](#)," presented by Marcelo Araujo
47. "[Strategies to Reduce COVID-19 Risk in U.S. Dental Settings](#)," presented by Cameron Estrich and coauthored by Laura Eldridge, Marcelo Araujo et al.

New Oral Health Topics Webpages

48. Periodontitis by Anita Mark ([June 9, 2022](#))
49. Cancer Therapies and Dental Considerations by Kathleen Ziegler ([August 30, 2022](#))

Updated Oral Health Topics Webpages

50. Antibiotic Prophylaxis Prior to Dental Procedures by Kathleen Ziegler ([January 5, 2022](#))
51. Diabetes by Roger Connolly ([January 24, 2022](#))
52. Dental Unit Waterlines by Kathleen Ziegler ([March 4, 2022](#))
53. Forensic Dentistry and Anthropology by Joseph Krecioch ([March 16, 2022](#))
54. Hepatitis Viruses by Roger Connolly ([April 1, 2022](#))
55. Tobacco Use and Cessation by Kathleen Ziegler ([June 27, 2022 and November 1, 2022](#))
56. Amalgam Separators and Waste Best Management by Anita Mark ([August 8, 2022](#))
57. Whitening by Roger Connolly ([August 16, 2022](#))
58. Oral Piercing/Jewelry by Roger Connolly ([August 25, 2022](#))
59. Oral Analgesics for Acute Dental Pain by Kathleen Ziegler ([September 6, 2022](#))
60. Oral Anticoagulant and Antiplatelet Medications and Dental Procedures by Kathleen Ziegler ([September 28, 2022](#))
61. Cancer (Head and Neck) by Roger Connolly ([September 30, 2022](#))
62. Infection Control and Sterilization by Joseph Krecioch ([October 5, 2022](#))
63. Toothbrushes by Anita Mark ([October 7, 2022](#))
64. Occupational Safety and Health Administration by Joseph Krecioch ([October 25, 2022](#))
65. Hypertension (High Blood Pressure) by Kathleen Ziegler ([November 1, 2022](#))
66. Antibiotic Stewardship by Kathleen Ziegler ([December 31, 2022](#))
67. Bisphenol A by Joseph Krecioch ([December 31, 2022](#))
68. Home Oral Care by Anita Mark ([December 31, 2022](#))
69. Sleep Apnea (Obstructive) by Roger Connolly ([December 31, 2022](#))

Patent Activity

70. Filed U.S. Provisional Patent Application "Enhancing Dentin Bonding Durability Using Quaternary Pyridinium Salts" by Xiaohong Wang (June 8, 2022)
71. Filed U.S. Application No. 17/893,954 "Three-Dimensional Printed Calcium Phosphate Bone Cement Composite Scaffolds for Bone Regeneration, Precursor Compositions, and Methods of Printing" by Stella Alimperti, Yoontae Kim, Eun-Jin Lee, Laurence Chow, Shozo Takagi (August 23, 2022)

Book Chapters

72. "Relevant Issues with ASTM F04 Medical Device Corrosion Standards," by Spiro Megremis for *ASTM Symposium on Medical Devices of the Future – What's Needed for Fatigue, Fracture Resistance, and Durability in Transportation, Medical Devices, and Exoskeletons*, ASTM International, West Conshohocken, PA, October 2022

Published Standards with ADA Staff Recognized in Foreword

73. ADA Technical Report No. 142 CAD/CAM Guided Surgical Devices and Maxillofacial Prosthetics. Approved September 22, 2021. Published February 2022.
74. ADA Technical Report No. 143 Guidance for Cementation and Bonding of CAD/CAM Fabricated Restorations. Approved April 12, 2021. Published February 2022.

75. ANSI/ADA Standard No. 105 Elastomeric Auxiliaries for Use in Orthodontics. Approved July 7, 2021. Published June 2022.

Lectures

76. "An Integrated Oral and Craniofacial Immune Cell Atlas" presented by Kevin Byrd at the Human Cell Atlas Immune Bionetwork Roadmap Session (January)
77. "Battles at the Barrier: Applied Multiomics for Precision Oral Medicine" presented by Kevin Byrd at the University of Illinois School of Dentistry (January)
78. "Creating a Blueprint for the Human Oral and Craniofacial Cell Atlas" presented by Kevin Byrd at the Human Cell Atlas Roadmap Workshop (January)
79. "Battles at the Barrier: Applied Multiomics for Precision Oral Medicine" presented by Kevin Byrd at the University of Pennsylvania Frontiers in Science Seminar Series ([January 6, 2022](#))
80. "Organ-on-a-Chip and 3-D Printing: Emerging Paradigms in Tissue Engineering and Regenerative Medicine" presented by Stella Alimperti at the Georgetown University Dean's Seminar Series ([January 14, 2022](#))
81. "Organ-on-a-Chip and 3-D Printing: Emerging Technologies for Tissue Engineering and Regenerative Medicine" presented by Stella Alimperti to the Institute for Bioscience & Biotechnology Research and the National Institute of Standards & Technology (February 2022)
82. "The COVID-19 Catalyst: Re-imagining Host-Viral Interactomics at the Inhalation Interface" presented by Kevin Byrd at the University of North Carolina at Chapel Hill as part of the First Friday Microbiome Seminar series ([February 4, 2022](#))
83. "Applied Multiomics in the Era of Precision Medicine" presented by Kevin Byrd at the George Washington School of Medicine & Health Sciences Department of Biochemistry & Molecular Medicine McCormick Genomic & Proteomic Center Seminar Series (March)
84. "Dental Zirconia," presented by Yifeng Liao at the University of Illinois, Chicago, class "Biomedical Engineering 494: Special Topics in Biomedical Engineering IV" (March 7, 2022)
85. "Clinically Informed Multiomic Approaches to Advance Precision Periodontal Medicine" presented by Kevin Byrd at Nihon University (April)
86. "Deciphering Governing Motifs in the Upper Airway from Single Cell and Spatial Multiomics" presented by Kevin Byrd at Duke University (April)
87. "Enemy at the Gates: COVID-19 as the Catalyst for Precision Oral Medicine" presented by Kevin Byrd at the Center for Innovation & Precision Dentistry (CiPD) Inaugural Symposium ([June 2, 2022](#))
88. "The 'Oral' History of COVID-19: Primary Infection, Salivary Transmission, and Post-acute Implications" presented by Kevin Byrd at meeting of the Japanese Society of Periodontology (June 3, 2022)
89. "Drafting the First Human Oral and Craniofacial Cell Atlas" presented by Kevin Byrd at the 2022 FaceBase Community Forum ([June 14, 2022](#))
90. "Facing Forward: Creating a Sustainable Culture of Creativity, Innovation, and Discovery to Advance Oral and Craniofacial Research" presented by Kevin Byrd at the University of Michigan Oral Health Sciences Open House (June 21, 2022)
91. "Data-Driven Dynamics of Immunoregulation and Epithelial Regeneration across the Inhalation Interface" presented by Kevin Byrd at the Virginia Commonwealth University Philips Institute for Oral Health Research (July)
92. "Dental Biomaterials in Translation: Applied Science, Materials Characterization, and Standards Perspective" presented by Spiro Megremis at the University of Iowa College of Dentistry & Dental Clinics (August 30, 2022)

93. "Characterization Techniques and Testing of Dental Materials" presented by Spiro Megremis at the University of Iowa College of Dentistry & Dental Clinics (August 31, 2022)
94. "Host-Microbial Interactomics at the Inhalation Interface" presented by Kevin Byrd at the Colgate-Palmolive Technology Center in Piscataway, NJ (October)
95. "Host-Microbial Interactomics at the Inhalation Interface" presented by Kevin Byrd at the Rutgers School of Dental Medicine Research Seminar Series (October)
96. "The Intersection of Materials Product Development with the Standards and Regulatory Processes" presented by Spiro Megremis at the Academy of Dental Materials 2022 Conference ([October 1, 2022](#))
97. "Big Data: An Introduction for Beginners" presented by Derek Smith to the Multinational Association of Supportive Care in Cancer (MASCC) Oral Care Study Group (October 18, 2022)
98. "Single Cell and Spatially Referenced Immunophenotyping of the Gingival Barrier" presented by Kevin Byrd at the annual meeting of the American Academy of Periodontology in Phoenix ([October 29, 2022](#))
99. "Rules and Regulations: Revealing the Systems-Level Motifs of Periodontal Health and Disease Using Spatial Multiomics" presented by Kevin Byrd at the annual meeting of the American Academy of Periodontology in Phoenix ([October 30, 2022](#))
100. "Single Cell and Spatially Referenced Immunophenotyping of the Gingival Barrier" presented by Kevin Byrd at the annual meeting of the American Academy of Periodontology in Phoenix ([October 29, 2022](#))
101. "Rules and Regulations: Revealing the Systems-Level Motifs of Periodontal Health and Disease Using Spatial Multiomics" presented by Kevin Byrd at the annual meeting of the American Academy of Periodontology in Phoenix ([October 30, 2022](#))
102. "Relevant Issues with ASTM F04 Medical Device Corrosion Standards" presented by Spiro Megremis at the Symposium on Medical Devices of the Future ([November 2, 2022](#))
103. "A Window to the Body: Immunophenotyping of the Aerodigestive Tract in Health and Disease" presented by Kevin Byrd at the Akoya Biosciences Spatial Biology World Tour ([November 3, 2022](#))
104. "Biostats/Study Design Refresher" presented by Derek Smith at Edge for Scholars ([November 10, 2022](#))
105. "Optimizing Caries Management with Surgical and Non-Surgical Care" presented by Vineet Dhar at the 2nd Global Summit of the International Association of Paediatric Dentistry ([November 13, 2022](#))
106. "High-plex Neighborhood Analysis of Salivary Glands in Health and Chronic Inflammatory Diseases" presented by Kevin Byrd at the Chan Zuckerberg Initiative Annual Single Cell Meeting (December)

Miscellaneous

107. Webinar "New Research Reveals Impact of COVID-19 on Dental Hygienists" includes presentation by Cameron Estrich ([February 22, 2022](#))
108. Ask Me Anything with Kevin Byrd on "Cell Atlases as a Blueprint for Human and Craniofacial Health and Disease Research," sponsored by the International Association for Dental Research ([February 28, 2022](#))
109. "Clinical Practice Guideline for Management of Acute Dental Pain" [online CE course](#)
110. "Roadmap for the Human Cell Atlas Oral & Craniofacial Bionetwork" written by Kevin Byrd et al. for the Human Cell Atlas Bionetworks Consortium (April 2022)
111. Symposium "Oral Health Sciences Graduate Programs in a Future and Diverse Workforce"

- includes participation by Kevin Byrd at the University of Michigan (June 20, 2022)
112. Abstract “US Dental Healthcare Workers’ Mental Health during the COVID-19 Pandemic” submitted by Laura Eldridge and coauthored by Cameron Estrich was presented at the International Symposium on Dental Hygiene 2022 in Dublin, Ireland ([August 12, 2022](#))
113. Abstract “Employment Patterns of US Dental Hygienists during the COVID-19 Pandemic: A 12-Month Study” coauthored by Laura Eldridge, Cameron Estrich, et al. was presented at the International Symposium on Dental Hygiene 2022 in Dublin, Ireland ([August 12, 2022](#))
114. Webinar “Mental Health in Dental Professionals: The Pandemic & Beyond” features presentation by Laura Eldridge ([September 20, 2022](#))

