ADA American Dental Association®

America's leading advocate for oral health

2020

Supplement to

Annual Reports and Resolutions

Volume 1

161st Annual Session

Chicago, Illinois

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Credentials, Rules and Order

Resolution No. None New

Report: Board Report 1 Date Submitted: August 2020

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

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

Background: *This is the first in a series of reports to be presented by the Board of Trustees to the House of Delegates at the 161st Annual Meeting of the American Dental Association.*

Appreciation to the Advisory Committee on Annual Meetings, the ADA FDC Oversight Committee and the 2020 Committee on Local Arrangements: The American Dental Association is pleased to have its 161st Annual Meeting in a fully virtual environment for the first time.

In unprecedented and challenging circumstances resulting from the COVID-19 pandemic, and in partnership with the Florida Dental Association, the Committee on Annual Meetings has created a unique virtual meeting that lives up to the ADA's reputation for delivering an extraordinary education, networking and exhibition experience. The Board of Trustees wishes to express its sincere gratitude to the Committee, and the exceptional leadership of Dr. James D. Stephens, 2019-2020 committee chair, Dr. Nanette C. Tertel, 2019-2020 meeting chair; Dr. Paul F. Kirkegaard, 2019-2020 continuing education chair.

Committee Members. Dr. Robert L. Blackwell; Dr. Letitia M. Edwards, (2020 ASDA Liaison); Dr. Bertram J. Hughes, 2020 chair, Committee on Local Arrangements; Dr. Melanie R. Love; Dr. H. Charles McKelvey (2021 general chair-designate); Dr. David A. Schimmel; Dr. Peter C. Shatz; Dr. George R. Shepley; Dr. Robert L. Skinner (2021 continuing education chair-designate); Dr. Lauren E. Vitkus (2020 New Dentist Member); Dr. Deborah Weisfuse and Dr. Bradley A. Wilbur (2021 Las Vegas CLA general chair) are all to be recognized for their commendable achievement.

Additional thank you to the ADA FDC Joint Oversight Committee working together to represent the ADA and FDA in this year's partner meeting.

Joint Committee members. Dr. Nanette C. Tertel, 2019-2020 meeting chair, CAM; Dr. Jolene O. Paramore, chair, 2020 FDA Committee on Conventions & Continuing Education; Dr. Robert L. Skinner, 2021 continuing education chair-designate, CAM; Dr. Rebecca Warnken, chair, FDA Committee on Conventions and Continuing Education 2021 Scientific Program; Dr. Bertram J. Hughes, 2020 chair, Committee on Local Arrangements.

The Board also extends its sincere appreciation and thanks for those chairpersons who so capably assisted Dr. Bertram J. Hughes, general chair of the 2020 Orlando Committee on Local Arrangements in preparation for the cancelled in-person meeting: Dr. Rebecca L. Warnken, vice chair; Dr. James P.

Flatley, operations co-chair; Dr. Yvette M. Godet, program co-chair; Dr. Ryan L. Mendro, program co-chair and Dr. Stephen T. Perez, operations co-chair.

The Board recognizes and thanks the Florida Dental Association, as well as the FDA Committee on Conventions and Continuing Education, for their contributions to the success of the Virtual 2020 ADA FDC Annual Meeting. Without the wonderful assistance from these individuals and organizations, and their efforts working as a team with the ADA, this virtual annual meeting would not be possible.

Remembrance of Former Leaders: Since the last meeting of the House of Delegates, the following ADA Officers have passed away: Dr. Robert M. Anderton, former president, 2000-2001 and former trustee, 1995-1999; Dr. Chauncey Cross, former vice president, 1997-1998; Dr. Ross J. DeNicola, former trustee, 1995-1999; Dr. Arthur A. Dugoni, former president, 1988-1989, former treasurer, 1987-1988, and former trustee,1984-1987; Dr. Robert T. Ferris, former vice president, 2005-2006; Dr. Lloyd J. Hagedorn, former trustee, 2000-2004; Dr. Bettie R. McKaig, former vice president, 1998-1999; Dr. S. Timothy Rose, former president, 1998-1999 and former trustee, 1993-1997; and Dr. Bernard S. Snyder, former speaker, 1983-1985.

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

Ms. Tommi Y. Cole
Mr. Gary Warren Price
Paul L. Mulhausen, M.D., M.H.S.

Tomisena Y. Cole. Tomisena (Tommi) Cole, senior manager, Department of Board and House Matters, retired in May 2020 after 44 years of dedicated service to the ADA. With the exception of Dr. Ray Bowen who passed away recently, Tommi is the longest tenured employee currently to have served the ADA. Ms. Cole joined the ADA in September 1976 in the Division of Education where she held positions in several areas including: the Dental Admission Testing Program, the Council Hospital and Institutional Dental Services, the Council on Dental Education, and assistant to three assistant executive directors of the Division, the last being Dr. Clifford H. Miller.

In 1998, Dr. Miller was promoted to the position of assistant to the Executive Director and moved to the 22nd floor, taking Ms. Cole along with him. Ms. Cole served in that role until 2003 when Dr. Miller passed away. At that time, Ms. Cole began working as the manager of Board and House Matters until 2012, when she was promoted to senior manager. Her responsibilities included overseeing activities of the Board of Trustees and the House of Delegates; specifically, managing all resolutions submitted for consideration by the Board and House of Delegates, and serving as the primary resource person for reference committee staff and personnel.

Gary Price. Mr. Gary Price of Falls Church, Virginia, has an impressive legacy of advocating for oral health. He successfully led the Dental Trade Alliance (DTA) for over a decade and enhanced the professions' relationship with the dental industry by maintaining a collaborative spirit and open communications throughout his tenure as president and CEO. Mr. Price also served on many ADA related committees including Give Kids A Smile and the ADA Industry Advisory Committee. Mr. Price was a founding member of the Industry Advisory Board for *the Journal of the American Dental Association (JADA)*.

One of Mr. Price's most outstanding achievements was to spearhead the public awareness campaign emphasizing the importance of children's oral health though a partnership with the Ad Council on the 2min2x campaign. Mr. Price led the three year fundraising efforts, raising over $2.5 million to produce a major public awareness advertising campaign about improving children's oral health. Through his decades of professional service at the DTA, he has provided

outstanding leadership, partnering regularly with the ADA to improve oral health and support dental professionals and mentoring dental industry leaders.

Paul L. Mulhausen, MD. Dr. Paul L. Mulhausen, a geriatrician in Des Moines, Iowa, has a unique perspective on oral health for older adults. His contributions to the ADA Elder Care Advisory Committee (NECAC) have been enormous. He has been able to help ensure that this work is grounded in the context of the U.S. health care system and the challenges older adults face in many aspects of their lives. He has helped focus the work on the need for partnerships and collaborations, the importance of the social determinants of health, and the synergy that can be achieved if diverse groups within the health and social service matrix in the U.S. work together.

Dr. Mulhausen has 20 years' experience in academic medicine and served as Telligen's Chief Medical Officer and Medical Director for the QIN QIO program. He serves as Adjunct Professor at the University of Iowa College of Medicine and Des Moines University College of Osteopathic Medicine and is a frequent lecturer and presenter on population health management and quality improvement topics. Through his distinguished career, Dr. Mulhausen has maintained an active practice in geriatrics, long-term care and internal medicine and served as medical director for a community nursing care center and a VA home-based primary care program. He has authored and co-authored many publications regarding geriatric care and education.

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

Distinguished Service Award: Established in 1970, the Distinguished Service Award is the highest honor conferred by the Association's Board of Trustees. Each year the Board may select one recipient for the Award. The Board is pleased to announce that the recipient of the 2020 Distinguished Service Award is Leo E. Rouse, D.D.S.

Leo E. Rouse, D.D.S. Dr. Leo Rouse is a veteran of the U.S. Army, concluding his 24-year career as the Commander and Chief Operating Officer of the U.S. Army Dental Command where he led the global operation of the Army Dental Corps. Dr. Rouse serves as Senior Scholar-in-Residence of the American Dental Education Association (ADEA), Chair of the ADEAGies Foundation Board of Trustees and Liaison to the ADEA Council of Deans. He is Professor and Dean Emeritus of the Howard University College of Dentistry. He served on the Expert Panel of the Interprofessional Education Collaborative (IPEC) representing ADEA charged with developing the Core Competencies for IPEC. He is a member of the National Advisory Council of the National Center for Interprofessional Practice and Education. In March 2010, he was elected President-elect of ADEA and on March 17, 2011, was installed as the first African American President of ADEA.

Dr. Rouse is a compassionate mentor to students, faculty and practitioners. His integrity and dedication to the profession have empowered his leadership both as a long serving Dean, and as a trusted advisor to both ADEA and ADA. His many recognitions include: the 2009 ADEA Presidential Citation and the 2015 ADEA Chairman of the Board Citation. Other recognitions include the 2015 Alan J. Davis/Student Clinician American Dental Association Achievement Award, the Howard University College of Dentistry Alumni Achievement Award in 1997, the 2011 Sterling V. Mead Award from the District of Columbia Dental Society, the 2011 Legend Award from the National Dental Association. Upon his retirement as Dean, he received the 2015 Trailblazer Award from the National Dental Association and a 2015 Presidential Citation from the American Dental Association. Dr. Rouse was awarded a Doctor of Humane Letters Honorary Degree from the Western University of Health Sciences in May 2014. It is an honor for the ADA to recognize Dr. Rouse's outstanding contribution to the profession of dentistry.

Retiring Officers and Trustees: The Board of Trustees wishes to express its gratitude to the following officers and trustees for services rendered to the Association during their tenure on the Board: Dr. Craig W. Herre, vice president; Dr. Billie Sue Kyger, trustee, Seventh District; Dr. Kenneth McDougall, trustee, Tenth District; Dr. Kirk M. Norbo, trustee, Sixteenth District; Dr. Cesar R. Sabates, trustee, Seventeenth District; and Dr. Roy Thompson, trustee, Sixth District.

Appreciation of Employees: The Board of Trustees is pleased to bring to the attention of the House of Delegates 87 members of the Association staff for their years of service.

Forty Years of Service

Gwendolyn Harrison, Finance and Operations
Sharon Stanford, Practice Institute

Thirty Five Years of Service

Karen Hart, Education

Twenty Five Years of Service

Michael Graham, Government Affairs, Washington Office
Mary Griffin, Legal
Dessiree Paschal, Member and Client Services
David Richardson, Technology
Lisa Schnick, Legal
Debra Willis, Education

Twenty Years of Service

Alan Bardauskis, Member and Client Services
Roger Connolly, ADA Science Research Institute
Barry Grau, Health Policy Institute
Sean Hatchett, Technology
Dennis McHugh, Practice Institute
Kathy Medic, Practice Institute
Bradley Munson, Health Policy Institute
Paul O'Connor, Government Affairs
Darshna Patel, Human Resources
Frank Pokorny, Practice Institute
Alex Spivak, Technology
Jaydev Thakkar, Technology
Leslee Williams, Communications

Fifteen Years of Service

Pamela Brown, Member and Client Services
Catherine Burns, Education
William Gilroy, ADA Business Enterprise Inc.
Catherine Haibach, Member and Client Services
Claudette Jeffers, Finance and Operations
Genevieve Koester, Administrative Services
Michelle Kruse, Administrative Services
Malinda Little, ADA Science Research Institute
Katherine Melcher, Business Group
Sharon Myaard, Administrative Services

James Tsioles, Technology
Stanley Young, Finance and Operations

Ten Years of Service

Amy Chase, Legal
Erica Colangelo, Practice Institute
Nicole Cramlett, Communications
Kelly Ganski, Publishing
Alyna Johnson, Legal
Dawn McCreary-Hayes, Finance and Operations
Rachel Morrissey, Health Policy Institute
Jennifer Patino, Finance and Operations
Paula Tironi, Legal
Jeffrey Troupe, Government Affairs

Five Years of Service

Peter Aiello, Government Affairs, Washington Office
Jessica Alfe, Administrative Services
Marcelo Araujo, ADA Science Research Institute
Farhan Baig, Technology
Jodi Baldwin, Administrative Services
Andrew Blatz, Health Policy Institute
David Burger, Publishing
Matthew Carey, Publishing
Raul Carrasco Labra, ADA Science Research Institute
Daisy Chen, Finance and Operations
Payal Dhingra, Education
Valarie Eyssen, Member and Client Services
Natalie Hales, Government Affairs, Washington Office
Brittany Harrison, Health Policy Institute
Jamie Hart Birkner, Communications
Jessica Hernandez, Communications
Roslyn Johanek, Member and Client Services
Lori Kaplan, Education
Ruth Lipman, ADA Science Research Institute
James Lyznicki, ADA Science Research Institute
Michael Maddaloni, Technology
Kelly Mangold, ADA Science Research Institute
Gregg Marquardt, Education
Natalie Matthews, Communications
Lily McKinney, Publishing
Muhammad Mohsin, Technology
Stephanie Moritz, Communications
David Phelps, Communications
Bryce Pluckebaum, Technology
Joan Podrazik, Communications
Matthew Powers, Education
Robert Quashie, Member and Client Services
Jolene Riordan, Education
Tracey Schilligo, Administrative Services
Micah Schippa, Education
Bree Simmers, ADA Business Innovation Group
Ebonie Spain, Member and Client Services

Christina Tyrakowski, ADA Science Research Institute
Shameka Walls, Business Group
Kaitlin Whitney, Education
Amanda Wilander, ADA Business Enterprise Inc.
Dana Wilson, Legal
Kathleen Ziegler, ADA Science Research Institute

Nominations to Councils: The Board of Trustees annually submits to the House of Delegates nominations for membership to ADA councils. Based on the ADA *Governance Manual*, the nominees for ADA open positions on the Council on Members Insurance and Retirement Programs and Council on Scientific Affairs were selected by the Board from nominations open to all trustee districts. In addition, with the adoption of Resolution 47H-2017, the composition of each council includes one New Dentist Member recommended by the New Dentist Committee and nominated by the Board of Trustees.

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

The names of the nominees and their qualifications for membership are provided in Resolution 17: Nominations to Councils (*Worksheet:*1001).

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

ADVOCACY FOR ACCESS AND PREVENTION
Robert D. Bradberry, Georgia
Paul S. Casamassimo, Ohio
Mark J. Humenik, Illinois
Carmine J. LoMonaco, New Jersey
Richard A. Stevenson, Florida
*Andrew D. Welles, Wisconsin

ANNUAL MEETINGS
Bertram J. Hughes, Florida
Paul F. Kirkegaard, Minnesota
James D. Stephens, California

COMMUNICATIONS
Kerry K. Carney, California
Jeannette Peña Hall, Florida
Frank P. Iuorno, Jr., Virginia
David J. Manzanares, New Mexico
Sarah Poteet, Texas

CONTINUING EDUCATION PROVIDER RECOGNITION
Marcus Kenneth Randall, Tennessee

DENTAL ACCREDITATION
Monica M. Hebl, Wisconsin

DENTAL BENEFIT PROGRAMS
Thomas R. a'Becket, Maryland
Paul Calitri, Rhode Island
Kenneth L. Chung, Oregon
James W. Hollingsworth, Mississippi
Cynthia Olenwine, Pennsylvania
*Sara E. Stuefen, Iowa

DENTAL EDUCATION AND LICENSURE
David F. Boden, Florida (ADA)
Geri Ann DiFranco, Illinois (AADB)
R. Bruce Donoff, Massachusetts (ADEA)
Rekha C. Gehani, New York (ADA)

DENTAL PRACTICE
Nima Aflatooni, California
Rudolph T. Liddell, III, Florida
Michael D. Medovic, West Virginia
Douglas S. Wolff, Minnesota

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Larry F. Browder, Alabama
Donald F. Cohen, Texas
Seth W. Griffin, Michigan
*Daniel W. Hall, South Carolina
Michael A. Kurkowski, Minnesota
Kristi M. Soileau, Louisiana

GOVERNMENT AFFAIRS
Deborah S. Bishop, Alabama
Mark B. Desrosiers, Connecticut
Phillip J. Fijal, Illinois
Zacharias J. Kalarickal, Florida
Lisa L. Knowles, Michigan
*Adam C. Shisler, Texas

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
Jon J. Johnston, Pennsylvania
Scott H. Kido, Idaho
Frederic C. Sterritt, New Jersey
Christopher M. Tota, New York
Cecil White, Jr., Florida

MEMBERSHIP
Pia Chatterjee Kirk, Mississippi
I. Jay Freedman, Pennsylvania
Mary Jane Hanlon, Massachusetts
Mark I. Kampfe, South Dakota
Danielle M. Riordan, Missouri

NEW DENTIST
Colleen Greene, Wisconsin
Britany F. Matin, Alabama
Emily A. Mattingly, Missouri
Adam C. Shisler, Texas
Sara E. Stuefen, Iowa

RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS
Denise L. Hering, Ohio
Roger L. Kiesling, Montana

SCIENTIFIC AFFAIRS
Margherita R. Fontana, Michigan
Maria L. Geisinger, Alabama
Martha Ann Keels, North Carolina
*Nathaniel C. Lawson, Alabama

*New Dentist Member

ADA Institute for Diversity in Leadership

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

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

Leadership Development: During their year-long program, Institute participants have faculty seminars at ADA Headquarters, conference calls with faculty and advisors, and guided experience with individual leadership projects for their dental societies or other community organizations. The program's faculty are Liz Howard Livingston from Northwestern University's Kellogg School of Management and Dr. Ashleigh Shelby Rosette from Duke University's Fuqua School of Business. They have been with the program since its inception. (The Kellogg School is not connected with the W.K. Kellogg Foundation.) ADA Leadership Institute videos on ADA CE Online are also a resource. An ADA Connect forum also serves the Institute community along with a project management/communication tool called Basecamp.

Enrollment: Since 2003, the program has admitted 240 dentists (including one dentist sponsored by the Asociación Dental Mexicana). During its June meeting, the ADA Board of Trustees admitted the following new class as recommended by the Board's Diversity and Inclusion Committee from a competitive field of applicants:

Arroyo-Juliá, Alica, Puerto Rico
Awan, Kamran, Utah
Bergeron, Brittany, Maryland
Brown, Cecilia, Florida
Fuentes, Selina, Texas
Griffith, Horace, Virgin Islands
Grover, Simran, Massachusetts

Guzman, Emma, New York
Haase, Cristin, Arizona
Harris, Ethel, Tennessee
Henderson, Marlon, Louisiana
Hishaw, Lailah, Arizona
Kamodia, Shivani, Texas
Luan, Kevin, Illinois
McCrorey, Brittany, New York
Otto, Alexandra, Texas
Pass, Lauren, Illinois
Patel, Amrita, New York
Pezzullo, Cheryline, New York
Robinson-Warner, Gillian, Maryland
Spizuoco, Stacy, New York
Wiggins, LaJoi, Virginia
Zbin, Stephanie, Wisconsin
Zea, Ana, Massachusetts

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

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

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

Responses to House of Delegates Resolutions

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the Board reviewed the following Association policy under its purview and determined it should be maintained:

Recognition of the Alliance of the American Dental Association (*Trans.*2015:270)

Resources for Member Dentist. Resolution 27H-2019 directed the appropriate ADA agencies to create a resource on what a dentist needs to know when reviewing a business services agreement with a dental support organization. In response, a publication titled, "*Business Services Agreements and DSOs: What Every Dentist Should Know,"* is currently being developed by the Division of Legal Affairs, in concert with the Practice Institute, and should be available via ADA.org through the Center For Professional Success in the 4th Quarter of 2020.

The resolution also directed the appropriate ADA agency to track dental support organization-related legislative and regulatory activities in constituent states and make the information available to ADA members. In response, the ADA Department of State Government Affairs will revise and update its current legislative tracking resource, "State Laws Related to the Ownership of Dental Practices and Dental Service Organizations," made available upon request to state constituent dental society staff and ADA members.

Resolution No. 17 New

Report: N/A Date Submitted: June 2020

Submitted By: Board of Trustees

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

NOMINATIONS TO COUNCILS

Background: During its June 12-13, 2020 meeting, the Board of Trustees nominated the following members to serve on ADA councils. Following the posting of the first set of reports and resolutions, the nominations for the Fourth Trustee District representative to the Council on Advocacy for Access and Prevention (CAAP) and the new dentist member for the Council on Scientific Affairs (CSA) were withdrawn. In addition, the Eleventh District Representative to the Council on Communications resigned. Subsequently, during its August 21-22 meeting, the Board of Trustees nominated Dr. Elizabeth Clemente to serve as the Fourth Trustee District representative to CAAP and Dr. Jill Shelton Wagers to serve as the Eleventh Trustee District representative to the Council on Communications. The names and qualifications of these individuals are highlighted below. Since the nomination of the new dentist member to CSA was withdrawn just prior to the Board's August meeting, the new dentist member for the Council on Scientific Affairs will be appointed *ad interim* following the House of Delegates meetings. Qualifications of all nominees are available in Appendix 1.

ADVOCACY FOR ACCESS AND PREVENTION
Elizabeth A. Clemente, New Jersey
Stephen D. Cochran, Florida
~~Chelsea Fosse, New Jersey~~
*Brooke Fukuoka, Idaho
Kathryn R. Kosten, Illinois
Rodney M. Marshall, Alabama
Elizabeth V. Simpson, Indiana
Jehan Wakeem, Michigan, *ad interim*

COMMUNICATIONS
Carol A. Baker, South Carolina
Wade M. Banner, California
Ann Hammi Blue, Arizona
*Kevin Y. Kai, California
Mark A. Limosani, Florida
Laura J. Schott, Texas
Jill Shelton Wagers, Idaho, *ad interim*

DENTAL BENEFIT PROGRAMS
Dennis L. Bradshaw, Washington
Stacey Gardner, Alabama
Andrew Gazerro, III, Rhode Island
Hadi Ghazzouli, Pennsylvania
*Amrita R. Patel, New York
Scott A. Trapp, Virginia (Federal Dental Services)

DENTAL EDUCATION AND LICENSURE
Cheska Avery-Stafford, Wisconsin
*Daniel A. Hammer, Texas
Bruce R. Terry, Pennsylvania

DENTAL PRACTICE
*Lindsay M. Compton, Colorado
Kamila L. Dornfeld, North Dakota
Amanda L. Fitzpatrick, Missouri
Jeffrey C. Ottley, Florida
Princy S. Rekhi, Washington
Julia H. Townsend, California

ETHICS, BYLAWS AND JUDICIAL AFFAIRS
Chris L. Adkins, Georgia
*Alex Mellion, Ohio
Kathleen Nichols, Texas
Valerie B. Peckosh, Iowa
Debra A. Peters, Michigan
Allen B. Reavis, Kansas

GOVERNMENT AFFAIRS
Abe Abdulwaheed, Massachusetts
David L. Clemens, Wisconsin
*Steven G. Feldman, Maryland
Daniel J. Gesek, Jr., Florida
Gregory G. Goggans, Georgia
Cheryl D. Watson-Lowry, Illinois

MEMBERS INSURANCE AND RETIREMENT PROGRAMS
~~Wendy A. Brown, Maryland~~
Craig W. Herre, Kansas
James R. Male, Ohio
*Britany F. Matin, Alabama

MEMBERSHIP
Janis B. Moriarty, Massachusetts
Catherine E. Nelson, Michigan, *ad interim*
Aruna Rao, Minnesota
Kerri T. Simpson, West Virginia
Rhoda J. Sword, Georgia
Nipa R. Thakkar, Pennsylvania
*Benjamin C. Youel, Illinois

SCIENTIFIC AFFAIRS
~~*Kevin M. Byrd, North Carolina~~
Vineet K. Dhar, Maryland
Purnima Kumar, Ohio
Marcelle M. Nascimento, Florida
Jacob G. Park, Texas

*New Dentist Member

Resolution

17. Resolved, that the nominees put forward for membership on ADA councils be elected.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

APPENDIX 1

STATEMENT OF QUALIFICATIONS OF NOMINEES TO COUNCILS

ADVOCACY FOR ACCESS AND PREVENTION

Clemente, Elizabeth A., New Jersey, 2024. Dr. Elizabeth Clemente is the chair of the Department of Dentistry and director of general practice residency (GPR) at Morristown Medical Center in Morristown, New Jersey. The program provides comprehensive care to the underserved in the northwestern part of New Jersey. She manages a volunteer staff of 120 dentists covering all specialties of dentistry. This clinic serves Medicaid and Charity Care patients as their out-patient population while covering in-patients from the emergency department and all medical floors. Dentistry is a well-respected part of the medical team. The GPR residents are on COVID floors, in the emergency department, on the medical floors and in the operating room. They are considered an integral part of the health care team.

At the Morristown Medical Center, services for out-patients are free, once qualified. All dental services are covered including care to maxillofacial cancer patients, newborns, cleft patients and the general patient population from 1 day to 106 years old. Services include implants, crown and bridge, endo, restorative and prosthetics. Ortho is referred to the offices of those specialists on staff.

The Medical Center treats a large developmentally disabled population. Operating room services for these patients include all restorative procedures including CEREC crowns produced while under anesthesia and root canal therapy, if necessary. The Medical Center also supplies specialty support to Federally Qualified Health Center (FQHC) community partners, local public schools, community health programs, social services and a state hospital for psychiatric patients.

The Dental Center is part of the non-profit arm of the Medical Center. Through support from several organizations including the hospital, over $8 million of dental care is provided to at-risk populations annually. At Morristown Medical Center, the dental community walks the walk when it comes to prevention and access to underserved populations. It is known as the “go to” place for a solution to dental and maxillofacial needs.

Cochran, Stephen D., Florida, 2024. Dr. Stephen Cochran is a past president of the Jacksonville Dental Society, Northeast District Dental Association and Florida Academy of Pediatric Dentistry. He also previously served as a trustee with the Florida Dental Association. He is an ADA delegate and an active member with the Florida Dental Association, American Academy of Pediatric Dentistry, Southeastern Society of Pediatric Dentistry, Florida Academy of Pediatric Dentistry and the Jacksonville Dental Society. Dr. Cochran is also a Diplomate with the American Academy of Pediatric Dentistry.

Fukuoka, Brooke, Idaho, 2021. Dr. Brooke Fukuoka, the owner of Dentist Your Special Smiles PLLC, a mobile/hospital/teledental practice where she focuses on the treatment of adults with special needs and geriatric patients with mobility issues. In addition to her practice, Dr. Fukuoka is also a Federally Qualified Health Center Employee Dentist at Family Health Services Idaho. There, she works with Refugee and Spanish speaking patients. Dr. Fukuoka holds a Bachelor’s of Science in Zoology from Idaho State University, DMD from the University of Louisville, GPR Certificate from the University of Louisville Hospital- University Hospital, and FSCD from Special Care Dental Association. Dr. Fukuoka has also given face-to-face courses on “The Wonderful World of Special Care”, “Who, What, When, Where, How and Why of Silver Diamine Fluoride”, “Updates on Silver Diamine Fluoride”, “Silver Diamine Fluoride/ SMART Restorations Choose Your Own Adventure”, “Medical/Dental Integration and Forming Interdisciplinary Programs in Special Care.” She is also an ADA Success Speaker and District 11 representative to the ADA New Dentist Committee. When not practicing, Dr. Fukuoka is a Dental Director with Special Olympics Idaho and the Founder, President of Special Care Dentists of Idaho. This appointment would be Dr. Fukouka’s first term on CAAP.

Kosten, Kathryn R., Illinois, 2024. Dr. Kathryn Kosten has been director and section head of Community Dentistry at Southern Illinois University (SIU) School of Dental Medicine since 2016. She has served as the course director of Community and Preventive Dentistry, Special Needs and Geriatric Dentistry, and Advanced Clinical Community Dentistry. Dr. Kosten currently serves on the Illinois State Dental Society (ISDS) Access to Care Committee and as the clinic director for two SIU School of Dental Medicine flagship community access programs: Veterans Care Day and Give Kids a Smile. She is a recognized leader in Illinois: past president of the Madison District Dental Society, ISDS delegate, IFLOSS Coalition Director and recipient of the ISDS Foundation Greek Leadership Award.

Dr. Kosten has experience as a practicing dentist primarily treating underserved pediatric patients (including general anesthesia patients at Touchette Regional Hospital, Centreville, Illinois). She has grant experience, most significantly helping to secure $2 million for SIU School of Dental Medicine's Graduate Program Clinic. Dr. Kosten is passionate about community health and a fierce advocate for underserved children and special needs patients. She is an excellent fit for this Council.

Marshall, Rodney M., Alabama, 2024. Dr. Rodney Marshall is a general dentist and is currently president of the Alabama Dental Association. As president of the Association, he has extensive interaction with the state Medicaid agency both as a Medicaid provider and as president of the Association. Dr. Marshall treats children and young adults who require extensive sedation in the hospital setting. He therefore works with pediatric and primary care physicians in work-ups for patients in need of hospital dentistry. Dr. Marshall is a team leader working with incarcerated juvenile offenders some of whom are from underserved populations.

Simpson, Elizabeth V., Indiana, 2024. Dr. Elizabeth Simpson practices full time in a Federally Qualified Healthcare Center (FQHC) and has worked for two other FQHCs in her eight years of practice. She has also worked for a company that provides services in nursing homes. She has attended numerous National Network for Oral Health Access (NNOHA) conferences and has met with several local and state lawmakers to discuss oral health disparities. She is a current participant in the ADA Institute for Diversity in Leadership and is a graduate of the Indiana AIR (Acceptance, Inclusion, Respect) leadership program. According to Dr. Simpson, "It is definitely my passion in my career to serve the underserved, be informed about policies affecting their care and educating them about the oral and systemic health."

Wakeem, Jehan, Michigan, 2021. In October 2019, Dr. Jehan Wakeem was appointed *ad interim* to replace Dr. Bonita Neighbors as a member of the Council on Advocacy for Access and Prevention. Dr. Wakeem is nominated to complete the unexpired term of Dr. Neighbors, which expires at the close of the 2021 House of Delegates. Dr. Wakeem is very interested in delivering oral health care to underserved populations. Over the last 20 years of her dental career, she has worked on many head start children in school settings and donated time with preschools, churches and organizations such as Teamsmile.

As president of the Detroit District Dental Society, one of her biggest goals this year is to increase member involvement through volunteer efforts to reach low socioeconomic communities. She treats underserved populations now in her private office and continues to interact with physicians and medical residents to train them on recognizing and treating dental issues and applying fluoride through the mini-residency program that she has developed in conjunction with St. John Hospital.

Dr. Wakeem will be committed to learning and expanding her knowledge to reach various communities promoting excellent oral health. She received her D.D.S. from the College of Dentistry University of Illinois, Chicago. She has also attended L.D. Pankey Institute for Advanced Dental Education, ADA Institute for Diversity in Leadership and Kellogg School of Management at Northwestern University. She received an M.S. degree from the College of Dentistry and Department of Biology at University of Detroit Mercy and completed a general practice residency at Detroit Receiving Hospital, University of Detroit Mercy. Dr. Wakeem will continue to be a great asset to the Council.

COMMUNICATIONS

Baker, Carol A., South Carolina, 2024. Dr. Carol Baker has served as president of her local dental study club. She also rotated through the offices of the Pee Dee District Dental Society of the South Carolina

Dental Association (SCDA). She has served on the Convention Committee of three separate SCDA annual sessions, with two such sessions serving as Committee chair. Dr. Baker is currently the Committee chair for the 2022 SCDA Annual Session. She also currently serves as an SCDA Pee Dee District delegate and a member of the SCDA Ethics Committee.

Banner, Wade M., California, 2024. Dr. Wade Banner is a 2014 Graduate of Western University School of Dentistry in Pomona, California. His professional experience includes associateship in private and large format practice, special needs care at a regional center and as dental faculty. He is owner of In Motion Dentists, which focuses on mobile care for disabled, special needs and shut-ins. By combining his passion for special needs patient care and mobile experience he has developed a successful model for delivery of quality care for a severely underserved population.

As a member of organized dentistry he has participated at all levels of the Tripartite. As a student he served as a student representative to the California Dental Association (CDA) Board of Trustees. He has also been a delegate at both the CDA and ADA House of Delegates. On the local level he is active with the Tri-County Dental Association and volunteered at CDA Cares Free Clinics.

In the development of his successful mobile practice model Dr. Banner utilizes Instagram, Facebook, LinkedIn, Google Ads (pay per click) and SEO Marketing. His experience in marketing his practice using a variety of platforms to expand his specialized model has given him significant experience in the value and utility of social media. This and Dr. Banner's personal connection to his extensive community on social media make him ideal for the Council on Communications.

Hammi Blue, Ann, Arizona, 2024. Dr. Ann Hammi Blue is a Diplomate of the American Board of Periodontology and has practiced in the specialty of periodontics and dental implants for over 14 years. She graduated from the University of California San Diego with a B.A. degree in Biochemistry/Cell Biology in 1991 and obtained her D.D.S. degree from the University of California Los Angeles School of Dentistry in 1996. Following her general dental training, Dr. Blue moved to Dallas, Texas to study at the prestigious Baylor College of Dentistry-Texas A&M University (TAMUS) and earned her certificate in periodontology and a master's of science degree in oral biology in 1999.

Following her residency, she remained in Dallas, Texas and practiced in private practice while her husband completed his schooling. During this time, she also became the assistant director and a clinical instructor for the graduate periodontics department at Baylor College of Dentistry-TAMUS and taught and lectured to both undergraduate dental students and graduate periodontics residents prior to moving to Phoenix. In 2000, Dr. Blue completed a lengthy process of board certification attaining Diplomate status awarded by the American Board of Periodontology thus achieving the highest level of recognition and certification for dental specialists in the fields of periodontology, implantology and oral plastic surgery.

Dr. Blue maintained a large private practice limited to periodontics and dental implants in Phoenix for seven years. She sold her busy periodontal practice in 2008 to join her husband in Las Vegas while he completed an orthodontic residency. Upon returning to Phoenix, Dr. Blue started her current practice limited to periodontics and dental implants in 2010. She has been very active in the local and national periodontal societies, and is currently serving as liaison to the American Board of Periodontology for Arizona, treasurer to the Arizona Society of Periodontology and as Arizona representative for the Western Society of Periodontology. She is also an oral conscious sedation examiner for the State of Arizona.

Dr. Blue grew up in San Diego, California and met her husband, Dr. Dan Blue during her periodontics residency at Baylor College of Dentistry-TAMUS in Dallas, Texas. Dr. Dan Blue is a dual-trained, orthodontist and prosthodontist, and has two practices limited to orthodontics for children and adults. She and her husband are the proud parents of three bright and energetic young children. They enjoy living an active lifestyle in Phoenix and take advantage of the many opportunities available to them.

Kai, Kevin Y., California, 2021. Dr. Kevin Kai is a 2018 graduate from the University of the Pacific Arthur A. Dugoni School of Dentistry. Dr. Kai has developed several programs including a Personalized Instructional Program, where he worked with a team of 18 students on separate clinic sections including dentures and oral surgery, a Dugoni Ambassadors Program, that contributed to an increase of yield rate

of 1st-year students from 57% to 62%, and Personalized Instructional Program, that achieved a 100% success rate on students placing into a job, residency, or other. Dr. Kai also has experience as a student instructor for both the Endodontic and Oral Surgery Pre-Clinical Courses at Pacific Dugoni, in addition to being a speaker at American Student Dental Association District 11 Meeting, lecturer at Pacific Dugoni for Integrated Clinical Sciences II Course, and Elective Lecturer at Pacific Dugoni for Presentation Generation. With articles published in the Journal of the American College of Dentists and The Bonding Agent ASDA District 11 Newsletter, Dr. Kai currently holds leadership positions as District 13 Representative to the American Dental Association New Dentist Committee and chief resident at UCSF Orthodontics. The recipient of numerous honors and awards including California Dental Association Outstanding Senior Award, AAO Award for Exceptional Interest in the Development of the Oro-Facial Complex, American College of Dentists Outstanding Student Leader Award, and Pacific Clinical Excellence Day CAD/CAM Section – 1st Place Award, Dr. Kai has also contributed research to the Dugoni School of Dentistry's Departments of Orthodontics and Biomedical Sciences. This appointment marks Dr. Kai's second one-year term as the new dentist member to the Council on Communications.

Limosani, Mark A., Florida, 2024. Dr. Mark Limosani has leveraged social media to grow from a professional perspective as well as for his local association. He created a Facebook group called "The Dental Network" over 10 years ago which has grown to almost 3,000 members. As president of his local district he used live feed and video as ways of engaging with members. This was an approach that was unusual at the time. Dr. Limosani is very well versed in working with Instagram and Facebook in order to create a narrative that attracts members of all walks. He is always curious and willing to learn new approaches and is interested in bringing his best foot forward to help the Association with this focus in mind.

Schott, Laura J., Texas, 2024. Dr. Laura Schott has served extensively on committees throughout the Greater Houston Dental Society including service on the Communications Committee in 2017-2018. She is an active participant on several social media sites including Facebook, Instagram and Twitter and is comfortable maneuvering on all social media platforms. She has participated in many community based volunteer opportunities working with in need communities and helping identify and treat the unmet needs in those communities. Dr. Schott is currently serving on the Texas Dental Association (TDA) Financial Services Inc. (FSI) Board in which she seeks out branding and products that are marketed to dentists that are members of the TDA. Dr. Schott is a very introspective leader who is a gifted communicator and is able to masterfully express her thoughts through the written word.

Shelton Wagers, Jill, Idaho, 2022. In July 2020, Dr. Jill Shelton Wagers was appointed *ad interim* to replace Dr. Barry Taylor as a member of the Council on Communications. Dr. Shelton Wagers is nominated to complete the unexpired term of Dr. Taylor, which expires at the close of the 2022 House of Delegates.

Dr. Shelton Wagers has been an active leader for the Idaho State Dental Association for many years. She is completing her term this year (2019-2020) as the first woman president for the Idaho State Dental Association. She has been a private practicing dentist for 25 years and is a solo owner of her private practice. As a graduate of the Oregon Health Science Dental School she has led many legislative efforts throughout her career for Idaho and the Eleventh Trustee District. She has led Idaho successfully in virtual meetings this year through the coronavirus pandemic. Dr. Shelton Wagers also served the District last year as an alternate delegate and chaired the ADA Reference Committee on Dental Benefits, Practice and Related Matters in 2019. She has been a dental trainer for The World Olympics Special Olympic Games and is a member of Idaho's Special Care Dentists, Peer Review Committee, Legislative Committee and is the Idaho Medical/Dental Idaho Oral Health Liaison. She also traveled to Guatemala and Belize on Dental Missions and has served as a Delta Dental Board member and advisor. Dr. Shelton Wagers' desire is to "make a difference in the word around me".

DENTAL BENEFIT PROGRAMS

Bradshaw, Dennis L., Washington, 2024. Dr. Dennis Bradshaw is the current president of the Washington State Dental Association and has been closely involved with benefit programs his whole

career as well as the Washington State Dental Association position against Delta, which ADA is now involved in. He is a collaborator and problem solver and would make a great addition to the Council on Dental Benefit Programs.

Gardner, Stacey, Alabama, 2024. Dr. Stacey Gardner established her general practice in Huntsville, Alabama with her husband Steve upon graduation from the University of Alabama at Birmingham School of Dentistry in 1992. She has served in all of the offices of her district dental society. Dr. Gardner then served as Speaker of the Alabama Dental Association House of Delegates for four years, before being elected to all the elected offices of the Alabama Dental Association from 2015 to 2019. Dr. Gardner worked diligently and successfully to maintain Alabama Dental Medicaid as fee-for-service when ten managed care companies submitted RFPs to the State Medicaid Agency to transform Dental Medicaid to a capitated managed care model. Dr. Gardner is well-prepared to serve on the Council on Dental Benefit Programs.

Gazerro, Andrew, III, Rhode Island, 2024. Dr. Andrew Gazerro has worked in dentistry in both private practice (since 1998) and also as a dental claims consultant for Met Life from 2003 to 2010. He has been the chair of the Rhode Island Council on Dental Benefits.

Ghazzouli, Hadi, Pennsylvania, 2024. Dr Hadi Ghazzouli has been in practice as a general dentist since 2009, first as an associate and then as the owner of two private practices. Moreover, he has worked as a part-time attending instructor at the General Practice Residency at St. Luke's Hospital in Bethlehem, Pennsylvania. Dr. Ghazzouli's employment history has given him an understanding of the design elements of various dental plan concepts including indemnity plans, managed care plans and government programs (Medicaid). He is a 2015 graduate of the ADA Institute of Diversity and Leadership and has used that opportunity as a springboard for involvement in organized dentistry at the local, district and state level. His keen interest in the profession and awareness of third party policies will make him an effective addition to the Council.