Attachment 4.**ADASRI External Collaborations 2022****Applied Research Collaborations in 2022**

1. Collaboration on NSF MRI grant awarded to Dr. Kristin Krueger, Loyola University, Chicago for "Acquisition of Artificial Resynthesis Technology for Research, Training, and Experiential Learning"
2. Member of the Research Excellence Cluster: Advancing Multifunctioning Dental Materials, sponsored by the University of British Columbia
3. Consultant on NIDCR/R01 "*Osmotic pressure-mediated control of cariogenic oral biofilms*", Dr. Kenichi Kuroda, the University of Michigan

ITR Collaborations in 2022

4. *Ether-based monomers for dental composite restoratives*; Christopher Stafford, Vivek Prabhu, Chad Snyder, Carlos Beauchamp, and Yun Liu, National Institute of Standards and Technology (NIST); Dr. Michael Weir and Prof. Huakun Xu, University of Maryland School of Dentistry.
5. *Enhancing the durability of dental restoration by adding new additives*; Christopher Stafford, National Institute of Standards and Technology (NIST).
6. *Carbonated Hydroxyapatite-based Dosimetry*; Veronika Szalai, Lonnie Cumerland, and Ileana Pazos, National Institute of Standards and Technology (NIST).
7. *Development of Fluorapatite-Titanium Composites for Dental Implant applications*; Russell Maier, National Institute of Standards and Technology (NIST).
8. *A Multimodal Atlas of Chronic Oral Inflammation Over the Lifespan*; Blake Warner, Paola Perez, and Shyh-ing Jang, NIH/NIDCR; Alexander Predeus, Sarah Teichmann, Wellcome Sanger Institute; German Stark, Biomage; Ana Caetano, Diana Pereira, and Inês Sequeira, Queen Mary University; Katarzyna Tyc, Xufeng Qu, and Jinze Liu, Virginia Commonwealth University; Luiz Ferraz da Silva and Marisa Dolhnikoff; University of Sao Paulo Medicine School; Bushra Alghamadi, Min Liu, and Dana Graves; University of Pennsylvania.
9. *Applied Single-cell Diagnostics of Saliva*; Katarzyna Tyc, Xufeng Qu, and Jinze Liu, Virginia Commonwealth University; Ally Giunta, Grace Lian, Erin Steinbach, Shehzad Sheikh, Ajay Gulati, Gabrielle Cannon, Carlton Anderson, and Mandy Bush, University of North Carolina School of Medicine; Mapping the Pediatric Inhalation Interface Network (MPII-Net, CZI).
10. *Oral Structural Immunity of Host-Viral Interactions*; Blake Warner, Paola Perez, Shyh-ing Jang, Salivary Disorder Unit, NIH/NIDCR; Luiz Ferraz da Silva and Marisa Dolhnikoff; University of Sao Paulo Medicine School; Alexander Predeus, Sarah Teichmann; Wellcome Sanger Institute; German Stark, Biomage; Katarzyna Tyc, Xufeng Qu, Jinze Liu, Department of Biostatistics, Virginia Commonwealth University.
11. *AADOCR Position Statement on Electronic Nicotine Delivery Systems (ENDS)* by Kevin Byrd et al. for AADOCR Committee
12. *AADOCR Position Statement on Tobacco* by Kevin Byrd et al. for AADOCR Committee

ESTR collaborations in 2022

13. Health physicist Drs. David Spelic (retired) and Smita Kakar, from US Food and Drug Administration (FDA) are working with ESTR staff on the safety and regulatory aspects for updating the 2012 ADA/FDA recommendations on dental radiographs.
14. Drs. Ethan Fechter-Leggett and Suzanne Tomasi at National Institute for Occupational Safety and Health (NIOSH) are providing access to the National Death Index and working with us to determine whether idiopathic pulmonary fibrosis is over represented among dentists in the population.
15. Dr. Natalia Chalmers at the US Department of Health and Human Services (CMS) was instrumental in connecting us with Ali Russo and Eric Okurowski at fairhealth.org from whom we obtained the dataset to exam amalgam utilization rates among the population of privately insured patients.
16. Work to design and develop the DERE database has included engagement with Jesse Green and Christian Stephens at IQVIA and Peggy Ragan and Phil Langthorne from the parent company, Quintiles.
17. Joan Bardsley, RN MBA, a diabetes care and education specialist and Dr. Michelle Magee, an endocrinologist, both at the Medstar Diabetes Institute affiliated with George Washington University are collaborating on the scoping systematic review on toothbrushing and oral health and glycemic control in people with type 2 diabetes.
18. Dr. Joann Gurenlian at the American Dental Hygienists Association (ADHA) has been an active partner in COVID-19 projects exploring the pandemic related engagement of dental hygienists.



**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Financial Statements and Supplemental Schedules

December 31, 2022 and 2021

(With Independent Auditors' Report Thereon)



KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

Independent Auditors' Report

The Board of Trustees
American Dental Association and Subsidiaries

Opinion

We have audited the consolidated financial statements of American Dental Association and its subsidiaries (the Association), which comprise the consolidated statements of financial position as of December 31, 2022 and 2021, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Association as of December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois
July 28, 2023

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Statements of Financial Position

December 31, 2022 and 2021

Assets	2022	2021
Cash and cash equivalents	\$ 5,443,516	6,294,619
Receivables, net	12,396,576	12,621,799
Deferred taxes	51,718	104,353
Income taxes receivable	438,357	—
Prepaid expenses and other assets	5,162,613	4,208,191
Inventories, net	1,169,206	1,066,147
Marketable securities and alternative investments	164,884,787	206,714,733
Property and equipment, net	38,924,393	38,358,271
Funds held for deferred compensation	7,088,660	8,876,902
Total assets	<u>\$ 235,559,826</u>	<u>278,245,015</u>
Liabilities and Net Assets		
Accounts payable and accrued liabilities	\$ 14,990,218	14,054,481
Deferred revenue	14,956,635	14,624,883
Deferred tax liability, net	—	71,021
Liability for deferred compensation	7,088,660	8,876,902
Postretirement benefit obligation	9,924,546	13,392,789
Pension liability	28,024,249	34,702,963
Total liabilities	<u>74,984,308</u>	<u>85,723,039</u>
Net assets:		
Without donor restrictions	143,155,447	173,102,865
With donor restrictions	17,420,071	19,419,111
Total net assets	<u>160,575,518</u>	<u>192,521,976</u>
Total liabilities and net assets	<u>\$ 235,559,826</u>	<u>278,245,015</u>

See accompanying notes to consolidated financial statements.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Statements of Activities

Years ended December 31, 2022 and 2021

	2022			2021		
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Revenue:						
Membership dues	\$ 57,977,025	—	57,977,025	57,932,566	—	57,932,566
Advertising	5,830,407	—	5,830,407	7,274,153	—	7,274,153
Rental income	6,763,766	—	6,763,766	7,092,536	—	7,092,536
Publication and product sales	5,481,331	—	5,481,331	5,489,896	—	5,489,896
Testing and accreditation fees	32,481,067	—	32,481,067	28,902,240	—	28,902,240
Meeting and seminar income	6,322,810	—	6,322,810	5,947,417	—	5,947,417
Grants, contributions, and sponsorships	2,564,870	2,854,489	5,419,359	1,391,532	4,701,300	6,092,832
Royalties and service fees	17,672,098	—	17,672,098	17,840,768	—	17,840,768
Investment return, net	(23,120,964)	(2,160,792)	(25,281,756)	18,583,476	1,585,452	20,168,928
Other income	4,442,061	—	4,442,061	4,229,376	—	4,229,376
Net assets released from restrictions	4,592,536	(4,592,536)	—	1,559,517	(1,559,517)	—
Total revenue	121,007,007	(3,898,839)	117,108,168	156,243,477	4,727,235	160,970,712
Expenses:						
Staff compensation, taxes, and benefits	67,241,734	—	67,241,734	66,843,303	—	66,843,303
Printing, publication, and marketing	11,395,584	—	11,395,584	8,762,763	—	8,762,763
Meeting expenses	4,169,762	—	4,169,762	1,681,353	—	1,681,353
Travel expenses	4,794,327	—	4,794,327	2,015,011	—	2,015,011
Consulting fees and outside services	21,057,764	—	21,057,764	18,592,574	—	18,592,574
Professional services	10,883,904	—	10,883,904	8,585,526	—	8,585,526
Office expenses	5,441,306	—	5,441,306	5,443,877	—	5,443,877
Facility and utility expenses	6,760,357	—	6,760,357	8,365,378	—	8,365,378
Grants and awards	10,173,734	—	10,173,734	2,926,721	—	2,926,721
Endorsement expenses	1,561,408	—	1,561,408	1,597,428	—	1,597,428
Depreciation and amortization	7,322,760	—	7,322,760	6,574,402	—	6,574,402
Bank and credit card fees	2,303,716	—	2,303,716	2,016,463	—	2,016,463
Other expenses	1,820,035	—	1,820,035	1,891,694	—	1,891,694
Pension and postretirement health plan – net periodic benefit cost other than service cost	1,149,906	—	1,149,906	780,840	—	780,840
Total expenses	156,076,297	—	156,076,297	136,077,333	—	136,077,333
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic benefit cost	(35,069,290)	(3,898,839)	(38,968,129)	20,166,144	4,727,235	24,893,379
Income tax expense	719,735	—	719,735	1,082,571	—	1,082,571
Pension and postretirement health plan – related changes other than net periodic benefit cost	(7,741,406)	—	(7,741,406)	(9,885,288)	—	(9,885,288)
Change in net assets	(28,047,619)	(3,898,839)	(31,946,458)	28,968,861	4,727,235	33,696,096
Net assets at beginning of year	173,099,022	19,422,954	192,521,976	144,130,161	14,695,719	158,825,880
Equity transfers / transactions	(1,895,956)	1,895,956	—	—	—	—
Net assets at end of year	\$ 143,155,447	17,420,071	160,575,518	173,099,022	19,422,954	192,521,976

See accompanying notes to consolidated financial statements.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
Change in net assets	\$ (31,946,458)	33,696,096
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Pension and postretirement health plan changes	(8,891,312)	(9,104,448)
Depreciation and amortization	7,322,760	6,574,402
Forgiveness of Paycheck Protection Program loan	—	(549,980)
Deferred income taxes, net	(18,386)	23,557
Change in unrealized gains and losses in fair value of marketable securities and alternative investments	30,956,862	(12,811,641)
Net realized gain on sale of marketable securities and alternative investments	(2,709,536)	(4,814,526)
Net assets released from restrictions and used for operations	4,592,536	1,559,517
Restricted contributions	(2,854,489)	(4,701,300)
Changes in assets and liabilities:		
Receivables	225,223	1,934,214
Income taxes receivable, net	(438,357)	461,691
Prepaid expenses and other assets	(954,422)	230,965
Inventories, net	(103,059)	(155,779)
Accounts payable, accrued liabilities, and other liabilities	935,737	871,020
Deferred revenue	331,752	(439,510)
Pension liability and postretirement benefit obligation	(1,255,645)	(4,415,771)
Net cash (used in) provided by operating activities	<u>(4,806,794)</u>	<u>8,358,507</u>
Cash flows from investing activities:		
Purchases of marketable securities and alternative investments	(14,171,760)	(57,275,160)
Sales and maturities of marketable securities and alternative investments	27,754,380	51,329,077
Acquisitions of property and equipment	(7,888,882)	(6,659,519)
Net cash used in investing activities	<u>5,693,738</u>	<u>(12,605,602)</u>
Cash flows from financing activities:		
Net assets released from restrictions and used for operations	(4,592,536)	(1,559,517)
Restricted contributions	2,854,489	4,701,300
Net cash provided by financing activities	<u>(1,738,047)</u>	<u>3,141,783</u>
Net decrease in cash and cash equivalents	(851,103)	(1,105,312)
Cash and equivalents at beginning of year	6,294,619	7,399,931
Cash and cash equivalents at end of year	<u>\$ 5,443,516</u>	<u>6,294,619</u>
Supplemental disclosure of cash flow information:		
Cash paid for income taxes	\$ 1,093,500	687,914
Supplemental disclosure of noncash investing and financing activities:		
Forgiveness of Paycheck Protection Program loan	\$ —	549,980

See accompanying notes to consolidated financial statements.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(1) Summary of Significant Accounting Policies

(a) Organization and Purpose

The American Dental Association (the Association) is organized as an association of members of the dental profession, residing primarily in the United States of America, and is designed “to encourage the improvement of the health of the public and to promote the art and science of dentistry.”

The accompanying consolidated financial statements include the accounts of the Operating and Reserve Divisions of the Association, the American Dental Political Action Committee (ADPAC), ADA Foundation (ADAF), ADA Science and Research Institute (ADASRI), and the Association’s wholly owned for-profit subsidiaries, ADA Business Enterprises, Inc. (ADABEI) and ADA Business Innovation Group (ADABIG).

ADPAC promotes the Association’s political and legislative agenda.

ADAF was organized to operate exclusively for charitable, scientific, and educational purposes.

In late 2021, the Association funded a new limited liability company organized as ADASRI. ADASRI was formally incorporated on January 7, 2020. ADASRI was organized to operate exclusively for scientific research purposes and began full operations in 2022.

ADABEI manages the for-profit activities organized by the Association, offering a range of products and services to Association members in conjunction with various service providers under the title of ADA Business Resources.

ADABIG was formally incorporated as of June 14, 2018. The initial services offered by ADABIG are ADA Practice Transitions whose purpose is to match dentists with practice owners who are seeking a partner, associate, or someone to purchase their practice.

All significant intercompany accounts and transactions have been eliminated in consolidation.

(b) Basis of Accounting

The consolidated financial statements of the Association are prepared using the accrual basis of accounting in accordance with U.S. generally accepted accounting principles. The Association maintains its accounts in accordance with the principles of fund accounting. Fund accounting is the procedure by which resources for various purposes are classified for accounting purposes in accordance with activities or objectives specified by the donors.

These consolidated financial statements have been prepared to focus on the Association as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of fund balances into two classes of net assets – without donor restrictions and with donor restrictions. Descriptions of the two net asset categories are as follows:

- *Without donor restrictions* – Net assets that are not subject to donor-imposed restrictions and are resources available to support operations. This category includes board-designated funds

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

functioning as endowment, which represent funds that have been appropriated by the board, the income from which is used in support of the purposes and mission of the Association.

- *With donor restrictions* – Net assets subject to donor-imposed restriction for use for a particular purpose. The Association's unspent contributions are included in this class if the donor limited their use. The Association's donor-restricted endowment funds, which must be maintained in perpetuity with the income from which used in support of the purposes and mission of the Association, are included in net assets with donor restrictions.

When a donor's restriction is satisfied, either by using the resources in a manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the consolidated financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

All revenue and net gains are reported as increases in net assets without donor restrictions in the consolidated statement of activities unless the donor specified the use of the related resources for a particular purpose or in a future period. All expenses and net losses other than losses on endowment investments are reported as decreases in net assets without donor restrictions. Net gains on endowment investments increase net assets with donor restrictions, and net losses on endowment investments reduce that net asset class.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue, expenses, gains, and losses during the reporting period. Actual results could differ from those estimates.

(d) Cash and Cash Equivalents

Cash equivalents at December 31, 2022 and 2021 consist primarily of interest-bearing deposits under overnight repurchase agreements. The Association, ADPAC, ADAF, ADABIG, ADASRI, and ADABEI each maintains its cash balances in financial institutions, which at times may exceed federally insured limits. The Association, ADABIG, ADASRI, ADPAC, ADAF, and ADABEI have not experienced any losses in such accounts and believe they are not exposed to any significant credit risk on cash.

(e) Receivables, net

Accounts receivable are reported net of an allowance for doubtful receivables to represent the Association's estimate of the amount that ultimately will be realized in cash. The allowance for doubtful receivables is determined after considering a number of factors, including the length of time receivables are past due, the Association's previous loss history, the customer's current ability to pay its obligations, and the condition of the general economy as a whole. Uncollectible accounts are written off, and payments subsequently received on such receivables are credited to the allowance for doubtful receivables. Receivables include pledges receivable for unconditional promises for which payment has not been received. Pledges receivable are recognized at the estimated present value of expected future cash flows, net of allowances.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(f) Marketable Securities

Investments in marketable securities are carried at fair value based on quoted market prices or other observable inputs. Realized and changes in unrealized investment gains and losses are included within investment income in the accompanying consolidated financial statements. Net realized capital gains or losses on sales are calculated based on the cost of securities sold.

Marketable securities held in the Operating Division are available for current use, while marketable securities held in the Reserve Division are not intended for current use. Reserve Division assets may be used for operations upon approval of the Board of Trustees, with subsequent reporting to the Association's House of Delegates. Investment expenses of \$259,116 and \$248,348 in 2022 and 2021, respectively, are included as part of investment return, net in the accompanying consolidated financial statements.

(g) Inventories, net

Inventories, consisting principally of salable educational materials and supplies, are carried at the lower of cost or market (net realizable value). Cost is primarily determined using the first-in, first-out method.

(h) Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation is computed on the straight-line method once assets are put into service over the estimated useful lives of the assets, which are as follows:

Buildings	30–55 years
Building improvements	7–20 years
Furniture, equipment, and libraries	3–10 years

Tenant leasehold improvements are amortized over the shorter of their estimated useful lives or the remaining term of the lease.

(i) Valuation of Long-Lived Assets

The Association periodically evaluates the carrying value of its long-lived assets, including, but not limited to, property and equipment and other assets. The carrying value of long-lived assets is considered impaired when the undiscounted cash flows from such assets are separately identifiable and estimated to be less than their carrying value. In that event, a loss is recognized based on the amount by which the carrying value exceeds the fair value of the long-lived assets. Fair value is determined primarily using the anticipated cash flows discounted at a rate commensurate with the risk involved. Pursuant to Accounting Standards Codification (ASC) Topic 350, *Property, Plant, and Equipment – Overall*, long-lived assets that are to be disposed of are to be written down to their fair value if such fair value is less than carrying value.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(j) Contributed Facilities

The research activities of ADASRI in 2022 and 2021 are conducted on the campus of the National Institutes of Standards and Technology (NIST) in Gaithersburg, Maryland. ADASRI receives laboratory and office space contributed from NIST. The estimated value of this in-kind contribution is based on comparable space in the Gaithersburg real estate market. ADASRI recognized this contribution in the amount of \$790,280 and \$823,663, respectively, for the years ended December 31, 2022 and December 31, 2021. These amounts are recorded as other grants and contributions revenue and a component of laboratory and office expenses in the accompanying statements of activities.

(k) Deferred Compensation

The Association has a deferred compensation plan. Participation is limited to ADA officers, trustees, and certain upper management employees whose compensation rate is at least \$100,000 per year. This is a nonqualified plan governed by Section 457 of the Internal Revenue Code (the Code). Investments held for deferred compensation are carried at fair value and are not available for current use.

(l) Revenue and Expense Recognition

The Association applies the provisions of ASC Topic 606, *Revenue from Contracts with Customers (Topic 606)*. Topic 606 establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. Topic 606 requires that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

Membership dues and assessments have their performance obligations satisfied and the Association recognizes revenue as members simultaneously receive and consume benefits during the membership year, which ends on December 31. Amounts received in advance are deferred to the subsequent year. Unearned membership dues and assessments, which have been included in deferred revenue in the accompanying consolidated financial statements, amounted to \$5,192,570 and \$5,190,726 at December 31, 2022 and 2021, respectively.

Periodical subscriptions are recognized as revenue over the terms of the subscriptions. Subscriptions paid in advance are recorded as deferred revenue. Advertising revenue and direct publication costs are recognized in the period the related publication is issued. Management has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations as these contracts have original terms that are one year or less.

Rental income from the Association's headquarters building and Washington, DC office building is recorded as revenue in the period in which the rental services are provided at established rates. Testing fees are recognized as revenue when the related examinations are scored, which is the completion of the testing performance obligation. Accreditation fees have their performance obligations satisfied and the Association recognizes revenue simultaneously as an applicant receives and consumes benefits during the year of accreditation, which ends on December 31.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. Amounts required to be maintained in perpetuity by the donor are also reported as net assets with donor restrictions. Contributions, including unconditional pledges, are recognized in the period received. Conditional pledges are not recognized until the conditions on which they depend are substantially met. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is attained. Net assets with donor restrictions are reclassified to net assets without donor restrictions upon expiration of donor restrictions and are reported in the consolidated statements of activities as net assets released from restrictions. Unconditional promises are recognized at the estimated present value of expected future cash flows, net of allowances.

Revenue from government and private grant and contract agreements, which are generally considered nonexchange transactions, is recognized when qualifying expenditures are incurred and conditions under the agreements are met. Corporate grants that do not constitute contributions are recognized as revenue when costs of the related programs or projects are incurred. Corporate grants received but not yet expended are reported as deferred revenue. Grants to other organizations are recorded as expense when authorized by the Board of Trustees.

Royalties and service fees are recognized when the Association's performance obligations are satisfied. This includes recognizing revenue ratably over the contract term for fixed fee royalties and recognizing revenue when a member purchases a good or service from an ADA-branded third-party provider. For royalty agreements, the Association has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations.

(m) Pension and Other Postretirement Benefits

Pension costs are determined under the projected unit credit cost method. This method determines the present value of benefits projected to retirement with increases in salary and service and allocates (attributes) pension costs to prior and current periods based upon the relationship of service to date versus service projected to retirement. Pursuant to ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*, the Association is required to fully recognize and disclose an asset or liability for the overfunded or underfunded status of its benefit plans in its consolidated financial statements and to recognize changes in that funded status as a change in net assets without donor restrictions in the year in which the changes occur.