Patel, Amrita R., New York, 2021. The 2019 recipient of the New York State Dental Association's Bernard P. Tillis Award, Dr. Amrita Patel received a Doctor of Dental Surgery from New York University College of Dentistry in 2011. Upon completion, Dr. Patel went on to become a General Dentist/Co-Owner of many practices including Rohit Z. Patel, DDS PC, Putnam Bright Smile Dentistry, PC, and Broadway Cosmetic Dentistry, PC. In addition to practicing, Dr. Patel is a Fellow Ambassador at International College of Dentists, Member and Chair at New York State Dental Association New Dentist Committee, ~~and Chair, Board of Directors, Delegate and Trustee~~ Board of Governors and Delegate at the Ninth District Dental Association, and an observer of the NYSDA Board of Trustees. This is Dr. Patel's first appointment to CDBP.

Trapp, Scott A., Virginia (Federal Dental Services), 2024. Dr. Scott Trapp is the acting dental program director and the director of dental informatics and analytics for the Veterans Health Administration Office of Dentistry. He has served as the chief dental officer at several VA and Indian Health Service facilities during his government career. In this role he has been intimately involved in the dental benefit programs for state Medicaid programs and Community Care programs for the VA. He has held national leadership roles with the ADA where he has served as the chairman, Standards Committee on Dental Informatics and serves as the VA representative to the ADA Standards Committee on Dental Products. He has authored several professional papers and is a member of many professional organizations including the American and International Colleges of Dentistry.

Dr. Trapp has a bachelor of science in chemistry and doctor of dental surgery (D.D.S.) degree from the University of Iowa with master's degrees in public health (M.P.H.) from the University of South Florida and business administration (M.B.A.) from Creighton University.

DENTAL EDUCATION AND LICENSURE

Avery-Stafford, Cheska, Wisconsin, 2024. Dr. Cheska Avery-Stafford has served actively in leadership at the local and state level in Wisconsin, including as president of Greater Milwaukee Dental Association. She is currently serving as Region 3 Trustee on the Wisconsin Dental Association Board of Trustees. Dr.

Avery-Stafford has served on the Diversity Steering Committee at Marquette University School of Dentistry, as well as co-chair of Pierre Fauchard/Marquette University School of Dentistry/Wisconsin Dental Association Mentor Program. Prior to dentistry, she worked as a social worker/case manager for several years in Chicago, Illinois. She has experience as a practice owner now and as an associate at large group practices prior to that. Being a young female dentist with a diverse background and experience in leadership with her state dental society, it makes her a great candidate for this Council position.

Hammer, Daniel A., Texas, 2021. Dr. Daniel Hammer is currently a staff surgeon at John Peter Smith Hospital, Cook's Children's Hospital, and Baylor, Scott and White All Saints Medical Center. A Microvascular Reconstructive Surgery Fellow at John Peter Smith (JPS) Hospital, Dr. Hammer graduated with high honors from the University of the Pacific School of Dentistry in 2011. In addition to holding faculty positions in the Department of Oral and Maxillofacial Surgery at John Peter Smith Hospital, and Department of Surgery at F. Edward Herbert School of Medicine Uniformed Services University of Health Sciences, Dr. Hammer holds membership and leadership positions at the Osteo Science Foundation, Journal of Military Medicine, and American Dental Association. Dr. Hammer is also an American Academy of Craniomaxillofacial Surgeons Fellow, Physician Collegiality Award Finalist, recipient of the ADA 10 Under 10 Award, and an American College of Dentists Fellow. This is Dr. Hammer's third one-year term as the new dentist member to CDEL.

Terry, Bruce R., Pennsylvania, 2024. Dr. Bruce Terry is superbly qualified as an ADA representative to the Council on Dental Education and Licensure. He has served organized dentistry at the local, district and state levels with his involvement culminating in his election as Pennsylvania Dental Association President. He is also a respected writer and emeritus editor of the *Pennsylvania Dental Journal*. His editorials have been reprinted numerous times in the *ADA News*.

In addition to private practice as an endodontist, Dr. Terry has also taught graduate endodontics one day per week at Temple University School of Dentistry as both course director for practice management (1996 to present) and program course director for implantology (2008 to present). He has demonstrated his interest in dental and advanced dental education issues and is committed to protecting the public through quality education and reliable licensure/credentialing processes. His mountain climbing hobby, climaxing with his summiting of Mount Everest in 2019, is ample evidence of his willingness to face challenges head on and push for new heights. The Council will be well served by his commitment and dedication to quality education, the students and the public.

DENTAL PRACTICE

Compton, Lindsay M., Colorado, 2021. With numerous credentials in general practice, Dr. Lindsay Compton is the owner of the Generations Family and Cosmetic Dentistry. A 2008 graduate of the University of Iowa College of Dentistry, Dr. Compton is an inductee into the Pierre Fauchard Dental Society, American College of Dentistry, and Dental Lifeline Network Donated Dental Services Volunteer. Having published articles in the *Journal of Dental Research*, Dr. Compton also holds leadership positions with the Colorado Dental Association, Metro Denver Dental Society, American Dental Association, Academy of General Dentistry, and American Dental Political Action Committee. Specifically, Dr. Compton is the District 14 representative to the ADA New Dentist Committee. This appointment marks Dr. Compton's second one-year term to CDP. She previously served as the new dentist member to the Council on Ethics Bylaws and Judicial Affairs. When not practicing, Dr. Compton enjoys mentoring dental students and new dentists to achieve their dream of practice ownership.

Dornfeld, Kamila L., North Dakota, 2024. Dr. Kami Dornfeld worked as a dental assistant before entering dental school, worked as an associate dentist and now owns her own dental practice; so she has a good understanding of practice management and working as part of a dental team. She has served on the North Dakota Dental Association Board and its Foundation Board. She has been involved in many volunteer dental activities and has taken leadership training. Most importantly, Dr. Dornfeld loves to serve dentistry and be involved.

Fitzpatrick, Amanda L., Missouri, 2024. As a long-term associate at a multi-location, multi-doctor dental practice in rural Missouri, Dr. Amanda Fitzpatrick will bring a unique perspective on the practice of dentistry to the Council on Dental Practice. For over ten years she has been employed at the same group practice that has had three to five dentists practicing at different times. She has had the opportunity to work with her childhood dentist who has fifty years of practice experience, two dentists who have been practicing for twenty-four years each and two new dentists. Dr. Fitzpatrick sees dental practice through an assortment of lenses. Additionally, she is a mother of two young daughters which gives her the view shared by the large number of female dentists now graduating from dental schools. Her experiences in and out of practice and her goal of life balance and life outside of practice will be beneficial as the Council plots the future of dental practice.

Ottley, Jeffrey C., Florida, 2024. Dr Jeffrey Ottley has practiced over 20 years as an associate dentist, as a partner in a group practice, as a solo practitioner and now as a senior dentist with an associate. He has served as president at the local and component levels in Florida, additionally, on the Florida Dental Association (FDA) Board of Trustees. In June, Dr. Ottley will become secretary of the FDA and begin the journey to president in five years. For the last five years, he has served as an alternate and a delegate to the ADA House of Delegates. He serves on the Florida Board of Donated Dental Services and is a provider as well.

Dr. Ottley is a Fellow in the International College of Dentists, International Congress of Oral Implantologists, Pierre Fauchard Academy and is nominated for fellowship in the American College of Dentists this year. He is a lifelong learner always looking for ways to improve his practice of dentistry for his patients and his dental team. Dr. Ottley is one of eight dentists in his family, and has taken it upon himself to be a leader in organized dentistry and an advocate for and protector of our great profession.

Rekhi, Princy S., Washington, 2024. Dr. Princy Rekhi has served on the Council on Dental Practice since being elected to the Council by the 2018 House of Delegates to complete the unexpired term of Dr. Linda Edgar. He is eligible to be elected to serve a full four-year term (2020-2024). Dr. Rekhi is young, diverse, progressive and very experienced. He also maintains several practices. Dr. Rekhi has served on The Dentists Insurance Company (TDIC), Washington Dentists' Insurance Agency (WDIA) and has served as an ADA delegate.

Townsend, Julia H., California, 2024. Dr. Julia Townsend is a 1980 graduate of University of the Pacific's A.A. Dugoni School of Dentistry. She is currently in the private practice of maxillofacial and oral surgery in Los Gatos, California. Prior to her private practice she was an officer in the Air Force Dental Corps both as a general dentist and oral and maxillofacial surgeon. Since leaving the military she has practiced at Kaiser Permanente Santa Clara, California. Her broad range of experience in different modalities of dental practice provide an exceptional background for membership on the Council on Dental Practice.

Once leaving the military Dr. Townsend has been a contributor to organized dentistry and her community. She has served on committees for the California Association of Oral and Maxillofacial Surgeons, the Santa Clara County Dental Society (including as president) and currently serves as trustee of the California Dental Association. In addition to her service to the tripartite she has been a dependable volunteer for numerous free clinics throughout the state. Dr. Townsend's qualifications have prepared her to be an outstanding contributor to the Council on Dental Practice.

ETHICS, BYLAWS AND JUDICIAL AFFAIRS

Adkins, Chris L., Georgia, 2024. Dr. Chris Adkins has been directly involved with the ADA, Georgia Dental Association (GDA) and Northern District Dental Society for the past thirty years. Many of his assorted roles have been fulfilling and impactful, but he believes that his decade spent as a member (and eventual chair) of the Peer Review Committee was most satisfying. Serving as the liaison between the GDA's general counsel and the membership was a valuable learning experience in legalities, ethics, morality and professionalism. Dr. Adkins believes that the valuable insights gleaned from this service has affected his personal and professional life in a very positive way. Dr. Adkins' military service after dental school was likely the early seed for this fascination with this discipline and its pertinence and relevance to our dental profession.

As for bylaws and governance, the GDA has just recently restructured, revised and re-written its entire structure as a primary part of its newly implemented five year "strategic plan". This massive undertaking has allowed even members who would typically have little or no knowledge of this arena to now have at least a sound working knowledge of how our governance structure affects our tripartite organization. Dr. Adkins writes, "to live in a civil society necessitates that a Council on Ethics, Bylaws and Judicial Affairs exists (or some version of one) lest there be chaos among us… and, most critically it requires members who are fair, impartial and non-biased. It would be both an honor and a privilege to serve on this Council."

Mellion, Alex, Ohio, 2021. Dr. Alex Mellion, a member of the American Dental Association, Ohio Dental Association, Akron Dental Society, Stark County Dental Society, and Ohio Dental Political Action Committee, received his Orthodontics, Master of Science in Dentistry from the Center for Advanced Dental Education. A practice owner, Dr. Mellion opened Mellion Orthodontics upon graduation. The recipient of Case Western Reserve School of Dental Medicine Outstanding New Dentist Award, Craniofacial Team Fellow and Barnes Jewish Hospital, and Alpha Sigma Nu Jesuit Honors Society inductee, Dr. Mellion is a volunteer instructor at Case Western Reserve University Department of Orthodontics, and lecturer at Summa Health GPR Orthodontic Lectures. He is the District 7 representative to the ADA New Dentist Committee. This is his first appointment as the new dentist member to CEBJA.

Nichols, Kathleen, Texas, 2024. Dr. Kathleen Nichols has served on the Texas Dental Association (TDA) Board of Directors, and has served on numerous committees and councils within the TDA including serving as chair of the Council on Ethics and Judicial Affairs for several consecutive years. Dr. Nichols rewrote the judicial manual and procedure protocols for the Council on Ethics and Judicial Affairs and developed a revised ethics statement for the Texas Dental Association.

As chair of the Council on Ethics and Judicial Affairs, Dr. Nichols has presided over informal conference settlement agreements with members at the state level. She was instrumental in creating an online credentialing certification process in order to certify incoming members on Ethics and Judicial Affairs before they serve on the Council, presenting situational experiences for incoming members to be aware of as a pre-condition of their service.

Peckosh, Valerie B., Iowa, 2024. Dr. Valerie Peckosh is an experienced leader in dentistry on the component, constituent and ADA level. She has also volunteered to promote oral health and dentistry in her community and state. She has a real interest in the duties required as a member of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) and wants to remain involved in ADA activities. She is very even tempered and knowledgeable about the ethical practice of dentistry. Dr. Peckosh will be a valuable member of CEBJA

Peters, Debra A., Michigan, 2024. Dr. Debra Peters has been an active volunteer within organized dentistry her entire career. Recently, she completed a 12-year term with the Michigan Dental Association (MDA) Board of Trustees; first as Speaker of the House of Delegates for nine years and then through the officer positions, just completing her term as immediate past president. Dr. Peters was a respected chair of the House of Delegates with her style for calmness and fairness for the parliamentary process and the rights of the members. It was this demeanor which soundly led the membership and the House of Delegates leaders to study and change its governance style. Her knowledge of the process of forming and studying bylaws has been honed over the many years. As president of the MDA, Dr. Peters successfully testified on issues of the dental therapist. As a requirement of the office of president, she regularly answered questions holding up the profession of dentistry and its service to the community.

Reavis, Allen B., Kansas, 2024. Dr. Allen Reavis was involved with the American Student Dental Association all four years of dental school. He has been a member of the Kansas Dental Association since 1985 serving as an alternate delegate or delegate to the ADA and presently serves as president of the Kansas Dental Association. Dr. Reavis has been very involved in the political process of the ADA in conferences and meetings and has served as the mayor of Atchison, Kansas. He obviously works well

with people, knows how government works and understands on a base level how organizations deal with their members

GOVERNMENT AFFAIRS

Abdulwaheed, Abe, Massachusetts, 2024. Dr. Abe Abdulwaheed has demonstrated exemplary leadership while in the Massachusetts Dental Society (MDS). He has attended the Washington Leadership Conference for five years. Dr. Abdulwaheed has also been an MDS trustee since 2017 and served as chair of MDS Council on Public Affairs from 2013 to 2017.

Clemens, David L., Wisconsin, 2024. Dr. David Clemens is a 1980 graduate of the University of Illinois College of Dentistry and practices in Wisconsin Dells, Wisconsin for 20 years with his daughter and son-in-law. He has served as trustee of the Wisconsin Dental Association (WDA), president of WDA and three years as chair of the WDA political action committee.

Dr. Clemens was a commissioned officer in the U.S. Public Health Service for 20 years with part of that time in Alaska. He also served as deputy chief dentist for the Federal Bureau of Prisons for six years and has been an ADA delegate or alternate to the ADA House of Delegates for 16 years; 12 years for District Nine and four years for the Public Health Service (District Four). During his tenure as WDA president, Dr. Clemens has testified several times in Congress on behalf of the dental profession.

Feldman, Steven G., Maryland, 2021. Private practice owner and general practice dentist at the Spanish Catholic Center, Archdiocese of Washington, D.C., Dr. Steven G. Feldman is a 2017 graduate of the University of Maryland School of Dentistry. A former Student Ambassador and Research Fellow, Dr. Feldman has engaged in networking with other dentists, dental students, and healthcare professionals. The 2019 recipient of AGD Region 5 James G. Richeson, Jr. Leadership Scholarship Award, Dr. Feldman has articles featured in *AGD Impact*, *ASDA Contour*, *ASDA News*, and *General Dentistry*, the peer-reviewed journal of the AGD. Dr. Feldman has also done presentations on Direct-To-Consumer Dentistry at the AGD Advocacy Conference, and How to Involve Young Dentists in Advocacy and Framework for an Effective Testimony at the AGD Midlevel Provider Conference. He has participated in ADA and Student Lobby Day and is actively involved in legislative activities. Dr. Feldman is the District 4 representative to the ADA New Dentist Committee. He also serves as the 2020 new dentist representative on the CE Committee for CDEL; this is his first appointment to CGA.

Gesek, Daniel J., Jr., Florida, 2024. Dr. Daniel Gesek has served eight plus years on the Florida Board of Dentistry, four years on the ADA Council on Dental Education and Licensure (as well as serving as vice chair and chair), two years on the ADA Licensure Task Force, three years as a Florida Dental Association (FDA) trustee and three years on the FDA Government Action Committee. He is currently the 17th District Caucus vice chair and has served as an alternate or delegate to the ADA for over nine years. He is a board certified oral and maxillofacial surgeon in private practice with over 25 years of experience. Dr. Gesek has served the American Association of Oral and Maxillofacial Surgeons (AAOMS) as a member of the Anesthesia Committee (including as chair), as a delegate for over 10 years and as caucus chair.

Goggans, Gregory G., Georgia, 2024. Dr. Greg Goggans is a practicing orthodontist of 34 years, holding dental licenses in 18 states. He served as a Georgia State Senator for four terms, holding the position of appropriations chairman for the Department of Community Health, chief deputy whip, Senate chairman of Finance and Labor, chairman of the Georgia Senatorial Trust, secretary of Health and Human Services and a member of One Georgia Authority.

Dr. Goggans has served as a member of the Georgia Board of Dentistry (2015-2020) serving as president of the Board (2019-2020). He served on the Board of Directors for the Coffee Regional Hospital for 14 years and on Douglas National Bank Board of Directors (1997-present). He has served on the South Georgia State College Foundation, the Abraham Baldwin College Board of Trustees, the Coffee County Community Foundation and on the District Board of Directors for the Fellowship of Christian Athletes. Dr. Goggans brings his dental experience as an orthodontist and the experience of being involved in leadership positions while serving as a state senator; along with years of experience on

hospital, educational and bank boards of directors, to the Council on Governmental Affairs. He is excited to serve his profession through this appointment.

Watson-Lowry, Cheryl D., Illinois, 2024. Dr. Cheryl Watson-Lowry is an experienced leader who is well-versed in the issues facing dentistry. She is a past president of Chicago Dental Society (CDS) and has four years of experience as chair of CDS's Governmental Affairs/Governmental Affairs, Access and Advocacy Committee. Dr. Watson-Lowry is a poised and articulate advocate for our profession and has appeared on television and radio to speak on dental access issues in Cook County, Illinois. She represented ADA in testimony before a congressional subcommittee on the Action for Oral Health Act 2017, H.R. 2422, as well as at the Chicago Oral Health Summit. Dr. Watson-Lowry has been active within Illinois as a Grassroots Legislative Team Leader and has served on the 8th District Delegation to the ADA. She will be an outstanding representative on the Council on Government Affairs and looks forward to this opportunity to serve on the Council.

MEMBERS INSURANCE AND RETIREMENT PROGRAMS

Herre, Craig W., Kansas, 2023. Dr. Craig Herre is a past president of the Kansas Dental Association (KDA). In his six years of service on KDA's Board, he became well-versed in the marketing and administration of a diverse array of association/group insurance products and retirement plans. Because KDA offers its members plans that are independent of the ADA's Members' Insurance program, Dr. Herre is knowledgeable about the market beyond ADA's current insurance and retirement products. As ADA first vice president and in his service on the Board's Budget and Finance Committee, Dr. Herre is well-acquainted with the review of financial and technical reports and has the critical skills required of a Council on Members Insurance and Retirement Programs representative. He has high-level experience in participating in group strategic discussion, is an excellent fit for this Council and looks forward to the opportunity to continue to serve ADA and its members.

Male, James R., Ohio, 2023. Dr. James Male is a general dentist in private practice in Columbus, Ohio. At the Ohio Dental Association, he served on the Council on Dental Care Programs and Dental Practice, Ethics and Judicial Affairs Committee and Subcouncil on Peer Review, of which he is the former chair. At the Columbus Dental Society, Dr. Male currently serves on its Board of Directors and chairs its Peer Review Committee, and he previously served as its treasurer and Central Office Committee member.

Dr. Male is a thoughtful and deliberative leader. His professionalism, integrity and vision would make him and ideal member on the Council on Members Insurance and Retirement Programs. He earned his D.D.S. degree from The Ohio State University College of Dentistry.

Matin, Britany F., Alabama, 2021. Dr. Britany Matin graduated from the University of Alabama at Birmingham in 2008 with a Bachelor of Science degree in Chemistry. During that time, she worked as a dental assistant at a local periodontist's office and fell in love with dentistry and periodontal surgery. She followed her passion and received dental training from the University of Alabama at Birmingham School of Dentistry, where she graduated in 2012 with a Doctor of Dental Medicine degree. Following dental school, Dr. Matin received dual training in the field of Periodontics in Birmingham, AL. She received two post graduate certificates in Periodontology, one from the University of Alabama at Birmingham School of Dentistry Department of Periodontology and one from the Birmingham Veterans Affairs Hospital, and completed her training in 2015. During that time, she also obtained a Masters in Dentistry, which focused on the torque values of implants during dental implant placement. This appointment marks Dr. Matin's third one-year appointment to CMIRP.

MEMBERSHIP

Moriarty, Janis B., Massachusetts, 2024. Dr. Janis Moriarty meets all of the qualifications for appointment on the Council on Membership. She just completed a four-year term as the First District Caucus secretary and she is currently the president of the Massachusetts Dental Society (MDS). Dr. Moriarty participated in the ADA Institute for Diversity in Leadership for 2017-2018. She has served our profession in every way and also has leant her skills to build goodwill for our profession in many ways such as the Tufts Alumni Association, MDS Dues Stabilization Task Force, Project Stretch Board to serve children in

her community and numerous other initiatives. It is an honor to present Dr. Moriarty for appointment to this Council.

Nelson, Catherine E., Michigan, 2023. In January 2020, Dr. Catherine Nelson was appointed *ad interim* to replace Dr. Traci Dantzler as a member of the Council on Membership. Dr. Nelson is nominated to complete the unexpired term of Dr. Dantzler, which expires at the close of the 2023 House of Delegates. Dr. Nelson graduated in 2012 from SUNY at Buffalo School of Dental Medicine and completed Advanced Education in General Dentistry at the University of Michigan School of Dentistry (2012-2013). She has been passionate about and involved in organized dentistry since the start of her dental career.

Dr. Nelson has served in various positions in both New York and Michigan ranging from the local to national level; currently serving as president of the Kalamazoo Valley District Dental Society. During her leadership career in the American Student Dental Association she served as president of the Buffalo Chapter as well as National chair, Council on Professional Issues. Dr. Nelson is excited to continue her growth with the ADA and help all members realize the benefits of being involved in this Organization, as well as being a part of the constant evolution of the ADA.

Rao, Aruna, Minnesota, 2024. Dr. Aruna Rao has been involved in organized dentistry since she started in dental school highlighted by her serving as the student liaison to ADPAC. She is currently a member of the Minnesota Dental Association's New Dentist Committee, Membership Committee and House of Delegates. She has served as a delegate to the ADA House of Delegates and has served on reference committees. Dr. Rao is also a graduate of the ADA's Institute in Diversity in Leadership. She is an owner of a pediatric dental practice, and a part-time instructor (one to two days a month) at the University of Minnesota; so she has contact with students and their ideas about being members of the ADA.

Simpson, Kerri T., West Virginia, 2024. Dr. Kerri Simpson became fascinated with dentistry while studying biofilm issues with her father in 2003. During that time, she presented at numerous national and international symposiums including the International Association for Dental Research, American Association for Dental Research, Interscience Conference of Antimicrobial Agents and Chemotherapy, and American Society for Microbiology and has been involved in writing multiple abstracts. Dr. Simpson's interest in the subject of biofilm led to her enrollment in dental hygiene and ultimately in dentistry at West Virginia School of Dentistry where she was president of her class all four years of her attendance. She has been involved in research, authored a chapter in a textbook on oral biofilms and was active in lobby day early in her career.

Dr. Simpson is poised and well spoken. She understands the importance of communication and its importance to membership retention. She's been an advocate for ADA and the American Student Dental Association her entire career and promoted it during school and in practice. Still early in her career, she has won numerous awards and had honors bestowed upon her. Dr. Simpson will receive her master's in periodontics in May 2020. Dr. Simpson is an avid skier, a volunteer EMT and engages in multiple outdoor activities.

Sword, Rhoda J., Georgia, 2024. Dr. Rhoda Sword has been an active member of organized dentistry since her graduation in 2003, holding various leadership roles in the Eastern District Dental Society (delegate, editor, secretary/treasurer) and she is currently an ADA delegate. Being an educator gives her unique insight into the needs of the newly graduated dentists concerning what they are looking for in an association. She believes in the ADA and is supportive of its mission and needs. She is an advocate for organized dentistry and actively recruits dentists to become members.

Thakkar, Nipa R., Pennsylvania, 2024. Dr. Nipa Thakkar is superbly qualified for a position on the Council on Membership. Still considered a new dentist, she has already served at all levels of the tripartite: as president of Pennsylvania Dental Association (PDA) Fourth District, in-coming trustee to the Pennsylvania Dental Association Board of Trustees from PDA's First District and a member and chair of the ADA New Dentist Committee. As chair of the New Dentist Committee, she also attended ADA Board of Trustees meetings to provide information and insight from the Committee.

Although Dr. Thakkar currently owns her own fee-for-service practice in the Philadelphia suburbs, she has also worked as an associate in two different practices in rural areas of the commonwealth. She has also worked as an associate dentist at a Federally Qualified Health Center (FQHC). Clearly, she has the experience to understand the needs and opinions of a wide-range of members from varying ages, backgrounds and practice settings. Dr. Thakkar is articulate and eloquent and has spoken about organized dentistry at various American Student Dental Association (ASDA)/ADA leadership conferences and meetings. She is a graduate of the ADA Institute for Diversity in Leadership and has served as an ADA alternate delegate. The Council will be well served by her knowledge, enthusiasm and ability to inspire.

Youel, Benjamin C., Illinois, 2021. Dr. Youel earned his D.D.S. from the University of Illinois at Chicago (UIC) and was inducted into the Omicron Kappa Upsilon honor society just before graduation. He completed a general practice residency program at Advocate Illinois Masonic Medical Center a year later. After practicing for two years, he came back to UIC to start his orthodontic residency, where he graduated in May 2019. Upon graduation, Dr. Youel went on to practice Orthodontics at Grayslake Orthodontics and North Shore Center of Dental Health. He is an active member of the American Dental Association, Illinois State Dental Association and Chicago Dental Association. Dr. Youel is the 8th District representative to the ADA New Dentist Committee and is also a Chicago AGD Officer with the Academy of General Dentistry, New Dentist Committee Member in Illinois State Dental Society, and Membership Committee Member with Chicago Dental Society. A 2017 American College of Dentists Fellow, Dr. Youel is a regular volunteer at Chicago Dental Society Foundation Clinic and a member of the American Dental Political Action Committee, Delta Sigma Delta International Dental Fraternity – Rho Chapter, Omicron Kappa Upsilon Honor Society – Sigma Chapter, and American Association of Orthodontics. This appointment marks Dr. Youel's second one-year term with the Council on Membership.

SCIENTIFIC AFFAIRS

Dhar, Vineet K., Maryland, 2024. Dr. Vineet Dhar is a clinical professor and chair of Orthodontics and Pediatric Dentistry at University of Maryland School of Dentistry, Baltimore. He also serves as the graduate program director in the Division of Pediatric Dentistry. A board-certified pediatric dentist, Dr. Dhar has a unique background that includes high achievement in professional education, successful private practice of dentistry, administration and teaching in dental school environment, leadership, service and scholarship.

Dr. Dhar currently serves the American Academy of Pediatric Dentistry (AAPD) as a member of the Editorial Board of Pediatric Dentistry, member of the Northeastern District, Council on Post-doctoral Education; and as state past-president, Maryland Academy of Pediatric Dentistry. Dr. Dhar serves the American Board of Pediatric Dentistry as a consultant/examiner on the Oral Clinical Exam and Qualifying Exam Subcommittees. He is the 2017 recipient of AAPD's Jerome B. Miller/Crest-Oral-B/For The Kids Award and a co-author on the paper on sealants that won the AAPD 2017 Paul P. Taylor Award. He was the co-recipient of the 2016 Paul P. Taylor award for his systematic review evaluating effectiveness of current therapies for early childhood caries. He is also a recipient of the 2017 American Dental Education Association (ADEA) Leadership Phase V Leadership Development Tuition Scholarship Award for ADEA/Academy for Academic Leadership (AAL) Chairs and Academic Administrators Management Program and the AAPD-Healthy Smiles, Healthy Children (HSHC) Master Clinician Scholarship to attend the 2016 ADEA/AAL Institute for Teaching and Learning Program. Dr. Dhar has completed his fellowship from ADEA Leadership Institute in 2016 and is currently enrolled in the AAPD Leadership Institute Program at Kellogg's School of Management, Northwestern University.

Dr. Dhar serves as a consultant on the American Academy of Pediatric Dentistry Council on Scientific Affairs and the American Dental Association Council on Scientific Affairs. In his role at the AAPD and ADA, he is involved with writing clinical guidelines. He is leading the AAPD Clinical Practice Guidelines panel on behavior guidance and co-leading the panel on non-vital pulp therapies. In the past he led the AAPD panel to produce clinical practice guidelines on vital pulp therapies in primary teeth. Dr. Dhar is also leading the ADA guideline panel on restorative dentistry and serving as a member on the caries

prevention guideline panel. In the past he has served on the pit and fissure sealants ADA guideline panel.

Dr. Dhar has produced several publications and presentations, primarily in the areas of preventive dentistry, fissure sealants, early childhood caries, disease management, restorative care, evidence-based dentistry, dental trauma, and pulp therapies. He has been involved in several clinical trials, in-vitro studies, epidemiological research and evidence-based projects. He served as an advisor on multiple resident's research projects and has directed thesis work for master's students. Recently, Dr. Dhar served as a writer and contributor on the Children and Adolescent Section of the 2020 Surgeon General's Report on Oral Health. He has also contributed a book chapter on the oral cavity in the 21st edition of Nelson Textbook of Pediatrics.

Kumar, Purnima, Ohio, 2024. Dr. Purnima Kumar is a professor of periodontology at The Ohio State University in Columbus, Ohio. As a clinician-scientist who is dually trained as a periodontist and a microbial ecologist, Dr. Kumar has made significant contributions to the study of dentistry through academics, research support and scholarly articles. She explores oral microbial biomes to understand how inter-bacterial interactions as well as environmental factors, such as smoking, can increase risk for disease. She utilizes clinical, microbiological, genetic and bioinformatics approaches to examine the contributions of host genotype and environmental factors in shaping the microbiome during its development and in states of health.

Dr. Kumar has been an associate editor for publications such as Journal of Periodontology, Microbiome, Nature Scientific Reports, Anaerobe, and Frontiers in Cellular and Infection Microbiology. She is the chair of the Senate Research Committee for The Ohio State University, a member of the Board of Directors for the Dental Faculty Practice for The Ohio State University, a member of the Ohio Dental Association Council on Dental Care Programs and Dental Practice, a member of the Board of Directors of the Anaerobe Society of the Americas and the former chair of the Research Submissions Committee for the American Academy of Periodontology.

Dr. Kumar earned her M.D.S. in periodontology from Tamil Nadu Medical University in Chennai, India, and earned her certificate in periodontology and her Ph.D. in oral biology from The Ohio State University. Dr. Kumar is a thoughtful and deliberative scientific leader. Her professionalism, integrity and vision would make her an ideal member of the Council on Scientific Affairs.

Nascimento, Marcelle M., Florida, 2024. Dr. Marcelle Nascimento received her D.D.S. degree from the University of Campinas in Brazil and continued her studies at that same institution where she obtained a Master of Science and Ph.D. in Cariology. She joined the University of Florida College of Dentistry (UFCD) in 2007 as an assistant professor in the Department of Operative Dentistry. In 2015, Dr. Nascimento was promoted to associate professor with tenure. She has also practiced general dentistry for the Brazilian community and more recently for the community of Gainesville, Florida. Cariology research and teaching are her main professional assignments at UFCD. She has been conducting several research projects in the areas of cariology, oral microbiology, pediatric dentistry and dental education.

Dr. Nascimento is the director of the Cariology and Preventive Dentistry Course offered to first-year dental students at UFCD. She also is responsible for the cariology curriculum for all four years of the UFCD predoctoral program. She is actively engaged in the teaching of preclinical and clinical cariology and operative dentistry for both undergraduate and graduate programs. Dr. Nascimento has served as a consultant to the ADA Council on Scientific Affairs since 2017, and she is a member of the expert panel of the ADA Evidence Based Dentistry Caries Management Group. She has also served as president of the International Association for Dental Research Cariology Research Group (2015-2016), she is the current president of the American Dental Education Association Cariology Section, and she serves as a member of the American Academy of Cariology Board of Directors as chair of the Research Section Pillar.

Park, Jacob G., Texas, 2024. Dr. Jacob Park has served on the Council on Scientific Affairs (CSA) since being appointed *ad interim* to the Council in January 2019. He was elected by the 2019 House of Delegates to complete the unexpired term of Dr. Steven Jefferies, which expires at the close of the 2020

House of Delegates, and he is eligible for nomination to serve a full four-year term (2020-2024) on CSA. Dr. Park is a clinical professor of dentistry at the University of Texas Health Science Center at San Antonio School of Dentistry and clinical professor of anatomy at the University of Texas Health Science Center at San Antonio School of Medicine. He served as a consultant (Dental Materials) to the Council on Scientific Affairs prior to being appointed as a member of CSA and he currently serves as chair of the Research & Standards Subcommittee of the Council on Scientific Affairs.

Dr. Park serves as the CAD CAM Acting Expert of US TAG for ISO/TC 106 and the chair of the American Dental Association Standards Committee on Dental Products Subcommittee 9/US Sub TAG 9, CAD CAM in Dentistry since 2008. Dr. Park initiates, manages and supervises all activities of the following working groups and selects the future agendas.

- ADA SCDP Working Group 9.65 on Dental CAD/CAM Machinable Blanks
- ADA SCDP Working Group 9.66 on Scanning Accuracy of Dental Chair-side and Laboratory CAD/CAM Systems
- ADA SCDP Working Group 9.68 on CAD/CAM Implant Surgical Guides
- ADA SCDP Working Group 9.69 on CAD/CAM Bonding Cements
- ADA SCDP Working Group 9.70 on Interface for Dental CAD/CAM Systems
- ADA SCDP Working Group 9.71 on CAD/CAM Implant Abutments
- ADA SCDP Working Group 9.72 on Accuracy of CAD/CAM SLA Models
- ADA SCDP Working Group 9.75 on Terminology for CAD/CAM Systems
- ADA SCDP Working Group 9.76 on Accuracy of Computer-Aided Manufacturing in Dentistry
- ADA SCDP Working Group 9.78 on Accuracy of CAD/CAM Digital Dentures, Data Captures, Function and Manufactures

Resolution No. 94-99 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT OF THE STANDING COMMITTEE ON CREDENTIALS, RULES AND ORDER

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

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

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

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

Special Annual Session Rules for the Virtual 2020 House of Delegates: Throughout this report, Special Rules have been identified for the purpose of conducting a Virtual House of Delegates. Special Rules are identified at the beginning of each new section with the words ***SPECIAL RULES*** and are italicized. A resolution to adopt the ***SPECIAL RULES*** appears at the end of this report. The purpose of the Special Rules is to assure that the House of Delegates is able to accomplish all of its duties in the context of a virtual meeting. The virtual House of Delegates meeting will be held via Zoom Webinar. The Zoom Webinar will open 30 minutes before the start of each session. Members of the House of Delegates should log into the House meeting/Zoom Webinar 30 minutes prior to the start of each session in order test connectivity and make sure there are no technical problems. Voting and queuing in the House of Delegates will be managed via Lumi technologies. Lumi is the same company that has provided voting keypads in the House of Delegates in the past and offers a secure online voting and queuing option for

the virtual meeting. Non-voting members without the privilege to speak at the House of Delegates and guests may view a live broadcast of the House of Delegates meeting.

***SPECIAL RULE*: Annual Session House of Delegates Access**: Access to the virtual House of Delegates is limited to credentialed delegates, alternate delegates acting in the capacity of the delegates, the elective and appointive officers of the Association, the former presidents, the members of the Board of Trustees, the chairs of the councils and commissions, the secretaries and executive directors of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association, and members of the Headquarters Office staff. *Members of councils, commissions, and special committees who wish to participate in the debate on their respective reports must register two weeks in advance of the meeting.*

Alternate delegates and guests may view a live broadcast of the House of Delegates via a live stream link provided by the Association. Alternate delegates will be automatically registered with permission to access the ADA live stream link. All other groups must register in advance of the Annual Session for permission to open the link to the live stream broadcast of the House of Delegates.

***SPECIAL RULE:* Annual Session House of Delegates Registration/Certification:** Only delegates and alternate delegates acting as delegates, who have been properly registered and seated for the electronic Annual Session of the House of Delegates according to the registration protocol issued by the ADA may vote in the electronic meetings. *Substitution of alternate delegates for delegates must be submitted no later than 5 p.m. (Central Time) on Wednesday, October 14, if for the first meeting of the House of Delegates and no later than 5 p.m. (Central Time) Sunday, October 18, if for the second and third meetings of the House of Delegates. No switch outs during a meeting of the House will be accommodated.*

***SPECIAL RULE:* Quorum:** In accordance with ADA Bylaws, a quorum for the transaction of business at any meeting shall consist of twenty-five percent (25%) of the voting members of the House of Delegates, representing at least twenty-five (25%) of the constituents, the federal dental services and the American Student Dental Association combined. *Once a quorum has been established by the Committee on Credentials, Rules and Order and reported to the House of Delegates, a quorum shall be deemed present for the duration of that meeting. No point of order alleging the absence of a quorum will be recognized by the Speaker.*

***SPECIAL RULE:* Voting:** Voting on all questions will be conducted using the designated voting platform by electronic vote or the Speaker will ask for "General Consent."

The Speaker will offer instructive description to all voting delegates on how to cast their votes immediately before putting into question on any motion or other matter. The Speaker will announce when voting is opened on all questions and shall announce the close of voting on any question. Once voting is closed by the Speaker on any question, it may not be reopened. *No point of order related to the chair's closing of a vote will be recognized by the Speaker.*

The Speaker shall announce the result of all votes as soon as practicable after the voting on any question has been closed. The results of the vote will also be displayed in the Zoom Webinar and live stream environment.

No demand for a roll call of individual delegates shall be in order on any vote. Once voting has been closed by the Speaker on any question, no delegate may change their vote.

Recognition: At the beginning of the electronic Annual Session of the House of Delegates, the Speaker shall instruct all delegates and members of the House of Delegates with speaking privileges on how to seek recognition using the Lumi platform during discussion of any question (i.e., type PRO or CON, or PRIORITY to speak out of order and ask the chair a question). Priority would include: point of order, parliamentary inquiry, personal privilege, appeal, reconsider, and withdraw a motion. The Speaker shall

observe the rules for recognition of delegates provided in the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* insofar as the Speaker is able using Lumi and Zoom. At the beginning of the electronic Reference Committee Hearings, the chair shall instruct all delegates and alternate delegates on how to seek recognition using the Zoom platform.

When recognized by the chair, members shall state their name and affiliation before speaking.

SPECIAL RULE: **Amendments:** *Only those amendments to resolutions which are substantive in nature will be considered.*

SPECIAL RULE: **Appeals from a Rules by the Chair:** *Any appeal from a ruling by the Speaker raised during the electronic meeting shall be decided immediately and without debate.*

SPECIAL RULE: **Electronic or Telephonic Connections:** *Each individual is responsible for establishing and maintaining their own connection to the electronic meetings. No point of order or appeal shall be recognized if the point of order or appeal is based on failure of electronic or telephonic technology. Each person must have his or her own individual connection to the electronic meeting.*

SPECIAL RULE: **Recordings:** *Attendees shall not record any session of the Annual Meeting of the House of Delegates or Reference Committee Hearing. Members and nonmembers viewing the live stream broadcast shall not record any session of the Annual Meeting of the House of Delegates or Reference Committee Hearing.*

Approval of Certified Delegates: A list of certified Delegates and Alternate Delegates as of October 9 has been posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

94. Resolved, that the list of certified delegates and alternate delegates posted in the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2020 House of Delegates of the American Dental Association.

Minutes of the 2019 Session of the House of Delegates: The minutes of the 2019 session of the House of Delegates will be posted in September in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

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

95. Resolved, that the minutes of the 2019 session of the House of Delegates be approved.

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

96. Resolved, that the agenda as presented in the *2020 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

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

SPECIAL RULE: **Special Order of Referral Consent Calendar:** *To help manage the meeting time of the Virtual House of Delegates, the Speaker has prepared a list of resolutions considered non-urgent and*

therefore can be referred to the appropriate ADA agencies for report at the 2021 House of Delegates. As customary, before voting on this Special Order of Referral Consent Calendar, any delegate wishing to debate an item on the Special Order of Referral Consent Calendar has the right to request that a resolution be extracted and considered at the 2020 House of Delegates.

97. Resolved, that the recommendation of the Speaker to refer the following resolutions to the appropriate ADA agency to be presented at the 2021 House of Delegates be adopted.