The Association applies the provisions of ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*. This guidance requires companies to present the service cost component of net benefit cost in the income statement line items where they report compensation cost and all other components of net benefit cost in the income statement separately from the service cost component and outside of operating income if this subtotal is presented. As such, the service cost component is included as part of staff compensation, taxes, and benefits in the accompanying consolidated statements of activities. The other components of net periodic benefit cost, such as interest, expected return on plan assets, and amortization of other actuarially determined amounts, are required to be presented as a separate change in net assets without restrictions.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(n) Income Taxes

Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply during the period in which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate.

The Association accounts for unrecognized tax benefits in accordance with ASC Topic 740, *Income Taxes*. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an unrecognized tax benefit only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and requires increased disclosures.

(o) Fair Value Measurements

The Association applies the provisions of ASC Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (note 5).

The Association applies the provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*. ASC Subtopic 825-10 provides the Association with an option to elect fair value as the initial and subsequent measurement attribute for most financial assets and liabilities and certain other items. The fair value option election is applied on an instrument-by-instrument basis (with some exceptions), is irrevocable, and is applied to an entire instrument. The fair value option election may be made as of the date of initial adoption for existing eligible items. Subsequent to initial adoption, the Association may elect the fair value option at initial recognition of eligible items, on entering into an eligible firm commitment, or when certain specified reconsideration events occur. Unrealized gains and losses on items for which the fair value option has been elected will be reported in the consolidated statements of activities. The Association did not elect any changes to fair value measurements in 2022 or 2021.

The Association has disclosed investments for which fair value is measured using net asset value per share as a practical expedient outside the fair value hierarchy in accordance with ASC Subtopic 820-10.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(p) New Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016 02, Leases (ASC Topic 842). Topic 842 requires lessees to recognize leases on the balance sheet and disclose key information about leasing arrangements. The new standard establishes a right-of-use (ROU) model that requires a lessee to recognize a ROU asset and lease liability on the balance sheet for all leases with a term longer than 12 months. Leases are classified as finance or operating, with classification affecting the pattern and classification of the expense recognition in the statement of operations. The Company adopted Topic 842 effective January 1, 2022 and estimates that \$367,866 ROU assets will be recognized as part of the adoption with a corresponding liability.

Additionally, the Association adopted ASU 2021-09, *Leases – Discount Rate for Lessees that are not Public Business Entities*, effective January 1, 2022. ASU 2021-09 permits, as a practical expedient, a private entity lessee to use a risk-free discount rate, determined using a period comparable to that of the lease term, when the rate implicit in the lease is not readily determinable. Use of the practical expedient is an accounting policy election made by class of underlying asset.

(2) COVID-19 Reporting

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Revenue was impacted starting in mid-March 2020 as various policies were implemented by Federal, state, and local governments in response to the COVID-19 pandemic that caused many people to remain at home and forced the closure of or limitations on certain businesses.

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law providing temporary and limited relief to businesses during the COVID-19 outbreak. On March 27, 2020, the CARES Act established the Paycheck Protection Program (PPP), which is administered by the Small Business Administration (SBA). Under the PPP, eligible businesses may receive loans from participating financial institutions that are guaranteed by the SBA, and the loans may be forgiven to the extent the proceeds are used to make payroll, payroll-related, and other eligible payments. Participation in the PPP requires an entity to certify to the federal government (a) its eligibility to receive funds and (b) its eligibility to receive loan forgiveness, if applicable.

The extent of the COVID-19 pandemic's adverse impact on operating results and financial condition of the Association has been and will continue to be driven by many factors, most of which are beyond the Association's control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, or other government-imposed or recommended restrictions, and incremental expenses required for supplies and personal protective equipment. Because of these and other uncertainties, the Association cannot estimate the length or severity of the impact of the pandemic on the business and the results of its operations.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(3) Receivables

Receivables at December 31, 2022 and 2021 consist of the following:

	<u>2022</u>	<u>2021</u>
Trade receivables	\$ 5,733,925	5,993,459
Royalties receivable	1,680,090	1,715,071
Grants and contracts receivable	173,063	230,220
Tenant receivables	4,541,907	4,682,464
Other	<u>427,563</u>	<u>150,557</u>
Total	12,556,548	12,771,771
Less allowance for doubtful receivables	<u>(159,972)</u>	<u>(149,972)</u>
Net receivables	<u>\$ 12,396,576</u>	<u>12,621,799</u>

Unconditional promises for which payment has not been received are recorded in the consolidated financial statements as pledges receivable and revenue of the appropriate net asset category.

(4) Marketable Securities and Alternative Investments

Marketable securities and alternative investments at December 31, 2022 and 2021 consisted of the following:

	<u>2022</u>	
	<u>Cost</u>	<u>Fair value</u>
Money market funds	\$ 24,555	24,555
Bonds and bond funds	61,543,950	56,465,067
Equities and equity funds	75,902,329	85,088,764
Alternative investment funds	<u>13,919,413</u>	<u>23,306,401</u>
	<u>\$ 151,390,247</u>	<u>164,884,787</u>

	<u>2021</u>	
	<u>Cost</u>	<u>Fair value</u>
Money market funds	\$ 145,486	145,486
Bonds and bond funds	48,298,694	66,002,974
Equities and equity funds	99,757,359	117,623,618
Alternative investment funds	<u>14,061,792</u>	<u>22,942,655</u>
	<u>\$ 162,263,331</u>	<u>206,714,733</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Investment return, net is included in the accompanying consolidated statements of activities for the years ended December 31, 2022 and 2021 as follows:

	<u>2022</u>	<u>2021</u>
Interest and dividends	\$ 3,224,686	2,791,109
Change in unrealized gains and losses in fair value of marketable securities and alternative investments	(30,956,862)	12,811,641
Net realized gain on sale of marketable securities and alternative investments	2,709,536	4,814,526
Investment management fees	<u>(259,116)</u>	<u>(248,348)</u>
Total investment return, net	<u>\$ (25,281,756)</u>	<u>20,168,928</u>

(5) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Association in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, receivables, accounts payable, and accrued liabilities.
- Fair values of the Association's investments held as marketable securities are estimated based on prices provided by its investment managers and its custodian bank. Fair value for money market funds, equity mutual funds, and fixed-income mutual funds are measured using quoted market prices at the reporting date multiplied by the quantity of shares held. Alternative investments funds are measured at the net asset value as a practical expedient to determine fair value.

(b) Fair Value Hierarchy

The Association follows ASC Topic 820 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. A quoted price for an identical asset or liability in an active market provides the most reliable fair value measurement because it is directly observable to the market.
- Level 2 – Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date. The nature of these securities includes investments

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

for which quoted prices are available but which are traded less frequently and investments that are fairly valued using other securities, the parameters of which can be directly observed.

- Level 3 – Securities that have little to no pricing observability as of the report date; these securities are measured using management's best estimate of fair value, where the inputs into the determination of fair value are not observable and require significant management judgment or estimation.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Association. The Association considers observable data to be that market data that is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument within the fair value hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Association's perceived risk of that instrument. The Association's policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer.

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2022 and 2021:

	2022				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	\$ 5,443,516	—	—	5,443,516	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	24,555	—	—	24,555	Daily	One
Fixed-income mutual funds	56,465,067	—	—	56,465,067	Daily	One
Equity mutual funds	85,088,764	—	—	85,088,764	Daily	One
Alternative investment funds (1):						
Blackstone Partners Offshore Fund	—	—	—	11,603,563	Semiannual	95
Wellington Archipelago Fund	—	—	—	11,702,838	Quarterly	45
Total alternative investment funds	—	—	—	23,306,401		
Total marketable securities and alternative investment funds	141,578,386	—	—	164,884,787		

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2022				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Funds held for deferred compensation:						
Money market funds	\$ 992,869	—	—	992,869	Daily	One
Equity mutual funds	5,456,635	—	—	5,456,635	Daily	One
Fixed-income mutual funds	639,156	—	—	639,156	Daily	One
Total funds held for deferred compensation	7,088,660	—	—	7,088,660		
Total assets at fair value	\$ 154,110,562	—	—	177,416,963		

- (1) Certain investments are measured using the net asset value per share (or its equivalent) as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

	2021				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	\$ 6,294,619	—	—	6,294,619	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	145,486	—	—	145,486	Daily	One
Fixed-income mutual funds	66,002,974	—	—	66,002,974	Daily	One
Equity mutual funds	117,623,618	—	—	117,623,618	Daily	One
Alternative investment funds (1):						
Blackstone Partners Offshore Fund	—	—	—	11,249,925	Semiannual	95
Wellington Archipelago Fund	—	—	—	11,692,730	Quarterly	45
Total alternative investment funds	—	—	—	22,942,655		
Total marketable securities and alternative investment funds	183,772,078	—	—	206,714,733		

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2021			Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3		
Funds held for deferred compensation:					
Money market funds	992,723	—	—	Daily	One
Equity mutual funds	7,162,532	—	—	Daily	One
Fixed-income mutual funds	721,647	—	—	Daily	One
Total funds held for deferred compensation	8,876,902	—	—		
Total assets at fair value	\$ 198,943,599	—	—		

(1) Certain investments are measured using the net asset value per share (or its equivalent) as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

There were no transfers between levels during the year ended December 31, 2022 or 2021.

The Association is invested in alternative investment funds at December 31, 2022 and 2021 for which the net asset value is used as a practical expedient to determine fair value in accordance with ASC Subtopic 820-10. The Association has no contractual commitments to fund the alternative investment funds. The balances in these funds were \$23,306,401 and \$22,942,655 at December 31, 2022 and 2021, respectively.

(6) Property and Equipment

Property and equipment at December 31, 2022 and 2021 consisted of the following:

	2022		
	Chicago, IL	Washington, D.C.	Total
Land	\$ 712,113	3,030,000	3,742,113
Building	12,381,169	11,572,308	23,953,477
Building improvements	71,319,653	9,672,573	80,992,226
Furniture and equipment	58,330,413	4,206,845	62,537,258
Tenant leasehold improvements	10,157,454	2,881,262	13,038,716
Operating Lease	28,932	479,246	508,178
	152,929,734	31,842,234	184,771,968
Less accumulated depreciation and amortization	125,639,483	20,208,092	145,847,575
	\$ 27,290,251	11,634,142	38,924,393

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2021		
	Chicago, IL	Washington, D.C.	Total
Land	\$ 712,113	3,030,000	3,742,113
Building	12,381,169	14,264,074	26,645,243
Building improvements	70,990,068	6,650,879	77,640,947
Furniture and equipment	51,322,267	4,240,610	55,562,877
Tenant leasehold improvements	10,153,254	2,881,262	13,034,516
	145,558,871	31,066,825	176,625,696
Less accumulated depreciation and amortization	119,108,852	19,158,573	138,267,425
	<u>\$ 26,450,019</u>	<u>11,908,252</u>	<u>38,358,271</u>

The Association leases portions of both the headquarters building in Chicago, Illinois and the Washington, D.C. office building to unrelated parties under operating leases with varying terms. These amounts may be adjusted upon renewal of the leases. Minimum future rentals to be earned from leases currently in effect as of December 31, 2022 are as follows:

2023	\$ 5,885,125
2024	5,618,050
2025	5,609,768
2026	5,515,526
2027	5,366,517
Thereafter	17,277,847
	<u>\$ 45,272,833</u>

Building expenses include the cost of facilities occupied by the Association, as well as those costs related to other tenants.