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

This preliminary list of referrals (circulated in the form of an All Inclusive General Index to resolution worksheets) will be provided with the second posting of resolution worksheets in late August and updated and posted again on Wednesday, October 14. The Speaker will announce additional referrals during the first meeting of the House of Delegates. A complete list of referrals by reference committee, in the form of an agenda, will be posted on ADA Connect, prior to the reference committee hearings on Thursday, October 15 and Friday, October 16.

98. Resolved, that the list of referrals to a reference committee recommended by the Speaker of the House of Delegates be approved.

Annual Reports, Manual of the House of Delegates and Resolution Worksheets: The publication, *Annual Reports, 2020,* will be posted in August on ADA Connect and ADA.org and can be accessed through the following link: http://www.ada.org/en/member-center/leadership-governance/historical-publications-policies.

In advance of the 2020 session, members of the House of Delegates are advised to download to their laptop or other electronic device copies of all pertinent meeting materials.

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

Supplement to Annual Reports and Resolutions is prepared primarily for historical purposes only since it is a compilation of all the reports and resolutions presented to the House of Delegates. This publication will be available online in the first quarter of 2021.

Reference Committees Hearings: The reference committees of the House of Delegates will hold hearings on Thursday, October 15 and Friday, October 16. The Reference Committee Hearing schedule will be posted on ADA Connect and ADA.org in early September.

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

In accordance with the *Manual of the House of Delegates*, section "General Procedures for Reference Committees," any member of the Association, whether or not a member of the House of Delegates, is privileged to attend and participate in the discussion during the reference committee hearings. Members who are not members of the House of Delegates, and nonmembers of the Association must register in advance of the Annual Session to view the live broadcast of the Reference Committee Hearings via a live stream link provided by the Association. Nonmembers of the House of Delegates can submit written testimony via designated Reference Committee A, B, C, and D email addresses that will be published in *ADA News* and ADA.org in early October. At reference committee hearings, and in any written testimony emailed to the Association, everyone (individuals/members) will be obligated to disclose any personal or business relationship that they or their immediate family may have with a company or individual doing

business with the ADA, when such company is being discussed, prior to speaking on an issue related to such a conflict of interest.

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

Reports of Reference Committees: Reference committee reports will be posted on ADA Connect no later than 10:30 a.m. (Central Time) on Saturday, October 17.

It is imperative that reference committee reports be downloaded prior to the Monday, October 19 meeting. Advance preparation is extremely important.

SPECIAL RULE: **Nominations of Officers:** The nominations of officers (president-elect and second vice president) will take place at the first meeting of the House on Thursday, October 15. *Candidates for elective office will be announced by the Speaker. The Speaker will read a brief nomination statement on behalf of each candidate.* Any additional nominations may be offered by a simple declaratory statement. Each candidate may give an acceptance speech not to exceed four minutes.

No additional nominations will be accepted after the Thursday meeting.

Presentation of Incoming Trustees: Election results for the incoming members of the Board of Trustees as determined by Trustee Districts 6, 7, 10, 16 and 17 shall be read by the Speaker of the House of Delegates during the first meeting of the House.

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

Voting Procedures in the House: The method of voting in the House of Delegates is usually determined by the Speaker who may call for a voice vote, show of hands (voting cards), standing vote, general consent, roll call of the delegations, electronic voting or such other means that the Speaker deems appropriate. The House may also, by majority vote, determine for itself the method of voting that it prefers. At the 2020 virtual House of Delegates, the Speaker has determined that the method of voting will be by general consent or electronic voting.

Only votes cast by voting members of the House of Delegates either for or against a pending motion shall be counted.

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

Election Procedures: Voting for Officer Elections will take place in the House of Delegates through electronic voting and will be taken up as one of the first items of business on Monday morning. Only properly certified delegates will be permitted to vote.

To expedite the voting process, delegation changes must be made no later than 5 p.m. (Central Time) Sunday, October 18. Any delegate absent from the virtual House meeting during a vote will lose their chance to vote.

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

Standing Order of Business—Installation of New Officers and Trustees: The installation ceremony for new officers and trustees will take place at the third meeting of the House of Delegates on Monday,

October 19, as the first item of business with the time to be specified by the Speaker of the House of Delegates.

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

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

New Business resolutions received prior to the first session of the House of Delegates on Thursday October 15, will be presented by the Speaker *en bloc*. If a member wants a separate vote on any of these resolutions he or she will request it by resolution number and ask that it be voted on separately; the remaining ones will be voted on *en bloc* with a majority vote allowing them to be considered. Those approved will be referred to a reference committee.

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

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

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

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

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

> Res. 78B is considered by the House and not adopted, the number remains the same: Res. 78B.
>
> Res. 7RC is considered by the House and referred for study, the number remains the same: Res. 7RC.

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

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

Microphone Queuing: To help balance debate during House discussions, the Speaker shall instruct all delegates and members of the House of Delegates with speaking privileges on how to seek recognition using the Lumi platform during discussion of any question (i.e., type PRO or CON, or PRIORITY to speak out of order and ask the chair a question). Priority would include: point of order, parliamentary inquiry, personal privilege, appeal, reconsider, and withdraw a motion. The Speaker shall observe the rules for recognition of delegates provided in the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* insofar as the Speaker is able using Lumi and Zoom. Offering to give information is *debate* and is not a point of information.

Recognition of Those Waiting to Speak: When a member wishes to address the House, the individual should enter the required information to enter the queue and wait to speak until recognized by the Speaker. The member shall then state his or her name, district, and, for the benefit of the official reporter, the purpose of his or her comments (*e.g.*, speaking for or against a motion, presenting a new motion, etc.). If all members of the House follow this procedure, work will be expedited and all who wish to be heard will be given an opportunity.

Access to Speaking Queue: Access to the speaking queue is limited to: delegates and non-voting members of the House with speaking privileges, the chairs and registered members of the councils, commissions and special committees, the secretaries and executive directors of constituent societies, the executive director and president of the American Student Dental Association, an officially designated representative from each of the American Hospital Association and American Medical Association and members of the Headquarters Office staff. Alternate delegates, former officers (except for former presidents) and former trustees do not have access to the speaking queue.

Under the *Standing Rules*, it is not permissible to designate an "acting" secretary or executive director of a constituent society so that he or she may access the queue, unless that person is designated as "acting" secretary or executive director for the remaining portion of the annual session. Admission to the speaking queue will be granted to delegates with the appropriate electronic credentials, which permits logging in to the electronic speaking queue system.

SPECIAL RULE: **Replacement of Alternate Delegates for Delegates:** *There will be no replacement of alternate delegates for delegates during any of the meetings of the House. Substitutions of alternate delegates for delegates must be submitted no later than 5 p.m. (Central Time) on Wednesday, October 14, if for the first meeting of the House of Delegates and no later than 5 p.m. (Central Time), Sunday, October 18, if for the second and third meetings of the House of Delegates.*

Delegates wanting to replace themselves with an alternate delegate from their delegation as the credentialed delegate must complete the appropriate delegate-alternate substitution form. The constituent's executive director or secretary is required to submit the electronic form to ADA_HOD_CERTIFICATION@ADA.ORG. In order for a complete and accurate attendance record for all meetings of the 2020 House of Delegates, submission of these completed substitution forms is essential. Only credentialed delegates may vote for the Officers of the Association.

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

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

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

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

Manual of the House of Delegates: Each member of the House of Delegates has access to the *2020 Manual of the House of Delegates* through ADA Connect. The *Manual* contains the standing rules of the House of Delegates and the pertinent provisions of the *Bylaws* and *Governance Manual.*

Members of the House should familiarize themselves with the rules and procedures set forth in the *Manual* so that work may proceed as rapidly as possible. The *2020 Manual of the House of Delegates* will be published in early September.

Media Representatives at Meetings of the House of Delegates: On occasion, representatives of the press and other communications media may be in watching the live broadcast of the virtual House and virtual reference committee hearings.

Adoption of Special Rules of the 2020 Virtual House: Special Rules identified throughout this report have been written for the purpose of conducting a Virtual House of Delegates. Each section that contains a Special Rule is identified with the words ***SPECIAL RULES*** and the Special Rules are italicized.

99. Resolved, that the Special Rules for the 2020 Virtual House of Delegates as identified in the Report of the Committee on Credentials, Rules and Order be adopted.

Resolutions

(Resolution 94:Worksheet:1026)
(Resolution 95:Worksheet:1027)
(Resolution 96:Worksheet:1028)
(Resolution 97:Worksheet:1029)
(Resolution 98:Worksheet:1030)
(Resolution 99:Worksheet:1031)

Resolution No. 94 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

APPROVAL OF CERTIFIED DELEGATES

Background: A list of certified Delegates and Alternate Delegates as of October 9 has been posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

Resolution

94. Resolved, that the list of certified delegates and alternate delegates posted on the HOD Supplemental Information library on the House of Delegates community of ADA Connect be approved as the official roster of voting delegates and alternate delegates that constitute the 2020 House of Delegates of the American Dental Association.

Resolution No. 95 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

MINUTES OF THE 2019 SESSION OF THE HOUSE OF DELEGATES

Background: The minutes of the 2019 session of the House of Delegates will be posted in September in the HOD Supplemental Information library on the House of Delegates community of ADA Connect.

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

95. Resolved, that the minutes of the 2019 session of the House of Delegates be approved.

Resolution No. 96 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

ADOPTION OF AGENDA AND ORDER OF AGENDA ITEMS

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

Resolution

96. Resolved, that the agenda as presented in the *2020 Manual of the House of Delegates and Supplemental Information* be adopted as the official order of business for this session, and be it further

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

Resolution No. 97 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

SPECIAL ORDER OF REFERRAL CONSENT CALENDAR

Background: To help manage the meeting time of the Virtual House of Delegates, the Speaker has prepared a list of resolutions considered non-urgent and therefore can be referred to the appropriate ADA agencies for report at the 2021 House of Delegates. As customary, before voting on this Special Order of Referral Consent Calendar, any delegate wishing to debate an item on the Special Order of Referral Consent Calendar has the right to request that a resolution be extracted and considered at the 2020 House of Delegates.

Resolution

97. Resolved, that the recommendation of the Speaker to refer the following resolutions to the appropriate ADA agency to be presented at the 2021 House of Delegates be adopted.

Resolution No. 98 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REFERRALS OF REPORTS AND RESOLUTIONS

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

This preliminary list of referrals (circulated in the form of an All Inclusive General Index to resolution worksheets) will be provided with the second posting of resolution worksheets in late August and updated and posted again on Wednesday, October 14. The Speaker will announce additional referrals during the first meeting of the House of Delegates. A complete list of referrals by reference committee, in the form of an agenda, will be posted on ADA Connect, prior to the reference committee hearings on Thursday, October 15 and Friday, October 16.

Resolution

98. Resolved, that the list of referrals to a reference committee recommended by the Speaker of the House of Delegates be approved.

Resolution No. 99 New

Report: Credentials, Rules and Order Date Submitted: August 2020

Submitted By: Standing Committee on Credentials, Rules and Order

Reference Committee: N/A

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

SPECIAL RULES OF THE 2020 VIRTUAL HOUSE OF DELEGATES

Background: Special Rules identified throughout the Report of the Standing Committee on Credentials, Rules and Order have been written for the purpose of conducting a Virtual House of Delegates. Each section of the Report that contains a Special Rule is identified with the words ***SPECIAL RULES*** and the Special Rules are italicized.

Resolution

99. Resolved, that the Special Rules for the 2020 Virtual House of Delegates as identified in the Report of the Committee on Credentials, Rules and Order be adopted.

Budget, Business, Membership and Administrative Matters

Resolution No. 40 New

Report: N/A Date Submitted: July 2020

Submitted By: Wisconsin Dental Association

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-1: Increase membership market share of lagging demographics by 2% per year.

How does this resolution increase member value: See Background

REQUEST THAT ADA EXPLORE NEW DUES STRUCTURE REFLECTING EVOLVING DENTAL PRACTICE MODELS

The following resolution was submitted by the Wisconsin Dental Association and transmitted on July 29, 2020, by Mr. Mark Paget, executive director.

Background: In 1859, 26 dentists formed a national professional society dedicated to promoting high standards and scientific research. The American Dental Association's first president, Dr. William Henry Atkinson, was a physician who later became interested in dentistry and "the opportunities it offered at the time for a young man starting a practice."

In the years that followed, young women joined those young men in the dental workforce and scientific advancement brought forth new discoveries and treatment techniques. Yet amid this evolution, most U.S. dentists continued to practice under the very same model as Dr. Atkinson and his 19th-century contemporaries – working as sole practitioners or, perhaps, with a practice partner or two.

The 21st century has brought a new kind of change to dentistry – the evolving practice model.

- The ADA's Health Policy Institute reported that 8.8% of U.S. dentists were affiliated with dental service organizations in 2017, compared to 8.3% in 2016 and 7.4% in 2015. Dentists affiliated with DSOs are at their highest level in history, and DSOs are operating in more states than ever before.
- An October 15, 2019 article in "Dentistry Today" reports that the consolidation of solo practices is growing with a current market penetration of 20% to 23% of DSOs in the United States. The article also reported that from 6,000 to 8,000 fragmented and unaffiliated practices in the marketplace at the time were expected to transition from solo practices to DSO-affiliated practices in the coming years.
- A 2014 ADA brief showed a rapid upward trend of dental organizations with more than 10 offices, from 157 in 1992 to 3,009 in 2007, and indicated that that number was continuing to climb. "Dentistry is a profession in transition; change is occurring in many aspects of the profession," the brief reads. "We are currently experiencing one of the more significant changes in the dental practice environment – the growth of large, multisite group practices."
- The ADA acknowledges that small group practice is another growing practice model, as more dentists look to join or start such practices to maintain work/life balance and avoid bearing all of the clinical and business responsibilities of a solo practice.

- The effects of COVID-19 on the dental marketplace are as-yet unknown. Anecdotal evidence, however, indicates that more dentists may be looking to retire and sell earlier than previously planned – and DSOs are in the market to purchase these types of practices.

The ADA continually acknowledges that the dental profession's future lies in the group practice model. But this rapid evolution is not reflected in the ADA's membership structure, which does not encourage employee dentist involvement in the Association. Further, the majority of ADA benefits, programs and services are directed toward practice owners, making the value proposition for employee dentists less clear. As a result, the ADA is losing potential members from an already limited recruitment pool. And, since more young dentists are going to DSOs or other group practices right out of dental school, the ADA is missing the opportunity to engage with them during a critical career stage, when lifelong commitment to the ADA could begin.

Bold action at this point in the ADA's history will make a positive difference. By re-evaluating and reshaping its membership structure to make it easier and more attractive for all practicing dentists to be part of the Association, the ADA has an opportunity to be more inclusive, strengthen its financial standing, increase market share and better position itself and its members for future success.

Resolution

40. Resolved, that the American Dental Association direct its appropriate agency to explore a new tripartite membership dues structure that more accurately reflects evolving practice models, and be it further

Resolved, that their findings be reported to the 2021 ADA House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 66-68 New

Report: Council on Membership Report 1 Date Submitted: August 2020

Submitted By: Council on Membership

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-3: Maintain an overall retention rate of 94%.

How does this resolution increase member value: See Background

COUNCIL ON MEMBERSHIP REPORT 1 TO THE HOUSE OF DELEGATES: MEMBERSHIP DUES CATEGORY STREAMLINING PHASE II

Background: During its 2019 session, the ADA House of Delegates approved both Resolution 14H-2019, Long-Term Financial Strategy on Dues Stabilization, and Resolution 15H-2019, Amendment of the ADA *Governance Manual*: Section on Special Assessments and Related Matters, which take effect with the 2021 ADA dues cycle. Resolutions highlighted in *Appendix A*. Both resolutions were developed and sponsored by the ADA Council on Membership as the result of studying different dues categories and the potential future decline in full dues paying members. Combined, Resolutions 14H and 15H address the biggest structural challenge facing the ADA and most of the state dental societies – the steep decline in full dues-paying members. While changes in the membership dues structure pose a certain level of member growth risks, it is imperative that the future dues structure promote a healthy balance among membership growth and financial sustainability in order to ensure the long-term sustainability of the organization.

Following the 2019 House of Delegates, and in a Phase II of dues streamlining, the Council on Membership continued to explore opportunities to streamline membership dues. In an effort to both simplify membership processing, ensure a positive member experience and allow ADA/state/locals to be both agile and flexible based on membership needs, changes to the Active Dues Promotion and waivers are recommended. As part of this process, the Council requested input from a sample of state societies to understand how these changes may affect societies before making any recommendations.

Active Membership Promotion

The Council studied the Active Membership Promotion, as outlined in the ADA *Governance and Organizational Manual*, which currently allows for a dues reduction up to 50% for active members. A 50% incentive has been offered at the beginning of each year to target markets identified and recommended by the Council and approved by the Board. In an effort to allow the ADA, state, and local societies to be both agile and flexible in recruiting new members, at different times of year and based on the data for market segmentations and target markets, the Council is recommending that additional incentives of up to 100% be made available for this promotion. Specifically, the Council is recommending that four dues incentives (25%, 50%, 75% and 100%) be made available as part of the Active Membership Promotion (currently only the 50% active dues promotion incentive exists).

Separately, the ADA has standing 50% and 100% dues incentive discounts in place as part of the Half-Year Dues Campaign and the Quarter-Year Dues Campaign (outside of the Active Membership

Promotion) which are set forth in the *Governance and Organizational Manual*. The Council believes, however, that each year current membership data should be used to identify whether there is a need to use such promotions such as the Active Membership Promotion.

For the reasons stated above, the Council on Membership submits the following resolution for consideration to the 2020 House of Delegates:

66. Resolved, that the ADA *Governance and Organizational Manual*, Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph c. Active Membership Promotion, be amended as follows (additions underscored; deletions ~~stricken~~):

> c. Active Membership Promotion. The ADA Board of Trustees may authorize a limited dues reduction, up to ~~fifty~~ one hundred percent (~~50~~100%) of active member dues and any special assessment then in effect for the purpose of promoting active membership in target U.S. markets through marketing campaigns recommended by the Council on Membership. This reduction of active member dues and any special assessments shall be on a one-time only basis for these members.

Financial Hardship Waivers

Part of the Council's streamlining process was to review the hardship waivers being offered, their level of use and determine if there was any overlap between waivers. There are currently three waivers reflected in the Governance and Organizational Manual that are available for use:

100% Humanitarian Practitioner Waiver
50% or 100% Financial Hardship Waivers
100% Disability Waiver (for members granted dues waivers for a disability prior to 2007 HOD)

The Council reviewed the foregoing waivers to identify ways to simplify membership processing. The Humanitarian Practitioner Waiver (for dentists practicing charitable dentistry or with a humanitarian organization without taking an income) is currently utilized by 44 members. The Council recommends that this waiver be merged with the Financial Hardship Waiver, thereby eliminating the need for separate provision in the Governance Manual.

The Council on Membership presents the following resolution for consideration by the 2020 House of Delegates:

67. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph f. Full-Time Work for Humanitarian Organization, of the ADA *Governance and Organizational Manual* be amended by the deletion of subsection f in its entirety:

> ~~f. Full-Time Work for Humanitarian Organization. An active member who is serving the profession by working full-time for a humanitarian organization and is receiving neither income nor a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

As part of the study the Council also reviewed International Membership and has made recommendations for the Board of Trustees to consider.

Active Life Membership

As part of the dues streamlining package approved at the 2019 House of Delegates, the 25% discount for active life membership was eliminated beginning in 2021. In an effort to ensure members maintained an interest in striving for life membership, the Council discussed ways to achieving life status easier. Currently, life membership status requires a member to have 30 consecutive years of membership (or 40 total years) and have attained the age 65 years of age during the previous calendar year. The Council explored removing the age requirement so that the requirement is based solely on years of membership. This change would allow members to achieve life membership status sooner, doubling the number of current life members in the first year of the change. Life members would continue to pay full dues and receive special discounts and services as a life member until retirement at which they would pay $0 as a retired life member.

A sample of state and local dental societies were consulted to understand any challenges a society may face with such a change. State and local societies aligning with the active life dues streamlining resolutions passed by the 2019 House of Delegates were not concerned. However, it was noted that this change will have financial implications for those state/local societies who will not align. In addition, differing criteria for a membership category amongst national, state, and local societies may cause confusion among its members.

The financial impact of removing the age requirement will be approximately $164,000 in the first year based on the following:

1. The ADA provides a pin to all life members when reaching this status. There will be more life members if the age criteria is removed, therefore more pins will be required, totaling $18,000 in the first year.
2. Members who are not yet 65 years of age, but are paying retired membership dues (25% of full dues) will automatically become retired life members at $0. In 2019 there were 1,908 members in the retired dues category. If the age 65 criteria is removed, 1,052 retired members (25% of full dues) would become retired life members (100% discount). This would be a 55% decrease in revenue totaling $146,228. The 1,052 members would move into the retired life category where dues are $0.

The Council determined the financial impact was minimal in comparison to the opportunity to honor members for their years of membership regardless of age.

The Council presents the following resolution to the 2020 House of Delegates for its consideration:

68. Resolved, that the ADA *Bylaws*, Chapter I. Membership, Section 20. Membership Eligibility, Subsection B. LIFE MEMBER, be amended as follows **(**deletions ~~stricken~~ and additions underlined):

B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:
a. Has been an active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; and
~~b. Reached the age of at least sixty-five (65) during the previous calendar year; and~~
~~c~~b. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.
~~d~~.c .A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership

in this Association for at least ten (10) years ~~and having reached the age of at least sixty-five (65) during the previous calendar year.~~

Resolutions

(Resolution 66:Worksheet:2009)
(Resolution 67:Worksheet:2010)
(Resolution 68:Worksheet:2011)

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Appendix A

Amendment of ADA Policy: Long-Term Financial Strategy of Dues Stabilization

14H-2019. Resolved, that the ADA policy, Long-Term Financial Strategy of Dues Stabilization (*Trans.*2008:421; 2012:410), be amended as follows (new language underscored, deletions ~~stricken~~):

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

Amendment of the ADA *Governance Manual*: Section on Special Assessments and Related Matters

15H-2019. Resolved, that the amendments to the ADA *Governance and Organizational Manual*, CHAPTER I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, on dues simplification as set forth in Appendix 1 to be adopted, to take effect at the adjournment *sine die* of the 2020 House of Delegates.

15H-2019 Appendix 1

ADA *GOVERNANCE AND ORGANIZATIONAL MANUAL*

CHAPTER I. MEMBERSHIP MATTERS

B. DUES, SPECIAL ASSESSMENTS AND RELATED FINANCIAL MATTERS

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

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

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

a. Active Members:
   i. From degree award through conclusion of the first full year following an award of a D.D.S. or D.M.D. degree the member is exempt from the payment of dues.
   ii. Second full year following degree award: ~~Twenty-five percent (25%)~~ Fifty percent (50%) of active member dues as set by the House of Delegates pursuant to the ADA Bylaws;
   iii. Third full year following degree award~~: Fifty percent (50%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*;~~
   ~~iv. Fourth full year following degree award: Seventy-five percent (75%) of active member dues as set by the House of Delegates pursuant to the~~

~~ADA *Bylaws*; and~~
~~v. Fifth full year following degree award~~ and thereafter: One hundred percent (100%) of active member dues as set by the House of Delegates pursuant to the ADA *Bylaws*.
~~vi.~~ iv. Members becoming active members after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty percent (50%) of any annual dues then in effect. Those members becoming active members after October 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall be exempt from the payment of the any annual dues then in effect.

***

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

d. Student Members:
i. Pre-doctoral student members: Five Dollars ($5.00).
ii. Post-doctoral students and residents~~: Thirty Dollars ($3.0.00)~~ shall be exempt from the payment of dues.

***

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

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

***

c. Life Members:
i. ~~Seventy-five percent (75%) of any special assessment then in effect.~~ The obligation of life members to pay any special assessment then in effect is the same as for active members,

except that ~~ii. I~~Life members who also meet the eligibility requirements for retired membership shall be exempt from the payment of special assessments.

***

4. Limited Dues and Special Assessment Reduction Programs:

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

Resolution No. 66 New

Report: Council on Membership Report 1 Date Submitted: August 2020

Submitted By: Council on Membership

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-1: Increase membership market share of lagging demographics by 2% per year.

How does this resolution increase member value: See Background

COUNCIL ON MEMBERSHIP REPORT ON ACTIVE MEMBERSHIP PROMOTION

Background: (See Council on Membership Report 1)

Resolution

66. Resolved, that the ADA *Governance and Organizational Manual*, Chapter I. MEMBERSHIP, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph c. Active Membership Promotion, be amended as follows (additions underscored; deletions ~~stricken~~):

c. Active Membership Promotion. The ADA Board of Trustees may authorize a limited dues reduction, up to ~~fifty~~ one hundred percent (~~50~~100%) of active member dues and any special assessment then in effect for the purpose of promoting active membership in target U.S. markets through marketing campaigns recommended by the Council on Membership. This reduction of active member dues and any special assessments shall be on a one-time only basis for these members.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 67 New

Report: Council on Membership Report 1 Date Submitted: August 2020

Submitted By: Council on Membership

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-4: Increase overall average rates of conversion across membership categories by 1% per year.

How does this resolution increase member value: See Background

AMENDMENT OF CHAPTER I, SECTION B.4.F. OF THE GOVERNANCE AND ORGANIZATIONAL MANUAL OF THE AMERICAN DENTAL ASSOCIATION

Background: (See Council on Membership Report 1)

Resolution

67. Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph f. Full-Time Work for Humanitarian Organization, of the ADA *Governance and Organizational Manual* be amended by the deletion of subsection f in its entirety:

~~f. Full-Time Work for Humanitarian Organization. An active member who is serving the profession by working full-time for a humanitarian organization and is receiving neither income nor a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance shall be exempt from the payment of dues and any special assessment then in effect through December 31 following completion of such service provided that such humanitarian service is being performed continuously for not less than one (1) year and provided further that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.~~

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 67S-1 Citation for Original Resolution: _____

Submitted By: 14th Trustee District Date Submitted: October 17, 2020

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

Financial Implications (if different from original resolution): $

AMENDMENT OF CHAPTER 1, SECTION B.4.F. OF THE GOVERNANCE AND ORGANIZATIONAL MANUAL OF THE AMERICAN DENTAL ASSOCIATION

Background: Resolution 67 calls for the merging of two waivers outlined in the Governance Manual, the financial hardship and humanitarian waivers. This substitute preserves the original resolving clause without change and adds a second resolving clause so that the description of the merged waiver would include wording from the current waivers as outlined below. This is an effort to preserve the definition and guidelines for the humanitarian waiver in the governance manual.

Resolution

AMENDMENT OF CHAPTER I, SECTION B.4.F. OF THE GOVERNANCE AND ORGANIZATIONAL 1 MANUAL OF THE AMERICAN DENTAL ASSOCIATION - addition of a second resolving clause:

and be it further

Resolved, that Chapter I. MEMBERSHIP MATTERS, Section B. Dues, Special Assessments and Related Financial Matters, Subsection 4. Limited Dues and Special Assessment Reduction Programs, paragraph d. Financial Hardship Waivers, of the *Governance and Organizational Manual* of the American Dental Association be amended as follows (additions underscored and deletions ~~stricken~~):

d. Financial ~~Hardship~~ or Humanitarian Waivers. Any members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of fifty percent (50%) or all of the current year's dues and/or any special assessment. To qualify for the Humanitarian Waiver the member must be working full-time for a humanitarian organization and must not be receiving an income or a salary for such humanitarian service other than a subsistence amount which approximates a cost of living allowance. Such member shall be exempt from the payment of all dues and any special assessment then in effect through December 31, following completion of such service. This is provided that such humanitarian service is being performed continuously, for not less than one (1) year and further, that such member does not supplement such subsistence income by the performance of services as a member of the faculty of a dental or dental auxiliary school, dental administrator or consultant, or practitioner of any activity for which a license to practice dentistry or dental hygiene is required. Any waiver shall be ~~as~~ initially determined by ~~their~~ the members' constituents and components~~. The~~ and the constituents and components shall certify the reason for the waiver~~,~~ and ~~the constituents and components shall~~ provide the same proportionate waiver of their dues as that provided by this Association.*

* Members with disabilities who were granted dues and any special assessment disability waivers prior to the 2007 House of Delegates may continue to receive such waivers provided they are unable to practice dentistry within the definition of the Bylaws and they submit through the members' respective component and constituent, if such exist, to this Association, a medical certificate attesting to the disability and a certificate from said component and constituent, if such exist, attesting to the disability, upon request of the Association, during the exemption period.

Resolution No. 68 New

Report: Council on Membership Report 1 Date Submitted: August 2020

Submitted By: Council on Membership

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-3: Maintain an overall retention rate of 94%.

How does this resolution increase member value: See Background

BYLAWS AMENDMENT ON LIFE MEMBERSHIP ELIGIBILITY

Background: (See Council on Membership Report 1)

Resolution

68. Resolved, that the ADA *Bylaws*, Chapter I. Membership, Section 20. Membership Eligibility, Subsection B. LIFE MEMBER, be amended as follows **(**deletions ~~stricken~~ and additions underlined):

B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if he or she meets the following qualifications:
a. Has been an active and/or retired member in good standing of this Association for at least thirty (30) consecutive years or a total of at least forty (40) non-consecutive years; and
~~b. Reached the age of at least sixty-five (65) during the previous calendar year~~;
~~c~~b. Maintains membership in good standing in a constituent and component, if such exists, and in this Association.
~~d~~.c. A member may also qualify for life member status by having been a member of the National Dental Association for twenty-five (25) years and subsequently holding membership in this Association for at least ten (10) years ~~and having reached the age of at least sixty-five (65) during the previous calendar year~~.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 87-88 New

Report: Board Report 2 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: ($5,923,000) Net Dues Impact: $8

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: 2021 Budget Supports All Strategic Plan Objectives

How does this resolution increase member value: Not Applicable

REPORT 2 OF THE BOARD OF TRUSTEES: 2021 BUDGET

Contents:

1. Summary

All dollar figures are in thousands unless otherwise indicated

In accordance with its Bylaws duties, the Board of Trustees is recommending a 2021 operating budget for the Association. The proposed budget reflects $128,840 in revenues and $134,763 in expenses and income taxes, generating a net loss before reserves of $(5,923). These figures assume annual membership dues of $573 in 2021, an increase of $8 from 2020 in compliance with 14H-2019, plus implementation of dues streamlining also adopted by the 2019 House of Delegates, which eliminates the discount for active life membership and shortens the discount period for recent dental school graduates. In the absence of these changes in dues rates, the deficit would be $(10,716). Except for the interest and dividends on Reserve Fund Assets which have been included in the operating budget consistent with prior years, the operating budget does not include revenue and expenses reported in reserve divisions.

Introduction and Overview

This proposed Budget has presented challenges that are unlike any other budget year in ADA history because the impact of the COVID 19 health crisis and the economic downturn are likely to extend well into 2021. As a result, 2021 like 2020 will be a period of great uncertainty and change. Volunteers and staff recognize that the direct impacts on the dental profession have been deep and far reaching. The net impact on the ADA financial model is extraordinary and unprecedented. In response, ADA has rapidly adjusted operations in the current year, while anticipating the need to continue making many changes into the next budget year.

As our understanding of the crisis and efforts to navigate the associated risks continue to evolve, the ADA strives to achieve the goals set forth by its Board of Trustees under *Common Ground*. The strategic plan calls for growth in key segments and building the pipeline to offset the accelerating attrition of retiring full-dues payers described in 15H--2019 (Dues Streamlining). The plan also calls for financial sustainability, adequate capacity at all levels of the tripartite and focused attention on the ADA's mission to serve the profession and the public.

As a result, it should be noted that this proposed budget is the result of many alternative plan analyses and change management impact evaluations. The recommendations in this report are focused on delivering member value and revenue by 1) focusing the mission, 2) reducing expenses, 3) optimizing talent, and, 4) supporting state societies through client services and critical technical support. Senior Staff also support maintaining enough critical products and services to retain a strong value proposition that might be even more important as members make difficult trade-off decisions, trying to recover, over the next 12-18 months.

2. Financial Budget Development, Review and Approval Process

ADA *Bylaws* charge the Treasurer with oversight of the Association finances, the design of a budgetary process and development of a budget in concert with the Board of Trustees. The House of Delegates approves the budget. The overall planning process stretches almost a year due to: multiple layers of volunteer involvement; the timing of council, committee and Board meetings; and the *Bylaws* requirement that the House be informed of the proposed budget and membership dues 30 days before the annual session.

Initial Budget Development: ADA management is tasked by the Board to draft a budget in the best interests of the Association that increases ADA net assets. It should be noted that although the ADA's annual operating budget may report a balanced or even a net negative bottom line, the ADA's net assets may increase due to annual royalties from ADA Member Insurance Plans that are reported in

reserves rather than in Operations. ADA senior staff collaborated extensively to build a budget that recognizes the synergy between divisions, rather than developing a fragmented budget based on separate divisional goals. Significant reductions were necessary due to the effects of COVID-19 on the ADA's revenue position and an intentional examination of the financial trends over the past years.

Financial Scenario Planning Team: In early February, the following individuals met to review preliminary financial projections for 2021: Executive Director, Chief Financial Officer, Senior Vice President of Operations, Chief Human Resources Officer, and Director, Financial Planning & Analysis. The 2021 financial projections, created prior to any indication of a coming pandemic, suggested that based on current trends and known changes for 2021, the ADA would need to reduce expenses significantly in order to align with expected 2021 revenue. Although the COVID crisis temporarily interrupted these discussions, weekly meetings of this team (which added the General Counsel) reviewed financial data and potential options. This "Financial Scenario Planning Team" was charged with developing and evaluating scenarios to balance expenses with revenues in 2021.

The Financial Scenario Planning Team reviewed many alternatives to improve ADA profitability, weighed these against a defined list of "core" responsibilities which the ADA is uniquely positioned to fulfill, and reviewed past and proposed expenses by strategic plan goal and underlying strategy.

Executive Team: On April 8, the Executive Team was informed of the creation of the Financial Scenario Planning Team, which would evaluate alternatives in parallel with each department manager inputting their detailed budgets for each of the 147 cost centers in the Adaptive Planning System. Divisions completed their budget inputs on May 1, with directives to input worst case scenarios including considerations of the COVID crisis, and the consolidated results were discussed among the Financial Scenario Planning Team on May 8 and sent to the Executive Team on May 13.

Budget Decisions: In the weeks that followed, the Executive Team, Executive Director and Senior Vice President of Operations worked across the organization through several scenarios and many iterations of the budget to arrive at decisions that were integrated into reports for the Budget and Finance Committee. This budget development process at first focused mainly on financial results in 2021 but then considered other factors including the need for longer term needs of the Association. The final recommendation was consistent with the ADA Board rules which state that the Board shall plan and manage the Association finances with the following guiding principles in a manner that:

- Ensures the long term sustainability of the Association.
- Improves the value that members receive per dollar of membership dues they pay.
- Minimizes volatility in membership dues (to support dues stabilization).
- Engages all levels of the tripartite.

The ADA's financial decisions will be based on an integrated approach that balances all of these goals over multi-year timeframes.

Additionally, the Board shall develop annual budgets and manage the Association's finances and reserves taking into consideration:

- The ADA's current strategic plan objectives.
- The delivery of member value focused on critical market segments.
- Focus on satisfying member needs combined with the efficient use of resources.
- Generation of non-dues revenue.
- Focusing resources on high value programs unique to a national association.
- Eliminating programs and services that have little value for members.
- Current economic conditions.

As a result, especially in these challenging times, all of these points should guide ADA budget decisions and served as input to the supplemental budget report.

Budget and Finance Committee Review: At its review meeting, the Budget and Finance Committee studied proposed 2021 budget scenarios and changes from the 2020 House approved budget, and

considered other division assumptions and potential adjustments to fund key initiatives. Two House members also serve on the Committee and play an invaluable role in the analysis of the proposed budget. Final budget decisions are always in the hands of the ADA's volunteer leaders, who may also consider other factors.

This meeting is a milestone in the budget process and is where the responsibility for developing the budget passes from ADA management to the Budget and Finance Committee. Similarly, once the proposed 2021 budget reflecting changes approved by the Budget and Finance Committee is sent to the Board, responsibility for refinement of the budget passes from the Budget and Finance Committee to the Board.

Once the Committee's draft of Board Report 2 was completed and approved to be sent for Board review, a conference call was held with the Treasurer, the Budget and Finance Committee Chair and the Council Chairs and Chair elects to discuss, at a high level, the draft budget in Board Report 2. This step was introduced into the process several years ago and was intended to make the Board's budget review more open to input before the Board votes on the final budget that is sent to the House of Delegates. In past years this full report was also distributed, but that was not possible this year due to the number, timing, and sensitivity/confidentiality of significant changes. The Treasurer, with support from staff, was also available to answer questions from Council Leadership as requested. These steps, although limited by confidentiality, were intended to communicate budget changes prior to the Board's budget review and approval process.

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

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

After the Board approved the recommended budget, the Treasurer was available, as necessary, to meet with Council chairs to discuss the rational for the Board's decision. At this point in the process, it should be noted that the 2021 budget review and prioritization of resources in support of strategic priorities represents a considerable expenditure of time and effort to arrive at a recommendation during an unprecedented crisis. House resolutions passed after this budget process do not go through this same review and prioritization process. However, it is hoped that the House of Delegates, at its annual session, will share this high level view of the ADA and that all resolutions introduced will also be reviewed and prioritized with the same level of rigor and appreciation of the limits of ADA resources.

With this background, it should be noted that this 2021 budget represents the estimates of ADA revenue and expenses to deliver the planned initiatives and member services based on the best information and assumptions available at the time these detail budgets were created and built into the ADA budget in mid-2020. As a result, it is very possible that some estimates or assumptions could change based on new information that becomes available closer to the start of the budget year. If that new information results in significant, quantifiable impacts to the 2021 budget, then those will be reported by the Treasurer to the House at the annual session as possible amendments to the budget subject to the discretion of the House. Unfortunately, potential changes are an inherent risk of any budget process. Some budget estimates made long before the start of the budget period may be less accurate than those that are built later.

*House of Delegates Review and Final Approval***:** In accordance with its *Bylaws* duties, the Board of Trustees presents the preliminary annual operating budget for the Association to the House of

Delegates through this document, Board Report 2. This background commentary and any analysis provided, together with Reference Committee testimony and the Reference Committee recommendations, serve as the basis for the House approval of the budget at its Annual Meeting. Following budget approval, resources may be reallocated as required, in an effort to maximize their effective use in executing the ADA's Strategic Plan.

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

Requests to fund programs that were in the prior year's budget are handled differently than new programs. Programs that were funded in the 2020 budget but recommended for elimination or cost reduction by the Board in the 2021 budget as reflected in Board Report 2 require that the requestor refer the entire budget back to the Board for reconsideration with a recommendation to restore funding. Recommendations for changes, in the form of fully debatable motions, will be individually considered and acted upon by the House of Delegates. House approval of any recommendations for changes automatically returns the proposed budget to the Board of Trustees for revision and subsequent resubmission to the House of Delegates for approval or further recommendations for modifications. This process would continue until the House approves a budget.

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

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

3. Key Assumptions:

Below is a summary of several key assumptions that support the 2021 budget. This list includes changes which were required to reduce costs in response to lower revenue projections including the continued impacts from COVID-19 crisis as well as long term trends. Many of these assumptions are explained in greater detail later in this report.

A. The number of full dues paying members in 2021 is 83,760, up from 83,161 in 2019. Excluding the additional full dues members resulting from dues streamlining, the number of full dues paying members would fall by 2,414 over the two years from 2019 to 2021.
B. The sum of the "dues streamlining" actions passed by the 2019 House of Delegates adds $3.5M in revenue in 2021, while a 1.5 % inflationary increase, in compliance with 14H-2019, adds additional $1.3M.
C. $7.5M in revenue assumed for the ADA Annual Meeting in Las Vegas includes: $3.9M in exhibit space rental, $2.3M in attendee registration fees and ticket sales, $1.3M in sponsorships/advertising/other.
D. The ADA contribution to employee 401(k) retirement accounts, usually 4% of salary, is eliminated in 2021.
E. The ADA assumes responsibility for all costs of Science and Research including the Maryland laboratories previously in the ADA Foundation. While budget details were collected and shown in this report, the ADASRI Department of Innovation & Technology Research in Maryland will be reported with ADA Science as part a separate ADASRI subsidiary beginning in January 2021. In the future, the ADA will effectively outsource all scientific research to this new entity which will funded from ADA Operations in the same amount as the Science expenses now shown in this report as a part of ADA Operations.
F. The ADA Department of Corporate Social Responsibility and Philanthropy budget includes a $1.2M cash grant from the ADA Foundation which will cover the cost of four employees transferred from the Foundation and other expenses.