(7) Deferred Compensation

Pursuant to agreements between the Association and certain officers and employees of the Association and its affiliates, portions of their compensation have been retained by the Association and invested as directed by those participants. The assets are owned by the Association until distributed to the participants after termination of employment or services.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(8) Income Taxes

The Association and ADAF have received favorable determination letters from the Internal Revenue Service (IRS) stating that they are exempt from taxation on income related to their exempt purposes under Section 501(a) of the Code as organizations described in Sections 501(c)(6) and 501(c)(3), respectively. As exempt organizations, the Association and ADAF are subject to federal and state income taxes on income determined to be unrelated business taxable income. ADPAC is exempt from federal income taxes under Section 527 of the Code, except on net investment income. The income of the Association's for-profit subsidiaries, ADABEI and ADABIG, determined separately, are also subject to federal and state income taxes. ADASRI is treated as a disregarded entity and is included in the Association's tax calculation.

The Association accounts for income taxes using the provisions of ASC Topic 740. Under ASC Topic 740, deferred tax assets and liabilities are recognized for future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates and laws expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is provided when it is more likely than not that some portion of deferred tax assets will not be realized. A net deferred tax asset as of December 31, 2022 of \$51,718 and deferred tax liability as of December 31, 2021 of (\$71,021), respectively, is attributable primarily to unrealized gains from marketable securities and postretirement benefits and other timing differences.

ADABIG has generated a taxable loss through December 31, 2022 as a result of incurring start-up costs. Deferred tax assets were generated by ADABIG related to these losses from the start-up costs incurred. As ADABIG is a start-up entity, it has recognized a valuation allowance equal to these net operating loss carryforwards due to the uncertainty of ADABIG being able to realize the expected benefits in future periods of these net operating loss carryforwards.

ADASRI is a single member limited liability company treated as a disregarded entity for federal income tax purposes. Accordingly, all tax effects of ADASRI's income or loss are passed through to the Association. There was no unrelated business income in 2022, and therefore, no provision for income taxes has been recorded.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Income tax expense differs from the amount computed by applying the statutory federal income tax rate of 21% to income before income tax expense primarily because a significant portion of consolidated income is exempt from income tax. Income tax expense is computed by applying the statutory federal and state income tax rate to net unrelated business income earned for the years ended December 31, 2022 and 2021. Income tax expense for the years ended December 31, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Current:		
Federal	\$ 562,619	705,047
State	<u>279,855</u>	<u>353,967</u>
Current income tax expense	<u>842,474</u>	<u>1,059,014</u>
Deferred:		
Federal	(645,953)	(668,631)
State	(230,851)	(161,151)
Change in valuation allowance	<u>754,065</u>	<u>853,339</u>
Deferred income tax expense	<u>(122,739)</u>	<u>23,557</u>
Income tax expense	<u>\$ 719,735</u>	<u>1,082,571</u>

Net deferred tax assets at December 31, 2022 and 2021 consisted of the following:

	<u>2022</u>	<u>2021</u>
Deferred tax assets (liabilities) resulting from:		
Net operating loss carryforward	\$ 2,958,377	2,275,501
Organization start-up costs carryforward	259,164	282,201
Postretirement health benefits	44,095	38,555
Timing of payment of payroll-related accruals	42,761	25,606
Depreciation	(33,782)	(107,186)
Unrealized gains and losses in fair value of marketable securities	<u>(11,551)</u>	<u>(132,420)</u>
Total deferred tax assets, net	3,259,064	2,382,257
Valuation allowance	<u>(3,207,346)</u>	<u>(2,453,278)</u>
Total deferred tax (liabilities) assets, net of valuation allowance	<u>\$ 51,718</u>	<u>(71,021)</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(9) Employee Benefit Plans

(a) *Defined-Benefit Plan and Supplemental Plan*

The Association sponsors a noncontributory defined-benefit pension plan (the Plan) covering substantially all employees of the Association, its subsidiaries, and its affiliates meeting certain eligibility requirements. Generally, the Association's funding policy is to make annual contributions to the Plan equal to an amount calculated by an outside consulting actuary in accordance with the funding requirements of the Employee Retirement Income Security Act of 1974. Retirement benefit payments are based on years of credited service, average compensation during the five years of employment that produce the highest average, and the average Social Security limit at employment termination date.

The Association recognizes the cost related to employee service using the unit credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, and prior service costs are amortized over the expected future service period.

The Association accounts for the defined-benefit pension plan in accordance with ASC Topic 715, *Compensation – Retirement Benefits*. ASC Topic 715 requires recognition in the consolidated statements of financial position of the funded status of defined-benefit pension plans and other postretirement benefit plans, including all previously unrecognized actuarial gains and losses and unamortized prior service cost, as a component of net assets without donor restrictions.

Pursuant to agreements between the Association and a certain prior employee, the Association also maintains a frozen unfunded supplemental retirement income plan funded through Association general assets. There are no investments designated for the supplemental plan for 2022 or 2021.

The IRS has informed the Employees' Retirement Trust administration that the Plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes. The Employees' Supplemental Trust is a nonqualified plan and, as such, is not exempt from federal income taxes.

During the 2022 fiscal year, the benefit obligation decreased as a result of an aggregate actuarial gain (\$59,428,104) experienced by the plan. The significant factor which affected the aggregate gain is an increase in the discount rate used to develop the present value of future payments.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

The following tables set forth the Plan's funded status and amounts recognized in the Association's consolidated financial statements:

	2022		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	\$ 254,273,270	1,502,098	255,775,368
Service cost	3,472,825	—	3,472,825
Interest cost	8,222,426	48,373	8,270,799
Actuarial (gain) / loss	(59,121,402)	(306,702)	(59,428,104)
Benefits paid	(12,134,612)	(92,796)	(12,227,408)
Projected benefit obligation, end of year	<u>\$ 194,712,507</u>	<u>1,150,973</u>	<u>195,863,480</u>
Change in plan assets:			
Fair value of plan assets, beginning of year	\$ 221,072,405	—	221,072,405
Actual return on plan assets	(48,027,364)	—	(48,027,364)
Employer contributions	6,928,802	92,796	7,021,598
Benefits paid	(12,134,612)	(92,796)	(12,227,408)
Fair value of plan assets, end of year	<u>\$ 167,839,231</u>	<u>—</u>	<u>167,839,231</u>
Funded status, end of year:			
Fair value of plan assets	\$ 167,839,231	—	167,839,231
Benefit obligation	<u>194,712,507</u>	<u>1,150,973</u>	<u>195,863,480</u>
Funded status	<u>\$ (26,873,276)</u>	<u>(1,150,973)</u>	<u>(28,024,249)</u>
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	\$ 26,873,276	1,150,973	28,024,249
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss / (gain)	<u>\$ 58,974,256</u>	<u>—</u>	<u>58,974,256</u>
Net amounts included as an accumulated charge to net assets without donor restrictions	<u>\$ 58,974,256</u>	<u>—</u>	<u>58,974,256</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2022		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	\$ 3,472,825	—	3,472,825
Other components of net periodic benefit cost:			
Interest cost	8,222,426	48,373	8,270,799
Expected return on plan assets	(12,105,527)	—	(12,105,527)
Recognized net (gain) loss	4,732,013	(306,702)	4,425,311
Net periodic benefit cost other than service cost	848,912	(258,329)	590,583
Net periodic benefit cost	<u>\$ 4,321,737</u>	<u>(258,329)</u>	<u>4,063,408</u>
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	\$ 58,974,245	—	58,974,245
Reversal of accumulated net assets without donor restrictions	(62,694,769)	—	(62,694,769)
Change in net assets without donor restrictions	<u>\$ (3,720,524)</u>	<u>—</u>	<u>(3,720,524)</u>
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	\$ 704,787	—	704,787
Amortization of unrecognized net loss	(4,425,311)	—	(4,425,311)
Net amounts recognized in net assets without donor restrictions	<u>\$ (3,720,524)</u>	<u>—</u>	<u>(3,720,524)</u>
Weighted average assumptions as of December 31:			
Discount rate	5.70 %	5.70 %	
Expected return on plan assets	5.50	N/A	
Rate of compensation increase	4.00	N/A	

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2021		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	\$ 254,486,845	1,517,696	256,004,541
Service cost	3,474,799	—	3,474,799
Interest cost	7,424,876	44,211	7,469,087
Actuarial (gain) / loss	437,921	32,987	470,908
Benefits paid	(11,551,171)	(92,796)	(11,643,967)
Projected benefit obligation, end of year	\$ 254,273,270	1,502,098	255,775,368
Change in plan assets:			
Fair value of plan assets, beginning of year	\$ 208,307,521	—	208,307,521
Actual return on plan assets	16,466,055	—	16,466,055
Employer contributions	7,850,000	92,796	7,942,796
Benefits paid	(11,551,171)	(92,796)	(11,643,967)
Fair value of plan assets, end of year	\$ 221,072,405	—	221,072,405
Funded status, end of year:			
Fair value of plan assets	\$ 221,072,405	—	221,072,405
Benefit obligation	254,273,270	1,502,098	255,775,368
Funded status	\$ (33,200,865)	(1,502,098)	(34,702,963)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	\$ 33,200,865	1,502,098	34,702,963
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	\$ 62,694,769	—	62,694,769
Net amounts included as an accumulated charge to net assets without donor restrictions	\$ 62,694,769	—	62,694,769

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2021		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	\$ 3,474,799	—	3,474,799
Other components of net periodic benefit cost:			
Interest cost	7,424,876	44,211	7,469,087
Expected return on plan assets	(12,281,707)	—	(12,281,707)
Recognized net loss	5,357,672	32,987	5,390,659
Net periodic benefit cost other than service cost	500,841	77,198	578,039
Net periodic benefit cost	<u>\$ 3,975,640</u>	<u>77,198</u>	<u>4,052,838</u>
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	\$ 62,694,769	—	62,694,769
Reversal of accumulated net assets without donor restrictions	(71,798,868)	—	(71,798,868)
Change in net assets without donor restrictions	<u>\$ (9,104,099)</u>	<u>—</u>	<u>(9,104,099)</u>
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	\$ (3,713,440)	—	(3,713,440)
Amortization of unrecognized net loss	(5,390,659)	—	(5,390,659)
Net amounts recognized in net assets without donor restrictions	<u>\$ (9,104,099)</u>	<u>—</u>	<u>(9,104,099)</u>
Weighted average assumptions as of December 31:			
Discount rate	3.29 %	3.29 %	
Expected return on plan assets	5.90	N/A	
Rate of compensation increase	3.50	N/A	

The discount rate is determined each year as of the measurement date based on a review of interest rates associated with long-term, high-quality corporate bonds. The discount rate determined on each measurement date is used to calculate the benefit obligation as of that date and is also used to calculate the net periodic benefit cost for the upcoming plan year.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

The Plan's expected return on assets assumption is derived from a review of actual historical returns achieved by the Plan and anticipated future long-term performance of individual asset classes with consideration given to the appropriate investment strategy. While the method gives appropriate consideration to recent trust performance and historical returns, the assumption represents a long-term prospective return. The expected return on plan assets determined on each measurement dates is used.