G. The travel expense budget assumes that each council and the Board of Trustees will hold one of their meetings virtually. The budget also assumes that committees of the BOT will hold all meetings virtually with the exception of the Budget and Finance Committee which will have one in-person meeting. Almost all spouse travel was eliminated for all volunteers except for the President, President-Elect and Executive Director.

H. The budget assumes discontinuation of the following activities:
    a. In person Lobby Day
    b. Center for Professional Success
    c. Member Concierge Service, answering individual member calls
    d. 25% cut in overall Integrated Marketing and Communications support and capacity,
    e. 25% reduction in Recruitment and Retention Campaigns
    f. 40% reduction in paid search and paid media outreach
    g. Marketing support for All ADA external print fulfillment (ADA Catalog, Non-Dues Products, etc.)

I. The draft budget reflects an 8 % net reduction in the ADA workforce, or 14 % excluding employees transferring in from the ADA Foundation. The reduction includes 27 Information Technology employees who will be replaced by an outsourcing partner, as well as position eliminations in other divisions as outlined under “Summaries of Number of Employees” below. The 2021 budget assumes that all employee severance payments will be recorded in 2020, and therefore do not appear in the 2021 budget. Under Generally Accepted Accounting Principles, these costs are reported when the decision is made to restructure the organization and the related liability is created rather than when those costs are paid with cash.

4. Operating Budget by Account and Changes from Prior Year Budget

ADA Operations
Condensed Income Statement
Millions of Dollars

	2019 Act	2020 Budget	2021 Budget	2021 v 2019 Fav / (Unfav) $	2021 v 2019 Fav / (Unfav) CAGR %	2021 v 2020B Fav / (Unfav) $	2021 v 2020B Fav / (Unfav) %
Membership Dues Revenue:							
Before 2021 Dues Increases	55.8	57.8	53.2	(2.6)	-2.4%	(4.6)	-8.0%
1.5 % Increase	-	-	1.3	1.3	NA	1.3	NA
Dues Streamlining	-	-	3.5	3.5	NA	3.5	NA
Subtotal Membership Dues	*55.8*	*57.8*	*58.0*	*2.2*	*1.9%*	*0.2*	*0.3%*
Non Dues Revenue	75.0	75.6	70.8	(4.2)	-2.8%	(4.8)	-6.3%
Total Revenue	**130.8**	**133.4**	**128.8**	**(2.0)**	**-0.8%**	**(4.6)**	**-3.4%**
Employee Costs	62.8	65.6	62.7	0.1	0.1%	2.9	4.4%
Non-Employee Costs	70.5	66.8	71.5	(1.0)	-0.7%	(4.7)	-7.1%
Taxes	0.8	1.0	0.5	0.3	17.0%	0.5	49.1%
Total Expenses & Taxes	**134.1**	**133.4**	**134.7**	**(0.6)**	**-0.2%**	**(1.3)**	**-1.0%**
Net Before Reserves	**(3.3)**	**0.0**	**(5.9)**	**(2.6)**		**(5.9)**	

1 Compound Annual Growth Rate (CAGR %) is the annual average of growth over a defined number of
2 years. For example, the 2021 revenue of $128.8 is a -1.5 % cumulative decline versus 2019, but since
3 this is over two years the CAGR % (annualized average) is -0.8 % per year.

ADA Operations Statement of Activities by Account

Excludes Reserve Spending and Revenue

Thousands of Dollars

	2019	2020 Budget	2021 Budget	2021 v 2019 Fav / (Unfav) $	2021 v 2019 Fav / (Unfav) CAGR %	2021 v 2020B Fav / (Unfav) $	2021 v 2020B Fav / (Unfav) %
Membership Dues	55,822	57,814	57,976	2,154	1.9%	163	0.3%
Advertising	5,990	6,702	5,459	(531)	-4.5%	(1,243)	-18.5%
Rental Income	6,806	7,245	7,124	318	2.3%	(122)	-1.7%
Publication and Product Sales	6,645	6,562	5,208	(1,438)	-11.5%	(1,354)	-20.6%
Testing Fees & Accreditation	27,839	28,916	27,388	(451)	-0.8%	(1,527)	-5.3%
Meeting & Seminar Income	10,415	8,684	8,465	(1,950)	-9.8%	(220)	-2.5%
Grants, Contributions, Sprship	1,700	1,132	3,506	1,806	43.6%	2,374	209.7%
Royalties	9,695	10,896	9,058	(637)	-3.3%	(1,838)	-16.9%
Investment Income	2,051	1,900	1,425	(626)	-16.6%	(475)	-25.0%
Other Income	3,859	3,468	3,231	(628)	-8.5%	(237)	-6.8%
Total Revenue	**130,823**	**133,319**	**128,840**	**(1,983)**	**-0.8%**	**(4,479)**	**-3.4%**
Employee Salaries	44,813	46,896	45,010	(197)	-0.2%	1,886	4.0%
Temporary Help	970	539	563	407	19.2%	(24)	-4.4%
Compensation Adjustments	853	600	800	53	3.0%	(200)	-33.3%
Employee Pension	6,184	6,975	8,093	(1,909)	-16.9%	(1,118)	-16.0%
Other Employee Benefits	6,863	7,129	5,549	1,314	9.2%	1,580	22.2%
Payroll Taxes	3,165	3,432	2,710	455	7.0%	722	21.0%
Consulting Fees & Outside Svcs	10,071	9,447	14,377	(4,306)	-24.3%	(4,930)	-52.2%
Print., Publicat. & Marketing	10,600	9,881	9,203	1,397	6.4%	678	6.9%
Meeting Expenses	4,566	3,412	2,302	2,264	22.3%	1,110	32.5%
Travel Expenses	7,288	6,735	6,031	1,257	8.3%	704	10.4%
Professional Services	9,962	9,399	9,664	299	1.5%	(265)	-2.8%
Bank & Credit Card Fees	1,836	1,451	1,668	168	4.5%	(217)	-14.9%
Office Expenses	5,598	4,855	5,635	(36)	-0.3%	(780)	-16.1%
Facility and Utility Costs	6,933	7,107	7,563	(629)	-4.6%	(456)	-6.4%
Grants and Awards	2,294	2,676	3,448	(1,154)	-29.5%	(772)	-28.8%
Scientific Research Grant	2,198	2,200	-	2,198	41.4%	2,200	100.0%
Endorsement Costs	1,598	1,615	1,367	231	7.0%	248	15.4%
Depreciation and Amortization	6,429	6,305	8,500	(2,071)	-17.7%	(2,196)	-34.8%
Other Expenses	1,110	1,749	1,746	(637)	-34.7%	3	0.2%
Total Expenses	**133,332**	**132,403**	**134,229**	**(897)**	**2.7%**	**(1,827)**	**-1.4%**
Income Tax Expense	768	950	534	234	14.2%	416	43.8%
Net Income	**(3,277)**	**(34)**	**(5,923)**	**(2,646)**		**(5,890)**	
Depreciation	6,429	6,305	8,500				
Operating Capital Expenditures	(2,345)	(1,734)	(3,275)				
Contribution to Capital Reserve	(4,084)	(4,571)	*(5,225)*				
Operating Surplus / (Deficit)	(3,277)	(34)	(5,923)				

The above financial summary compares the proposed 2021 budget against prior actual results and budgets by account category. The operating surplus / (deficit) as defined by the House of Delegates is shown at the bottom of the schedule. The House of Delegates created the capital replacement reserve fund beginning with the 2014 budget. The ADA's annual budgets have historically included capital spending in the "net depreciation and capital add back." Budgets from 2004 through 2012 included only "operating capital" spending and did not include contribution to a capital replacement reserve fund. For the 2015-2021 budgets, the amount of the contributions to the capital replacement reserve fund is determined by the excess of budget deprecation over the operating capital expenditures. This assumes that over a multi-year period depreciation is a rough indicator of the future capital expenditures that will be required to replace aging assets.

Changes in 2021 Budget Versus 2020
Analysis by Account Category

Total revenues in the 2021 budget are $128,840, a $4,479 decrease or 3.4 % versus the 2020 budget. Highlights of various revenue categories are provided below.

Membership Dues: The Division of Member and Client Services estimates the future membership levels for each of 21 dues paying categories and multiplies by the 21 dues rates. The 2021 budget anticipates dues of $57,976, which is $163 higher when compared to the 2020 budget total. These figures reflect a 1.5% inflationary dues increase which adds approximately $1,300 to the budget. The 2021 full dues rate shown in the budget is $573. Dues streamlining which reduces dues discounts added approximately $3,500 to the 2021 budget. Largely offsetting this increase is a reduction in anticipated full dues paying members.

Advertising: This category includes revenues from advertising, royalties, and subscription sales for ADA periodical publications, including ADA News, JADA, and the Huddles. The 2021 advertising revenue (not total publication revenue) of $5,459 represents a decrease of $1,243 or 18.5% from the (pre-COVID) 2020 budget because it anticipates revenue declines due to the ongoing impact of COVID on advertisers. While print advertising has been in decline for some years, ADA publishing is expanding its portfolio of print and digital custom advertising products to rescue losses from traditional print and advertising and to leverage ADA's relative competitive strength emerging from the COVID pandemic. These activities are anticipated to yield $1,580 in custom-advertising and is anticipated to grow in the post-COVID market. ADA publishing is reducing expenses by decreasing the frequency of ADA News in print from 22 issues/year to 12 issues/year, which taking into consideration any possible decreases in advertising produces a net positive revenue of $500K.

Rental Income: This revenue category primarily includes rental income from the Chicago Headquarters and Washington DC Buildings. Revenue of $7,124 is a decrease of $122 or 1.7 % from 2020 budget. The minimal decline is the result of the net cost of anticipated vacancies in 2021.

Publication and Product Sales: This account category, which includes sales across multiple divisions, anticipates a decrease of $1,354 or 20.6 %. The decline is primarily the result of sun-setting select product lines that do not support the mission based model.

Testing Fees and Accreditation: This category continues to be the ADA's largest source of non-dues revenue. Revenues from testing and accreditation fees are expected to decline by $1,527 or 5.3 % versus 2020 budget. The 2021 budget will be the first full year that the Integrated National Board exam will be administered. The discontinuation of National Board Part I in 2020, along with a low demand for the Integrated Exam until National Board Part II is discontinued in 2022, will cause a drop in testing revenue in 2021. This drop in revenue will only partially be off-set by the early release of the DLOSCE. The Admission Test for Dental Hygiene will be in the development stages and will not generate revenue in 2021.

Meeting and Seminar Income: This account category included in multiple divisions projects a $220 or 2.5 % decrease. The decrease is due to a smaller ADA Annual Meeting in 2021 than what was budgeted in 2020. (The comparison of 2021 budget versus 2020 budget does not reflect the cancelation of the 2020

Annual Meeting due to COVID and the anticipated in person meeting to take place in 2021.) Partially offsetting the decline is an increase in Continuing Education areas in 2021.

Grants, Contributions, and Sponsorships: Grants, contributions, and sponsorships are projected to increase by $2,374 or 209.7 %. Sponsorship/contribution revenue increases are the result of in-kind contributions related to GKAS and a grant from the ADA Foundation to cover the staff costs associated with the transfer of Social Responsibility and Philanthropic programs from the ADAF to the ADA.

Royalties: Includes royalties received from ADABEI, *CDT* licenses, domestic and international product licenses, renting of mailing lists and JADA royalties to be paid by Elsevier. This category is projected to decrease by $1,838 or 16.9 % in 2021. The unfavorable variance is partially due to a $961 decline in ADABEI royalty revenue. Additionally, the CVS contract termination reduced the revenue in this category by $500. Finally, royalties from the ADA Morning Huddle decline by approximately $345 in 2021.

Investment Income: Projected revenue of $1,425 for 2021 includes both interest and dividends on reserve fund assets and investment earnings on cash in the operating account. These amounts fluctuate annually.

Other Income: This category is composed of miscellaneous revenue, including such items as overhead reimbursement from subsidiaries and Members Insurance plan, Seal Program revenues, and miscellaneous income from continuing education. The $237 decrease is attributable to $110 decline in Seal Program fees, $100 in JADA and a minimal decline in housing rebates from the ADA Annual Meeting.

Expenses
Analysis by Account Category

Operating expenses are budgeted at $134,229, a $1,827 increase or 1.4 % versus the 2020 budget.

Highlights of various expense categories are provided below.

Salaries (Base Compensation): Base salary expenses are budgeted at $45,010 which is $3,025 or 6.3 % lower than the 2020 budget. As shown in the table below under “ADA Employee Staffing”, the number of full time equivalent employees (“FTE”) at year end is projected at 398.5. The significant staff reductions include outsourcing most Information Technology functions, as well as reductions in: Integrated Marketing and Communications, Practice Institute, Member & Client Services, Business Group, and other divisions. The reduction in IT staffing is offset by an increase in outside service expenses to cover the cost of outsourcing. As shown in the summaries of the number of employees below, the reductions are partially offset by transfers of ADAF Maryland Research employees to ADA Operations. In 2021, all employees of the Science and Research Institute will be reported in a new subsidiary, funded by a fee from ADA Operations equal to the division net expenses shown in this budget. The 2021 budget includes a 3 % merit increase pool and a 1 % pool for market adjustments, and assumes that open positions are filled on July 1 rather than January 1 due to anticipated open positions throughout the year.

Compensation Adjustments: This category includes expense associated with severance pay and service awards. The 2021 budget is expected to increase by $200 when compared to 2020 budget. The increase is to bring the 2021 more in line with recent actual results. Severance payments related to the employee reductions referenced above will be reported as 2020 expenses.

Temporary Help: This category includes temporary/interim staff for the annual meeting, as well as other division support to assist divisions when staff positions are open during the year and for specific needs in lieu hiring additional full-time staff. This category is expected to see a minimal increase of $24 when compared to the 2020 budget.

Pension Fund: This category is to cover annual contributions to the scaled back pension plan that went into effect January 1, 2012 as well as the liability of the full employee pension plan that was offered to employees prior to 2012. The cost reflected in this category represents estimated plan contributions

required based on actuarial assumptions. This category is expected to increase in 2021 by $1,025 when compared to 2020.

All Other Benefit Costs: Expenses in this category include group medical premiums, dental direct reimbursement, life insurance, 401(k) contribution and workers compensation. The 2021 expenses in this category are expected to decrease by $1,580 when compared to the 2020 budget. The decline is due to reductions in staff which decrease group medical premiums, dental direct reimbursement and life insurance. Additionally, the 401(k) plan contribution to staff is suspended for 2021 but the Board of Trustees at their discretion could decide at the conclusion of 2021 to make a contribution to the plan.

Payroll Taxes: This category includes expense associated with employer related taxes such as FICA, SUI and FUI. This category is expecting a significant decrease due to staff reductions in 2021.

Consulting Fees and Outside Services: 2021 expenses in this area increased by $4,930 or 52.2 % when compared to the 2020 budget. IT added $4,419 in expenses to this category due to IT outsourcing much of its work which will be partially offset by corresponding staff reductions.

Printing, Publications and Marketing: In 2021, this category anticipates a decrease of $678 or 6.9 % when compared to 2020. The decline is due to a reduction in Integrated Marketing and Communications related to: elimination of marketing's support of ADA print fulfillment for non-dues revenue products, print direct mail for recruitment and retention efforts, reduction in outside design, reduction in promotions and marketing outreach, paid media and search, reductions in communications, Seal promotion and non-dues targeted activation. Partially offsetting the decline in this category are increases related to the ADAF Social Responsibility and Philanthropic programs being transferred to the ADA and minimal increases across several other divisions.

Meeting Expenses: The 2021 budget anticipates a favorable variance of $1,110 or 32.5 %, largely attributable to no site distribution expenses associated with the ADA's Annual Meeting in 2021 in Las Vegas. Also shuttle service expenses in Las Vegas are much lower than Orlando. Additionally, Lobby Day moving to a virtual event will provide savings in 2021.

Travel Expenses: Travel expenses are usually comprised of about three quarters volunteer travel and one quarter staff travel. Budgeted expenses for travel are projected to decrease by 10.4 % or $704 versus the 2020 budget. Volunteer and staff travel was reduced Association-wide. The 2021 budget assumes that each council and the Board of Trustees will hold one of their meetings virtually; the committees of the BOT will hold all meetings virtually with the exception of the Budget and Finance Committee which will have one in-person meeting; spouse travel is eliminated for all volunteers except for the President, President-Elect and Executive Director. Volunteer travel does include BOT spouse travel to the House of Delegates meeting, retreat and constituent society meetings.

Professional Services: 2021 expenses are expected to increase by $265 or 2.8 % versus 2020. The increase is related to transfers in of the Maryland Research organization from the ADA Foundation, and minimal increases in several divisions throughout the Association. Partially offsetting the increase is a reduction in test administration fees as a result of the discontinuation of National Board Part I in 2020.

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

Office Expenses: The $780 increase is largely due transferring the ADA Foundation research activities to the ADA Science and Research Institute, LLC. Audio visual rental expenses related to the Annual Meeting and HOD are also higher in 2021 as well as an increase in FDI membership dues.

Facility and Utility Costs: These expenses represent costs for building management and operations, maintenance, and real estate taxes for the ADA Headquarters, Washington DC buildings and office rental expense at NIST facility. The increase of $456 is due to: facility costs at the NIST facility resulting from the transfer in of Maryland Research from the ADA Foundation, an increase in building management fees, and building maintenance costs.

Grants and Awards: This category provides expenses associated with specific functions and support of GKAS events. The 2021 budget anticipates an increase of $772 when compared to the 2020 budget. The increase is due to adding $1,000 to the budget for in-kind expenses related to GKAS. The in-kind expense is offset by in-kind revenue. The GKAS expense is part of the ADA Foundation Social Responsibility and Philanthropic transfer to the ADA. Partially offsetting the increase is a $250 reduction in funds for SPA grants to state societies.

Endorsement Costs: This category represents royalty payments to state dental societies that participate in the ADABEI royalty program and to the AMA for use of medical codes in *CDT* related products. There is a decline of $248 in this category which is a direct result of the continued decline in royalty revenue from ADABEI.

Depreciation and Amortization: Depreciation is calculated annually based on prior year and proposed current year capital acquisitions. The increase of $2,196 in 2021 is primarily due to the $7,000 digital transformation funding (from reserves) in 2020, adding approximately $1,300 in IT related depreciation expense to the 2021 budget. Also, it is anticipated that there will be a $622 increase in tenant and building improvements in the Chicago and Washington D.C facilities. Finally, additional capital investments in the ADASRI labs, AV, furniture and fixtures added $274 in expense in 2021.

Other Expenses: Other expenses include general insurance, recruiting costs, staff development, and the Board contingency fund. This category showed a minimal decline.

Scientific Research Grant: The ADA budget no longer includes a $2,200 grant to the ADA Foundation for Scientific Research. The research activities are now budgeted in the ADA Science and Research Institute, LLC which is reflected in this budget within ADA Operations.

Income Tax Expense: The decline in income taxes totaling $416 is a direct result of reductions in advertising revenue. ADA News will be distributed once a month starting in 2021 vs bi-monthly in prior years.

5. Summaries of Number of Employees

ADA Operations
Changes in Number of Employees
Effect of Outsourcing and Transfers versus Eliminations not Replaced

	Number	Percent Change
2020 Budget	435.4	
Net Change Not Replaced by Outsourced	(35.9)	-8%
Information Technology Outsourcing	(27.0)	-6%
Subtotal Changes Before Transfers in from ADA Foundation	(62.9)	-14%
Transfers in from ADA Foundation:		
Accounting	2.0	0%
Philanthropy	4.0	1%
Science	20.0	5%
Total Changes	(36.9)	-8%
2021 Budget	398.5	

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

			2021 versus 2020	
	2020 Budget	**2021 Budget**	**Variance**	**Notes**
Administrative Services	15.0	20.0	5.0	+4 Transfers in from ADAF Philanthropy, +1 SVP Operations
Marketing & Communications	35.0	27.0	(8.0)	-6 Eliminations across marketing, -2 Transfers to Member & Client Services
Business Group	58.0	48.0	(10.0)	Various open and filled positions across multiple product areas
Education	72.0	71.0	(1.0)	Senior Psychometrician
Finance, Buildings & Operations	31.8	31.8	-	+2 Transfers from ADAF, -1 Payables, -1 Receivables
Government Affairs	29.0	28.0	(1.0)	-1 Access & Prevention
Health Policy Institute	13.0	13.0	-	
Human Resources	8.0	8.0	-	
Technology	50.0	15.0	(35.0)	-2 Aptify, -3 Internal IT, -3 Transfer to M&CS, -27 Outsourced
Legal Affairs	16.6	16.6	-	
Member & Client Services	43.0	41.0	(2.0)	+3 Transfers from IT, +2 Transfers from Marketing, -4 Memb Info, -3 Memb Svcs Ctr
Practice Institute	29.0	24.0	(5.0)	-3 Center for Professional Success, -2 Other
Research & Science Institute *	35.0	55.1	20.1	Maryland Research transfer in from Foundation
Total	**435.4**	**398.5**	**(36.9)**	

** When Financial reporting is revised to reflect the ADASRI subsidiary, employees will be transferred out of ADA Operations and the employee expense will be replaced by an equal payment to the subsidary.*

6. Membership Dues:

Below is a bridge from 2019 actual membership dues to 2021 budget. The bridge begins with the 2019 actual result, then identifies each change from 2019 to 2021, summing up to the resulting 2021 budget.

	Number of Full Dues Members	Dues Revenue $M
2019 Actual	**83,161**	**$55.8**
Changes from 2019 to 2021 Budget:		
2020 Inflationary Dues Increase		$1.1
2021 Inflationary Dues Increase		$1.3
Eliminate Fourth Year Out of School Discount	3,013	$0.4
All Other Dues Streamlining		$3.1
Change in Number of Full Dues Members	-2,414	$-1.4
Change in all Other Dues Categories		$-2.3
Total All Above Changes	**599**	**$2.2**
2021 Budget	83,760	$58.0

7. Revenue Detail

ADA Operations Revenue Summary by Account

	Actuals $K	2020 Budget	2021 Budget	FY2021	
	FY2019	FY2020	FY2021	vs. 2019 Act	vs. 2020 Bud
Revenue					
Membership Dues					
401001 - Member Dues	56,115	57,814	57,976	1,861	163
401005 - Membership Dues Prior Year	(264)	-	-	264	-
401010 - Member Dues Refunds	(29)	-	-	29	-
Total Membership Dues	**55,822**	**57,814**	**57,976**	**2,154**	**163**
Advertising					
405001 - Display - Advertising	5,363	5,850	3,465	(1,898)	(2,385)
405002 - Classified Advertising	344	68	231	(113)	163
405003 - Classified Display Advertising	99	424	67	(33)	(357)
405004 - Display Advertising - DPS	17	160	45	28	(115)
405005 - Custom Content Program	-	-	1,580	1,580	1,580
405092-Display Advertising XADA	108	36	32	(76)	(4)
405093-Display Advertising XOP	58	164	39	(19)	(125)
Total Advertising	**5,990**	**6,702**	**5,459**	**(531)**	**(1,243)**
Rental Income					
410001 - Building Rental Income	6,339	6,730	6,806	468	76
410002 - Parking Space Rental	71	77	64	(7)	(13)
410003 - Straight line rental inc adj	(8)	69	(104)	(95)	(173)
410100 - Tenant Chargeback Revenue	149	78	69	(80)	(9)
410200 - Rental Income Other	78	113	107	29	(7)
410901 - Building Rental Inc-Interco - ADA	115	115	118	3	3
410911 - Building Rental Income - 501(c)(6)	62	63	63	1	(0)
Total Rental Income	**6,806**	**7,245**	**7,124**	**318**	**(122)**
Publication and Product Sales					
415003 - Product Sales	5,822	5,860	4,256	(1,565)	(1,604)
415004 - Product Refunds & Adjustments	(111)	-	(23)	89	(23)
415005 - Prod Subscription defrl/recog	108	13	52	(56)	39
415006 - PDS CE Exams	106	95	76	(30)	(19)
415100 - Reprint Revenue	9	20	-	(9)	(20)
415110 - Shipping and Handling	417	425	340	(77)	(85)
415500 - Sales-Miscellaneous	228	48	451	223	402
425001 - Subscription Income	39	47	36	(3)	(11)
415593 - Misc Sales Interco XOP	28	54	19	(9)	(35)
Total Publication and Product Sales	**6,645**	**6,562**	**5,208**	**(1,438)**	**(1,354)**
Testing Fees & Accreditation					
430001 - NBDE Testing	11,675	12,533	10,838	(837)	(1,695)
430002 - Dental Admission Testing	6,965	6,901	7,165	199	263
430003 - DAT Transcript Fees	280	334	269	(11)	(65)
430004 - Transcripts/Miscellaneous Fees	1,269	1,314	937	(332)	(377)
430005 - NB Part I Exam	1,011	620	682	(329)	63
430006 - NB Part II Exam	499	566	593	95	27
430007 - NB Dental Hygiene Exam	96	84	88	(8)	4
430008 - Non Accredited ADAT Fee	32	32	33	1	2
430009 - ADAT Testing Revenue	161	169	176	14	7
430010 - ADAT Transcript Fees	20	14	20	0	6
430011 - OSCE Testing Fee	-	240	641	641	401
430012 - OSCE Transcript Fee	-	3	-	-	(3)
430100 - OAT Testing Fees	1,661	1,800	1,664	4	(136)
430101 - OAT Transcript Fees	36	47	47	11	-
430200 - Accreditation Fees	3,633	3,800	3,776	142	(24)
430201 - Accreditation Application Fee	253	196	196	(57)	-
430202 - CODA Admin Fee	95	78	78	(17)	(0)
430300 - Intl Consult & Accred Fees	60	55	55	(5)	-
430301 - Intl Serv Reimbursement	33	30	30	(3)	-
430700 - Other O/S Client Tstng Svc Rev	60	100	100	40	-
Total Testing Fees & Accreditation	**27,839**	**28,916**	**27,388**	**(451)**	**(1,527)**

	Actuals $K	2020 Budget	2021 Budget	FY2021	
	FY2019	FY2020	FY2021	vs. 2019 Act	vs. 2020 Bud
Revenue					
Meeting & Seminar Income					
435001 - Exhibit Space Rental	6,153	5,028	3,920	(2,233)	(1,108)
435100 - Registration Fees	1,047	1,244	1,875	828	631
435200 - Seminars	4	7	7	3	(0)
435300 - Ticket Sales	1,909	1,347	1,553	(356)	206
435301 - Ticket Sales Special Events	187	63	244	57	181
435400 - CERP Fees	413	376	417	4	41
435700 - Housing Rebate	691	620	450	(241)	(170)
435710 - Other Vendor Rebates	10	-	-	(10)	-
Total Meeting & Seminar Income	**10,415**	**8,684**	**8,465**	**(1,950)**	**(220)**
Grants, Contributions, Sprship					
440001 - Corp. Sponsorships-Non-Taxable	889	634	463	(427)	(172)
440002 - Contribution Revenue	339	178	262	(76)	84
440003 - In-Kind Contributions	-	-	1,000	1,000	1,000
440004 - Grant Revenue	60	20	107	47	87
440005 - Continuing Education Grants	303	220	380	77	160
440006 - Corporate Sponsorships-Taxable	-	-	48	48	48
440400 - Transfers Between Activities	-	-	1,167	1,167	1,167
440901 - Contribution Revenue (XADA)	100	50	50	(50)	-
440902 - Corporate Grants (XALL)	-	30	30	30	-
440911 - Corporate Grants XADA	9	-	-	(9)	-
Total Grants, Contributions, Sprship	**1,700**	**1,132**	**3,506**	**1,806**	**2,374**
Royalties					
450001 - Mailing List Royalties	462	600	450	(12)	(150)
450020 - Cred Card Roylties&Srvc Fees	1,312	1,396	1,123	(189)	(274)
450030 - Cred Card Proc Roylty&Srvc Fee	387	458	152	(235)	(305)
450040 - Prac.Fincing Roylties&Srvc Fee	1	431	25	24	(406)
450050 - Patnt Fincing Royal&Srvc Fees	934	934	1,028	95	95
450055 - Emergency Medical Kits	56	9	25	(31)	16
450078 - Sharps Royalties	10	9	3	(7)	(5)
450079 - Almalgam Separation Royalties	6	6	6	0	0
450080 - On-hold Mess Roylts&Srvc Fees	8	8	9	0	0
450086 - Proll Proc Royalties&Srvc Fees	241	16	15	(226)	(1)
450088 - Translation Svc Royalt & Svc Fees	2	0	0	(2)	0
450089 - Tours Royalties and Svc Fees	6	6	0	(5)	(5)
450090 - Dent Recrds Royalts&Srvc Fees	6	-	-	(6)	-
450093 - Apprl for Staff Roylts&SrvcFee	45	6	23	(21)	18
450094 - Shipping Royalties&Srvc Fees	10	51	9	(1)	(42)
450095 - Appliance Royalties&Srvc Fees	6	8	3	(3)	(5)
450096 - Computer Royalties&Servce Fees	8	6	6	(2)	0
450097 - Utility Royalties & Svc Fees	-	6	-	-	(6)
450098 - Auto Royalty & Service Fees	73	108	25	(48)	(83)
450099 - Marketing Services Fees	151	167	89	(62)	(78)
450100 - Royalties - Other	2,679	3,112	2,310	(369)	(802)
450200 - CDT Licensing Royalties	3,277	3,525	3,600	323	75
450300 - Continuing Education Royalties	16	-	-	(16)	-
490099 - New Product Royalties	-	-	110	110	110
450045 - ADA TV Royalties Svc Fees	-	36	46	46	10
Total Royalties	**9,695**	**10,896**	**9,058**	**(637)**	**(1,838)**
Investment Income					
455001 - Interest	4	-	-	(4)	-
455002 - Dividends	320	400	300	(20)	(100)
455100 - Capital Gain/Losses	33	-	-	(33)	-
455200 - Unrealized App/Dep Invest	8	-	-	(8)	-
455990 Reserve Earnings Transfer XGF	1,686	1,500	1,125	(561)	(375)
Total Investment Income	**2,051**	**1,900**	**1,425**	**(626)**	**(475)**

	Actuals $K	2020 Budget	2021 Budget	FY2021	
	FY2019	FY2020	FY2021	vs. 2019 Act	vs. 2020 Bud
Other Income					
490003 - Concession Service Income	102	105	89	(13)	(16)
490004 - Service Income - Other	832	766	765	(67)	(1)
490013 - Eligibility Extension Request	-	-	11	11	11
490020 - Tenant Workorder Billings	54	45	45	(9)	(0)
490022 - Cost of Owner Workorders	(131)	(142)	(120)	11	22
490100 - Seal Program Maintenance	900	957	957	57	(0)
490101 - Seal Program Submission Fees	515	170	60	(455)	(110)
490110 - International Seal Prog Main	-	33	-	-	(33)
490111 - International Submission Fees	3	-	-	(3)	-
490200 - Insurance Reimbursement	593	750	750	157	0
490700 - Miscellaneous Income	834	566	501	(333)	(65)
490931 - In_House Lgl Fees-Interco XADA	41	68	57	16	(12)
490942 - Overhead Income XADA	116	150	116	(0)	(34)
Total Other Income	**3,859**	**3,468**	**3,231**	**(628)**	**(237)**
Total Revenue	**130,823**	**133,319**	**128,840**	**(1,983)**	**(4,479)**

8. Capital Expenditures and Capital Replacement Fund

American Dental Association		
Budget Depreciation and Capital Expenditures		
$ 000		
	2020 Budget	**2021 Budget**
Depreciation/Amortization	**$6,304**	**$8,500**
Operating Capital Expenditures		
Science Institute	(87)	(300)
Division of Conferences and Continuing Education	-	(60)
Finance & Operations, Buildings	(626)	(1,090)
Information Technology	(1,021)	(1,825)
Total	**(1,734)**	**(3,275)**
Net-Contribution to Replacement Fund	**(4,570)**	**(5,225)**
Total Operating Capital + Contribution to Replacement Fund	**(6,304)**	**(8,500)**
Capital Replacement Fund		
Contributions	**(4,570)**	**(5,225)**
Replacement Fund Capital Expenditures		
Finance and Operations, Buildings	(2,240)	(5,657)
Replacement Fund Net Contributions Less Expenditures	**$ 2,330**	**$ (432)**
Total Capital Expenditures	**$ (3,974)**	**$ (8,932)**

Note: the above schedule reflects capital expenditures from operations and the capital replacement fund, but not capital expenditures previously approved by the Board of Trustees to be funded from the long term investment fund.

Depreciation Detail by Division: The schedule below provides a detailed listing of current year capital projects with the impact on 2021 depreciation totals by division. Any prior year depreciable assets are consolidated by division and included in the totals.

2021 Depreciation Detail by Division	
$ 000	
	2021
Division/Description	**Depreciation**
Conference & Continuing Education	
Prior Years Depreciable Assets	$ 49
Conf Center furniture & soft goods	2
Tech upgrades on 2 and 22	3
Replacement China and catering equipment	2
Total Conference & Continuing Education	**56**
FINOPS - Headquarters Building	
Prior Years Depreciable Assets	1,379
Capital OP: Dock Trench Waterproofing/Concrete Replacement	6
Capital RES: Roof Replacement	103
Capital RES: Elevator Performance & Interior Upgrades	4
Capital RES: Façade Recaulking	83
Capital OP: East Stairwell LED	2
Capital OP: Condensate 3rd Fl Tank Replacement	15
Total FINOPS - Headquarters Building	**1,592**
FINIOPS - Washington DC Building	
Prior Years Depreciable Assets	918
Fire/Life Safety Project	1
Capital Fund Construction Mgmt	6
Air Compressors - Penthouse Controls	2
Capital Fund Engineering Fees	3
HVAC Project	1
Capital Fund architectural/design	2
Common Area Improvements	1
Capital Fund Tenant Improvements	60
Electrical Project	0
Domestic Water Booster Pumps	1
Total FINOPS - Washington DC Building	**994**
FINOPS - Central Services	
Prior Years Depreciable Assets	120
Assn-Wide Furniture	5
Agile Project Meeting Space	13
Private Mothers Room (HR)	5
Replace Dupl B/W/Color Prtr	28
Total FINOPS - Central Services	170

2021 Depreciation Detail by Division	
$ 000	
	2021
Division/Description	**Depreciation**
Information Technology	
Prior Years Depreciable Assets	2,289
Telephone System Replacement - Additional Cost	105
Desktops	1
Network Upgrades	2
Laptops	13
Monitors	1
Network Printers	1
Network Servers & Hardware	4
Aptify CODA, CERP, DTS Enhancements	10
Aptify Support & System Enhancements	6
Aptify Enterprise Upgrade	4
Robotic Process Automation (DME)	72
ADA.org Redesign (DME Project)	625
Aptify eCatalog Upgrade (DME Project)	22
Aptify Meetings Upgrade (DME Project)	13
Sitefinity v12.3 Upgrade (DME Project)	12
Sitefinity v12.3 Testing (DME Project)	10
Sitecore Infrastructure & DevOps (DME Project)	76
Aptify eBusiness 6.0 (DME Project)	40
UI Path Software Licenses (DME Project)	17
Aptify LMS Upgrade (DME Project)	18
MyADA Desktop (DME Project)	22
Total Information Technology	**3,361**
ADA Science & Research Institute	
Prior Years Depreciable Assets	198
Chicago Equipment Lab 1	7
Chicago Equipment Lab 2	6
ITR Lab 1 Equipment	17
ITR Lab 2 Equipment	9
ITR Lab 3 Equipment	6
Total ADA Science & Research Institute	**243**
Health Policy Institute Prior Years Depreciable Assets	**4**
Government Affairs Senate & House Buildings	**298**
Central Administration Depreciation Pre 2011 Assets	**1,780**
Total ADA 2021 Budget - Depreciation	**$ 8,499**

Capital Replacement Reserve Fund (Established in 2013): This reserve fund was created by the 2012 House of Delegates to eliminate the need for special membership dues assessments to fund large asset replacements. Each year the excess of depreciation over operating capital is contributed to the capital reserve fund. The schedule below is intended to provide a roll-forward of the balance of the capital replacement fund from year-end 2019 through 2021.

Capital Replacement Fund Balance as of 12/31/19	**$**	**6,217**
2016 WIP Capital Projects		(154)
2018 WIP Capital Projects		(103)
2019 WIP Capital Projects		(1,890)
2020 Budgeted Capital Spend (Operating & Reserves)		(2,240)
Replacement Fund Contribution 2020		4,603
Replacement Fund Contribution 2021		5,225
2021 Replacement Fund Requests		(5,657)
Projected Capital Replacement Fund Balance 12/31/21	**$**	**6,001**

9. Forecast of Reserve Balances

2020 Reserves Projection					
Thousands of Dollars					
	2020 Reserve Balances				
	Capital Formation	**Investment**	**Royalty**	**Capital Replacement**	**Total Res Fund**
Beg Balances as of 6/30/20	**5,529**	**80,471**	**62,411**	**7,715**	**$ 156,126**
Replacement Fund Contribution Remainder of Year				2,301	2,301
Spending/Commitments					
2016 WIP Capital Projects				(154)	(154)
2018 WIP Capital Projects				(103)	(103)
2019 WIP Capital Projects				(1,086)	(1,086)
Retiree Medical Obligation		(13,247)			(13,247)
Reserve/Innovation Fund Remaining Commitments		(10,934)			(10,934)
2020 Budgeted Capital Spend (Reserves)				(2,240)	(2,240)
Total Reserve Spending Commitments	**-**	**(24,181)**	**-**	**(3,583)**	**(27,764)**
Potential Reserve Spending/Commitments					
Fund 2020 Projected Deficit		(12,756)			(12,756)
2020 Mitigation Actions After Initial Forecast		7,951			7,951
2020 Employee Severance Costs		(2,632)			(2,632)
Total Potential Reserve Spending/Commitments	**-**	**(7,437)**	**-**	**-**	**(7,437)**
Projected Reserve Balance 12/31/20	**$ 5,529**	**48,853**	**62,411**	**6,433**	**$ 123,226**

2021 Reserves Projection					
Thousands of Dollars					
	2021 Reserve Balances				
	Capital Formation	**Investment**	**Royalty**	**Capital Replacement**	**Total Res Fund**
Beg Balances as of 12/31/20	**5,529**	**48,853**	**62,411**	**6,433**	**$ 123,226**
Additions to Reserve Funds					
Replacement Fund Contribution 2021				5,225	5,225
2021 Royalty			6,345		6,345
Total Additions to Reserve Funds	**-**	**-**	**6,345**	**5,225**	**11,570**
Spending Commitments					
2021 Replacement Fund Requests				(5,657)	(5,657)
Total Reserve Spending Commitments	**-**	**-**	**-**	**(5,657)**	**(5,657)**
Potential Reserve Spending/Commitments					
Fund 2021 Projected Deficit		(5,923)			(5,923)
Digital Transformation Funding		(4,000)			(4,000)
ADABIG/ADAPT 2021 Possible Request		(5,000)			(5,000)
Total Potential Reserve Spending/Commitments	**-**	**(14,923)**	**-**	**-**	**(14,923)**
Projected Reserve Balance 12/31/21	**5,529**	**33,930**	**68,756**	**6,001**	**$ 114,216**

10. Recap of 2019 Results

ADA Operations								
2019 Statement of Activities								
Excludes Non-Operating Revenue and Expenses								
Thousands of Dollars								
					2019 v 2018		2019 v 2019B	
		2018	2019	2019	Fav / (Unfav)		Fav / (Unfav)	
		Actual	Budget	Actual	$	%	$	%
Revenue								
Membership Dues		$ 54,597	$ 57,275	$ 55,822	$ 1,226	2.2%	$(1,453)	-2.5%
Education Division		26,968	28,122	27,839	871	3.2%	(282)	-1.0%
Publishing, Products, Annual Meeting		20,647	24,954	23,050	2,403	11.6%	(1,904)	-7.6%
Other Revenue		24,497	23,829	24,112	(385)	-1.6%	283	1.2%
Total		126,708	134,180	130,823	4,115	3.2%	(3,357)	-2.5%
Expenses								
Employee Costs		61,032	63,876	62,848	(1,816)	-3.0%	1,028	1.6%
Outside Services								
Education		7,032	6,892	7,448	(416)	-5.9%	(555)	-8.1%
Publishing, Products, Annual Meeting		13,129	16,739	17,613	(4,484)	-34.2%	(874)	-5.2%
Information Technology		3,800	3,585	3,764	37	1.0%	(179)	-5.0%
Buildings		7,654	6,844	7,327	326	4.3%	(483)	-7.1%
Board Contingency		318	750	335	(16)	-5.1%	415	55.4%
Communications & Marketing		2,647	4,771	4,133	(1,486)	-56.1%	638	13.4%
Administrative Services		2,766	2,771	2,885	(119)	-4.3%	(114)	-4.1%
Member and Client Services		1,477	1,507	1,575	(97)	-6.6%	(67)	-4.4%
Government Affairs		4,280	4,036	4,015	265	6.2%	21	0.5%
Other Divisions		5,520	5,658	5,473	47	0.8%	184	3.3%
Total Outside Services		48,624	53,554	54,568	(5,945)	-12.2%	(1,014)	-1.9%
Travel Expenses		6,723	6,967	7,288	(565)	-8.4%	(321)	-4.6%
ADA Health Foundation Grant		2,200	2,198	2,198	2	0.1%	0	0.0%
Depreciation and Amortization		6,669	6,475	6,429	240	3.6%	45	0.7%
Total Expenses		125,248	133,071	133,332	(8,084)	-6.5%	(261)	-0.2%
Taxes		1,033	950	768	265	25.7%	182	19.1%
Net Income before Reserves		427	159	(3,277)	(3,704)	-867.6%	(3,436)	

Membership dues revenue decreased more than anticipated in the budget, while Education related revenue grew over prior year but decreased compared to budget. Publishing, Products, and Annual Meeting came in below budgeted revenue in 2019 driven primarily by declining advertising revenue.