The Association contributed \$6,928,802 to the Plan in 2022. The minimum funding contributions for the Plan years 2022 and 2021 were \$0 and \$3,077,071, respectively. The assets of the Plan are held in various investment manager funds and comprised mutual funds and a guaranteed investment contract.

The table below reflects the total pension benefits expected to be paid in each of the next five years and in the aggregate for the five years thereafter:

2023	\$ 13,011,520
2024	13,393,353
2025	13,556,047
2026	13,954,069
2027	14,358,031
Thereafter	<u>72,940,948</u>
	<u>\$ 141,213,968</u>

The expected benefits are based on the same assumptions used to measure the Association's benefit obligations at December 31 and include estimated future employee service.

The actual allocations for the pension assets as of December 31, 2022 and 2021, and target allocations by asset category, are as follows:

Asset category	2022	
	Actual allocation	Target allocation
Fixed income	61 %	60 %
Equity:		
Domestic small-cap	10	10
Domestic large-cap value	5	5
Domestic large-cap growth	4	5
International	<u>20</u>	<u>20</u>
	<u>100 %</u>	<u>100 %</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Asset category	2021	
	Actual allocation	Target allocation
Fixed income	60 %	60 %
Equity:		
Domestic small-cap	10	10
Domestic large-cap value	5	5
Domestic large-cap growth	5	5
International	20	20
	<u>100 %</u>	<u>100 %</u>

Pension assets are allocated with a goal to achieve diversification between and within various asset classes. The target asset allocations are expected to earn an average annual rate of return of approximately 5.5% measured over a planning horizon of 25 years, with a reasonable and acceptable level of risk. Actual allocation percentages will vary from target allocation percentages based upon short-term fluctuations in cash flows and benefit payments.

Domestic equity includes securities of domestic companies listed on the U.S. exchanges or traded OTC, diversified across industry, and individual holdings. International equity includes securities primarily of companies located outside the U.S. diversified across countries and industries. Fixed income refers to a diversified portfolio of marketable debt instruments with an average quality rating of at least AA or equivalent.

(b) Fair Value of Financial Instruments

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 or 2021.

Guaranteed investment contract: Valued at contract value, which approximates fair value. The guaranteed investment contract is included in the consolidated financial statements at fair value, which represents contributions made under the contract plus earnings, less withdrawals, and expenses.

Equity and fixed-income mutual funds and common collective trust fund: Valued at the net asset value of shares held by the Plan at year-end at the closing price reported in the active market in which the individual securities are traded. The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(c) Fair Value Hierarchy

The Plan has adopted ASC Section 715-20-50 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Section 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 during the year ended December 31, 2022 or 2021.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	2022				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	\$ 1,807,460	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	4,438,295	4,438,295	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	8,378,682	8,378,682	—	—	Daily	One
Vanguard Institutional Index Fund	7,959,965	7,959,965	—	—	Daily	One
T. Rowe Price Growth Fund	7,509,594	7,509,594	—	—	Daily	One
LSV Institutional Small Cap Value Fund	4,416,918	4,416,918	—	—	Daily	One
Harding Loevner International Equity Fund	8,239,571	8,239,571	—	—		
Polaris Global Value Fund	8,495,670	8,495,670	—	—	Daily	One
Vanguard – International Stock Index Fund	16,620,374	16,620,374	—	—	Daily	One
Total equity mutual funds	67,866,529	66,059,069	—	—		
Fixed-income mutual funds:						
PIMCO Investment Grade Credit Fund	\$ 26,182,438	26,182,438	—	—		
Vanguard Long-Term Bond Index Fund	24,585,798	24,585,798	—	—		
Vanguard Long-Term Corporate Bond Fund	49,241,013	49,241,013	—	—	Daily	One
Total fixed-income mutual funds	100,009,249	100,009,249	—	—		
Accrued fees	(36,547)	—	—	—		
Total	\$ 167,839,231	166,068,318	—	—		

(1) Certain investments are measured using the net asset value (or its equivalent) as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	2021				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	\$ 1,592,844	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	5,744,886	5,744,886	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	11,095,711	11,095,711	—	—	Daily	One
Vanguard Institutional Index Fund	11,423,237	11,423,237	—	—	Daily	One
T. Rowe Price Growth Fund	10,693,589	10,693,589	—	—	Daily	One
LSV Institutional Small Cap Value Fund	5,727,715	5,727,715	—	—	Daily	One
Harding Loevner International Equity Fund	11,172,074	11,172,074	—	—		
Polaris Global Value Fund	11,272,020	11,272,020	—	—	Daily	One
Vanguard – International Stock Index Fund	22,067,431	22,067,431	—	—	Daily	One
Total equity mutual funds	<u>83,451,777</u>	<u>83,451,777</u>	<u>—</u>	<u>—</u>		
Fixed-income mutual funds:						
PIMCO Investment Grade Credit Fund	32,771,879	32,771,879	—	—		
Vanguard Long-Term Bond Index Fund	33,195,433	33,195,433	—	—		
Vanguard Long-Term Corporate Bond Fund	64,343,687	64,343,687	—	—	Daily	One
Total fixed-income mutual funds	<u>130,310,999</u>	<u>130,310,999</u>	<u>—</u>	<u>—</u>		
Accrued fees	<u>(28,101)</u>	<u>—</u>	<u>—</u>	<u>—</u>		
Total	<u>\$ 221,072,405</u>	<u>219,507,662</u>	<u>—</u>	<u>—</u>		

(1) Certain investments are measured using the net asset value (or its equivalent) as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

(d) 401(k) Plan

The Association has a savings and retirement plan for all eligible employees (the Savings Plan). The Association, at its discretion, contributes a predetermined amount to the plan. The Association may contribute to the accounts of eligible employees in lieu of the matching contributions provisions, which are suspended. For 2022 and 2021, the Association contributed 4% per year of each eligible employee's base salary. The Association's contributions under the Savings Plan were \$1,727,663 and \$1,733,063 in 2022 and 2021, respectively.

The IRS has informed the Savings Plan administrator that the plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(e) Postretirement Health Plan

The Association sponsors a contributory defined-benefit postretirement health plan, which covers substantially all employees of the Association, its subsidiaries, and affiliates. The plan provides both medical and dental benefits. For 2022 and 2021, the medical plan annual reimbursement limit for retirees at retirement and for ages 65–75 is \$1,500 and increases up to \$1,800 from age 76 for life. For 2022 and 2021, each eligible dental plan participant is reimbursed 100% of qualified dental expenses to an annual limit of \$1,300.

During the 2022 fiscal year, the benefit obligation decreased as a result of an aggregate actuarial gain (\$1,167,989) experienced by the plan. The significant factor which affected the aggregate gain is an increase in the discount rate used to develop the present value of future payments.

The following table sets forth the plan's funded status:

	<u>2022</u>	<u>2021</u>
Change in benefit obligation:		
Benefit obligation, beginning of year	\$ 13,392,789	13,918,951
Service cost	412,055	442,956
Interest cost	429,476	381,007
Actuarial (gain) / loss	(3,891,035)	(959,395)
Benefits paid	<u>(418,739)</u>	<u>(390,730)</u>
Benefit obligation, end of year	\$ <u>9,924,546</u>	<u>13,392,789</u>
Change in plan assets:		
Employer contributions	\$ 418,739	390,730
Benefits paid	<u>(418,739)</u>	<u>(390,730)</u>
Plan assets, end of year	\$ <u>—</u>	<u>—</u>
Funded status, end of year:		
Benefit obligation	\$ 9,924,546	13,392,789
Accumulated benefit obligation	9,924,546	13,392,789
Components of net periodic benefit cost:		
Service cost	\$ 412,055	442,956
Other components of net periodic benefit cost:		
Interest cost	429,476	381,007

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Amortization of prior service cost	\$ —	(345,657)
Recognized net loss	<u>129,847</u>	<u>167,451</u>
Net periodic benefit cost other than service cost	<u>559,323</u>	<u>202,801</u>
Net periodic benefit cost	<u>\$ 971,378</u>	<u>645,757</u>
Amounts not yet reflected in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:		
Net actuarial loss / (gain)	\$ (1,167,989)	2,852,893
Prior service cost	<u>—</u>	<u>—</u>
Net amounts included as an accumulated charge to net assets without donor restrictions	<u>\$ (1,167,989)</u>	<u>2,852,893</u>
Calculation of change in net assets without donor restrictions:		
Accumulated net assets without donor restrictions, end of year	\$ (1,167,989)	2,852,893
Reversal of accumulated net assets without donor restrictions, prior year	<u>(2,852,893)</u>	<u>(3,634,082)</u>
Change in net assets without donor restrictions	<u>\$ (4,020,882)</u>	<u>(781,189)</u>
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:		
Net loss experienced during the year	\$ (3,891,035)	(959,395)
Amortization of net loss	(129,847)	(167,451)
Amortization of prior service cost	<u>—</u>	<u>345,657</u>
Net amounts recognized in net assets without donor restrictions	<u>\$ (4,020,882)</u>	<u>(781,189)</u>
Weighted average assumptions used to determine obligations at December 31:		
Discount rate	5.69 %	3.30 %
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:		
Discount rate	5.69 %	3.30 %
Dental care trend rate	4.00	4.00
Medical care trend rate	6.00	6.00

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

The table below reflects the postretirement health payments expected in each of the next five years and in the aggregate for the five years thereafter:

	Gross payments
2023	\$ 467,222
2024	506,176
2025	557,684
2026	589,132
2027	620,638
Thereafter	3,413,132

(10) Net Assets

Net assets at December 31 consisted of the following:

	2022	2021
Net assets:		
Without donor restrictions:		
Designated by the board:		
Strategic projects	\$ 35,152,654	27,253,077
Scientific research fund	578,566	578,566
Capital expenditures	15,246,566	12,902,229
Designated for saving	84,973,250	102,518,952
Undesignated	7,204,411	29,850,041
Total net assets without donor restrictions	<u>143,155,447</u>	<u>173,102,865</u>
With donor restrictions:		
Donor-restricted endowments	10,373,732	13,176,490
Purpose restricted	7,046,339	6,242,621
Total net assets with donor restrictions	<u>17,420,071</u>	<u>19,419,111</u>
Total net assets	<u>\$ 160,575,518</u>	<u>192,521,976</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

Net assets with donor restrictions are restricted for the following purposes:

	<u>2022</u>	<u>2021</u>
Donor-restricted endowments subject to spending policy and appropriation to support the following purposes:		
Charitable financial assistance	\$ 7,023,773	8,948,784
Access to care and educational activities	3,349,959	4,227,706
Total donor-restricted endowments	<u>10,373,732</u>	<u>13,176,490</u>
Donor-restricted subject to expenditure for specified purposes:		
Research	5,785,890	4,349,507
Access programs	327,780	278,427
Education programs	129,463	139,463
Political and legislative	803,206	1,475,224
Total donor-restricted subject to expenditure for specified purposes	<u>7,046,339</u>	<u>6,242,621</u>
Total net assets with donor restrictions	<u>\$ 17,420,071</u>	<u>19,419,111</u>

Net assets with donor restrictions associated with donor-restricted endowments totaled \$10,373,732 and \$13,176,490 at December 31, 2022 and 2021, respectively. Earnings on these net assets are restricted by donors for charitable financial assistance, access to care, and children's oral health and education in dental entrepreneurship and leadership. Board-designated endowment net assets in the amount of \$578,566 at December 31, 2022 and 2021 represent a matching contribution from the board that is board designated for access to care and educational activities.