Within employee costs, base salaries and fringe benefits were below budget but temporary and interim employees were slightly above budget. Outside services, which includes expenses for consulting, printing, and marketing, was up from last year and had been budgeted to grow by 10%. Much of the expected growth in outside services was in Communications/Marketing and Publishing, Products, Annual Meeting with Communications/Marketing coming in above prior year and below budget and Publishing, Products, Annual Meeting coming in above both prior year and budget. Also in outside services, spending from the Board Contingency was both below budget and slightly above prior year. Travel expenses were budgeted to increase and came in higher than prior year and budget. The Grant to the ADA Foundation was budgeted to stay at the 2018 level and came in on budget. Depreciation was below budget and prior year with the timing of capital purchases the main contributor.

11. Headquarters Building Valuation

The House adopted Resolution 69H-2002 (Trans.2002:372) directing that the estimated market value of the ADA headquarters building be included in Board Report 2. In June of 2020, real estate transaction professionals in Chicago estimated a gross sale value (before transaction costs) of $79.6 million. This estimate represents the amount that a potential buyer would pay for the ADA Chicago HQ building for a sale leaseback as office space using mid-case assumptions. This valuation does not necessarily represent the “highest and best use” value of the building which may be substantially higher.

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

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

Separately, In June of 2020 real estate professionals estimated the gross sale value (before transaction costs) The ADA office building on 14th Street in Washington D.C at $16.0 million.

12. Detail on Each Division and Department

ADA Operations

Net Income by Division
Millions of Dollars

	2020 Budget	2021 Budget	Var Fav / (Unfav)	
Membership Dues	57.8	58.0	0.2	Includes $4.8 in dues streamlining and inflationary increase
Contingency	(0.7)	(0.7)	0.0	
Administrative Services	(7.2)	(7.6)	(0.4)	Increased House of Delegates expense and employee position added
Business Group	6.6	4.2	(2.4)	Declines in Annual Meeting and other product areas
Central Administration	(4.5)	(2.9)	1.6	$2.2 Grant to Foundation now reported in R&SI (below)
Education	12.2	10.8	(1.4)	Lower testing revenue due to discontinuation of Ntl Board Part I exam
Finance, Operations & Buildings	(3.6)	(5.6)	(2.0)	Lower revenue from investments & DC Bldg, increase in depreciation
Health Policy Institute	(2.6)	(2.6)	0.0	
Government & Public Affairs	(10.0)	(9.1)	0.9	$0.6 change to virtual Lobby Day, $0.2 reduction in SPA grants
Human Resources	(2.1)	(2.0)	0.1	
Information Technology	(13.5)	(14.3)	(0.8)	Net of increase on digital transform and 3 employees transf to M&CS
Legal Affairs	(4.3)	(4.4)	(0.1)	
Marketing & Communications	(9.7)	(6.9)	2.7	Reductions across marketing and 2 employees transf to M&CS
Member and Client Services	(7.2)	(8.8)	(1.6)	Employee transfers-in, $0.4 temp help, $0.5 Client SVCS non-employee
Practice Institute	(6.9)	(5.6)	1.3	Sunset Center for Prof Success; other reductions
Research & Science Institute	(4.3)	(8.3)	(4.0)	Transfers from Foundation; replaces $2.2 grant in Central Admin
ADA Operations	**(0.0)**	**(5.9)**	**(5.9)**	

2021 Operating Budget by Division

Millions of Dollars

	Board Contingency	Administrative SVCS	Central Administration	Mkt & Communications	Business Group	Education	Finance, Ops, & Blds	Government Affairs	Health Policy Institute	Human Resources	Information Technology	Legal Affairs	Member & Client SVCS	Practice Institute	Research & Science	Total ADA Operations
Membership Dues	-	-	-	-	-	-	-	-	-	-	-	-	58.0	-	-	58.0
Non-Dues Revenue	-	2.2	2.9	0.0	26.0	28.2	9.8	0.1	-	-	-	0.1	0.2	0.2	1.1	70.9
Total Revenue	**-**	**2.2**	**2.9**	**0.0**	**26.0**	**28.2**	**9.8**	**0.1**	**-**	**-**	**-**	**0.1**	**58.2**	**0.2**	**1.1**	**128.8**
Salaries and Temp help		3.1	1.2	3.2	5.6	6.3	3.3	3.3	1.5	1.0	2.2	2.7	4.8	3.0	5.3	46.4
Fringe Benefits		0.8	0.5	1.1	2.0	2.7	1.3	1.1	0.5	0.3	0.6	0.7	1.7	1.0	2.1	16.4
Consulting & Outside Svcs		0.7	0.2	0.5	2.7	0.3	0.2	1.1	0.6		6.5		0.2	1.1	0.3	14.4
Print., Publicat & Marketg		0.4		2.0	6.0			0.1		0.2			0.4	0.2	0.1	9.2
Meeting Expenses		0.2			1.7			0.1					0.2	0.1		2.3
Travel Expenses		1.5		0.1	0.8	1.4	0.1	0.7			0.1	0.1	0.7	0.3	0.3	6.0
Professional Services		1.5	0.1		0.9	5.4	0.4	0.1				1.0	0.1		0.4	9.7
Bank & Credit Card Fees					0.3	0.6							0.7			1.7
Office Expenses		0.7	0.1		1.7	0.4	0.1	0.2			1.5		0.1	0.2	0.6	5.6
Facility and Utility Costs					0.2		7.1	0.1							0.2	7.6
Grants and Awards		1.0	0.1					2.1					0.3			3.4
Endorsement Costs			1.0			0.4										1.4
Depreciation			1.8		0.1		2.8	0.3			3.4				0.2	8.5
Other Expenses	0.7		0.3		0.1		0.1			0.5						1.7
Total Expense	**0.7**	**9.8**	**5.3**	**7.0**	**21.9**	**17.5**	**15.4**	**9.2**	**2.7**	**1.9**	**14.3**	**4.5**	**9.0**	**5.8**	**9.4**	**134.2**
Income Taxes			0.5													0.5
Net Income	**(0.7)**	**(7.5)**	**(2.9)**	**(7.0)**	**4.1**	**10.8**	**(5.6)**	**(9.1)**	**(2.7)**	**(1.9)**	**(14.3)**	**(4.4)**	**49.2**	**(5.5)**	**(8.3)**	**(5.9)**

ADMINISTRATIVE SERVICES

Administrative Services Division Summary By Natural Account					
	Actuals $K	2020 Budget	2021 Budget	FY2021	
	FY2019	FY2020	FY2021	vs. 2019 Act	vs. 2020 Budg
Revenue					
Grants, Contributions, Sprship	50	12	2,226	2,176	2,214
Other Income	0	5	5	5	1
Total Revenue	50	17	2,231	2,181	2,215
Expense					
Salaries and Temporary Help	2,421	2,424	3,084	(663)	(660)
Fringe Benefits	641	661	795	(154)	(134)
Consulting Fees & Outside Svcs	618	528	666	(48)	(138)
Print., Publicat. & Marketing	51	57	379	(328)	(322)
Meeting Expenses	151	136	162	(11)	(25)
Travel Expenses	1,347	1,330	1,487	(140)	(157)
Professional Services	1,422	1,461	1,462	(40)	(1)
Office Expenses	596	605	716	(120)	(111)
Facility and Utility Costs	1	0	0	1	0
Grants and Awards	41	19	1,029	(988)	(1,011)
Other Expenses	6	4	12	(6)	(8)
Total Expense	7,294	7,225	9,791	(2,497)	(2,566)
Net Income	(7,244)	(7,208)	(7,560)	(316)	(352)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1050000000 - Office of the Executive Director	9.0	-	1,993	51	46	-	-	(2,091)
1050010000 - Strategy Management	0.0	-	-	24	5	-	-	(30)
1050050000 - Board of Trustees	5.0	-	596	-	1,390	-	-	(1,986)
1050050015 - BOT-Annual Meeting	0.0	-	-	76	-	-	-	(76)
1050050020 - BOT-Committee Meetings	0.0	-	-	300	32	-	-	(332)
1050050025 - BOT-Constituent Annual Meetings	0.0	-	-	63	-	-	-	(63)
1050050030 - BOT-In District Travel	0.0	-	-	22	-	-	-	(22)
1050050035 - BOT-Conferences	0.0	-	-	112	5	-	-	(117)
1050050050 - BOT-Liaison Activities	0.0	-	-	80	-	-	-	(80)
1050050055 - December Board Retreat	0.0	-	-	102	30	-	-	(131)
1050100000 - Office of the President	1.0	-	402	105	26	-	-	(533)
1050150000 - Office of the President-Elect	1.0	-	332	72	9	-	-	(412)
1050250000 - Office of the Treasurer	0.0	-	-	30	77	-	-	(107)
1050300000 - House of Delegates	0.0	-	-	55	871	-	-	(925)
1050650000 - Social Responsibility and Philanthropy	4.0	2,214	556	152	1,450	-	-	57
1300800000 - International Relations	0.0	-	-	31	24	-	-	(55)
1300800020 - FDI World Dntl Federation	0.0	17	-	212	460	-	-	(656)
AdminSvc - Administrative Services	**20.0**	**2,231**	**3,879**	**1,487**	**4,425**	**-**	**-**	**(7,560)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1050000000 - Office of the Executive Director	The OED budget serves primarily as administrative infrastructure to the Association through implementation of actions and policies of the HOD and BOT; supervision of activities of Association staff and agencies by the Executive Director. Supports the President, President-elect and ED by coordinating schedules of meetings, travels and budget as well as Reference Committee, Honorary Membership, Distinguished Service Award Nominations and Presidential appointments.
1050010000 - Strategy Management	The budget includes the implementation of the current ADA Strategic Plan and development of the next Plan and to provide support of the Strategic Planning and Governance committees.
1050050000 - Board of Trustees	This budget includes annual trustee stipends, spouse travel and office expenses related to the Board of Trustees including meetings that facilitate the work of the Board.
1050050015 - BOT-Annual Meeting	This budget includes travel funding for the Board for annual session, NDC and Diversity Conference, travel for New BOT and New Trustees and spouse travel.
1050050020 - BOT-Committee Meetings	This budget includes travel and meeting expenses to support the Board Standing Committees, Admin Review and New BOT orientation.
1050050025 - BOT-Constituent Annual Meetings	This budget includes travel related expenses for Board members to attend constituent society and caucus meetings.
1050050030 - BOT-In District Travel	This budget includes travel expenses for Board members attendance at in-district meetings.
1050050035 - BOT-Conferences	This budget includes Board funded conferences such as ASAE, Student Lobby Day, a conference of choice and PRC visit for new trustees and second VP.
1050050050 - BOT-Liaison Activities	This budget includes Board travel for activities related to their liaison duties.
1050050055 - December Board Retreat	This budget supports all expenses related to the Board Retreat and meeting including volunteer, spouse and staff travel, AV rental and consulting fees.
1050100000 - Office of the President	This budget supports the Office of the President including meeting travel, professional and office related services and expenses.
1050150000 - Office of the President-Elect	This budget supports the Office of the President Elect including meeting travel, professional and office related services and expenses.
1050250000 - Office of the Treasurer	This budget supports the Treasurer including meeting travel and annual stipend.
1050300000 - House of Delegates	This budget includes expenses related to the annual House of Delegates meeting including contracted meeting expenses, volunteer travel, HOD session refreshments, staff meals, outside services, furniture and equipment rental, telephone and Internet access and meeting supplies.
1300800000 - International Relations	This budget includes ADA Humanitarian Award (prize funds, travel for winner and spouse to attend ceremony at annual meeting); hosting international VIP's at Chicago Midwinter Meeting and annual meeting; ADA President and spouse's travel to American Dental Society of Europe ADSE meeting.
1300800020 - FDI World Dntl Federation	This budget includes FDI membership dues, ADA/FDI Delegation travel and registration for the FDI Annual World Dental Congress.

HUMAN RESOURCES

Human Resources Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Expense					
Salaries and Temporary Help	941	1,021	951	(10)	69
Fringe Benefits	254	335	307	(54)	27
Consulting Fees & Outside Svcs	33	40	45	(12)	(5)
Print., Publicat. & Marketing	140	152	151	(11)	1
Meeting Expenses	1	0	0	1	0
Travel Expenses	22	11	6	16	5
Office Expenses	19	17	18	1	(1)
Other Expenses	442	493	486	(43)	8
Total Expense	1,852	2,069	1,965	(112)	104
Net Income	(1,852)	(2,069)	(1,965)	(112)	104

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1050400000 - Human Resources	8.0	-	1,259	6	700	-	-	(1,965)
HumanRes - Human Resources	**8.0**	**-**	**1,259**	**6**	**700**	**-**	**-**	**(1,965)**

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

LEGAL AFFAIRS

Legal Affairs Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Other Income	41	68	57	16	(12)
Total Revenue	41	68	57	16	(12)
Expense					
Salaries and Temporary Help	2,453	2,598	2,652	(199)	(53)
Fringe Benefits	743	747	693	50	54
Consulting Fees & Outside Svcs	0	15	16	(16)	(1)
Print., Publicat. & Marketing	3	5	4	(1)	1
Meeting Expenses	3	3	4	(1)	(1)
Travel Expenses	47	89	79	(31)	10
Professional Services	990	914	959	30	(45)
Office Expenses	35	29	32	3	(3)
Grants and Awards	4	4	4	0	0
Total Expense	4,278	4,404	4,443	(165)	(39)
Net Income	(4,238)	(4,336)	(4,387)	(149)	(50)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1150000000 - Chief Legal Counsel	14.0	57	2,880	20	458	-	-	(3,301)
1150050000 - Council Ethics Bylaws & Judic	2.6	-	465	59	17	-	-	(540)
1150240000 - Internal Audit Services	0.0	-	-	-	253	-	-	(253)
1150250000 - Annual External Audit & Tax Fees	0.0	-	-	-	292	-	-	(292)
LeglAffr - Legal Affairs	**16.6**	**57**	**3,345**	**79**	**1,020**	**-**	**-**	**(4,387)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1150000000 - Chief Legal Counsel	The Division of Legal Affairs provides (1) legal advice and support to the ADA and its subsidiaries and agencies in carrying out their missions in a legally acceptable manner that accords with the Association policies and minimizes risk; 2) drafts of appropriate agreements and other legally binding documents to facilitate the conduct of the activities and business of the ADA and its subsidiaries; (3) effective management of the Association's litigation; (4) policies and advice to promote compliance with antitrust, employment, health care, and privacy laws and regulations; (5) assistance to members in making informed decisions about legal issues relating to their business and employment practices, including guidance on the terms of participating dental provider contracts with insurers and health plans; and (6) advice and guidance to state and local dental societies on governance issues and legal topics as requested.
1150050000 - Council Ethics Bylaws & Judic	The Council on Ethics, Bylaws and Judicial Affairs (CEBJA), (1) contributes to the highly ethical image of the ADA and its members with the public, the media and government decision makers; (2) protects the dentistry's privileges of self-regulation by keeping the ADA Principles of Ethics and Code of Professional Conduct strong and relevant and as the appellate tribunal for members disciplined by component/constituent societies, ensures a fair and uniform disciplinary process; (3) administers the ADA member conduct policy; (4) creates awareness of ethics and professionalism among dental students, including the obligation to participate in organized dentistry; (5) attracts and retains members by fostering pride in the high ethical standards set by the ADA; (6) provides professional ethical guidance to constituent and component societies and members; (7) reviews proposed revisions to the ADA Constitution and Bylaws to maintain Bylaws currency and relevance; and (8) responds to requests from the tripartite and membership for Bylaws interpretations.
1150240000 - Internal Audit Services	Internal auditing is an independent appraisal function to assist management and the Audit Committee of the Board of Trustees in the effective discharge of their responsibilities through the objective review, risk assessment and evaluation of the business processes and internal controls of the Association. Additionally, the services of a certified public accounting firm are utilized to facilitate the preparation of required tax filings for local, state and federal governments. The audit function is housed in the Legal Division.
1150250000 - Annual External Audit & Tax Fees	The external audit of the ADA financial statements is an independent review conducted in accordance with generally accepted standards that results in an independent opinion of the fairness of the presentation of those statements. The external audit of the ADA financial statements is required at least annually by the ADA Bylaws. The audit function is housed in the Legal Division.

GOVERNMENT & PUBLIC AFFAIRS

Government & Public Affairs Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Rental Income	17	19	31	14	13
Meeting & Seminar Income	27	17	17	(10)	(0)
Grants, Contributions, Sprship	22	0	0	(22)	0
Other Income	12	20	10	(2)	(10)
Total Revenue	78	56	58	(20)	2
Expense					
Salaries and Temporary Help	3,026	3,272	3,293	(267)	(21)
Fringe Benefits	1,015	1,168	1,130	(115)	38
Consulting Fees & Outside Svcs	1,358	1,145	1,127	231	18
Print., Publicat. & Marketing	63	83	52	11	31
Meeting Expenses	305	521	99	206	422
Travel Expenses	1,158	842	696	462	146
Professional Services	30	65	65	(34)	(0)
Bank & Credit Card Fees	1	1	1	0	(0)
Office Expenses	231	253	248	(17)	5
Facility and Utility Costs	88	91	113	(25)	(22)
Grants and Awards	1,935	2,317	2,078	(143)	239
Depreciation and Amortization	164	298	298	(135)	(0)
Other Expenses	3	0	0	3	0
Total Expense	9,378	10,056	9,201	177	855
Net Income	(9,300)	(10,000)	(9,143)	157	858

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1200000000 - Sr. VP Government/Public Aff.	4.0	-	625	46	527	-	-	(1,198)
1200050000 - Council on Government Affairs	0.0	-	-	71	2	-	-	(73)
1200100000 - State Government Affairs	5.0	17	795	93	49	-	-	(920)
1200150000 - ADPAC Gov	4.0	-	601	191	137	-	-	(929)
1200150001 - Lobby Day	0.0	-	-	-	50	-	-	(50)
1200250000 - Congressional Affairs	4.0	-	709	31	46	-	-	(785)
1200300000 - Federal Affairs/Policy	5.0	-	724	7	13	-	-	(744)
1200700000 - State Public Affairs Program	0.0	-	-	17	2,656	-	-	(2,673)
1200800000 - ADA House	0.0	29	-	-	62	164	-	(197)
1500300000 - CAAP - Administrative	6.0	-	970	113	49	-	-	(1,133)
1500300005 - Fluoridation	0.0	-	-	17	1	-	-	(18)
1500300015 - Access and Community Health	0.0	-	-	75	68	-	-	(143)
1500300033 - Nat?l Children?s Dental Health	0.0	-	-	-	27	-	-	(27)
1500300045 - Preventative Health	0.0	-	-	35	15	-	-	(50)
1200900000 - ADA DC HOUSE II	0.0	13	-	-	80	135	-	(202)
GovPubAffr - Government & Public Affairs	**28.0**	**58**	**4,423**	**696**	**3,783**	**298**	**-**	**(9,143)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1200000000 - Sr. VP Government/Public Aff.	Sr. VP over sees all production and administration within the division.
1200050000 - Council on Government Affairs	CGA is the voluntary agency within in the ADA that provides input on legislative and regulatory policy matters for the association.
1200100000 - State Government Affairs	SGA is a resources for state dental assoc. and ADA members in their state-level advocacy efforts. It identifies legislative trends, advises states with sound pub policy advice and develops advocacy materials and research for member needs.
1200150000 - ADPAC Gov	ADPAC is responsible for raising money, distributing political contributions, grassroots advocacy and political education.
1200250000 - Congressional Affairs	Develops strategy and appropriate arguments for legal action in accordance with ADA policy. We lobby both the Legislative branch and the executive branch with the policy team.
1200300000 - Federal Affairs/Policy	Responsible for legislative and regulatory policy matters that impact the profession, dental practices and federal dental services. This includes legislative analysis, in person meetings and regulatory comments on behalf of the association.
1200700000 - State Public Affairs Program	Grant program offered by the ADA to assist state assoc. in their advocacy efforts. State grantees use SPA funds to deal with issues including: workforce and Medicaid reimbursement rates, then share their learning and results with other state assoc.
1200800000 - ADA House	House Side - 137 C Street, SE, Washington DC, Purchased in 2015
1500300000 - CAAP - Administrative	Provides support for the Coordinator for Action for Dental Health to capture metrics, provide educational info. to members and coordinate measure for initiatives with member activities. Also, this program provides support for two Council meetings; doing the business of the Council between those meetings. CAAP Admin contains efforts to implement Action for Dental Health Initiatives (including consultants).
1500300005 - Fluoridation	Fluoridation is the only entity within the ADA that assists members and state assoc. in technical assistance for community water fluoridation issues at the state and local level.
1500300010 - Interprofessional Relations	This program area assists members by actively supporting them in activities to promote oral health and treatment in collaboration with members of the medical community such as: pediatricians, family medicine and hospital communities.
1500300015 - Access and Community Health	Assists members in their practice and community based activities which promote access to dental care and prevention of dental disease.
1500300025 - Community Programs & Infrastructure	This program area guides members in their activities which address the needs of older Americans and promotes improved oral health status.
1500300045 - Preventative Health	This is the only program area which assists our members in their efforts to improve health literacy for underserved populations as well as guide member activities with school based health, oral cancer prevention and nutritional guidance.
1200900000 - ADA DC HOUSE II	Senate Side - 400 C St. NE, Washington DC, Purchased in 2018

INTEGRATED MARKETING & COMMUNICATIONS

Integrated Marketing & Communications Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Meeting & Seminar Income	4	7	7	3	(0)
Total Revenue	4	7	7	3	(0)
Expense					
Salaries and Temporary Help	4,055	4,194	3,165	891	1,029
Fringe Benefits	1,257	1,406	1,093	164	313
Consulting Fees & Outside Svcs	845	927	505	341	423
Print., Publicat. & Marketing	3,191	2,858	1,985	1,206	874
Meeting Expenses	4	44	24	(20)	20
Travel Expenses	154	189	130	24	60
Professional Services	0	0	0	0	0
Office Expenses	87	41	31	56	10
Facility and Utility Costs	0	0	0	0	0
Depreciation and Amortization	0	1	1	(1)	0
Other Expenses	6	0	0	6	0
Total Expense	9,599	9,660	6,932	2,667	2,728
Net Income	(9,595)	(9,653)	(6,925)	2,670	2,728

ADA 2021 Budget								
Department Income Statements								
Thousands of Dollars								
Department	**# of FTE**	**Revenue**	**Expense**					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1240000000 - Sr VP Communications	2.0	-	494	16	33	1	-	(544)
1240050000 - Integrated Marketing	8.0	-	1,300	5	1,195	-	-	(2,500)
1240100000 - Digital Services	9.0	-	1,344	17	983	-	-	(2,344)
1240200000 - Communications	5.0	7	737	53	325	-	-	(1,108)
1240250000 - Council on Communication	1.0	-	104	38	8	-	-	(150)
1240400000 - Video Studio - Comm	2.0	-	279	-	-	-	-	(279)
Comm - Communications	**27.0**	**7**	**4,258**	**130**	**2,544**	**1**	**-**	**(6,925)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1240000000 - Sr VP Communications	The Chief Communications Officer cost center champions paid, earned, shared and owned communications excellence across the ADA, focusing on integrated campaigns, member and stakeholder communications, public affairs, research, digital expertise, social media, content creation, public relations, and creative services and issues management programs that are directly tied to ADA Strategic Goals, Mission and Vision.
1240050000 - Integrated Marketing	The Integrated Marketing and Brand Strategy cost center produces unified growth-marketing strategies, programs, messaging and content across all marketing channels, including paid, earned, shared and owned mediums. It facilitates a marketing and content development process and execution via cross-divisional teams and resources. Specifically, it operates 5 marketing centers of excellence: Member Value Marketing (Recruitment and Retention); State and Local Marketing; Non-Dues Sales Marketing; Industry and Consumer Engagement; and Integrated Content Delivery.
1240100000 - Digital Services	The Digital Services cost center encompasses strategy and execution of the Digital Member Experience initiative, including the redesign of ADA.org, support for users publishing content on ADA sites, SEO, SEM and Social Media strategy. Digital services supports states and locals in launching sites on the Branded Web Templates, providing site planning, content strategy, content management training and client service to member societies. ADA's Visual branding, creative design, photography and video production and animation are also included in the Digital cost center.
1240200000 - Communications	Elevates ADA's visibility and influence as the leading authority on oral health to multiple stakeholders including members and potential members, federal legislators and regulatory agencies, national news media, and think tanks. Leads ADA's reputation management/crisis communications and thought leadership and influencer strategies and outreach. Provides executive communications support for ADA President, President Elect and Executive Director.
1240250000 - Council on Communication	The Council on Communications advises on the reputation and brand of the ADA. It provides strategic oversight on the strategic communications plan that supports the ADA strategic plan (currently Members First 2020) and recommends strategies for significant communications campaigns across the Association.
1240400000 - Video Studio - Comm	The video studio cost center provides funds for the ADA staff salaries and equipment needed to develop ADA videos and maintain the ADA Video Studio and operatory.

MEMBER AND CLIENT SERVICES

Member and Client Services Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Membership Dues	55,822	57,814	57,976	2,154	163
Meeting & Seminar Income	0	0	81	81	81
Grants, Contributions, Sprship	155	250	135	(20)	(115)
Total Revenue	55,977	58,064	58,192	2,215	129
Expense					
Salaries and Temporary Help	4,127	3,934	4,777	(650)	(842)
Fringe Benefits	1,439	1,588	1,664	(225)	(76)
Consulting Fees & Outside Svcs	100	80	175	(75)	(95)
Print., Publicat. & Marketing	312	184	358	(46)	(175)
Meeting Expenses	75	126	225	(150)	(99)
Travel Expenses	592	537	661	(69)	(124)
Professional Services	2	0	50	(49)	(50)
Bank & Credit Card Fees	761	600	728	33	(128)
Office Expenses	122	105	113	8	(9)
Facility and Utility Costs	2	1	0	2	1
Grants and Awards	190	261	261	(71)	(0)
Other Expenses	12	28	16	(4)	12
Total Expense	7,732	7,442	9,027	(1,295)	(1,585)
Net Income	48,245	50,622	49,165	920	(1,457)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1300000000 - Sr. VP Membership & Client Svcs	3.0	-	639	11	5	-	-	(655)
1300100000 - Client Services	11.0	151	1,841	261	672	-	-	(2,623)
1300200050 - Council on Membership Admin.	2.0	-	286	78	254	-	-	(618)
1300250000 - Member Service Center	11.0	-	1,534	3	5	-	-	(1,542)
1300450000 - Department of Membership Info	12.0	57,976	1,554	32	757	-	-	55,634
1300500000 - Dental School Programs	0.0	35	2	113	34	-	-	(114)
1300550000 - Office of Student Affairs	2.0	-	391	60	128	-	-	(579)
1300600000 - Membership Data Analytics & Repo	0.0	-	145	5	14	-	-	(165)
1050500100 - New Dentist Committee	0.0	30	48	99	57	-	-	(173)
MbrTriMktg - Member and Client Services	**41.0**	**58,192**	**6,441**	**661**	**1,925**	**-**	**-**	**49,165**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1300000000 - Sr. VP Membership & Client Svcs	Provides strategic leadership and guidance to the departments within the division of Member and Client Services in support of the ADA's Membership Recruitment and Retention goals per the ADA Strategic Plan.
1300100000 - Client Services	Client Services is comprised of Dental Society, Dental School, and Diversity and Inclusion Outreach. We are committed to supporting state and local dental societies to foster member growth, deliver services and build community to positively impact membership across the ADA.
1300200050 - Council on Membership Admin.	Supports the ADA's membership recruitment and retention strategic plan goals by facilitating the bylaws responsibilities of the Council in formulating membership policy recommendations, analyzing membership trends, and developing programs to enhance involvement particularly among underrepresented segments
1300250000 - Member Service Center	The Member Service Center improves the member/customer experience as the first point of contact in support of the ADA's recruitment, retention and non-dues revenue strategies by centralizing transactions such as orders and inquiries
1300450000 - Department of Membership Info	The Department of Membership Operations implements membership policies and procedures in accordance with the ADA Constitution and bylaws, and maintains the ADA dentist masterfile database of over 300,000 records and annually handles over $55 million in member dues processing
1300500000 - Dental School Programs	The Dental Student Program is designed to help dental students be successful in the transition to practice, and is often one of their first introductions to the ADA. The purpose of the program is to educate students about life after dental school, which conveys member value. The Success programs reach approximately 8,000 dental students each year, introducing both member and non-member students to the ADA as a lifelong resource and helping them prepare for success in the profession
1300550000 - Office of Student Affairs	The Office of Student Affairs fosters collaboration between the ADA and ASDA, and keeps students and the ADA informed on important issues while creating more than 5,000 new student records annually, and continually maintains a database of 22,000+ student records; and processes ADA student membership dues.
1300600000 - Membership Data Analytics & Reporting	The Membership Data Analytics and Reporting team provides predictive and advanced analytics, as well as advanced operational reports (i.e. R&R Report, Membership Statement, National Member Dashboard, State & Student Portfolio). The team also maintains and cleanses data on the ADA Masterfile, and also maintains ADA Licensure Data, Dentist Survey Data, Faculty Data, CAQH License Data, Member Data Audits, etc.
1050500100 - New Dentist Committee	This budget includes funding for the work of the NDC to advise the Board on needs, interests and concerns from the perspective of new dentists. Provide strategic oversight to the ADA Success program. Will hold two meetings in 2019.

FINANCE, OPERATIONS, & BUILDINGS

Finance and Operations Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Rental Income	6,751	7,157	7,042	292	(114)
Royalties	24	15	15	(9)	0
Investment Income	2,051	1,900	1,425	(626)	(475)
Other Income	1,171	1,304	1,326	155	22
Total Revenue	9,996	10,376	9,808	(188)	(568)
Expense					
Salaries and Temporary Help	3,053	3,129	3,268	(215)	(139)
Fringe Benefits	1,173	1,261	1,298	(124)	(37)
Consulting Fees & Outside Svcs	116	155	238	(123)	(83)
Print., Publicat. & Marketing	22	21	21	1	0
Meeting Expenses	0	0	0	0	0
Travel Expenses	78	56	73	5	(18)
Professional Services	463	340	420	43	(79)
Bank & Credit Card Fees	2	5	5	(2)	0
Office Expenses	143	137	140	3	(4)
Facility and Utility Costs	6,777	6,971	7,094	(316)	(123)
Depreciation and Amortization	1,715	1,839	2,754	(1,039)	(915)
Other Expenses	107	89	87	20	1
Total Expense	13,650	14,001	15,398	(1,748)	(1,397)
Net Income	(3,836)	(3,626)	(5,590)	(1,754)	(1,964)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1400000000 - Chief Financial Officer	2.0	1,425	493	1	57	-	-	874
1400050000 - Accounting Department	16.8	-	2,243	17	48	-	-	(2,307)
1400150000 - Council on Mbr Ins & Rtrmt Prg	2.0	1,365	299	49	189	-	-	828
1400200000 - Central Services	8.0	50	968	-	74	169	-	(1,161)
1400400000 - Financial Planning and Analysis	3.0	-	564	7	38	-	-	(608)
1360300000 - Headquarters Building	-	5,181	-	-	5,739	1,591	-	(2,150)
1361111000 - HQ Building Facility	-	-	-	-	631	-	-	(631)
1370000000 - Washington DC Building	-	1,787	-	-	1,228	994	-	(434)
FinOpsBld - Finance and Operations - Building	**31.8**	**9,808**	**4,566**	**73**	**8,005**	**2,754**	**-**	**(5,590)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1400000000 - Chief Financial Officer	The overall role of The CFO is to provide guidance in managing the financial, business and administrative affairs of the Association. Among the duties of the CFO are oversight of the budget process, financial matters, central services, business planning, CMIRP, and Washington & HQ Buildings.
1400050000 - Accounting Department	The Department of Accounting is responsible for accounting matters for the ADA and subsidiaries, including audited financial statements, tax returns, monthly financial reports, monthly budget status reports, monthly general ledger, reserve investments, listing of cost centers and chart of accounts. It includes the areas of Financial Reporting, Accounts Payable, Accounts Receivable, and Payroll.
1400150000 - Council on Mbr Ins & Rtrmt Prg	The Council on Members Insurance and Retirement Programs is the agency of the American Dental Association whose purpose is to enhance the value of membership by overseeing the ADA member's insurance and retirement programs and by aiding dentists in the management of their personal and professional risks through development of educational programs and resources.
1400200000 - Central Services	The Department of Central Services is an administrative support agency for other departments within the organization. Primary services at the Chicago building include purchasing, duplicating, mailroom services, receiving, building facility services, stocking, distribution of office supplies, delivery of supplies for ADA floor coffee and tea stations, and record archiving.
1400400000 - Financial Planning and Analysis	The Financial Planning & Analysis team leads the Association's operational financial planning, analyzes performance trends, and creates ad-hoc predictive financial models. FP&A helps ADA operating units create departmental budgets and forecasts and provides summaries to executive leadership and volunteer oversight bodies. FP&A also analyzes results and trends to improve forecast accuracy and guide operational improvement strategies. This includes systematic examination of results (such as membership or expense trends) and breaking the data into its component parts to understand interrelationships.
1360300000 - Headquarters Building	The HQ Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The HQ team manages all day to day aspects of the HQ building.
1361111000 - HQ Building Facility	The HQ Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The HQ team manages all day to day aspects of the HQ building.
1370000000 - Washington DC Building	The Washington Building cost center manages rents, finds tenants for open space, handles ADA and tenant requests, manages the building maintenance, repairs, and security. The Washington team manages all day to day aspects of the Washington building.

CENTRAL ADMINISTRATION

Central Administration Division Summary By Natural Account					
	Actuals $K	2020 Budget	2021 Budget	FY2021	
	FY2019	FY2020	FY2021	vs. 2019 Act	vs. 2020 Budg
Revenue					
Grants, Contributions, Sprship	100	0	0	(100)	0
Royalties	3,261	3,659	2,698	(563)	(961)
Other Income	234	150	191	(43)	41
Total Revenue	3,595	3,809	2,889	(706)	(920)
Expense					
Salaries and Temporary Help	853	1,110	1,240	(387)	(130)
Fringe Benefits	528	346	535	(7)	(189)
Consulting Fees & Outside Svcs	183	0	182	1	(182)
Travel Expenses	7	0	0	7	0
Professional Services	51	36	51	(0)	(15)
Bank & Credit Card Fees	35	27	32	3	(5)
Office Expenses	100	35	50	50	(15)
Facility and Utility Costs	8	5	8	(0)	(3)
Grants and Awards	23	73	73	(50)	0
ADA Health Foundation Grant	2,198	2,200	0	2,198	2,200
Endorsement Costs	1,200	1,200	952	248	248
Depreciation and Amortization	2,457	1,965	1,780	678	185
Other Expenses	380	330	330	50	0
Total Expense	8,020	7,327	5,232	2,787	2,094
Income Tax Expense	768	950	534	234	416
Net Income	(4,264)	(4,468)	(2,877)	1,387	1,590

ADA 2021 Budget								
Department Income Statements								
Thousands of Dollars								
Department	**# of FTE**	**Revenue**	**Expense**					
			Employee Costs	**Travel**	**Services**	**Deprec**	**Income Tax**	**Net Income**
1410700000 - Grants to Related Health Groups	0	-	-	-	73	-	-	(73)
1410900010 - General Fund	0	2,889	1,775	-	1,605	1,780	534	(2,805)
CentAdmin - Central Administration	**0**	**2,889**	**1,775**	**-**	**1,678**	**1,780**	**534**	**(2,877)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1410700000 - Grants to Related Health Groups	This cost center houses the budget for grants to the ADA Foundation, National Foundation of Dentistry and the Alliance of the ADA.
1410900010 - General Fund	This cost center includes budget for ADABEI Royalty revenue, miscellaneous income pre-2012 asset depreciation expense, association wide merit increase, and other miscellaneous association-wide expenses.

INFORMATION TECHNOLOGY

Information Technology Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	vs. 2020 Budg
Expense					
Salaries and Temporary Help	5,698	5,879	2,225	3,473	3,654
Fringe Benefits	2,113	2,095	647	1,466	1,448
Consulting Fees & Outside Svcs	2,138	2,058	6,477	(4,338)	(4,419)
Meeting Expenses	2	0	0	2	0
Travel Expenses	66	48	56	10	(7)
Bank & Credit Card Fees	4	5	5	(1)	0
Office Expenses	1,591	1,416	1,521	70	(105)
Facility and Utility Costs	14	10	14	(0)	(4)
Depreciation and Amortization	1,823	2,005	3,360	(1,537)	(1,355)
Other Expenses	14	14	24	(10)	(10)
Total Expense	13,464	13,530	14,328	(864)	(798)
Net Income	-13,464	-13,530	-14,328	(864)	(798)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1450000000 - Chief Technology Officer	3.0	-	626	8	103	-	-	(737)
1450350000 - Enterprise Services	2.0	-	430	10	4,318	1,422	-	(6,179)
1450400000 - Data Management	2.0	-	359	11	205	228	-	(802)
1450450000 - Digital Member Experience	8.0	-	1,456	26	3,415	1,711	-	(6,608)
Tech - Technology	**15.0**	**-**	**2,872**	**56**	**8,040**	**3,360**	**-**	**(14,328)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1450000000 - Chief Technology Officer	This cost center provides the leadership and guidance for the Association's technology, which includes all core business applications; all web-based applications, all other software applications; network infrastructure and telecommunications services for the Chicago, DC and VRC offices. It also provides day-to-day business and administrative support for the division.
1450350000 - Enterprise Services	This cost center provides the staff resources, systems, software, security, audio visual, network infrastructure, telecommunications and technical support services that support ADA business operations. This includes on premise systems for all ADA locations, as well as off premise private cloud services, public cloud services, Software as a Service (SaaS) and similar technology.
1450400000 - Data Management	This cost center provides the staff resources, software tools and services to manage the operation and maintenance of databases used by applications throughout the ADA. This area also builds and updates the data warehouse, which produces management and strategic reporting to all levels of the Tripartite. Finally, this area collaborates with various divisions to set and maintain policies on how data is acquired, governed and reported.
1450450000 - Digital Member Experience	This cost center provides the integration and maintenance of software tools and services that allows ADA members to connect to relevant digital content, industry experts and each other via the ADA websites. It provides the staff resources to support, maintain, manage and enhance these systems and tools to promote the digital member experience.