Net assets were released from donor restrictions by incurring expenses satisfying the donor-restricted purposes as follows:

	<u>2022</u>	<u>2021</u>
Research	\$ 781,479	245,568
Access	665,503	335,276
Education	10,000	43,078
Political and legislative	2,913,105	667,648
Relief program	223,449	267,947
	<u>\$ 4,593,536</u>	<u>1,559,517</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(11) Endowment Funds

The Association's endowments consist of various individual funds to support access to care and educational activities within the ADAF. Net assets related to the ADAF endowments are donor-restricted endowment funds, classified and reported based upon the donor-imposed restrictions.

The Uniform Prudent Management of Institutional Funds Act (UPMIFA), which was enacted in the state of Illinois in 2009, does not preclude the Association from spending below the original gift value of donor-restricted endowment funds.

For accounting and reporting purposes, the Association classifies as net assets with donor restrictions, the historical value of donor-restricted endowment funds, which includes (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) changes to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Also included in net assets with donor restrictions is accumulated appreciation (depreciation) on donor-restricted endowment funds, which are available for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA, and deficiencies associated with funds where the value of the fund has fallen below the original value of the gift.

To make a determination to expend or accumulate donor-restricted endowment funds, the ADAF considers a number of factors, including the duration and preservation of the fund, purposes of the donor-restricted fund, general economic conditions, the possible effects of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the ADAF, and the investment policies of the ADAF.

(a) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires ADAF to retain permanently. Deficiencies of this nature did exist in any fund as of December 31, 2022.

ADAF has an expenditure policy that permits spending from underwater endowment funds considering it does so prudently and considers factors including but not limited to the duration and preservation of the endowment fund and general economic conditions. During 2022, the governing board approved for appropriation for expenditures of \$433,859 for the charitable financial assistance fund and \$218,276 for the access to care and educational activities fund, which represents 5.5% and 6% of the 12-quarter moving average, respectively.

During 2021, the governing board approved for appropriation for expenditures of \$433,877 for the charitable financial assistance fund and \$147,502 for the access to care and educational activities fund, which represents 5.5% and 4.0% of the 12-quarter moving average, respectively.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

The table below represents a summary of the Foundation's endowments including a summary of underderwater endowments at December 31, 2022:

		Without donor restrictions	With donor restrictions	Total with donor restrictions	Total endowment funds as of December 31, 2022
		Without donor restrictions	Original gift	Accumulated gains	
Board-designated funds	\$	578,566	—	—	578,566
Donor-restricted funds:					
Charitable financial assistance		—	7,176,711	(152,938)	7,023,773
Access to care and educational activities fund		—	2,138,842	1,211,117	3,349,959
Total endowment funds	\$	578,566	9,315,553	1,058,179	10,952,298

The table below represents a summary of the ADAF's endowments including a summary of the underwater endowment at December 31, 2021.

		Without donor restrictions	With donor restrictions	Total with donor restrictions	Total endowment funds as of December 31, 2021
		Without donor restrictions	Original gift	Accumulated gains	
Board-designated funds	\$	578,566	—	—	578,566
Donor-restricted funds:					
Charitable financial assistance		—	7,176,711	1,772,073	8,948,784
Access to care and educational activities fund		—	2,138,842	2,088,864	4,227,706
Total endowment funds	\$	578,566	9,315,553	3,860,937	13,755,056

(b) Return Objectives and Risk Parameters

ADAF has adopted investment and spending policies for endowment assets that attempt to enhance its ability to support activities; provide long-term real, inflation-adjusted growth in assets; and support financial flexibility and liquidity. Under this policy, as approved by the Board, the ADAF's assets are to be adequately diversified to provide a high degree of stability of principal in order to maintain the ability to provide financial assistance to support education and access to care programs. The assets are to be invested in a manner that is intended to grow in real, inflation-adjusted terms and maintain its ability to support spending needs. In addition, the assets are to be efficiently structured to provide the highest level of return within the risk parameters established by the Board.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(c) Strategies Employed for Achieving Objectives

There are distinct asset pools and the asset allocation of the pools is the major determinant of investment risk exposure, real return levels, and current income generation. The endowments have variable spending needs, and the related asset pools are structured to support such spending needs.

(d) Spending Policy and How the Investment Objectives Relate to Spending Policy

The Foundation Board oversees the ADAF investments and meets regularly to ensure the objectives of the investment policy are being met and the strategies used to meet the objectives are in accordance with the investment policy.

During 2022, the ADAF had the following activities related to endowment net assets:

	Board- designated endowment funds	Donor- restricted endowment funds	Total
Endowment net assets, beginning of year	\$ 578,566	13,176,490	13,755,056
Investment return, net	—	(2,160,792)	(2,160,792)
Appropriation of endowment assets for expenditures	—	(641,966)	(641,966)
Total change in endowment net assets	—	(2,802,758)	(2,802,758)
Endowment net assets, end of year	\$ <u>578,566</u>	<u>10,373,732</u>	<u>10,952,298</u>

During 2021, the ADAF had the following activities related to endowment net assets:

	Board- designated endowment funds	Donor- restricted endowment funds	Total
Endowment net assets, beginning of year	\$ 578,566	12,006,238	12,584,804
Investment return, net	—	1,594,972	1,594,972
Appropriation of endowment assets for expenditures	—	(424,720)	(424,720)
Total change in endowment net assets	—	1,170,252	1,170,252
Endowment net assets, end of year	\$ <u>578,566</u>	<u>13,176,490</u>	<u>13,755,056</u>

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(12) Functional Expenses

The costs of providing the program and support services are reported below on a functional basis. The Association's main programs are membership/professional advancement, research, the ADA business group, philanthropy, and advocacy. The financial statements contain certain categories of ADAF expenses attributable to one or more programs or supporting programs of the ADAF. These ADAF-allocated expenses include salaries and benefits that are allocated on the basis of estimates of time and effort.

Expenses by functional classification for the year ended December 31, 2022 are as follows:

	Program activities					Supporting activities				
		Research	Business	Philanthropy	Advocacy	Total	Management		Total	
	Membership/ professional advancement	(including ADAF and ADASRI)	group (including ADABE)	(including ADAF)	(including ADPAC)	program activities	and general	Fundraising (ADAF)	supporting activities	Total ADA
Compensation	\$ 24,302,825	4,906,578	10,228,133	634,575	3,421,463	43,493,574	23,748,160	—	23,748,160	67,241,734
Outside services	11,622,467	480,353	4,176,628	36,285	1,349,849	17,665,582	14,276,086	—	14,276,086	31,941,668
Printing, publication, and marketing	837,066	71,826	7,189,363	49,008	97,080	8,244,343	3,151,241	—	3,151,241	11,395,584
Meeting and travel expenses	1,968,039	156,793	4,005,705	96,776	1,002,820	7,230,133	1,733,956	—	1,733,956	8,964,089
Office and facility expenses	861,055	423,986	1,452,274	3,767	280,313	3,021,395	9,180,268	—	9,180,268	12,201,663
Grants and awards	418,543	105,110	25,000	556,225	9,363,486	10,468,364	(294,630)	—	(294,630)	10,173,734
Depreciation and amortization	1,394	—	312,658	—	163,898	477,950	6,844,810	—	6,844,810	7,322,760
Other expenses	3,043,157	45,645	2,025,831	12,426	39,027	5,166,086	2,388,714	—	2,388,714	7,554,800
Total expenses	\$ 43,054,546	6,190,291	29,415,592	1,389,062	15,717,936	95,767,427	61,028,605	—	61,028,605	156,796,032

Expenses by functional classification for the year ended December 31, 2021 are as follows:

	Program activities						Supporting activities			
			ADA							
	Membership/ professional advancement	Research (including ADAF and ADASRI)	Business group (including ADABE)	Philanthropy (including ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	\$ 23,143,416	5,769,830	10,853,627	629,783	4,286,325	44,682,981	22,160,322	—	22,160,322	66,843,303
Outside services	7,520,627	485,669	4,051,742	36,768	1,521,935	13,616,741	13,561,359	—	13,561,359	27,178,100
Printing, publication, and marketing	191,903	48,173	6,354,563	7,910	95,581	6,698,130	2,064,633	—	2,064,633	8,762,763
Meeting and travel expenses	636,489	34,291	1,751,419	2,510	414,865	2,839,574	856,790	—	856,790	3,696,364
Office and facility expenses	576,140	560,247	1,728,246	44,130	265,799	3,174,562	10,634,693	—	10,634,693	13,809,255
Grants and awards	233,830	78,599	27,500	972	2,487,917	2,828,818	97,903	—	97,903	2,926,721
Depreciation and amortization	4,183	16,869	636,999	—	163,898	821,949	5,752,453	—	5,752,453	6,574,402
Other expenses	2,754,530	11,013	2,478,364	8,821	31,118	5,283,846	2,085,150	—	2,085,150	7,368,996
Total expenses	\$ 35,061,118	7,004,691	27,882,460	730,894	9,267,438	79,946,601	57,213,303	—	57,213,303	137,159,904

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(13) Financial Assets and Liquidity Resources

The Association's cash flows have seasonal variations through the year related to receipt of the membership dues, donation receipts at the ADAF, testing and accreditation fees, annual meeting revenue, product and publication sales, and grants. The Association has approximately \$29,477,839 of financial assets available within one year of the consolidated balance sheet date to meet cash needs for general expenditures. All amounts related to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date have been removed from this total. The contributions receivable are subject to implied time restrictions but are expected to be collected within one year. The Association has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, the Association invests cash in excess of daily requirements in various short-term investments, including short-term treasury instruments, as described in note 4.