PRACTICE INSTITUTE

Practice Institute Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Publication and Product Sales	7	4	12	4	8
Meeting & Seminar Income	34	15	33	(1)	18
Grants, Contributions, Sprship	76	75	77	0	2
Royalties	29	15	12	(17)	(3)
Other Income	110	80	97	(13)	17
Total Revenue	256	189	231	(26)	42
Expense					
Salaries and Temporary Help	3,394	3,590	2,973	420	617
Fringe Benefits	1,193	1,229	985	208	245
Consulting Fees & Outside Svcs	133	1,150	1,111	(978)	39
Print., Publicat. & Marketing	73	83	169	(95)	(86)
Meeting Expenses	66	57	55	11	2
Travel Expenses	752	755	308	444	447
Professional Services	21	13	47	(26)	(34)
Bank & Credit Card Fees	2	0	2	0	(1)
Office Expenses	185	173	173	12	0
Facility and Utility Costs	0	0	0	0	0
Grants and Awards	2	3	3	(2)	0
Other Expenses	0	1	0	0	1
Total Expense	5,821	7,055	5,826	(5)	1,229
Net Income	(5,564)	(6,866)	(5,595)	(31)	1,271

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1450500000 - Standards Admin	4.0	22	578	142	138	-	-	(836)
1450500005 - U.S. Sub-Tags	0.0	47	-	-	40	-	-	7
1500000000 - VP Practice Institute	2.0	-	504	29	14	-	-	(547)
1500050000 - Center for Dental Practice	4.0	91	723	57	199	-	-	(888)
1500050100 - Center for Professional Success	3.0	-	367	-	-	-	-	(367)
1500050300 - PCSS MAT	0.0	20	-	3	6	-	-	11
1500200000 - Ctr for Den Ben, Code & Qlty	10.0	50	1,559	77	1,110	-	-	(2,696)
1500400000 - Dental Informatics	1.0	-	227	-	53	-	-	(279)
PracticeInst - Practice Institute	**24.0**	**231**	**3,958**	**308**	**1,559**	**-**	**-**	**(5,595)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
1450500000 - Standards Admin	This department directs the development of national and international standards utilizing over 500 volunteers from the dental profession, industry, academia and government. The standards affect all aspects of dentistry - Executive Summaries; Food and Drug Administration (FDA); Standards Committee on Dental Informatics (SCDI); Standards Committee on Dental Products (SCDP); Am. National Standards Institute (ANSI); International Organization for Standardization (ISO).
1450500005 - U.S. Sub-Tags	Provides support for the U.S. input and vote on all international dental standards. This cost center is comprised of industry technical reimbursement dues as revenue.
1500000000 - VP Practice Institute	The senior vice president's office provides leadership, vision, management and coordination of ADA activities in the areas of access, prevention and interprofessional relations and oral cancer; dental benefit programs; dental practice management; dental informatics; health policy resources; and ADA surveys. This office pursues liaison activities with outside public and private agencies involved in health care issues and oversees the responses of agencies within the division to directives from the Board of Trustees and House of Delegates.
1500050000 - Center for Dental Practice	The center develops content and offers assistance in dental practice management, regulatory compliance and marketing; dental group practice and practice models; monitors workforce issues; the dental economy; dental team and dental laboratory industry liaison activities; dentist health, wellness and well-being activities; ergonomics; and emerging issues. The Council on Dental Practice oversees the activities of the Center.
1500050300 - PCSS MAT	PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to provide web-based training to dental providers in the evidence-based prevention and treatment of opioid use disorders and treatment of pain. (Hosted webinars; Dentist Health & Wellness Conference)
1500200000 - Ctr for Den Ben, Code & Qlty	The Center advocates on behalf of members regarding third party payer issues, educates dentists and dental offices on dental benefit plans, supports resolution of claims issues for individual members, maintains the CDT Code, provides ADA input into ICD codes and electronic transactions, oversees the Dental Quality Alliance and supports the ADA's Credentialing Service powered by CAQH and the Clinical Data Warehouse/Registry. The Council on Dental Benefit Programs oversees the Center's activities.
1500400000 - Dental Informatics	Directs the ADA's Dental Informatics activities; e.g., activities related to electronic data interchange (EDI); electronic health records; health information exchange, structured clinical terminology, national and international standards; provides liaison to government agencies and national organizations responsible for policy that affects the administrative and clinical components of IT use in health care (SNODENT; HL7; HIPAA; SNOMED; SNOWOWL.)

HEALTH POLICY INSTITUTE

Health Policy Institute Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Publication and Product Sales	14	10	0	(14)	(10)
Other Income	64	60	0	(64)	(60)
Total Revenue	78	70	0	(78)	(70)
Expense					
Salaries and Temporary Help	1,405	1,543	1,527	(122)	16
Fringe Benefits	502	527	498	3	29
Consulting Fees & Outside Svcs	529	570	570	(41)	0
Print., Publicat. & Marketing	1	0	1	0	(1)
Meeting Expenses	8	10	0	8	10
Travel Expenses	50	45	31	19	14
Bank & Credit Card Fees	1	1	0	1	1
Office Expenses	16	24	12	3	12
Depreciation and Amortization	3	0	4	(1)	(4)
Total Expense	2,513	2,720	2,643	(130)	77
Net Income	(2,434)	(2,650)	(2,643)	(209)	7

ADA 2021 Budget								
Department Income Statements								
Thousands of Dollars								
Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1550000000 - Health Policy Institute	13.0	-	2,025	31	583	4	-	(2,643)
HealthPolResCntr - Health Policy Institute	13.0	-	2,025	31	583	4	-	(2,643)

Department Descriptions	
Cost Center	**Description of Work Outputs**
1550000000 - Health Policy Institute	HPI delivers critical policy knowledge related to the U.S. dental care system by generating, synthesizing, and disseminating innovative research on a variety of topics that are relevant to ADA leadership, policy makers, health care advocates and providers. The key issues that HPI focuses on include health policy reform, access to dental care, the dental workforce, dental care utilization and benefits, dental education and oral health outcomes.

EDUCATION DIVISION

Education Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Publication and Product Sales	30	35	35	5	0
Testing Fees & Accreditation	27,839	28,916	27,388	(451)	(1,527)
Meeting & Seminar Income	413	380	417	4	37
Grants, Contributions, Sprship	206	161	191	(15)	30
Other Income	191	162	210	20	48
Total Revenue	28,680	29,654	28,243	(437)	(1,412)
Expense					
Salaries and Temporary Help	6,141	6,144	6,331	(190)	(187)
Fringe Benefits	2,165	2,636	2,664	(500)	(29)
Consulting Fees & Outside Svcs	391	218	275	116	(57)
Print., Publicat. & Marketing	9	27	28	(19)	(1)
Meeting Expenses	19	31	24	(5)	7
Travel Expenses	1,997	1,768	1,445	553	324
Professional Services	5,712	5,489	5,360	352	129
Bank & Credit Card Fees	565	400	557	9	(157)
Office Expenses	313	325	354	(41)	(29)
Grants and Awards	20	0	0	20	0
Endorsement Costs	398	415	415	(17)	0
Other Expenses	20	0	0	20	0
Total Expense	17,751	17,453	17,453	298	(0)
Net Income	10,182	12,201	10,789	608	(1,412)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1600000000 - Sr. VP Education/Prof Affairs	4.0	-	775	7	4	-	-	(785)
1600050000 - Council Dentl Educ & Licensure	5.0	-	762	45	17	-	-	(823)
1600050005 - Commission Dentl Accreditation	15.0	4,018	1,635	934	67	-	-	1,383
1600050020 - CERP	2.0	424	289	53	13	-	-	69
1600050601 - International Consultation and Accre	0.0	91	-	-	-	-	-	91
1600050602 - International PACV	0.0	85	-	40	-	-	-	45
1600100000 - Nat?l Board Dental Exam Pt I	0.0	-	14	-	-	-	-	(14)
1600100100 - Nat?l Board Dental Exam Pt. II	0.0	5,750	-	123	1,419	-	-	4,209
1600100200 - Nat?l Board Dental Exam Hyg	0.0	4,150	-	-	1,423	-	-	2,727
1600150000 - Admission Tests	5.0	7,460	658	20	1,577	-	-	5,205
1600150005 - Outside Client Services	3.0	1,823	366	16	620	-	-	821
1600150100 - Advanced Dental Admission Test	0.0	229	-	17	66	-	-	146
1600200000 - Library Services	6.0	34	781	19	329	-	-	(1,095)
1600300000 - Research and Dev Fund	3.0	-	-	-	-	-	-	-
1600500000 -Dent Licensure OSCE	0.0	641	-	56	568	-	-	18
1600600000 - Commission on the Recognition of D	1.0	121	164	26	2	-	-	(72)
1600050100-Coalition For Modernizing Dental Lice	0.0	71	-	89	38	-	-	(56)
1600100300-Integrated National Board Dental Exa	27.0	3,345	3,552	-	873	-	-	(1,081)
Educ - Education	**71.0**	**28,243**	**8,995**	**1,445**	**7,013**	**-**	**-**	**10,789**

Cost Center	Description of Work Outputs
1600000000 - Sr. VP Education/Prof Affairs	The Office of the SVP—Education/Professional Affairs oversees the Division of Education/Professional Affairs and provides history, insight and overview on issues that are not or cannot be addressed at the departmental level.
1600050000 - Council Dentl Educ & Licensure	The Council on Dental Education and Licensure (CDEL) develops and implements programs, projects, and policies to support and advance the strategic plan of the Association in the areas of dental education and licensure, such as: consideration and investigation of emerging issues; responding to directives received from the HOD and BOT; proposal of new policies and rescission/amendments to existing policies; and serving as a source of expert information. Other specific duties include: approval of allied dental certifying boards; recognition of categories of allied dental personnel; and monitoring/dissemination of information on continuing education. In addition, CDEL develops guidelines, policy, and continuing education on dental anesthesia and airway management and oversees the Dental Admission Testing Program (DAT and ADAT). These programs primarily benefit the profession, all dentists, and various stakeholder groups, including dental educators, state boards of dentistry, dental students, and the public
1600050005 - Commission Dentl Accreditation	The Commission on Dental Accreditation offers accreditation services for U.S. based dental and dental related education programs, in accordance with CODA's established accreditation process. Dental and dental related education programs seek accreditation for the purpose of obtaining an independent, external review. This program primarily benefits the profession and various stakeholder groups, including dental educators and programs, state licensing agencies, and the public.
1600050020 - CERP	The Commission on Continuing Education Provider Recognition (CCEPR) evaluates and recognizes providers of continuing dental education within the US and internationally, based on the Continuing Education Recognition Program (CERP) Standards. Its goal is to improve the quality of CE available for the profession, assist dentists in selecting quality CE to meet their CE re-licensure and/or re-certification requirements, and assist stakeholders such as dental regulatory agencies and certifying boards in establishing a sound basis for increasing their uniform acceptance of CE credits. The CCEPR program also provides a mechanism of acceptance of the CE activities offered by international providers. This program primarily benefits the profession, state boards of dentistry, and the public. The AGD Pace provider recognition program provides direct competition to CCEPR
1600050601 - International Consultation and Accreditation	Accreditation services are provided through the Commission on Dental Accreditation, following an international program's successful completion of the international consultative process. The Commission accredits international dental education programs, in accordance with CODA's established accreditation process for programs interested in the United States Commission on Dental Accreditation process for accreditation. International dental education programs may seek accreditation for the purpose of obtaining an independent, external review for benchmarking. This program primarily benefits the profession and various stakeholder groups, including international dental educators and programs, state licensing agencies, and the public.
1600050602 - International PACV	Accreditation consultation services are provided through the Commission on Dental Accreditation's Standing Committee on International Accreditation. This Standing Committee includes joint Commission and ADA membership. The committee reviews survey materials, evaluates self-study documents, and conducts site visits for international predoctoral dental education programs interested in the United States Commission on Dental Accreditation process for accreditation and makes a determination whether the programs have the potential to be successful going through the CODA accreditation process. International dental education programs also seek consultation for the purpose of obtaining an independent, external review for benchmarking. This program primarily benefits the profession and various stakeholder groups, including international dental educators and programs, state licensing agencies, and the public.
1600100000 - Nat?l Board Dental Exam Pt I	The Joint Commission on National Dental Examinations (Joint Commission) governs the National Boards Dental Examinations (NBDE) Part I and Part II, as well as the National Board Dental Hygiene Examination (NBDHE). The JCNDE develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure of oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment for the oral health care profession.

Cost Center	Description of Work Outputs
1600150000 - Admission Tests	The Dental Admission Test (DAT) is governed by the Council on Dental Education and Licensure. The Council establishes the policies of the programs and the Department of Testing Services implements those policies and manages day-to-day operations. This program primarily benefits the profession and various stakeholder groups, including dental education programs, potential dental students and graduate students, and the public. The DAT is designed for use by dental schools in making admissions decisions.
1600150005 - Outside Client Services	Professional examination development, administration, scoring, reporting, and client services for outside clients. This includes activities involving the Optometry Admission Test (OAT) and the Canadian Dental Aptitude Test (CDAT), as well as custom work for outside clients such as AGD and SCDA. This program primarily benefits other dental and health profession agencies, including education programs, potential students, and the public.
1600150100 - Advanced Dental Admission Test	The Advanced Dental Admission Test (ADAT) is governed by the Council on Dental Education and Licensure. The ADAT is designed to provide advanced dental education programs with insight into applicants' potential for success in their program. The ADAT enables programs to quantitatively compare applicants using a nationally standardized and objective test. The ADAT can be used in conjunction with other assessment tools to help inform program admission decisions
1600200000 - Library Services	The ADA Library & Archives is a premier dental research library serving the information needs of the association and its members. Services and resources include expert literature and database searching services in support of research and clinical questions; evidence-based clinical point-of-care tools; thousands of scientific journals and eBooks; and healthcare management resources. The ADA Library & Archives is also the repository of the ADA archives, and provides archival and dental history reference.
1600500000 -Dent Licensure OSCE	The Dental Licensure Objective Structured Clinical Examination (DLOSCE) is envisioned as a high-stakes licensure examination which will require candidates to use their clinical skills to successfully complete one or more dental problem solving tasks.
1600600000 - Commission on the Recognition of Dental Specialties and Certifying Boards	The National Commission is the ADA agency that recognizes dental specialties and dental specialty certifying boards. In addition, the National Commission monitors on an annual basis the adherence of the dental specialty certifying boards to the requirements for recognition, along with conducting the periodic review of dental specialties which occurs every ten years.
1600050100-Coalition For Modernizing Dental Licensure	Agency advocating for dental licensure reform
1600100300-Integrated National Board Dental Examination	the Integrated National Board Dental Examination (INBDE) mirrors that of the NBDE Program: to assist dental boards in determining the qualifications of individuals who seek licensure to practice dentistry.

RESEARCH & SCIENCE INSTITUTE

Research & Science Institute Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Meeting & Seminar Income	51	0	0	(51)	0
Grants, Contributions, Sprship	77	50	87	10	37
Other Income	1,418	1,160	1,017	(401)	(143)
Total Revenue	1,546	1,210	1,104	(442)	(106)
Expense					
Salaries and Temporary Help	3,240	3,275	5,258	(2,018)	(1,983)
Fringe Benefits	1,146	1,322	2,076	(930)	(754)
Consulting Fees & Outside Svcs	73	34	280	(207)	(246)
Print., Publicat. & Marketing	35	41	66	(31)	(26)
Meeting Expenses	47	28	47	0	(19)
Travel Expenses	272	298	275	(3)	23
Professional Services	109	126	399	(290)	(273)
Bank & Credit Card Fees	27	20	25	2	(5)
Office Expenses	184	185	573	(389)	(388)
Facility and Utility Costs	5	2	174	(169)	(172)
Depreciation and Amortization	203	172	247	(44)	(75)
Other Expenses	7	6	0	7	6
Total Expense	5,348	5,509	9,420	(4,072)	(3,911)
Net Income	(3,802)	(4,299)	(8,316)	(4,514)	(4,017)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
9650000000 - Administration	5.0	57	951	39	76	-	-	(1,009)
9650050000 - Council on Scientific Affairs	1.0	-	124	62	48	-	-	(234)
9650100000 - Research & Laboratories	14.0	1,017	1,892	76	246	193	-	(1,390)
9650150000 - Evidence Synthesis & Translation Re	14.0	30	1,920	40	64	1	-	(1,995)
9650200000 - Innovation & Technology Research	21.1	-	2,447	58	1,131	52	-	(3,688)
RF-Science Institute	**55.1**	**1,104**	**7,334**	**275**	**1,564**	**246**	**-**	**(8,315)**

Department Descriptions	
Cost Center	**Description of Work Outputs**
9650000000 - Administration	Science & Research Institute Administration includes the strategic planning and execution for the SRI, the work of the chief executive office, daily business operations for the SRI, special projects and science award programs.
9650050000 - Council on Scientific Affairs	The cost center for CSA includes the oversight and administration of all governance operations including meetings of the Council on Scientific Affairs and SRI Board of Directors as well as continuing education programs sponsored by either entity.
9650100000 - Research & Laboratories	The department of Research and Laboratories tests and evaluates dental products and provides unbiased, scientifically sound, clinically relevant, and user-friendly results in a timely manner. Research and Laboratories evaluates professional products and provides ADA testing services of consumer products for the ADA Seal of Acceptance. Research and Laboratories is also very active in leading the development and implementation of standards and guidelines for product testing and evaluation.
9650150000 - Evidence Synthesis & Translation Research	The department of Evidence Synthesis & Translation Research is comprised of Evidence-Based Dentistry (EBD), Scientific Information and the ADA Clinical Evaluators (ACE) Panel. EBD staff works closely with expert volunteers to develop evidence-based resources for use in clinical practice; assists practitioners and improves the oral health of the public by collaborating with other interested parties to enhance the evidence base and its integration in clinical practice; appraising and disseminating the best available scientific evidence on oral health care; and helping practitioners understand and apply the best available evidence in their clinical decision-making. Scientific Information is responsible for the analysis and development of scientific information relevant to the dental profession, the press, the public and public policy makers. This department is the key scientific contact for member dentists, external agencies and other divisions within the Association to help ensure that the ADA is the premier source of timely and accurate scientific information on oral health.
9650200000 - Innovation & Technology Research	The department of Innovation & Technology Research is active in the cutting edge fields of biomaterials and biomineralization and molecular and cell biology as well as other areas that allow for the pursuit of high-risk technologies. This department also emphasizes translation of new technologies into clinical and over-the-counter products that meet the needs of the patient and fit within the professional oral care delivery system.

ADA BUSINESS GROUP

ADA Business Group Division Summary by Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Revenue					
Advertising	5,990	6,702	5,459	(531)	(1,243)
Rental Income	38	70	50	12	(20)
Publication and Product Sales	6,593	6,513	5,160	(1,433)	(1,352)
Meeting & Seminar Income	9,885	8,265	7,910	(1,975)	(355)
Grants, Contributions, Sprship	1,014	584	790	(224)	206
Royalties	6,382	7,208	6,333	(49)	(874)
Other Income	618	460	318	(300)	(142)
Total Revenue	30,521	29,801	26,021	(4,501)	(3,780)
Expense					
Salaries and Temporary Help	5,828	5,921	5,629	199	293
Fringe Benefits	2,045	2,215	1,968	77	248
Consulting Fees & Outside Svcs	3,301	2,527	2,711	589	(184)
Print., Publicat. & Marketing	6,700	6,369	5,989	711	381
Meeting Expenses	3,885	2,458	1,663	2,222	794
Travel Expenses	714	766	786	(72)	(19)
Professional Services	1,162	955	850	312	104
Bank & Credit Card Fees	437	394	315	122	79
Office Expenses	1,978	1,509	1,652	327	(142)
Facility and Utility Costs	37	27	160	(123)	(132)
Depreciation and Amortization	64	24	56	8	(32)
Other Expenses	114	65	92	22	(27)
Total Expense	26,264	23,232	21,870	4,394	1,362
Net Income	4,257	6,569	4,151	(107)	(2,419)

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
1380250100 - PDS-Administrative	8.00	318	1,372	41	905	-	-	(2,000)
1380250105 - PDS-Patient Education	0.00	890	-	-	175	-	-	715
1380250110 - PDS-Practice Management	0.00	176	-	-	150	-	-	26
1380250120 - Compliance	0.00	902	-	-	80	-	-	822
1380250135 - PDS-Coding Insurance	0.00	5,925	-	-	265	-	-	5,660
1380250160 - PDS-Database Licensing	0.00	600	-	-	-	-	-	600
1380250200 - PDS Marketing	0.00	-	-	-	868	-	-	(868)
1810000000 - HPI Consult Srvs	0.00	495	-	0	13	-	-	482
1700000000 - Managing VP Publishing G & A	3.00	-	590	21	23	-	-	(633)
1700050000 - JADA	2.00	1,880	188	-	1,205	-	-	487
1700100000 - ADA News	7.00	2,380	1,097	11	1,696	-	-	(423)
1700100601 - ADA News International	0.00	-	-	-	11	-	-	(11)
1700250000 - Sales & Marketing	2.00	-	221	1	91	-	-	(312)
1700350000 - JADA Editorial Office	0.00	30	-	41	255	-	-	(266)
1700750000 - Digital Advertising	1.00	402	139	-	148	-	-	114
1700750010 - Digital Adv Vendor Showcase	0.00	955	-	-	303	-	-	652
1700750040 - ADA Morning Huddle	0.00	270	-	-	-	-	-	270
1700040000 - Custom Content Programs	1.00	1,580	197	10	1,024	-	-	349
1350000000 - Managing VP Conference Servic	2.00	-	417	17	6	-	-	(439)
1350050000 - Council on ADA Meeting	3.00	7,534	466	288	5,360	-	-	1,420
1350050010 - Annual Meeting Staff Travel	0.00	65	-	278	0	-	-	(214)
1350100000 - New Dentists Conference	0.00	37	-	6	120	-	-	(88)
1350150000 - Conference Services	5.00	144	719	22	92	1	-	(690)
1350200000 - Meeting_Management	0.00	132	0	-	58	46	-	28
1350500000 - ADA Video Studio	0.00	10	5	4	46	9	-	(54)
1390200000 - CE Department	6.00	1,295	827	11	509	-	-	(53)
1850000000-Sr. VP Business Group	3.00	-	659	24	8	-	-	(692)
1850100000-Sales Enablement	5.00	-	699	5	3	-	-	(707)
1850200000 - Bus Analy & Improv	0.00	-	-	6	19	-	-	(25)
ADA Business Group	**48.0**	**26,021**	**7,596**	**786**	**13,432**	**56**	**-**	**4,151**

Department Descriptions	
Cost Center	**Description of Work Output**
1350000000 - Managing VP Conference Services	The Division of Conference Services and Continuing Education is responsible for developing, planning and implementing the ADA Annual Meeting under the volunteer oversight of the Advisory Committee on Annual Meetings as well as logistical arrangements for all other ADA meetings held outside Chicago. The division is also responsible for travel arrangements for staff and the Board of Trustees and oversight of the ADA volunteer travel program, the Chicago Hotel Program and other member travel benefits, management of the ADA Conference Center, including audiovisual services, catering, Aramark services and the Café. The division is also responsible for developing and supporting all ADA CE offerings and the management of the ADA Studios.
1350050000 - Council on ADA Meeting	The Committee on Annual Meetings (CAM) purpose is to provide oversight in a manner that provides an exceptional member experience at the annual meeting, provide meeting oversight in a manner that generates non-dues revenue, and to advise the Board on matters relating to the Committee's duties. This cost center tracks revenues and expenses allocated to the management of the committee and production of the annual meeting.
1350050010 - Annual Meeting Staff Travel	The Annual Meeting Staff Travel cost center covers the travel costs associated with all staff who help produce and support the annual meeting during the annual meeting. Some revenue is generated by this group in the form of hotel credit based on the number of rooms picked-up during the meeting.
1350100000 - New Dentists Conference	This conference is designed for dentists who graduated from dental school less than 10 years ago. Dental students are also welcome to attend. This cost center covers the production of the conference.
1350150000 - Conference Services	The department is a shared service of the ADA, set up to provide meeting logistics, registration and hotel negotiation for various departments and divisions of the ADA.
1350200000 - Meeting_Management	The Meetings Management cost center is mainly for costs associated with running the conference center and cafe.
1350500000 - ADA Video Studio	This costs center is for all costs associated with the video studio. No staff HR costs are associated with this cost center.
1380250100 - PDS-Administrative	The Department of Product Development and Sales (PDS) produces professional resources and patient education for sale primarily to ADA member dentists.
1380250105 - PDS-Patient Education	Creation and development of PE Brochures, Chairside Instructor and PatientSmart.
1380250110 - PDS-Practice Management	Products that will enhance all aspects of the Dental Practice, such as Human Resources and Finance.
1380250120 - Compliance	HIPAA and OSHA products for use in training for Dentists and their staff.
1380250135 - PDS-Coding Insurance	Coding products and CDT Licensing royalties.
1380250155 - PDS-SP/Personalized Products	Personalized Products for Patient Education brochures.
1380250160 - PDS-Database Licensing	PDS generates additional revenue by the rental of ADA member mailing lists.
1380250200 - PDS Marketing	Cost of marketing materials, social media and tracking, and reseller and conference expenses
1390200000 - CE Department	The Department of Continuing Education and Industry Relations is the cost center for seven FTE's who's main responsibility is the development and management of content for all continuing education for the ADA - both annual meeting and non-annual meeting meetings, as well as online CE. Revenue for on-line CE and any other live CE is credited to this cost center as well as the sponsorship for those courses.
1700000000 - Managing VP Publishing G & A	The Publishing Division's mission is to produce and distribute, at a profit, credible, high-quality publications that inform the dental profession about the latest scientific, socioeconomic and political developments affecting dental practice and oral health care.
1700040000 - Custom Content Programs	Custom Content Program is newly developed medium that spans across all publishing print and digital assets to promote ADA.
1700050000 - JADA	The Journal of the American Dental Association, one of the most important and tangible member benefits at the ADA. The journal is the central source of clinical, research, practice management and policy information for dentists nationally and internationally.

1700050020 - JADA Specialty Newsletters	Dental Practice Success is a quarterly digital magazine that features articles from well-known experts on a broad range of useful topics and ideas on how dentists can improve their practices. JADA Specialty Scans are quarterly emails highlighting compilations of articles for the general dentist on news and developments in selected dental specialties.
1700100000 - ADA News	Newsletter published 22 times a year as member benefit and ranked as best read dental publication
1700100601 - ADA News International	Servicing ADA News international subscribers
1700200000 - AS ADA News Daily	ADA News Daily reports from the annual meeting site on events each day at the convention, highlights of the ADA elections, continuing education and speakers The paper is distributed to the thousands of attendees at the convention center and at major convention hotels first thing in the morning.
1700250000 - Sales & Marketing	Sales and marketing efforts for all publications produced in Publishing.
1700350000 - JADA Editorial Office	To support the JADA Editor and his office and the editorial board.
1700650000 - Sponsored Programs	Educational programs supported by sponsorship and registration revenues.
1700750000 - Digital Advertising	Advertising sales and support for all digital publications.
1700750010 - Digital Adv Vendor Showcase	The vendor showcase is an online marketing tool resides at ADA.org.
1700750020 - Digital Adv Product Guide	The ADA DPG is an online directory to the supplies, equipment and services that are available to help make dental practices a success. The DPG directory provides access to information on dental materials,equipment and services by communicating directly with dental manufacturers and distributors. The DPG is also distributed via email to member as a digital e-publication which showcases different dental products being used by dentists in their everyday dental practices.
1700750040 - ADA Morning Huddle	ADA Morning Huddle is a daily e-mail roundup of the latest news about the dental profession that lets members know what the media is saying about dentistry and health care.
1810000000 - HPI Consult Srvs	The department creates and sells to corporations in the dental sector information based on HPI research.
1850000000-Sr. VP Business Group	The Senior Vice President oversees the ADA Business Group composed of Conference Services, Product Development Sales, Publishing, Sales Enablement, and Business Analysis and Improvements.
1850100000-Sales Enablement	The Sales Enablement team works with the ADA Business Group Units: Conference Services, Product Development Sales, Publishing, and Business Analytics to support those areas in achieving their non-dues revenue targets.

BOARD CONTINGENCY

Board Contingency Division Summary By Natural Account					
	Actuals $K FY2019	2020 Budget FY2020	2021 Budget FY2021	FY2021 vs. 2019 Act	FY2021 vs. 2020 Budg
Expense					
Consulting Fees & Outside Svcs	255	0	0	255	0
Travel Expenses	32	0	0	32	0
Office Expenses	0	0	0	0	0
Grants and Awards	80	0	0	80	0
Other Expenses	0	721	700	(700)	21
Total Expense	366	721	700	(334)	21
Net Income	(366)	(721)	(700)	(334)	21

ADA 2021 Budget
Department Income Statements
Thousands of Dollars

Department	# of FTE	Revenue	Expense					
			Employee Costs	Travel	Services	Deprec	Income Tax	Net Income
0900000000 - Contingency General	0.0	-	-	-	700	-	-	(700)
ContFund - Contingency General	0.0	-	-	-	**700**	-	-	**(700)**

Resolutions

(See Resolution 87; Worksheet:2077)
(See Resolution 88; Worksheet:2078)

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. 87 New

Report: Board Report 2 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: $128,840,000 (Revenue)
$134,763,000 (Ongoing Expense)
Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

APPROVAL OF 2021 BUDGET

Background: (See Report 2 of the Board of Trustees to the House of Delegates: 2021 Budget, Worksheet:2012). The Board of Trustees is recommending a 2021 operating budget of $128,840,000 in revenues and $134,763,000 in expenses and income taxes, generating a net deficit of $5,923,000. In addition, the budget anticipates $3,275,000 of operating capital expenditures. The 2021 budget as approved includes an $8 dues increase which is based on a 1.5% inflationary increase. The 1.5% inflationary increase was applied to all rate codes. The vote on this resolution **only** approves the 2021 Budget and **not** the dues as there is a separate resolution to approve the annual dues of the association.

Resolution

87. Resolved, that the 2021 Annual Budget of revenues and expenses, including net capital requirements be approved.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 88 New

Report: Board Report 2 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: $1,300,000 Net Dues Impact: $8

Amount One-time _____ Amount On-going $1,300,000

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

ESTABLISHMENT OF DUES EFFECTIVE JANUARY 1, 2021

Background: The Board of Trustee at its August 2020 meeting approved a preliminary budget with net deficit of $5,923,000. The 2021 budget as approved includes an $8 dues increase which is based on a 1.5% inflationary increase. The 1.5% inflationary increase was applied to all rate codes. The $8 dues increase brings the current full dues rate to five hundred and seventy-three dollars $573 and all other rate codes were also increased by 1.5%.

Resolution

88. Resolved, that the dues of ADA active members shall be $573.00, effective January 1, 2021.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. None N/A

Report: Board Report 3 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Finance Obj-6: Total unrestricted reserves will be targeted at no less than 50% of annual operating expenses.

How does this resolution increase member value: See Background

REPORT 3 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: TECHNOLOGY INITIATIVES, EXPENDITURES AND ESTIMATED FUTURE PROJECTS

Background: This report to the House of Delegates on the ADA's Technology initiatives, expenditures and future projects is submitted as required by Resolution 30H-2003 (*Trans*.2003:334), which urged the Board to provide an annual report summarizing technology initiatives, expenditures, estimated costs, anticipated projects and their sources of funding. This report is informational only; there are no resolutions.

Projects and Expenditures: As of this report, the following significant projects are completed and others are currently in the working stages with a completion goal by the end of the year.

- *Enterprise Reporting & Analytics.* The data management project that is underway will have a major impact on data usage and reporting at the National, State and Local levels. This project encompasses defining the reporting and data standards for use across the tripartite. Phase I of this multi-phased project focused on developing and deploying dashboards to the states with membership-related data only using the ADA's existing business intelligence software, Information Builders. Phase II included dues revenue information such as mandatory membership dues billed and paid. As of this report, all states, the Board and ADA executives have received dashboard reporting. The dashboard rollouts to the local societies is underway.

- *Websites*. The Coveo Search software used on ADA.org and other ADA websites was moved to the Cloud. This move was necessary because the vendor discontinued support of the current software. In addition, this upgrade offers Artificial-Intelligence (AI)-powered site search solutions. Search results will offer content suggestions to users based on the user's personal content viewing as well as aggregated users' content viewing. These features support the transition to a more personalized site experience by making search results more relevant for users. A build out of the ADA's future Microsoft Azure Cloud design and structure was completed. This new infrastructure will allow for the migration of websites and web applications from on premise servers to Azure Cloud. A new baseline instance of Sitecore 9.3, the web content management software (CMS) was set up in the Microsoft's Azure Cloud that is ready to implement the new ADA.org. The new Sitecore instance also utilizes a modern DevOps approach to make source control more efficient and to allow developers to continuously release code. A new Member Directory web application was developed and released that is built as a single page application and integrated into the eBusiness area of the ADA website(s). The Find-a-Dentist web

application was re-architected to allow for better Search Engine Optimization (SEO) utilization to allow the individual member pages to be better surfaced by Google.

- As part of the Power of 3 initiative, the ADA developed Branded Web Templates (BWT) to deploy to the states and local societies that are on Aptify. BWT offers the states and locals a similar "look and feel" web presence, which gives visitors a similar web experience at the local, state and national level. As of this report, 127 sites (34 states and 93 components) are using BWT with another 11 sites (1 state and 10 components) scheduled to be deployed this year. Sitefinity, the Web content management system (CMS) software used on these sites is in the process of being upgraded to the latest version. Following a comprehensive audit of the current CMS, the initial testing phase of the latest software version is underway prior to launching it for all sites. Additionally, Web Accessibility features and functionality have been enhanced for website end users. Google Ad Manager has also been integrated into the websites allowing individual state and local societies to manage and monetize ads on their site.

- *Digital Member Experience*. This project provides an improved online experience offering tailored experiences based on individual interests as determined through purchases, online interactions, demographic data and geo location. Industry experts will help develop the User Experience strategy that balances current technology investments with innovation. In 2020, work is underway for a new Sitecore infrastructure in Microsoft Azure Cloud to support the new Sitecore Cloud, a new membership directory, MyADA desktop member feed with custom content, alerts and account management features, eCatalog enhancements using Aptify eBusiness 6.0, a new member mobile application, technology-enabled process automation to simplify complex business processes, achieve digital transformation, increase service quality and delivery, contain costs, and redeploy resources. In 2021, the new ADA.org will launch, enhancements to the Learning Management System and the Meetings modules in Aptify. A new architecture and strategy was developed to leverage code created across multiple screens so developers can write once and display on virtually any machine.

- *Mobility.* Existing mobile applications continue to be upgraded annually to the current iOS and Android platforms. A required dark mode compatibility design was implemented on all existing ADA mobile applications. This design mode reduces the light emitted by device screens while maintaining the minimum color contrast ratios required for readability. It enhances visual ergonomics by reducing eye strain, facilitating screens to adjust according to current light conditions and providing comfort of use at night or in dark environments. Additionally, it conserves battery power, thereby enabling device usage for longer periods without charging. A mobile version of the Member Directory has been released. It was developed as a hybrid web application that utilizes both native phone capabilities as well as online web capabilities. The application utilizes the new site design direction and offers multiple capabilities to members including the ability to look up other members' contact information across the United States and access to their own digital membership card as well as view information from their Find-a-Dentist profile.

- *Finance/HR/Payroll.* Since the initial implementation of NetSuite in 2018, system enhancements and updates continue to be identified and developed with the business users. A transaction approval feature to prevent an approver from having to approve the same transaction multiple times if they have multiple positions within the approval hierarchy. The credit memo creation process was enhanced to include an approval process. A maintenance tracking form was created to approve and communicate requests to update or add new financial accounts, cost centers and programs. A vendor invoice allocation feature to split expenses among multiple cost centers. A "Procure to Pay Reporting" feature gives system users an easy way to view and download information about contracts, purchase orders, invoices and payments. A solution to automatically send collection emails to customers that have overdue invoices and an expense auto-allocation process to automatically allocate recorded expenses to various cost centers

based on ADA Accounting's requirements. Avalara, a sales tax service used with the ADA's eCatalog was implemented. This service calculates sales and use tax for online purchases at the time of checkout in real time. The implementation of this service allows the ADA to comply with the recent US Supreme Court ruling - South Dakota v. Wayfair, Inc. that a state can require out-of-state sellers without a physical presence in that state (i.e., remote sellers) to collect and remit sales or use tax on sales delivered into that state.

- *Infrastructure, Hardware and Software Licenses*. The Association maintains hardware and software licenses necessary for the Association's network infrastructure as well as end-user equipment such as desktops, laptops and printers. In addition, funding is budgeted annually for a manufacturer-certified on-site technician. This technician is available on-site to fix hardware under warranty instead of depending on "depot warranty service" thus minimizing downtime for users. An Exchange server upgrade was completed this year. This upgrade was necessary to keep the environment current and in compliance for support. PCI compliance and network security continue to be monitored with network security improvements implemented as needed. The ADA's telephone system replacement is slated for completion in August 2020. The implementation has experienced delays from the telephone service carrier and with implementing equipment due to the COVID-19 pandemic. The replacement system will offer features and functionality to support staff that are working remotely. An evaluation of the MS SharePoint environment is slated for 2021 in preparation for a required upgrade in 2022.

- Aptify. As of this report, 47 states, Washington DC and Puerto Rico are on Aptify. The ADA currently has three (3) Aptify environments – Enterprise, DTS and CODA. Each environment requires a separate upgrade due to the customization of each environment. The Enterprise environment was upgraded in 2019, the CODA environment will be upgraded in 2020 and the DTS environment will be upgraded in 2021. These upgrades move the environments to a current software version offering new features and functionalities and to ensure software compliance. The Aptify eBusiness 6.0 module is being implemented to introduce a new front end framework that will integrate more seamlessly with Sitecore 9.3 and allow better utilization of new front-end frameworks that will make the website more modern and responsive. This module enables interaction with the Aptify database from the browser and not require user's submitting after each on screen action.

- Aptify/Education. A project to move the existing CODA Accreditation database and the CODA Consulting Training website to Aptify was completed in 2019. This environment is separate from the existing Aptify Enterprise and DTS environments to comply with student data security requirements. A project is underway to move the existing CERP database to Aptify. This project is slated for completion by year end. In 2021, a new CERP eAccreditation system is scheduled to be implemented as well as an enhanced DTS Hub and enhancements to the CODA environment.

The table below outlines actual project implementation expenditures in the core areas in 2019, projected spending in 2020 and planned spending in 2021. Also disclosed is spending related to infrastructure hardware and major projects.

IT Core Area	2019 Actual Spending	2020 Projected Spending	2021 Planned Spending
Enterprise Reporting & Analytics	18,500	0	0
Websites	142,463	159,720	156,600
Websites (Contingency Fund)	56,980	0	0
Mobile Applications	19,260	60,600	20,000
Digital Member Experience	81,270	0	672,000
Digital Member Experience (Reserves)	0	5,800,000	3,500,000
Finance/HR/Payroll	105,371	2,500	10,000
Finance/HR/Payroll (Reserves/Capital/Special Projects)	0	25,500	25,500
Infrastructure, Hardware & Software Licenses	1,152,385	726,507	825,000
Infrastructure, Hardware & Software Licenses (Reserves/Capital/Special Projects)	57,797	372,431	0
Aptify	569,180	350,000	700,000
Total Project Spending	2,203,206	7,497,258	5,909,100
Balance of IT Operating Budget	11,143,981	12,230,723	12,746,717
Total IT Spending	13,347,187	19,727,981	18,655,817

Resolution

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Resolution No. None N/A

Report: Board Report 5 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

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

Background: The following report has been prepared by the Compensation Committee for the full Board's consideration and transmittal to the 2020 House of Delegates as a Report from the Board.

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

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

The 2018 agreement provides that the Executive Director may be eligible to receive an annual bonus ranging from up to twenty (20%) of her base pay, as determined by the Board of Trustees, based on criteria jointly approved by the Executive Director and the Board of Trustees and subject to available funds. The Board of Trustees agreed to approve a bonus for the Executive Director in February 2020 in the amount of $76,378, representing 13.02% of her base salary.

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

The agreement provides additional fringe benefits including a $15,000 annual contribution to the Great-West Variable Annuity Plan; a parking space in the Association Headquarters building; the reimbursement of reasonable, substantiated expenses incurred to purchase and maintain a membership in one city or athletic club in the Chicago area; one cellular telephone; reasonable expenses for spousal travel to the Association's annual meeting and any other required spousal travel

consistent with the ADA Board's spousal travel policy in effect at the time; membership dues in professional associations up to an annual amount of $6,000 (except for the dues of the American Dental Association and its constituent and component dental societies) and a total term life insurance benefit with benefit amounts exceeding group term life policy subject to evidence of insurability (year 2020 $1,000,000 and year 2021 - $1,000,000).

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Resolution No. N/A New

Report: Board Report 6 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Membership Obj-1: Increase membership market share of lagging demographics by 2% per year.

How does this resolution increase member value: Not Applicable

REPORT 6 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: BOARD AUTHORIZED PILOT PROGRAMS

Background: Chapter V., Section 70.M. of the ADA *Bylaws* provides that the Board of Trustees may authorize pilot programs of limited scope subject to the provisions in the *Governance and Organizational Manual of the American Dental Association* (*ADA Governance Manual*). Pursuant to the *ADA Governance Manual*, Chapter V. Section E., the Board of Trustees, as the managing body of the Association, is vested with the following power:

> E. Powers
>
> ****
>
> 2. Consistent with the exercise of its power to authorize limited scope pilot programs, approve guidelines related to the conduct of the program when authorizing a pilot program. No pilot program authorized by the Board of Trustees shall exceed three years without approval by the House of Delegates. The Board of Trustees shall annual report to the House of Delegates on any authorized pilot program during the program's duration that is inconsistent with any provision of the *Bylaws*.