Financial assets at year-end	2022	2021
Cash and cash equivalents	\$ 5,443,516	6,294,619
Receivables	12,396,576	12,621,799
Less straight line rental income adjustment (DC building and headquarters building) (not receivable within one year)	4,286,918	4,380,752
Net receivables available for operations	8,109,658	8,241,047
Marketable securities and alternative investments at fair market value	164,884,787	206,714,733
Less donor-restricted net assets	5,826,243	6,246,464
Less board-designated reserve commitments	117,503,668	130,350,595
Less board-designated capital replacement fund commitments	15,245,832	12,902,229
Less donor-restricted permanent endowments	10,373,732	13,176,490
Marketable securities less board designed commitments and donor restrictions	15,935,312	44,038,955
Financial assets available to meet cash needs for general expenditures within one year	\$ 29,488,486	58,574,621

(14) Commitments and Contingencies

Although management is not aware of any pending or threatened litigation, the Association may be subject to legal actions, claims, and proceedings arising in the ordinary course of business. The ultimate resolution of these matters, including any related financial effects on the Association, would be addressed if and when they are known. The Association has not provided for any potential future losses arising from the resolution of these matters in the accompanying consolidated financial statements. Despite the inherent uncertainties of litigation, management does not believe that the lawsuits would have a material adverse impact on the financial condition of the Association at this time.

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(15) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, the Association evaluated subsequent events after the consolidated statement of financial position date of December 31, 2022 through July 28, 2023 which was the date the consolidated financial statements were available to be issued, noting no events requiring recording or disclosure, other than previously disclosed.

Schedule 1

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Statement of Financial Position with Supplementary Consolidating Information

December 31, 2022

Assets	General fund												
	Operating division	Reserve division					ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
	Operating account	Capital formation account	Capital fund	Quasi - endowment fund	Investment account	Total general fund							
Cash and cash equivalents	\$ (1,360,220)	—	—	—	—	(1,360,220)	797,634	725,188	4,805,113	404,331	71,470	—	5,443,516
Receivables, net	11,682,332	—	—	—	—	11,682,332	—	6,648	172,801	527,412	7,383	—	12,396,576
Due from affiliates	449,900	—	—	(1,000,000)	2,249,254	1,699,154	—	(737,672)	(498,157)	(239,708)	(223,617)	—	—
Deferred taxes	—	—	—	—	—	—	—	—	—	51,718	—	—	51,718
Income taxes receivable	341,600	—	—	—	—	341,600	(500)	—	—	97,257	—	—	438,357
Prepaid expenses and other assets	5,124,219	—	—	—	—	5,124,219	14,219	—	(12,193)	19,992	36,588	(20,212)	5,162,613
Inventories, net	1,168,776	—	—	—	—	1,168,776	—	—	430	—	—	—	1,169,206
Marketable securities and alternative investments	1,428,062	—	15,245,832	84,973,250	46,142,154	147,789,298	—	15,371,133	—	1,724,356	—	—	164,884,787
Investment in subsidiaries	—	2,551,235	—	—	—	2,551,235	—	—	—	—	—	(2,551,235)	—
Property and equipment, net	37,141,942	—	—	—	—	37,141,942	—	—	1,584,493	388,681	188,603	(379,326)	38,924,393
Funds held for deferred compensation	7,088,660	—	—	—	—	7,088,660	—	—	—	—	—	—	7,088,660
Total assets	\$ 63,065,271	2,551,235	15,245,832	83,973,250	48,391,408	213,226,996	811,353	15,365,297	6,052,487	2,974,039	80,427	(2,950,773)	235,559,826
Liabilities and Net Assets													
Accounts payable and accrued liabilities	\$ 13,955,742	—	—	—	—	13,955,742	8,147	185,052	720,520	472,254	27,830	(379,327)	14,990,218
Deferred revenue	14,942,923	—	—	—	—	14,942,923	—	—	10,562	—	3,150	—	14,956,635
Liability for deferred compensation	7,088,660	—	—	—	—	7,088,660	—	—	—	—	—	—	7,088,660
Postretirement benefit obligation	—	—	—	—	9,924,546	9,924,546	—	—	—	—	—	—	9,924,546
Pension liability	28,024,249	—	—	—	—	28,024,249	—	—	—	—	—	—	28,024,249
Total liabilities	64,011,574	—	—	—	9,924,546	73,936,120	8,147	185,052	731,082	472,254	30,980	(379,327)	74,984,308
Net assets (deficit):													
Without donor restrictions:													
Common stock	—	—	—	—	—	—	—	—	—	100,100	1,000	(101,100)	—
Additional paid-in capital	—	—	—	—	—	—	—	—	—	500,000	11,368,970	(11,868,970)	—
Other net assets without donor restrictions	(946,303)	2,551,235	15,245,832	83,973,250	38,466,862	139,290,876	—	3,884,785	—	1,901,685	(11,320,523)	9,398,624	143,155,447
With donor restrictions	—	—	—	—	—	—	803,206	11,295,460	5,321,405	—	—	—	17,420,071
Total net assets (deficit)	(946,303)	2,551,235	15,245,832	83,973,250	38,466,862	139,290,876	803,206	15,180,245	5,321,405	2,501,785	49,447	(2,571,446)	160,575,518
Total liabilities and net assets	\$ 63,065,271	2,551,235	15,245,832	83,973,250	48,391,408	213,226,996	811,353	15,365,297	6,052,487	2,974,039	80,427	(2,950,773)	235,559,826

See accompanying independent auditors' report.

Schedule 2

**AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES**

Consolidated Statement of Activities with Supplementary Consolidating Information
Year ended December 31, 2022

	General fund												
	Operating division	Reserve division				Total general fund	ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
	Operating account	Capital formation account	Capital fund	Quasi - endowment fund	Investment account								
Revenue:													
Membership dues	\$ 57,977,025	—	—	—	—	57,977,025	—	—	—	—	—	—	57,977,025
Advertising	6,094,857	—	—	—	—	6,094,857	—	—	—	—	—	(264,450)	5,830,407
Rental income	6,894,391	—	—	—	—	6,894,391	—	—	—	—	—	(130,625)	6,763,766
Publication and product sales	5,540,088	—	—	—	—	5,540,088	—	—	—	—	—	(58,757)	5,481,331
Testing and accreditation fees	32,481,067	—	—	—	—	32,481,067	—	—	—	—	—	—	32,481,067
Meeting and seminar income	6,317,061	—	—	—	—	6,317,061	—	5,749	—	—	—	—	6,322,810
Grants, contributions, and sponsorships	876,983	—	—	—	—	876,983	1,452,190	383,749	3,067,449	—	—	(361,012)	5,419,359
Grant from ADA	658,345	—	—	—	—	658,345	—	—	332,799	—	—	(991,144)	—
ADASRI Service Fee Income	—	—	—	—	—	—	—	—	10,295,000	—	—	(10,295,000)	—
Royalties and service fees	12,171,955	—	—	—	2,889,432	15,061,387	—	—	2,610,711	—	—	—	17,672,098
Investment return, net	6,362,179	(2,802,271)	—	(18,563,573)	(8,531,377)	(23,535,042)	2,832	(2,702,839)	—	(348,978)	—	1,302,271	(25,281,756)
Other income	4,386,287	—	—	—	—	4,386,287	9,561	7,679	8,844	367,677	—	(337,987)	4,442,061
In-kind services	—	—	—	—	—	—	776,503	5,749	—	—	—	(782,252)	—
Total revenue	139,760,238	(2,802,271)	—	(18,563,573)	(5,641,945)	112,752,449	2,241,086	(2,299,913)	13,695,248	2,270,577	367,677	(11,918,956)	117,108,168
Expenses:													
Staff compensation, taxes, and benefits	58,308,471	—	—	—	(2,442,320)	55,866,151	—	20,140	8,691,844	942,178	1,721,421	—	67,241,734
Printing, publication, and marketing	10,265,007	—	—	—	—	10,265,007	15,000	10,390	90,725	929,078	388,379	(302,995)	11,395,584
Meeting expenses	4,043,588	—	—	—	—	4,043,588	25,590	12,336	56,038	32,210	—	—	4,169,762
Travel expenses	4,345,124	—	—	—	—	4,345,124	14,447	12,128	284,137	49,891	88,600	—	4,794,327
Consulting fees and outside services	20,041,739	—	—	—	—	20,041,739	199,765	28,942	424,368	55,668	307,282	—	21,057,764
Professional services	10,453,062	—	—	—	—	10,453,062	550	146,466	173,826	134,638	19,656	(44,294)	10,883,904
Office expenses	4,945,785	—	—	—	—	4,945,785	19,425	80,151	373,385	8,593	13,967	—	5,441,306
Facility and utility expenses	5,712,473	—	—	—	—	5,712,473	—	—	1,046,538	131,971	—	(130,625)	6,760,357
Grants and awards	8,409,119	—	—	—	—	8,409,119	1,824,805	275,822	—	25,000	—	(361,012)	10,173,734
ADASRI Service Fee Expense and ADAF Foundation Grant	10,295,000	—	—	—	—	10,295,000	—	991,144	—	—	—	(11,286,144)	—
Endorsement expenses	1,561,408	—	—	—	—	1,561,408	—	—	—	—	—	—	1,561,408
Depreciation and amortization	6,469,520	—	—	—	—	6,469,520	—	—	566,968	2,339	283,933	—	7,322,760
Bank and credit card fees	2,261,338	—	—	—	—	2,261,338	35,344	648	21	6,089	276	—	2,303,716
Other expenses	1,627,924	—	—	—	—	1,627,924	1,175	39,967	91,441	129,094	224,128	(293,694)	1,820,035
Pension – and postretirement health plan – net periodic benefit cost other than service cost	590,583	—	—	—	559,323	1,149,906	—	—	—	—	—	—	1,149,906
In-kind administrative expenses	—	—	—	—	—	—	776,503	5,749	—	—	—	—	(782,252)
Total expenses	149,330,141	—	—	—	(1,882,997)	147,447,144	2,912,604	1,623,883	11,799,291	2,446,749	3,047,642	(13,201,016)	156,076,297
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic pension cost	(9,569,903)	(2,802,271)	—	(18,563,573)	(3,758,948)	(34,694,695)	(671,518)	(3,923,796)	1,895,957	(176,172)	(2,679,965)	1,282,060	(38,968,129)
Income tax expense	773,100	—	—	—	—	773,100	500	—	—	(53,865)	—	—	719,735
Pension and postretirement health plan – related changes other periodic benefit cost	(3,720,524)	—	—	—	(4,020,882)	(7,741,406)	—	—	—	—	—	—	(7,741,406)
Change in net assets	(6,622,479)	(2,802,271)	—	(18,563,573)	261,934	(27,726,389)	(672,018)	(3,923,796)	1,895,957	(122,307)	(2,679,965)	1,282,060	(31,946,458)
Net assets (deficit) at beginning of year	(10,290,309)	4,724,967	12,902,229	102,518,952	58,661,426	168,517,265	1,475,224	19,104,041	3,425,448	4,124,092	600,873	(4,724,967)	192,521,976
Equity transfers / transactions	15,966,485	2,128,539	2,343,603	17,871	(20,456,498)	—	—	—	—	—	2,128,539	(2,128,539)	—
Dividends	—	(1,500,000)	—	—	—	(1,500,000)	—	—	—	(1,500,000)	—	3,000,000	—
Net assets (deficit) at end of year	\$ (946,303)	2,551,235	15,245,832	83,973,250	38,466,862	139,290,876	803,206	15,180,245	5,321,405	2,501,785	49,447	(2,571,446)	160,575,518

See accompanying independent auditors' report.