STATE GROUP DUES COLLECTION PILOT PROGRAM

Background: In 2018, a pilot program was authorized by the Board of Trustees by adoption of B-77-2018:

> **B-77-2018. Resolved**, that the ADA develop and implement a pilot program to allow the ADA to collect tripartite dues from large, multi-state practices on behalf of the dentists in those practices and distribute the appropriate shares of dues to the affected state and local societies; and be it further
>
> **Resolved**, that the pilot program operate in such a manner that the state and local societies receive the same dues as they would under current processes; and be it further
>
> **Resolved**, that the Council on Membership be asked to assess the pilot project one year after it has been implemented.

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

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

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

- A monthly data exchange process between DMO and GEDC for new employee dentists which enables DMO to collaborate with states to expedite membership application approvals and dues quoting.
- Creation of custom views and reports within Aptify which enable DMO to invoice GEDC for membership dues efficiently.
- An internal ADA process to collect one bulk dues payment from GEDC and then disburse ADA, State and Local dues to each state society via check, a monthly data exchange of dentists who terminate their employment with GEDC and provide this information to the state Executive Directors and membership staff on a monthly basis, enhancing the ability of state and local societies to engage these dentists and encourage their membership renewal as they transition from GEDC to another practice setting.
- Retaining and tracking all GEDC dentist data in the Aptify database, keeping this data transparent within all state and local society views.

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

Success Measures and Outcomes: The pilot has helped to reduce data reconciliation times at the state level and retain GEDC group practice dentists. As of February 2020, the Department of Membership Operations invoiced GEDC for $354,579 for 2020 dues on behalf of 308 GEDC employee dentists. The new processes have improved data quality by tracking dentists moving in and out of GEDC employment and into other practice settings. As ADA looks forward to future collaboration with various large multi-state practices, and the receipt of their employee data as tracking dentists as they transition to and from large practice environments is a challenge. The Council on Membership is very encouraged by the initial successes of the pilot in dues collection and application approval efficiencies that have been achieved. Maintaining GEDC information in Aptify requires ADA resources to ensure data integrity, including direct contact with the dentist to help ensure retention of Tripartite membership; this pilot has been effective and warrants expansion going forward.

Next Steps: Based upon the successes of the streamlined dues collection pilot to date, the improved processes between the ADA and the participating societies with GEDC will continue in 2021. As additional dental service organizations look to reduce administrative burdens and offer their employee dentists with Tripartite membership as part of their employee benefits, the ADA will seek opportunities for

expansion of this pilot program. The ADA's DSO workgroup is currently focusing on the new features, process improvements and insights from this pilot that can be scaled in the near future for another DSO or large group practice. Reallocation of ADA internal resources and building capacity to support expansion of this pilot are being planned.

POST DOCTORAL PILOT PROGRAM

Background: The ADA, in collaboration with 14 state societies, launched a pilot program in January 2019 waiving the $30 dues rate for graduate students attending a program, following the adoption of the Board's resolution:

> **B-97-2018. Resolved**, that the ADA Board of Trustees authorize a pilot program of three years duration starting in 2018 with New York followed by additional states in 2019 identified by ADA membership staff and approved by the Council on Membership leadership to exempt post-doctoral students and residents from the payment of membership dues, and be it further
>
> **Resolved**, that the appropriate ADA agency implement a targeted recruitment and retention program to coincide with the pilot program, and be it further
>
> **Resolved**, that the Council on Membership report back to the Board of Trustees annually on the results of the pilot program for the duration of the pilot.

Learnings from this pilot helped to identify and communicate member value and understand the potential level of growth with this target market. As of May 2019 there were 762 more resident members compared to May 2018. Based on these results, beginning in 2020, the pilot was extended to include all state societies. The overall goals of the program were to increase graduate student membership; improve the data collected for graduate students; and to increase the conversion of graduate student members to dues paying members. ADA, its participating state partners and a steering committee of program directors worked together to build a collaborative plan scalable for the full graduate student market.

Key Highlights to Date:

- As of May 2020, there were 2,695 licensed graduate members; 668 more compared to May 2019 and over 1400 more compared to May 2018, before the pilot started. The total count of graduate members (licensed or unlicensed) in May 2020 was 4,314. This is 1,122 more than May 2019. (Table 1) Given the timing of the graduation routine, end-of-month May numbers are used in this report.

Table 1 **Members**

	05/31/2019	05/31/2020
Is Licensed		
Licensed	2,027	2,695
Non Licensed	1,165	1,619
TOTAL	**3,192**	**4,314**

- When the pilot was launched, ADA was able to identify approximately 60% of the total market of graduate students. Although the pilot has been successful in increasing graduate student data and membership, the ADA continues to only identify approximately 60% of the total market due to continuous growth of the market. Efforts are ongoing to secure more robust data, including identification of CODA-accredited residency programs and subsequent matching of student data to respective residency programs.

- The ADA worked closely with participating state societies to move existing graduate student members from "direct" membership in the ADA to "tripartite" membership at the ADA, state and local levels within Aptify and welcome them to all three levels of the organization. A communication/engagement plan was developed and is being utilized by state societies to assist with:
    - recruitment direct to residents and through program directors/faculty
    - relationship building with program directors
    - member communications
    - retention efforts including onboarding new members and member engagement efforts
    - conversion of graduate students members to dues rate A members in and out of state
- A steering committee of program directors/faculty, chaired by the Council on Membership, was formed to gain insight and perspective on how to best engage both program directors/faculty and residents and to identify any opportunities and challenges. The committee met twice by conference call and discussed how to remain relevant to residents, strategies for identifying residents, relationship building strategies with program directors and how to support them in their work.

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

With the elimination of dues for graduate students through the pilot program, state and local societies were able to better engage residents directly through the graduate programs and offer services and programs locally. In addition, this program enhanced the ability of societies to build relationships with program directors, identify residents within the programs and increase the communication reach of membership and member value. For these reasons, and based on the success of the program early on, in 2019, the Council on Membership voted to recommend to the House of Delegates the elimination of graduate student dues rather than continuing the successful pilot program for another two years. Subsequently, the 2019 House of Delegates passed Resolution 15H to eliminate graduate student dues.

As the pilot comes to a close in 2020, the collaborative efforts of the ADA and state and local societies will continue to further increase membership with this target market. The ADA recently worked with a firm to better understand the needs and challenges of graduate students and the results of the research will identify more ways to engage these markets and pinpoint resources they find valuable.

ENHANCING RETENTION IMPACT OF THE QUARTER YEAR DUES CAMPAIGN

In the fourth quarter of 2020, a pilot program to Enhance the Retention of the Impact of the Quarter Year Dues Campaign will be launched. The pilot program will allow the ADA to test and evaluate enhancements to the annual Quarter-Year Dues (QYD) Campaign, including a streamlined joining process as well as a new strategy to utilize auto-renew for improved retention.

The pilot will be implemented in conjunction with several states throughout the country and will include a full marketing campaign to test new messaging. Launch of the pilot is anticipated to begin in the last quarter of 2020, with results to be evaluated in early 2021.

- The following will be evaluated and assessed with results provided to the House in 2021:
  - New messaging with a new promotional offer, receiving up to 15 months of value for the price of 12 months.
  - A simplified, transparent join process for potential members.
  - A no cost or loss dollar process for managing a scaled auto renew campaign.
  - Increased retention as a result of an auto-renew campaign in alignment with the $0 quarter year dues campaign.

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. None N/A

Report: Board Report 7 Date Submitted: August 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

REPORT 7 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ADA PENSION PLANS

Background: This report is in response to House of Delegates Resolution 77H-2011 (*Trans.*2011:444).

Resolution 77H-2011 reads as follows:

> **77H-2011. Resolved,** that the Board of Trustees provide to the House of Delegates an annual executive summary on the status of the Pension Plan as reflected in the annual ADA audit reports and the annual actuarial certification of the pension plan funding status.

The ADA reviewed its employee benefits as part of a larger project to assess total compensation in 2011 and made significant changes to retiree benefits effective January 1, 2012 that reduced both future costs and risks while still providing a market competitive total compensation package.

To summarize, that decision was based on the following facts which still apply to the plan:

- The new terms of the pension plan reduce future costs and risks by more than 60% compared to the old plan terms.
- Supplemental pension funding is not optional and represents payment of prior service costs under the old pension plan. This funding is the majority of the ADA's annual budget cost and is required even if the plan is terminated.
- If the pension plan were terminated completely, the ADA would not have access to plan assets to reduce costs in future periods.
- A "hard freeze" plan termination would come at a high price because conservative accounting rules lock in the value of the liability based on an assumed liquidation of pension benefits as of the termination date using current, historic low interest rates. This liability can only be reduced by the future payment of those plan liabilities.
- The long term economic costs of the plan are ultimately tied to the payout of future benefits over many years, in fact, decades into the future. ADA contributions that go into the plan do not come out except to pay plan benefits. Because pension benefits, since 1993, are only paid as a monthly annuity to retirees, cash flows are predictable and plan assets are invested to balance long term returns, risks, and costs in relation to the maturity of the long term pension liabilities.

Resolution 77H-2011 asks for reporting on the ADA Pension Plan using two sources of information that provide two perspectives of plan status based on two different actuarial calculations of the future pension benefit liability:

a. the accrual basis liability included in the ADA's 12/31/19 balance sheet (based on ASC 715 accounting rules), and
b. the "cash basis" liability, percent funded status and funding requirements included in the ADA's 1/1/20 Adjusted Funding Target Attainment Percentage ["AFTAP"] Certification Report (based on government ERISA calculation rules).

Although these two liability calculation methods differ, in general terms the net Pension liability represents the amount of projected total pension contributions which would be needed to cover "100% funding" of future benefits less the value of actual funds invested in pension plan assets. In each case, this "100% funded" liability is an amount calculated by our actuary based on a formula that uses certain assumptions including interest rates and mortality tables determined by either government or accounting rules. When interest rates go down or longevity estimates increase, which actually happened in 2019 (for balance sheet purposes), the amount needed to reach 100% funded status goes up. Conversely, if interest rates go up or longevity estimates decrease, then the calculated amount to reach fully funded status goes down.

The pension liability, under both methods, accrual basis and cash basis, is recalculated by our actuary as of the end of every plan year, December 31.

Accrual Basis Pension Liability (included in the ADA's 12/31/19 audited balance sheet): The following roll-forward analysis of the ADA's 12/31/19 balance sheet liability shows all the changes in the net accrual basis liability since the beginning of the year compared to prior periods.

There are four major types of changes that affect the ADA's net pension liability:

1. The ADA's contribution of cash to the plan assets which reduces the liability includes two parts:
   a. The funding of "normal service" costs for current employees of the ADA who earn benefits during the plan year; and

   b. The funding of supplemental payments to help get the plan to 100% funded status which represent "catch up" funding of benefits earned in prior periods as defined by government funding rules initially introduced by the Pension Protection Act ("PPA") of 2006; and

2. The increase in the net plan liability due to the accrual of the "normal service" benefit costs plus interest on the pension liability; and

3. The decrease in the net pension liability due to the increase in the value of the plan's investment assets; and

4. The impact of an increase or decrease in the net pension liability due to the decrease or increase in the "spot rate" of interest used to calculate the actuarial present value of those future retirement benefits at December 31 each year.

In addition to these changes to the pension liability, the ADA also made the "one time" change to future employee benefits effective January 1, 2012 that significantly reduced the ADA's accrual basis pension liability as well as its ongoing pension expense. This one time change reduced the liability by $8.9 million

at 12/31/2011 and reduces “normal service costs” annually in 2012 and future years by over $3 million compared to 2011.

Finally, studies of mortality experience for participants in pension plans have been published by the Society of Actuaries in recent years. While these studies have often indicated that pension plan participants are generally living longer, sometimes revised mortality tables adjust life expectancy estimates downward. As such, updated mortality assumptions have been published to reflect the results of these studies. The ADA has made changes to its mortality assumptions as a result of these studies, and the impact on results due to these changes is included in the following chart.

The following historical roll-forward analysis chart shows a nine year history of the pension plan since 2011, the year before the plan benefit reduction. The results for fiscal year 2011 show normal service costs under the old plan while years 2012 through 2019 present the actual results after plan changes. Beyond normal service costs and interest on the pension liability (i.e., Expected Obligation Increase), the biggest change to the accrual basis Net Pension Liability is the non-cash impact of the discount rate on the year-end valuation. For year-end 2012, discount rates dropped from 5.16% to 4.56%, which was offset by favorable investment performance. For year-end 2013, discount rates increased from 4.56% to 5.28% and the Plan experienced favorable investment performance. For year-end 2014, the liability increased due to a decrease in discount rates from 5.28% to 4.55%, updated mortality assumptions, and a one-time adjustment to reflect the impact of a change in IRS regulations. These increases were partially offset by favorable investment performance. For year-end 2015, the liability decreased due to an increase in discount rates from 4.55% to 4.86%, but was offset by unfavorable investment performance and updated mortality assumptions. For year-end 2016, the liability increased due to a decrease in discount rates from 4.86% to 4.68%, but was offset by favorable investment performance. For year-end 2017, the liability increased due to a decrease in discount rate from 4.68% to 4.03%, which was offset by favorable investment performance and revised mortality improvement expectations. For year-end 2018, the liability decreased due to an increase in discount rate from 4.03% to 4.72% and revised mortality improvement expectations, which was offset by unfavorable investment performance.

For year-end 2019, the liability increased due to a decrease in discount rate from 4.72% to 3.55%, which was partially offset by favorable investment performance, revised mortality assumptions and the execution of a Small Pension Benefit Buyout program.

The ADA pension committee approved this temporary buyout program to offer lump sum distributions to former ADA employees with small balances who had vested in the pension plan but had not yet started drawing benefits. The goal of this initiative was to reduce pension plan risks and costs. This program opened a temporary window (between May 15 and July 15, 2019) for some inactive plan participants to take a lump sum payout of the present value of their future pension benefit. This “Risk Transfer” project was successful with 66% of eligible terminated vested participants electing to participate. As a result, approximately $7.4 million of assets was distributed from the Plan with an estimated $630,000 savings in Pension Benefit Guarantee Corporation (PBGC) premiums over the course of five (5) years beginning in 2020.

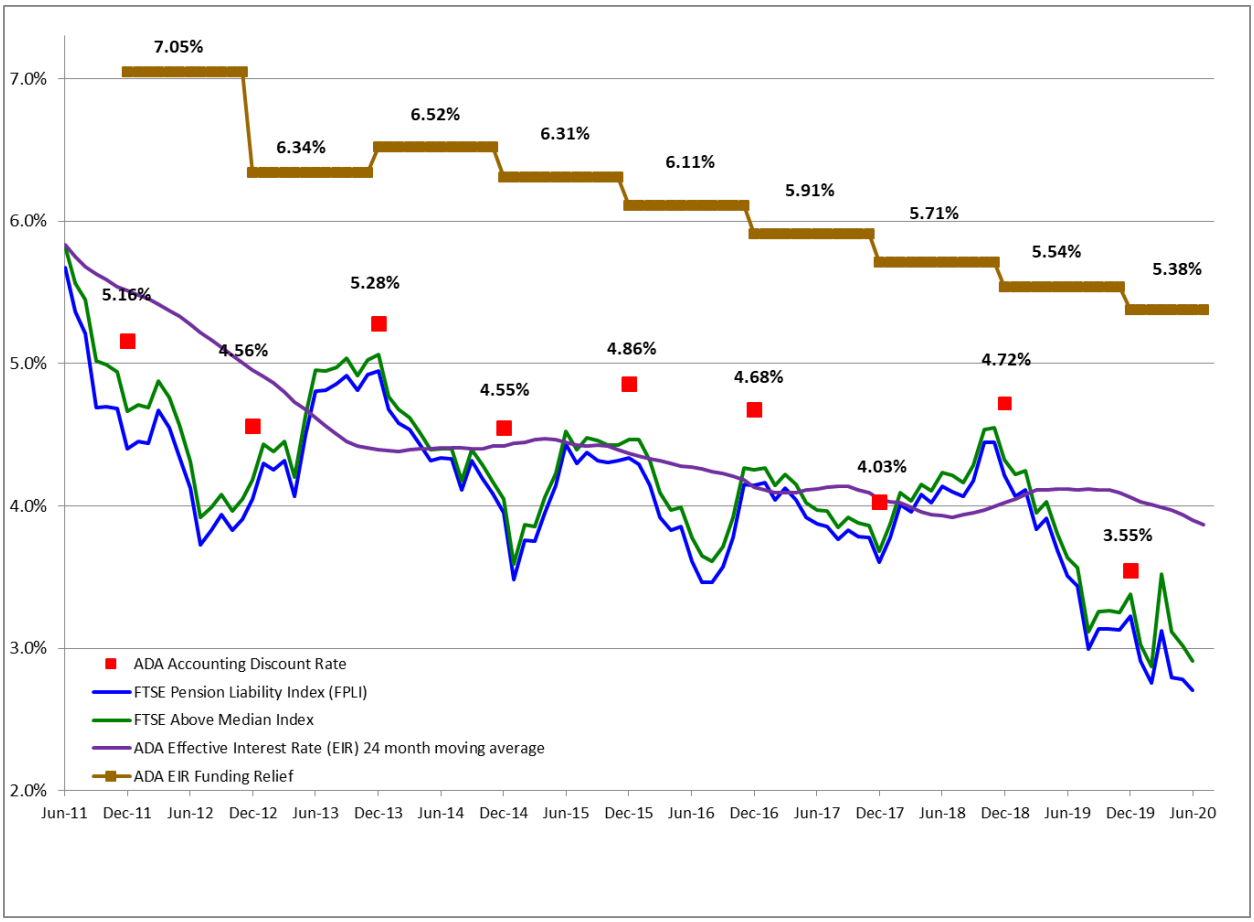
So far in 2020, interest rates have been decreasing while asset performance has been mixed and volatile, each a result of the COVID-19 pandemic and its impact on the economy. The impact of decreasing “spot” interest rates has a big impact on the year-end valuations of future benefit liabilities but these are non-cash adjustments. For further reference, the rates used for accounting purposes, and approved by our auditors, are shown at the bottom of this chart for each year.

ADA Consolidated
Net Pension Liability Analysis - Historical
Millions of Dollars; Increase/(Decrease) in Liability

	Fiscal Year Ending									
	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**Notes**
Beginning Balance, December 31 of prior year	48.8	51.1	56.8	29.0	50.4	54.1	56.4	53.0	49.7	Net Liability, based on discount rate in effect at start of year less plan assets
Contributions (Cash Funding):										Actual cash cost to ADA in each plan year:
Normal Service Cost - Current Employees	(5.2)	(1.7)	(1.8)	(2.0)	(2.1)	(2.1)	(2.2)	(2.7)	(2.4)	Based on Old Plan formula in 2011; New Plan formula for 2012 to 2017
Supplemental/Catch-up - Prior Service	(7.6)	(4.6)	(4.4)	(5.1)	(3.0)	(3.5)	(4.1)	(4.7)	(4.3)	Required contributions of prior service costs on path to 100% status
Expected Obligation Increase	13.4	10.0	10.0	10.5	11.1	11.5	11.8	11.7	12.2	Service Cost (benefit accrual) and Interest Cost (interest on prior obligation)
Net Investment (Gains)/Losses	(2.0)	(16.7)	(15.5)	(13.0)	3.1	(10.5)	(27.6)	9.3	(32.4)	Actual plan investment results based on market values at each year end
Actuarial (Gain)/Loss	2.1	4.5	0.4	0.6	1.5	2.1	1.9	2.7	1.9	Impact of updated participant population, salaries and mortality experience
Reduction in Benefits	(8.9)	-	-	-	-	-	-	-	-	2011 reflects impact of change in Plan formula
Impact due to Small Pension Benefit Buyout program	-	-	-	-	-	-	-	-	(0.9)	2019 temporary buyout program that offerred lump sum distributions to former employees with small balances
Annual FAS 158 Actuarial Valuation Adjustment										
Discount Rate	10.0	14.1	(16.4)	18.2	(7.9)	4.7	18.1	(18.9)	32.8	Estimated non-cash impact of changing discount rate per accounting rules
Mortality Assumption Change	N/A	N/A	N/A	9.0	1.1	0.1	(1.4)	(0.6)	(2.0)	Estimated non-cash impact of updating mortality assumption per actuarial studies
Impact due to adjustment for IRS Reg. 415	-	-	-	3.1	-	-	-	-	-	
Supplemental Benefit Trust	0.5	0.1	(0.1)	0.1	(0.1)	-	0.1	(0.1)	0.1	Net Change in supplemental plan liability as reported
Ending Balance, December 31	**51.1**	**56.8**	**29.0**	**50.4**	**54.1**	**56.4**	**53.0**	**49.7**	**54.7**	Net Liability, based on discount rate in effect at end of year less plan assets
Discount Rate										
Beginning of Year	5.65%	5.16%	4.56%	5.28%	4.55%	4.86%	4.68%	4.03%	4.72%	
End of Year	5.16%	4.56%	5.28%	4.55%	4.86%	4.68%	4.03%	4.72%	3.55%	
Rate change impact: (increase)/decrease liability		**(0.60%)**	**0.72%**	**(0.73%)**	**0.31%**	**(0.18%)**	**(0.65%)**	**0.69%**	**(1.17%)**	

Low interest rates, more than any other factor, typically result in increases to the year-end valuations of Retirement Benefit Obligations. The next graph shows the general downward trend of the rates used to calculate these long term liabilities. Rates decreased during 2019 and have decreased to date in 2020.

The funded status calculated based on accrual basis liability and fair value of plan assets included in the ADA's 12/31/19 balance sheet was 76.9% which compares to 76.4% funded status as of 12/31/18.



The "ADA Accounting Discount Rate" shown in the graph above reflects the rates used for the year-end financial statements. The "ADA Effective Interest Rate (EIR)" is a 24 month moving average of rates published by the IRS which would typically apply to funding requirements. However, the "MAP-21 Rates", further modified by "HATFA" and "BBA 2015", reflect higher "ADA EIR Funding Relief" rates based on a 25 year average to provide pension relief which reduced the Plan's funding requirements for 2012 through 2020.

The FTSE (Financial Times Stock Exchange Group) Indexes are also included as an indicator of current interest rate trends. These rates moved downward in 2019 resulting in a higher accounting rate at 12/31/19 than at 12/31/18. So far during 2020, these rates have decreased noticeably (reflecting economic policy in relation to the COVID-19 pandemic).

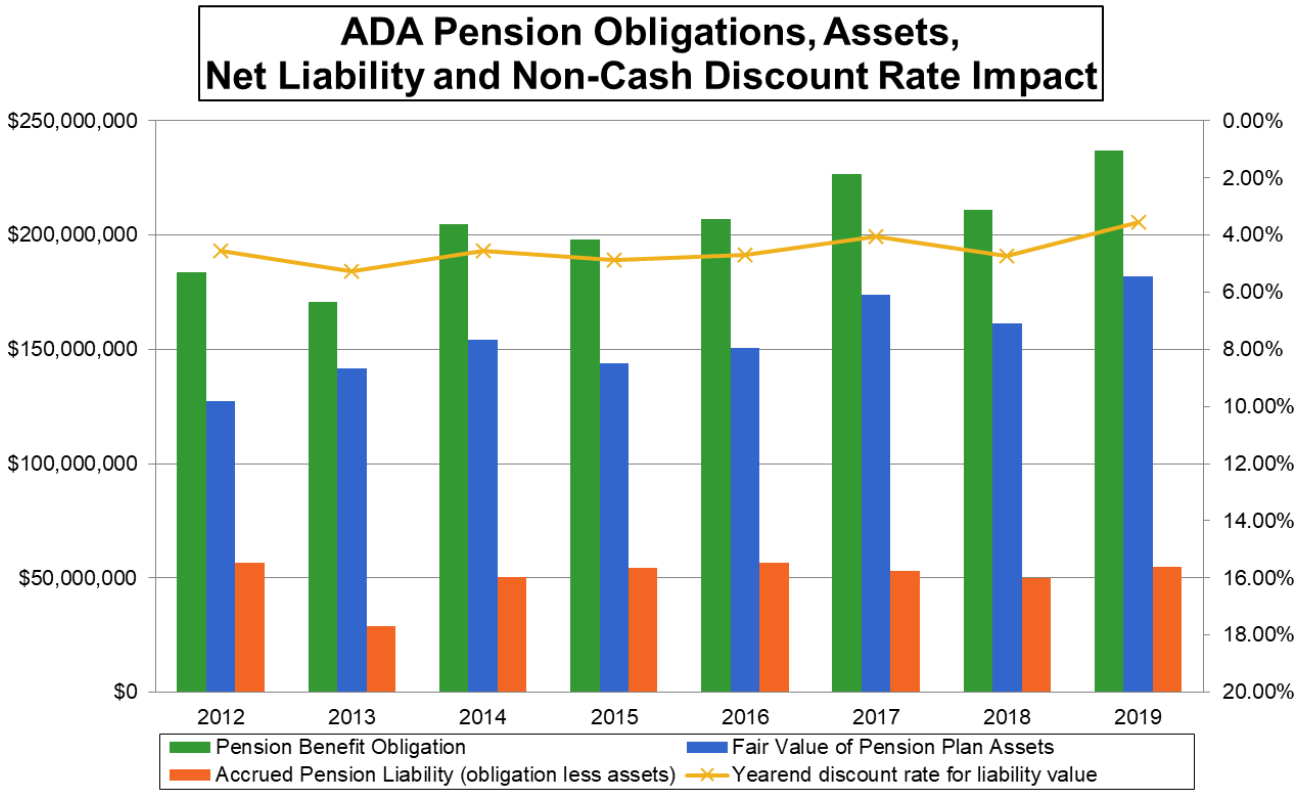
The inverse relationship between interest rates and the valuation of the year-end pension liability can also be seen in the following multi-year graph that includes:

a) the gross pension obligation,

b) the pension plan asset balance,

c) the net ADA pension liability balance, and

d) the year-end discount rate used to value the pension liability.

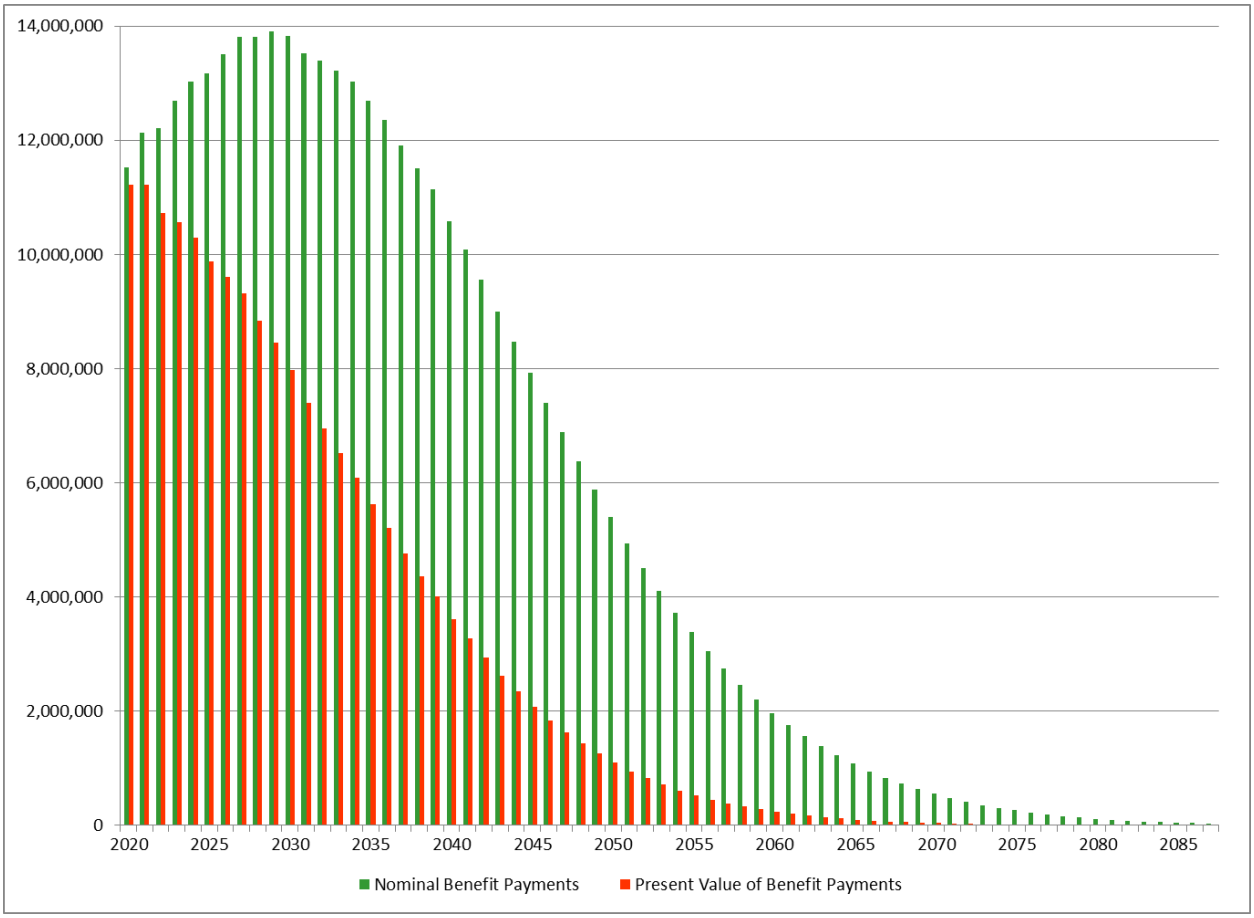


The line graph of the year-end discount rate is shown at the top of the chart with a separate vertical axis on the right side with "zero" at the top of the chart and higher rates extending downward. In this format, the chart shows the correlation between the changes in the discount rate and the liability balance. It should also be noted that this graph also shows the benefits of a consistent funding policy and investment results through the steady increase in plan assets.

Each year, the ADA's investment advisors review the pension benefit obligation in relation to the pension plan asset strategy to provide investment recommendation updates. As part of this review, these advisors estimate the non-cash impact of interest rates on the "net" accrued pension liability. The latest estimates indicate that a 1% change in the year-end spot rates will result in an impact of $33.0M on the liability with an offsetting impact on the plan assets estimated at $13.4M which combine to a total "net impact" of $19.6M. So far in 2020, U.S. interest rates have been lowered in an effort to stimulate the economy suffering from the effects of the COVID-19 pandemic. Interest rates continue to remain low on a historical basis. Based on the profile of the Plan's liabilities, increases in longer-term interest rates would result in favorable adjustments to the Plan's funded status.

It is important to note that although the use of year end "spot rates" determines the value of the liabilities for accounting purposes at year end, and while lower rates can also drive higher contribution rates to plan

assets, it is the actual cash payout of the retirement benefits that will only happen over many decades that represents the true economic cost of the plan. Cash contributed to the plan to fund future benefits stays in the plan until those benefits are paid. And the actual payout of the 12/31/19 pension plan liability through monthly benefits to retirees will only happen over the next 30 to 40 years with the final payments expected into the next century. The following graph shows these expected annual payments to plan participants from plan assets:



This graph effectively shows that the maturity of the ADA's pension liability is made up of predictable annuities unlike many other plans that allow lump sum benefit payouts.

Pension Relief: Because so many actuaries for large pension plans questioned the use of "spot rates" to value pension liabilities and lobbied legislators to use a longer 25 year average interest rate to calculate the requirements for cash contributions to pension plans, "pension relief" was passed under MAP-21 in 2012 to reduce the short-term funding burden on pension plan sponsors caused by the current, low interest rate environment. This "pension relief" was further modified and extended by HATFA in 2014 and the Bipartisan Budget Act (BBA) of 2015.

Cash Basis Pension Liability (included in the annual actuarial certification of the pension plan funding status): The other pension liability recalculated by our actuary each year is the Cash Basis Pension Liability which is published in the ADA's annual Adjusted Funding Target Attainment Percentage ["AFTAP"] Certification Report (based on ERISA calculation rules). This report is significant because it

includes the annual funded status of the plan. In addition, as this "cash basis" liability fluctuates, the amount of annual cash contributions required from the next year's Operating Budget will also fluctuate.

The following chart shows the Cash Basis Pension Liability based on the AFTAP certification report:

American Dental Association
Employees' Retirement Trust
Adjusted Funding Target Attainment Percentage ("AFTAP") Funding Status
as of January 1 (valuation date)

($000s)	Year End 2015		Year End 2016		Year End 2017		Year End 2018		Year End 2019	
	amount	%	amount	%	amount	%	amount	%	amount	%
AFTAP Net Effective Interest Rate	**6.11%**		**5.91%**		**5.71%**		**5.54%**		**5.38%**	
Cash Basis Target Liability (= 100% status)	$ 163,231	100.0%	$ 170,791	100.0%	$ 178,074	100.0%	$ 189,771	100.0%	$ 190,286	100.0%
Less: Plan Assets	(143,349)	87.8%	(150,126)	87.9%	(178,530)	100.3%	(170,666)	89.9%	(171,533)	90.1%
Net AFTAP Report Unfunded Plan Liability	$ 19,882	12.2%	$ 20,665	12.1%	$ (456)	-0.3%	$ 19,105	10.1%	$ 18,753	9.9%

The data in this chart also shows, in a simple format, how the year end valuation of investments also contributes to the funded status of the plan.

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

Conclusions: Although the use of "spot" rates of interest, in effect at the end of each year, determine the GAAP accounting basis of the liabilities and, although the annual cash basis valuation can drive higher contributions to the plan's assets, the final cost of the plan is ultimately tied to the payment of these benefits to plan participants.

Because the ADA stopped lump sum payments for benefits earned after 1993, the pension plan operates as a simple annuity plan which greatly reduces transactions other than normal portfolio management and the payment of monthly benefits to participants. This results in very predictable cash flows.

Once the ADA contributes cash into the plan, it stays in plan investments to generate long term returns until benefits are paid out. Under this plan structure, the ADA's actuaries and investment advisors have explained that temporary investment valuation and interest rate volatility have minimal impact on the long term economics of the pension plan.

Board changes to retirement benefit plans helped reduce total pension liabilities by over $7 million at 12/31/11 (all plan changes actually account for $21.8 million of direct reduction which was partially offset by the impact of interest and investment).

In addition, the significant cut in pension plan benefits reduced "normal" pension costs, for 1 year of service, from $5.2 million in 2011 to $1.7 million in 2012 to $1.8 million in 2013 to $2.0 million in 2014 to $2.1 million in 2015 to $2.1 million in 2016 to $2.2 million in 2017 to $2.7 million in 2018 and to $2.4 million in 2019.

Although the historic low "point in time" interest rates at year end (in conjunction with mortality changes) have resulted in higher pension liability valuations, expected long term higher interest rates will turn this liability into an asset in the future. Pension relief intended to reduce the funding burdens on pension plan sponsors caused by the current, low interest rate environment was signed into law in 2012 as part of the MAP-21 Act and further modified by both HATFA in 2014 and BBA in 2015. While these laws will provide

some relief from the low interest rate environment, prolonged decreasing rates and investment performance during 2020 could result in higher contribution requirements in future years.

Over the long term, the plan will provide the ADA with a valuable benefit to attract and retain employees critical to its mission based on an asset that will eventually pay for itself once 100% funded status is reached.

Without any continuing pension plan strategy in place, there would be a long term risk of an overfunded pension plan, with the ADA being unable to utilize any portion of the resulting overfunded asset balance.

With a continuing pension plan, any overfunding that may occur due to fluctuating interest rates can be used to help minimize annual plan contributions going forward.

On a related topic, the Board's action in 2011 to reduce retiree health benefits resulted in an immediate $10 million improvement in the ADA's financial position at December 31, 2011. That reduction also eliminated the ADA's exposure to escalating health care costs by capping the future maximum annual cost per retiree.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

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

Resolution No. 101 New

Report: N/A Date Submitted: September 2020

Submitted By: First Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.

How does this resolution increase member value: See Background

NEW DENTIST REPRESENTATION TO THE ADA HOUSE OF DELEGATES

The following resolution was submitted by the First Trustee District and transmitted on September 16, 2020, by Dr. Mark B. Desrosiers, first district caucus chair.

Background: New ideas are necessary to propel the work of the ADA HOD forward in the best interests of its membership. Younger dentists are the present and the future of our profession and their input is essential to finding the best path forward. The ongoing vibrancy and relevance of ADA and its HOD rests in training our younger colleagues to guide us into the future.

Resolution

101. Resolved, that appropriate agencies of the ADA assess the feasibility and mechanisms by which the ADA increases the proportion of each trustee delegation (delegates and alternates) who are dentists that qualify as “New Dentists” by the definition of the ADA “New Dentist” committee and reports to the 2021 House of Delegates.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees meeting.

NEW BUSINESS—MAJORITY VOTE RECEIVED FOR CONSIDERATION

Resolution No. 110 New

Report: N/A Date Submitted: October 2020

Submitted By: Sixteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

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

How does this resolution increase member value: See Background

2021 DENTIST AND STUDENT LOBBY DAY

The following resolution was submitted by the Sixteenth Trustee District and transmitted on October 5, 2020, by Mr. Phil Latham, executive director, South Carolina Dental Association.

Background: Year after year and survey after survey, ADA Members affirm that the number one membership benefit is advocacy for the profession. With the ADA 2021 proposed budget eliminating funding for a face-to-face 2021 ADA Dentist and Student Lobby Day (Lobby Day), the wrong message might be sent to our members. The optics are that the event is not important, that advocacy is not important.

Lobby Day was canceled in the spring of 2020 due to the restrictions put in place as a result of the COVID-19 pandemic. This resulted in a cost savings to the existing 2020 expenditures (2020 budget) that should have a positive effect on the ADA bottom line. The money was budgeted and not spent. It is very likely that an in person 2021 Lobby Day will not be possible. Even if restrictions were lifted and visitations made possible again, it would take months of planning to make it happen.

The benefits of Lobby Day are numerous:

- In person visitations by members give credibility to our paid lobbyists making them more effective and more believable, otherwise, they are simply hired guns and are seen as such.

- Members who attend Lobby Day are involved members who consistently contribute to ADPAC at higher than usual levels (Club Levels) and work hard at home and in DC to provide a resource of information to our legislators. These are dedicated lifelong members.

- Students who attend Lobby Day love the event. They interact with their senior colleagues, learn the importance of advocating for their profession, and learn the importance of ADA membership they join, and they stay members.

- Legislators see, in person, that dentists are credible and concerned with caring for their patients. We are passionate about our profession and they see it.

- Involved and committed dentists get to interact and recharge each other. They interact with students - the future of the profession. This benefit both parties.

- Effective advocacy is based on relationships. Virtual meetings are not the platform to build relationships.

In September 2020, the Washington office helped member dentists complete a scaled down version of a "Virtual Lobby Day." Much information was gathered to help make a 2021 Virtual Lobby Day even more effective, if it is necessary. While virtual meetings are necessitated by current conditions and the future is unknown at this point, they are not as effective as in person meetings. They are better than no meeting and show legislators we are still here. However, the effectiveness of these virtual meetings will fade with time and the credibility we give our lobbyists will fade with time. Can we afford to let this happen?

2020 was an extremely difficult budget year. 2021 and beyond are uncertain. Cutting a $650,000 expenditure from the ADA Budget makes it very possible that it will not be reinstated. Including the expenditure in the 2021 budget, or instead, financing it from reserves, and knowing that it will most likely not be spent accomplishes the following:

- emphasizes the importance of Lobby Day
- assures it will be considered in future budgets, and
- let's members know that advocacy is important to the ADA and the profession

Again, even if it were included in the 2021 budget, does not mean it has to be spent.

Advocacy is the number one benefit as recognized by ADA members. We must not allow their participation in Lobby Day to be taken away.

Resolution

110. Resolved, that the ADA Board of Trustees be urged to fund up to $650,000.00 from reserves for the in person 2021 ADA Dentist and Student Lobby Day.

BOARD RECOMMENDATION: Received after the deadline for New Business submission of September 30.

REPORT OF PRESIDENT

Friends and colleagues of the House: I am honored to stand before you, the supreme legislative body of the American Dental Association.

Before I begin, allow me to recognize some people to whom I owe an enormous debt of gratitude. Without them, our many successes this year would not have been possible.

First and foremost, I thank all of you, my bosses—our delegates and alternates delegates—for holding me to the highest standard and for allowing me to serve our profession.

You elected me as an agent for change: I am happy to announce...mission accomplished.

There is one very special delegate here today that I must recognize. She is a former chair and current member of the Council on Dental Education and Licensure; a former chair of the New York State Board of Dentistry; a dedicated teacher of orthodontics; my professional partner, my strongest supporter, and of course the love of my life—Dr. Rekha C. Gehani.

Rekha, you have been the first lady of the American Dental Association this year. But you have always been and will always be my first lady. Thank you for your grace, love, and unwavering encouragement.

Also, to our three children Drs. Dan, Kiren, and Neal; their spouses; and our six grandchildren: You have been Rekha's and my greatest gifts. Thank you for being the lights of our life.

To my ADA Board of Trustees: Wow! What a journey we have taken together.

Typically, the Board meets five times a year. But this year, our Board has been convened an unprecedented 22 times—mostly virtually via Zoom calls. It has been an honor to serve with such a dedicated group of professionals...Thank you!

Next month, our nation will celebrate Thanksgiving. 2020 marks exactly 400 years since the pilgrims set foot on Plymouth Rock, grateful for the opportunity to pursue their dreams of happiness and fulfillment in a new land.

There were no Gehanis on the Mayflower. But as an American by choice—not by chance—and as the outgoing Servant Leader of the ADA, I am thankful and proud to say that my hopes and dreams have been fulfilled. I have the highest regard for the profession of dentistry and the country that I love—our home, the United States of America.

America is a nation of nations, and diversity is our greatest strength. It is critical that we as a profession continue to embrace our diversity, without regard to the race, ethnicity, and gender of any dentist.

We are ONE. We are dentists.

We are living in transformative times. The entire world is changing, and our profession is changing with it. With change comes the opportunity for success.

It was not too long ago, when I addressed this House discussing my plans for the profession as candidate Chad Gehani. I had many goals, hopes, and aspirations that I thought would define my presidency.

Little did I know that my presidency would be defined by adversity, by the greatest unexpected health care crisis of our lifetime. Sadly, it remains, as the COVID-19 virus continues to wreak havoc around our nation and throughout the world.

We are in the middle of a life-threatening crisis, and that is not a good place to be. But let us not forget that whether it is running your office, supporting your family, or dealing with health issues, the key to your character and your value to the world, above all else, is not how you respond to good fortune and happiness, but how you respond to adversity.

We remember great leaders—Lincoln, Roosevelt, Churchill, Mahatma Gandhi, Martin Luther King, and Frida Kahlo—not because of the happiness they had, the fortunes they amassed, or their good luck. We remember them for their courage, their conviction, dedication to principle, and their willingness to confront the adversities of their times.

As one walks through life, one cannot always expect the journey to be unencumbered or easy, but I can take satisfaction as I reflect on my term of service and say farewell. I stand here before you with enormous pride in our profession for what it has done and continues to do in the face of the pandemic.

Imagine the heroic actions of our members who, at the beginning of the crisis, were treating emergency patients with significant risk and without having adequate information and availability of PPE.

Our members had a duty to the public, and they answered the call much to the benefit of this nation's health. I salute our members.

Also, I am proud of ADA's past and ongoing efforts to better educate and equip our members who are at the front lines of the delivery system.

There is no question that we have made great progress in this area—progress that we could not even have imagined just a very short time ago.

And there is no question that the ADA tripartite stood as one, stood firm, and did what was right for the practicing dentists and the patients they serve.

Today, the ADA is as strong as ever, getting stronger every day. And I will forever be grateful for the opportunity I had, as your president, to play a role in showing the world the courage, competence, compassion, and kindness of the American Dental Association.

At the onset of the COVID-19 pandemic in the United States, ADA leaders, volunteers, and staff mobilized to lead dentistry's response to the crisis.

- With oversight from the ADA Task Force on Dental Practice Recovery, the ADA developed a suite of COVID-19 resources on ADA.org/virus, resulting in a total of **548,762 downloads** of COVID-19 resource documents (such as the Return to Work Interim Guidance Toolkit, Patient Return Resource Center, Interim Mask and Face Shield Guidance, Small Business Loan Fact Sheets for Dentists, Paycheck Protection Program Loan Summary, the Definition of Emergency Procedures, and more.)

- As part of its resource offerings, the ADA hosted **35 digital events** for more than **55,932 live attendees** and over **55,392 continuing education hours** awarded.

- The ADA also deployed a robust COVID-19 communications plan, which generated the following:
    - **3 million page views** on ADA News and **6.9 million deliveries** of the ADA Morning Huddle, which saw a **30% increase** in subscribers
    - **6,900+ news stories** in outlets such as CNN.com, The Washington Post, National Public Radio, Forbes, the Wall Street Journal, and others with a **total audience reach of 8.7 billion**.

- Social media engagement increased **335% on Instagram, 223% on Twitter,** and **78% on Facebook**. The ADA's YouTube channel reached an **all-time high of 3.6 million video views**. The channel also added **16,800 new subscribers** this year.

- The ADA mounted a major governmental affairs effort to, among other things, ensure legislative provisions that benefit dentists and dental practices in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The ADA's advocacy helped secure the following:
    - Paycheck Protection Program (PPP) loans funded at **$349 billion**
    - Economic Injury Disaster Loan (EIDL) advances, which provides **grants of up to $10,000** to applicants of the EIDL program
    - An additional round of funding **($370 billion**) for PPP loans and EIDL
    - **Tax credits** for dentists who are providing pandemic-related leave to their employees
    - Interim Centers for Disease Control and Prevention (CDC) **guidance for protecting dental patients** and staff during emergency and urgent treatment administered in COVID-19
    - More than federally provided **2.6 million face masks and 504,000+ gowns** distributed by the ADA to over **54,000 dentists**.

*Metrics as of October 1, 2020

Prior to the COVID-19 situation, we had already embarked upon our journey, taking some daring steps on issues that would impact dentists and the communities they serve.

For one, this year, we assisted state dental societies on third-party payer efforts.

As a result, many states have seen significant legislative victories in network leasing, assignment of benefits, down coding, prior authorization, claim payment through virtual credit cards, and other areas. Other states continue the fight, and the ADA is proud to support them in achieving this goal.

In November 2019, the ADA and several dentists filed a class-action anti-trust lawsuit against Delta Dental. The lawsuit asks the Court to require the Delta member companies to change the way they do business and seeks damages for what we see as unfair competitive practices.

With these legal and legislative activities, we have made strides in achieving fairness and I repeat, FAIRNESS for all dentists as they navigate the turbulent waters of the dysfunctional third-party payer system.

In our mission to advance public health, we have also worked toward fairness in health insurance. I am pleased that the U.S. House of Representatives has recently voted in favor of the Competitive Health Insurance Reform Act, which will help create a transparent market place for patients, providers, and insurance companies.

We also recently adopted an interim policy declaring dentistry as an essential health service. As we all know, oral health is an important component of overall health.

This is an important step to ensuring that in any crisis—whether it is this pandemic, a future pandemic, or a natural disaster—patients will always have access to a full range of dental services.

On the public health front, the ADA took a stand on vaping: Adopting an interim policy calling for a total ban on vaping products that were not FDA-approved for tobacco cessation.

Our public health efforts have extended into meeting our responsibilities to our nation's elderly. In this House, you will be voting on the results of a two-year study on elder care Task Force. At the close of the House, for the first time in recent memory, we will have a comprehensive and coherent policy regarding the fastest growing population in this country.

Our responsibility to protect the public has also driven our efforts to educate them about direct-to-consumer dentistry. I was also interviewed about this in a National Public Radio (NPR) podcast, reaching 30 million people.

One place where the ADA, itself, has been the creative innovator is in the arena of dental licensure.

The ADA has developed the DLOSCE (Dental Licensure Objective Structured Clinical Examination), which provides a straightforward pathway to licensure, eliminating the need for patient-based examination.

You will be pleased to know that the DLOSCE was officially launched this June—a full year ahead of schedule. The DLOSCE has already been adopted in six states. We assumed our natural leadership position for transforming the licensure process and we succeeded.

We have been working on another kind of transformation, a digital one, one that will modernize the ADA member journey. With the digital member experience, or DMX, we are primed to catch up with a fast-growing population of technology-driven dentists.

The Dental Licensure Objective Structured Clinical Examination (DLOSCE) is currently accepted in Alaska, Colorado, Indiana, Iowa, Oregon, and Washington. Related deliverables include a candidate guide, 3-D dental models, practice questions, tutorials, and an application processing system. The first testing window has been completed, and results have been delivered to candidates, dental boards, and students.

In the coming years, the ADA will be our members' virtual concierge. Every member deserves a personalized experience from the ADA, fulfilling the vision I shared last year—that the ADA and all of its resources should be at the fingertips of all dentists.

As I reflect on the past two years of service, I believe we have delivered on ALL the promises I made.

Recently, I was humbled to hear from the ADA's 2018 Humanitarian Award recipient Dr. T. Bob Davis, whose heartfelt letter stated in part:

> "Dear Chad, Your leadership has really helped many. I want to congratulate you on the exceptional job you have done as the President of the ADA under the most trying times in our

recent history. We all stand amazed in honor of many efforts on our behalf, many successes for each of us, and the huge impact for dentistry. Just know of my prayers."

Throughout the crisis, we received many positive messages, and it proves one thing: While we may have been socially distant, we have never been disconnected.

In fact the ADA is more connected to its members than ever before. We have never been so sought after by dentists, patients, and the public.

I want to thank all of our members for standing together during these trying times. Our results have come as an outcome of hard work, good will, and sincere collaboration with all stake-holders.

We positioned ourselves for an unknown future. We are thriving within it.

Our national crisis is far from over, and neither is the ADA's work.
Our list is long, and we will not slow down.

- Securing dentistry's position as an essential health service
- COVID Testing
- PPE supply challenges
- Legislation
- Clinical concerns
- Mental health
- Economic relief
- Education
- Information
- Advocacy

We want our members to know that the ADA has their back. Our members will not be alone, no matter the challenges they encounter. Our members will not be alone as they return to their practices serving their communities in what is now our new normal.

We will always be bound together, speaking with one united voice for our entire profession.

Most importantly, I believe that our ADA has been bound by something greater: The implicit human contract to help our members in times of need. To help our colleagues do good and be successful in times of difficulty. I am proud to report that we are honoring this commitment.

I had countless sleepless nights and hard-fought decisions. But I can state with the utmost confidence that, with your support, I have always done the right thing.

I am a man of faith, and I believe God will guide and bless us if we focus on the mantra I strongly believe in: Do your duty. Do it right, and do it for the right reasons. One step at a time.

I will leave you with this thought: When the story of the ADA in the year 2020 is told, I am confident that we can all say that we were guided and blessed.

I know that I have been—blessed to create, blessed to serve, and blessed to call you all my friends and comrades throughout this journey together.

We are living in historic times—in this nation we love and in this profession we hold so dear. We still have a lot of work to do, and we must always strive for excellence.

Choice, not chance, determines our destiny. Thank you.

Dental Benefits, Practice and Related Matters

Resolution No. 15 New

Report: N/A Date Submitted: June 2020

Submitted By: Council on Dental Practice

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

PROPOSED POLICY, ADA STATEMENT ON SILVER DIAMINE FLUORIDE (SDF) TO ARREST CARIOUS LESIONS

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

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

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

In 2019, the Council on Dental Practice (CDP) submitted the following proposed policy statement on SDF to the House of Delegates (HOD) via Resolution 12-2019 (*Trans.*2019:000). Several individuals voiced concerns during the Reference Committee (RC) hearing regarding the necessity for a comprehensive treatment plan and the lack of inclusion of preventive uses of SDF. The RC considered the testimony and did not amend the proposed policy. Testimony on the floor of the HOD led to a decision to refer the proposed ADA Policy Statement on the Use of Silver Diamine Fluoride back for further study and report to the 2020 House of Delegates.

12-2019. Resolved, that the ADA policy, Statement on the Use of Silver Diamine Fluoride, be adopted.

Statement on the Use of Silver Diamine Fluoride

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

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

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

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

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

Following the 2019 House of Delegates, the original proposed policy was circulated twice for all interested party reviews. ADA agencies that provided comments included the Council on Scientific Affairs (CSA) and the Council on Advocacy for Access and Prevention (CAAP). In addition to these Councils, comments were solicited from the American Association for Public Health Dentistry (AAPHD); the American Academy of General Dentistry (AGD) and the American Academy of Pediatric Dentistry (AAPD). The Council's subcommittee carefully evaluated the comments that were received and a new policy proposal was drafted. The new proposal clarifies the policy is limited to the treatment of carious lesions in the manner intended by the clinical guidelines, and the necessity for development of a patient-specific treatment plan by a dentist.

Proposed Resolution

15. Resolved, that the policy, ADA Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions, be adopted.

ADA Statement on the Use of
Silver Diamine Fluoride to Arrest Carious Lesions

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

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

1. Development of a patient-specific treatment plan by the dentist.

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

3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training and supervision in accordance with state laws and in conjunction with the above protocols.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 16 New

Report: N/A Date Submitted: June 2020

Submitted By: Council on Dental Practice

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

PROPOSED AMENDMENT OF THE COMPREHENSIVE ADA POLICY STATEMENT ON TELEDENTISTRY

Background: The Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244) was adopted by the House of Delegates in 2015. As the primary agency, the Council on Dental Practice (CDP) undertook a review of the policy pursuant to Resolution 170H-2012 Regular Comprehensive Policy Review (*Trans.*2012:370), all Association policies are to be reviewed every five years.

The ADA defines Teledentistry as a two-way interaction between a person defined as a patient, caregiver or provider using audiovisual telecommunications technology to deliver patient care or education. Teledentistry telecommunication technology has advanced over the past five years. In order to protect the oral health and safety of patients, assure their continuity of care and to provide states with guidance to ensure that licensed dentists are leaders of the dental team and in control of the practice of dentistry, The development and review of this policy was a collaborative, multi-council and multi-specialty effort.

Agencies which provided comments included the Council on Government Affairs (CGA); the Council on Dental Education and Licensure (CDEL); the Council on Ethics, Bylaws and Judicial Affairs (CEBJA); the Council on Dental Benefit Programs (CDBP) and the Council on Advocacy for Access and Prevention (CAAP). In addition to these Councils, comments were solicited from the American Association of Orthodontists (AAO); the American Association for Public Health Dentistry (AAPHD); the American Academy of Oral and Maxillofacial Pathology (AAOMP); the American Academy of Oral and Maxillofacial Radiology (AAOMR) and the American Academy of Pediatric Dentistry (AAPD).

CDP recognized that this policy addresses multiple issues which are of critical interest to other agencies. After reviewing and incorporating the extensive comments collected on this policy, the Council on Dental Practice has proposed that the Comprehensive ADA Policy Statement on Teledentistry be amended.

Proposed Resolution

16. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244), be amended as follows (Additions are underscored; deletions are ~~stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and

education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary~~. While in-person (face to face) direct examination is preferred, the ADA believes that synchronous, live-video examinations can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in-person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.

3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.

5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.

6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.

7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.

8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.

9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's

scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 16S-1 Amendment

Report: N/A Date Submitted: September 2020

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

AMENDMENT TO RESOLUTION 16: PROPOSED AMENDMENT OF THE COMPREHENSIVE ADA POLICY STATEMENT ON TELEDENTISTRY

The following substitute for Resolution 16 (Worksheet:3002) was submitted by the Fourteenth Trustee District and transmitted on September 16, 2020, by Ms. Molly Pereira, Associate Executive Director-Operations, Colorado Dental Association.

Background: The Council on Dental Practice has proposed some important changes to the ADA's policy on the use of teledentistry methodologies. Of utmost importance is the safety and well-being of patients being treated. The ability of regulatory agencies to enforce the appropriate standards is also important. Patients need to have confidence that the level of care is equivalent to what they would receive if the treating dentist was physically present.

This substitute for Resolution 16 adds additional safeguards in the "Patient's Rights" section of the policy to ensure that dentists must comply with all requirements in the jurisdiction of the patient being treated and that the methods of treatment being utilized are supported by evidence. It further requires the identity and credentials of both the dentist in a remote location and any personnel at the site of the patient's treatment are available to patients and that patients have the opportunity to have questions answered prior to any treatment.

By designating sites in a way consistent with other telehealth authorities' certain challenges that are unique to providing care remotely, like dental benefits coverage and liability are addressed and responsibilities delineated. Empowering patients with more information only improve their experience and confidence in their care. These proposed enhancements are not unduly restrictive but help to make the patient experience more equivalent to conventional in office care. They also seek to clarify issues that have taken on significance in legislative confrontations with direct-to-consumer entities seeking new definitions of teledentistry.

Proposed Resolution

16S-1. Resolved, that the Comprehensive ADA Statement on Teledentistry (*Trans.*2015:244), be amended as follows (Additions are double underscored; deletions are ~~double stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary.~~ While in-person (face to face) direct examination is preferred, the ADA believes that synchronous, live-video examinations can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations and settings where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of medical emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in-person) examinations or

synchronous teledentistry encounter. ~~contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.~~

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. The location of the patient will be the originating site of treatment using teledentistry technologies to ensure that any care provided is subject to the regulatory authority of the patient's jurisdiction. The distant site is the location of the dentist delivering, directing or supervising services using teledentistry technologies who must be fully qualified to practice at the originating site.

~~2.~~3. Access to the name, practice address, phone number, email, licensure, ~~and~~ board certifications ~~qualifications~~, and emergency contact information of the dentist at the distant site ~~oral health care practitioner who is providing the care~~ in advance of the visit.

~~3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.~~

4. That they will be informed about the identity and qualifications of any oral health care practitioner at the originating site ~~the providers~~ collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.

5. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.

~~5.~~6. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.

~~6.~~7. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.

~~7.~~8. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.

~~8.~~ 9.That the patient will be actively involved in treatment decisions, have any questions answered, and will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.

~~9.~~ 10.That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 16S-2 Amendment

Report: N/A Date Submitted: October 2020

Submitted By: Eleventh Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

SUBSTITUTE FOR THE PROPOSED AMENDMENT OF THE COMPREHENSIVE ADA POLICY STATEMENT ON TELEDENTISTRY

The following amendment to Resolution 16 was submitted by the Eleventh Trustee District and transmitted on October 5, 2020, by Mr. Kainoa Trotter, assistant executive director, Washington State Dental Association.

Background: Most teledentistry is done as a hybrid of synchronous and asynchronous, however third parties want us to report if it was synchronous OR asynchronous. The code does not define this well. We cannot find anything to help define this well. For that reason, we would like to use this resolution to clarify that it IS acceptable to call an exam synchronous as long as some component of that exam is synchronous. This is important as in some places synchronous is covered and asynchronous is not. It is also important as the internet connection is not always good enough in rural areas to gather diagnostic data if that data has to be “live streamed”.

In the following resolution, additions to the original resolution are noted with double underscoring.

Proposed Resolution

16S-2. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244), be amended as follows (additions are double underscored).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary~~. While in-person (face to face) direct examination is preferred, the ADA believes that synchronous, live-video examinations can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous exams, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations and settings where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in-person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients. When reporting an examination utilizing both synchronous and asynchronous teledentistry, a provider may consider an exam as synchronous as long as there is a live, two-way interaction between a person (patient, caregiver, or a provider) and a provider using audiovisual telecommunications technology.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.

3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.
4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.

5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.

6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.

7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.

8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.

9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the

same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 16S-3 Amendment

Report: N/A Date Submitted: June 2020

Submitted By: Third Trustee District

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

Total Net Financial Implication: None Net Dues Impact: _____

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

PROPOSED AMENDMENT OF THE COMPREHENSIVE ADA POLICY STATEMENT ON TELEDENTISTRY

The following substitute resolution was submitted by the Third Trustee District and transmitted on October 14, 2020, by the Pennsylvania Dental Association.

Background: A physical exam involves inspection, palpation, percussion and auscultation. In teledentistry, we can only really inspect and perhaps probe with photographic enhancement and see the probe readings. Teledentistry should be used for screening and assessments. Third District supports the language assessments/screenings in the General Considerations section of Resolution 16, 16S-1 and 16S-2.

Proposed Resolution

16S-3. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244), be amended as follows (Additions are double underscored; deletions are ~~double stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary~~. While in-person (face to face) direct examination is preferred, the ADA believes that synchronous, live-video ~~examinations~~ assessments/screenings can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Synchronous ~~exams~~, assessments/screenings, as described above, can be valid and effective. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will eventually lead to more efficient and effective live (in-person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.

3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.

4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.

5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.

6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.

7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.

8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.

9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

BOARD RECOMMENDATION: Received after the August Board of Trustees Meeting.

Resolution No. 16S-4 Citation for Original Resolution: *Trans.*2015:244

Submitted By: Thirteenth Trustee District Date Submitted: October 17, 2020

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

Financial Implications (if different from original resolution): $ None

SUBSTITUTE FOR THE COMPREHENSIVE ADA POLICY STATEMENT ON TELEDENTISTRY

The following substitute resolution was submitted by the Thirteenth District and transmitted on October 17, 2020 by Jillian Andolina.

Background: The Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244) was adopted by the House of Delegates in 2015. As the primary agency, the Council on Dental Practice (CDP) undertook a review of the policy pursuant to Resolution 170H-2012 Regular Comprehensive Policy Review (*Trans.*2012:370), all Association policies are to be reviewed every five years.

The ADA defines Teledentistry as a two-way interaction between a person defined as a patient, caregiver or provider using audiovisual telecommunications technology to deliver patient care or education. Teledentistry telecommunication technology has advanced over the past five years. In order to protect the oral health and safety of patients, assure their continuity of care and to provide states with guidance to ensure that licensed dentists are leaders of the dental team and in control of the practice of dentistry, The development and review of this policy was a collaborative, multi-council and multi-specialty effort.

Agencies which provided comments included the Council on Government Affairs (CGA); the Council on Dental Education and Licensure (CDEL); the Council on Ethics, Bylaws and Judicial Affairs (CEBJA); the Council on Dental Benefit Programs (CDBP) and the Council on Advocacy for Access and Prevention (CAAP). In addition to these Councils, comments were solicited from the American Association of Orthodontists (AAO); the American Association for Public Health Dentistry (AAPHD); the American Academy of Oral and Maxillofacial Pathology (AAOMP); the American Academy of Oral and Maxillofacial Radiology (AAOMR) and the American Academy of Pediatric Dentistry (AAPD).

CDP recognized that this policy addresses multiple issues which are of critical interest to other agencies. After reviewing and incorporating the extensive comments collected on this policy, the Council on Dental Practice has proposed that the Comprehensive ADA Policy Statement on Teledentistry be amended.

This substitute amendment removes validation language of modality and allows states and/or districts to develop internal policy. It also provides further patient protections by stating that the information collected during a Teledentistry encounter must be equivalent to that of an in-person exam, and the dentist is legally responsible for collecting this information.

Proposed Resolution

16. Resolved, that the Comprehensive ADA Policy Statement on Teledentistry (*Trans.*2015:244), be amended as follows (Additions are double underscored; deletions are ~~double stricken~~).

Comprehensive ADA Policy Statement on Teledentistry

Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education

services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

~~Live video (synchronous)~~ Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

~~Store-and-forward (asynchronous)~~ Asynchronous (store and forward): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

General Considerations: ~~The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. Dentists who deliver services using teledentistry must establish protocols for appropriate referrals when necessary~~. While in-person (face to face) direct examination ~~is preferred,~~ has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that ~~synchronous,~~ live video examinations performed using teledentisty can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. ~~Synchronous exams, as described above, can be valid and effective.~~ Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan. The treatment of patients who receive services via teledentistry must be properly documented and should include providing the patient with a summary of services. A dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in case of emergency.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

~~Asynchronous teledentistry encounters have value in consultation and assessment of patient needs. Asynchronous interactions, are an adjunct to live clinical exams and are valid and effective, to the extent that asynchronous data gathering through technology, for time and logistic reasons, will~~

~~eventually lead to more efficient and effective live (in-person) examinations or synchronous teledentistry contacts, the asynchronous teledentistry contact has merit in the evaluation and treatment of patients.~~

Patients' Rights: Dental patients whose care is rendered or coordinated using teledentistry modalities have the right to expect:

1. That any dentist delivering, directing or supervising services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board.

2. Access to the licensure and board certification qualifications of the oral health care practitioner who is providing the care in advance of the visit.

3. That the delivery of services through teledentistry technologies will follow evidence-based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care and positive health outcomes.

4. That they will be informed about the identity of the providers collecting or evaluating their information or providing treatment, and of any costs they will be responsible for in advance of the delivery of services.

5. That relevant patient information will be collected prior to performing services using teledentistry technologies and methods including medical, dental, and social history, and other relevant demographic and personal information.

6. That the provision of services using teledentistry technologies will be properly documented and the records and documentation collected will be provided to the patient upon ~~their~~ request.

7. That services provided using teledentistry technologies and methods include care coordination as a part of a dental home and that the patient's records be made available to any entity that is serving as the patient's dental home.

8. That the patient will be actively involved in treatment decisions, will be able to choose how they receive a covered service, including considerations for urgency, convenience and satisfaction and without such penalties as higher deductibles, co-payments or coinsurance relative to that of in-person services.

9. That the dentist shall determine the delivery of services using teledentistry technologies and all services are performed in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information.

Quality of Care: The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. Services delivered via teledentistry should be consistent with in-person services, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Supervision of Allied Dental Personnel: The extent of the supervision of allied dental personnel should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed. The dentist should be knowledgeable regarding the competence and qualifications of the allied personnel utilized, and should have the capability of immediately

contacting both the allied dental personnel providing service and the patient receiving services. All services delivered by allied dental personnel should be consistent with the ADA Comprehensive Statement on Allied Dental Personnel.

Licensure: Dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state's scope of practice laws, regulations or rules. Teledentistry cannot be used to expand the scope of practice or change permissible duties of dental auxiliaries. The American Dental Association opposes a single national federalized system of dental licensure for the purposes of teledentistry.

Reimbursement: Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

Technical Considerations: Dentists are encouraged to consider conformance with applicable data exchange standards to facilitate delivery of services via teledentistry modalities. These include, but are not limited to, Digital Imaging and Communications in Medicine (DICOM) standards when selecting and using imaging systems, X12/HL7 for the exchange of information and ICD-9/10-CM/SNOMED/SNODENT for documentation consistency.

Resolution No. 18 New

Report: N/A Date Submitted: August 2020

Submitted By: Council on Dental Benefit Programs

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, DENTIST SELECTION BASED ON COST

Background: The Council on Dental Benefit Programs proposes amending the policy titled, Administrative Practices Encouraging Dentist Selection Based on Cost (*Trans.*1995:610).

The Council on Dental Benefit Programs reviewed relevant policies and recommends amending the policy titled Administrative Practices Encouraging Dentist Selection Based on Cost (*Trans.*1995:610). The Council believes that the explanation of benefits (EOB) statement is not the proper document to promote the use of network dentists. The Council also proposes to remove directive language from the policy statement. Although such language has been removed, the ADA will continue to advocate for appropriate administrative practices within dental benefit programs.

Resolution

18. Resolved, that the ADA policy, Administrative Practices Encouraging Dentist Selection Based on Cost (*Trans.*1995:610) be amended as follows (additions are underscored; deletions are ~~stricken~~):

Administrative Practices Encouraging Dentist Selection Based on Cost

Resolved, that the American Dental Association ~~take appropriate legislative action to~~ opposes any administrative practice or financial incentive that is utilized by benefit managers and/or administrators of dental ~~prepayment plans~~ benefit programs that force or otherwise encourage patients to select the dentist from whom they will seek care principally on the basis of cost, and be it further

Resolved, that the explanation of benefits (EOB) statement is not the appropriate document to promote the use of a dentist other than the treating dentist.

~~**Resolved,** that the appropriate agency report to the ADA House of Delegates as to the action taken to fulfill this resolution.~~

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 19 New

Report: N/A Date Submitted: August 2020

Submitted By: Council on Dental Benefit Programs

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, MAXIMUM FEES FOR NON-COVERED SERVICES

Background: The Council on Dental Benefit Programs proposes amending the policy titled, Maximum Fees for Non-Covered Services (*Trans.*2010:616).

The Council on Dental Benefit Programs proposes adding de minimis language to define a covered service within the existing policy. The Council also proposes to remove directive language from the policy statement; the ADA will continue to advocate for legislation to address non-covered services.

Resolution

19. **Resolved,** that the ADA policy, Maximum Fees for Non-Covered Services (*Trans.*2010:616*)* be amended as follows (additions are underscored; deletions are ~~stricken~~):

Maximum Fees for Non-Covered Services (*Trans.*2010:616)

Resolved, that the Association opposes any third party contract provisions that establish limits on dentists' charges ~~fee limits~~ for ~~noncovered~~ services that are not "covered services," and be it further

Resolved, that "covered service" is defined as any service for which reimbursement is actually provided on a given claim, and be it further

Resolved, that the carrier provides payment for the covered services under the patient's policy in an amount that is reasonable and not nominal or de minimis.

~~**Resolved,** that "non-covered service" is defined as any service for which the third party provides no reimbursement, and be it further~~

~~**Resolved,** that the Association pursue passage of federal legislation to prohibit federally regulated plans from applying such provisions, and be it further~~

~~**Resolved,** that the Association encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions.~~

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 20 New

Report: N/A Date Submitted: July 2020

Submitted By: Council on Advocacy for Access and Prevention

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

TEMPORARY EXPANSION OF SCOPE DURING PUBLIC HEALTH CRISIS

Background: The coronavirus pandemic has been classified as a public health crisis by the World Health Organization. Public health officials anticipate vaccine development to progress at record pace, which will result in the need for mass vaccination as early as 2021. National Institutes of Health vaccination experts have noted that 30% of the adult American population currently receives their vaccines from commercial pharmacies. Mass vaccination of the American public for coronavirus would exceed capacity of the commercial pharmacy network, which poses an opportunity for dental offices to fill that gap.

At least 16 national dental organizations, including the ADA, argued that licensed dentists have the general medical knowledge and training to screen patients for COVID-19 at the point of dental care. However, a number of state dental practice acts limit their ability to administer FDA-authorized tests for screening purposes. Some practice acts are tied to federal guidelines, which have thus far not extended civil liability protections for dentists to do so.

The current pandemic offers similar circumstances to the bioterrorism considerations after 2001. The Council believes this particular policy is necessary to guide the Association's response when such opportunities are presented to augment the nation's medical surge capacity.

The Council notes that this proposal builds on the 2013 congressional reauthorization of the Pandemic and All-Hazards Preparedness Act, which provides the foundation for the federal preparation and response to mass casualty events, including public health emergencies.[1] The 2013 reauthorization clarified that dentists can provide non-forensic clinical support to medical personnel during mass casualty events, when community medical resources may be overwhelmed. It further urged that dentists be included when public health and medical response plans are being developed.

The reauthorization language was based on the Dental Emergency Responder Act, legislation which the ADA championed in the 111th and 112th Congresses.[2]

The following resolution poses no new obligations or restrictions on privately practicing dentists. It merely clarifies some of the services that dentists could or are already authorized to perform. This resolution was unanimously approved by the Council.

[1] For more information, see https://www.phe.gov/Preparedness/legal/pahpa/Pages/pahpra.aspx
[2] For more information, see https://www.congress.gov/bill/112th-congress/house-bill/570/text

Resolution

20. Resolved, that the ADA supports the utilization of dentists who volunteer to increase medical capacity during declared public health emergencies to include:

1. Administering critical vaccines
2. Performing FDA-authorized diagnostic tests to screen patients for infectious diseases
3. Taking patient medical histories and triaging medical patients
4. Performing other ancillary medical procedures and activities, as requested by medical personnel, to expand the nation's surge capacity

and be it further

Resolved, that dentists should be granted immunity from personal liability and restrictions on the services they provide for the duration of the emergency.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 20S-1 Amendment

Report: N/A Date Submitted: October 2020

Submitted By: Sixteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

AMENDMENT TO RESOLUTION 10: TEMPORARY EXPANSION OF SCOPE DURING PUBLIC HEALTH CRISIS

The following amendment to Resolution 20, was submitted by the Sixteenth Trustee District and transmitted on October 5, 2020, by Mr. Phil Latham, executive director, South Carolina Dental Association.

Background: The Sixteenth District believes the original resolving clauses might present some confusion. In the first resolving clause, the word "volunteer" might suggest providing services without compensation, i.e. volunteering at a free clinic or volunteering for a MOM project. We do not believe this was the intention of CAAP.

In the second resolving clause we know that the intention of CAAP was not to grant immunity to all services provided during an emergency, but rather just the ones listed.

To clarify the intentions, the Sixteenth District proposes the following amendment to Resolution 20 (additions underscored; deletions ~~stricken~~).

20S-1. Resolved, that the ADA supports the utilization of dentists who ~~volunteer~~ choose to participate to increase medical capacity during declared public health emergencies to include:

1. Administering critical vaccines
2. Performing FDA-authorized diagnostic tests to screen patients for infectious diseases
3. Taking patient medical histories and triaging medical patients
4. Performing other ancillary medical procedures and activities, as requested by medical personnel, to expand the nation's surge capacity

and be it further

Resolved, that dentists should be granted immunity from personal liability and restrictions on the above listed services they provide for the duration of the emergency.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 22 New

Report: N/A Date Submitted: August 2020

Submitted By: Council on Dental Practice

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

POINT OF CARE TESTING

Background: Every year more than 27 million people visit a dentist but do not see a physician.[1] Correlations between oral and systemic health have increased the potential role of dentists in early identification and referral of patients with possible chronic medical conditions to physicians for diagnosis and follow up of treatment of these conditions, resulting in collaborative, comprehensive patient care.

Dentists have incorporated some form of medical screenings in their evaluation of patients for many years. Medical screening of dental patients by dentists is an accepted practice and within a dentist's scope of practice. Detailed patient medical histories by dentists are routinely taken and reviewed to assess the relative risks or benefits of providing dental care when patients present with medical co-morbidities and medications. Dentists are alert to clinical evidence that indicates a possible underlying undiagnosed illness. Blood pressure, oral cancer and nutritional screenings are performed regularly in dental offices with referral to primary health providers for medical evaluation, diagnosis and treatment, when appropriate.

A screening tool which can be added to a dentist's patient evaluation is a point of care testing (POCT). Advances in POCT have produced screening tests that are reliable, easy to use, and can be quickly performed in a dental office. For example, POCT could be used during the current pandemic to screen asymptomatic or pre-symptomatic patients for SARS-Co-V-2 virus. Positive findings from these tests would help dentists identify patients with early infections and then refer these patients to medical providers for diagnosis and management of their infection. This screening is necessary to properly treat patients in a manner that prevents the spread of the virus by asymptomatic patients and safely provide complete oral care treatment to their patients.

Therefore, the Council on Dental Practice recommends adopting the proposed ADA Policy on Point of Care Testing.

Resolution

22. Resolved, that point of care testing to determine the impact of medical conditions on dental treatment and to enhance patient safety and health is a part of a dentist's scope of practice, and be it further

[1] Vujicic M. Health care reform bring news opportunities. JADA. 2014;145(4)381-82.

Resolved, that point of care testing results be communicated with the patient and the patient's physician for appropriate diagnoses and treatments, and be it further

Resolved, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 83 New

Report: N/A Date Submitted: August 2020

Submitted By: First Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

POLICY FOR THE ELIMINATION OF WAIT PERIODS FOR CHILDREN IN DENTAL BENEFIT PLANS

The following resolution was submitted by the First Trustee District and transmitted on August 4, 2020, by Dr. Mark B. Derosiers, chair, First Trustee Caucus.

Background: Delayed care for dental disease in children can quickly result in advanced dental disease that causes pain and infection. A number of barriers exist to provide children with timely care, one of which is wait periods for children newly enrolled in dental benefit plans. Wait periods are a relic of dental benefit plans dating back to their inception decades ago. The intent of wait periods was to disincentivize adults from seeking dental benefits only when treatment needs were required. This was not the intent for children, yet they fall under wait periods in dental benefits if their parents do as well.[1]

In 2020, the state of Maine became the first state in the nation to eliminate treatment wait periods for children in the US. Beginning in 2021, dental benefit plans will no longer be able to place wait periods on children for treatment, other than orthodontic care. At the time, several dental insurers either supported the law, or chose to not take a position in the legislative process.[2]

Resolution

83. Resolved, that the American Dental Association supports the elimination of wait periods for treatment for children from dental benefit plans, and be it further

Resolved, that the American Dental Association shall support legislative efforts to eliminate treatment wait periods for children in the United States on the state and federal levels.

DRAFT BOARD COMMENT: The Board appreciates the proposal from the First District and supports its intent. However, the Board recommends eliminating the second resolving clause. If the ADA supports elimination of wait periods and there is legislation eliminating wait time, then the ADA would support those legislative efforts. Essentially, the first clause 'fulfills" the second. The Board supports the first resolving clause of the Resolution and therefore recommends that the following substitute Resolution 83B be adopted in lieu of Resolution 83.

[1] Shenkin JD. (2020, April). *End Wait Periods in Insurance Plans for Children to Receive Dental Treatment in the United States*. Journal of Public Health Dentistry. Online ahead of print. https://pubmed.ncbi.nlm.nih.gov/32266966/?from_term=shenkin+jd&from_pos=9

[2] Solana K. (2020, May 4). *Maine law eliminates insurance wait periods for kids.* ADA News https://www.ada.org/en/publications/ada-news/2020-archive/may/maine-law-eliminates-insurance-waiting-periods-for-kids

Proposed Resolution

83B. Resolved, that the American Dental Association supports the elimination of wait periods for treatment for children from dental benefit plans.~~, and be it further~~

~~**Resolved,** that the American Dental Association shall support legislative efforts to eliminate treatment wait periods for children in the United States on the state and federal levels.~~

BOARD RECOMMENDATION: Vote Yes on the Substitute.

Resolution No. 84 New

Report: N/A Date Submitted: August, 2020

Submitted By: Board of Trustees

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

REVIEW AND CONSIDERATION OF ADA AD INTERIM POLICY: DENTISTRY IS ESSENTIAL HEALTHCARE

Background: Pursuant to ADA *Bylaws*, Chapter V, Section 70, the Board of Trustees, as the managing body of the Association, is vested with the following power:

> H. Establish ad interim policy when the House of Delegates is not in session and when such policies are essential to the management of the Association provided, however, that all such policies must be presented for review and consideration by the House of Delegates at its next session.

From March 16 through April 2020, the American Dental Association (ADA) called for dentists to: postpone elective procedures to mitigate the transmission of COVID-19; provide emergency or urgent treatment to keep patients out of overtaxed emergency rooms; and preserve personal protective equipment. ADA provided guidance on what constituted emergency, urgent or non-urgent care.

During these difficult times, the term “Elective Dental Procedures” was inappropriately used by legislators, regulators, policy makers and the media. One implication from the use of ‘elective’ to describe oral healthcare was that it was viewed as optional, diminishing the overwhelming evidence that the maintenance of oral health is an intricate and sophisticated component of overall health.

Over the past twenty years, there has been extensive research validating that oral health is an integral component of overall health. There are many aspects to good oral health, including the simple daily task of eating, which aid in immune health necessary to fight any past, present or future disease. However, poor oral health and the concomitant chronic infections resulting from it can have harmful effects on a wide range of medical treatments, including diabetes management, cardiovascular disease management, cancer treatment plans, and surgical outcome management. All of these diseases and others have comorbidities with dental diseases.

By the end of May 2020, most states had lifted restrictions on dental offices, allowing dentists to resume delivery of a full range of dental treatments to patients. As COVID-19 cases continue to rise in many states, there is increased concern that dental practices may be limited to urgent and emergency procedures only. This would have a devastating impact on dentists, their team members, as well as negative healthcare repercussions in the U.S. population. Without access to preventive or palliative dental care, dental abscesses or periodontal infections may cause an increase in pain, inflammation, and

progressive destruction of underlying tissues leading to increased emergency room visits, increased hospitalization rates, and increased prevalence of severe oral disease. The impact of deferred care would assuredly result in increased patient pain and expense and could affect access to care for patients requiring dental care overall.

Although the U.S. Department of Homeland Security, Cybersecurity and Infrastructure Security Agency and the Federal Emergency Management Agency have recognized dentists as essential healthcare workers, not all state or local government bureaus have followed.

The Board of Trustees met via video call July 27, 2020 and adopted the following *ad interim* ADA policy, Dentistry Is Essential Healthcare to address the public health crisis related to the COVID-19 pandemic:

B-102-2020. Resolved, that the policy "Dentistry is Essential Healthcare" be adopted on an interim basis to guide advocacy for the profession during the COVID-19 pandemic.

Dentistry is Essential Healthcare

1. Oral health is an integral component of systemic health.

2. Dentistry is an essential healthcare service because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.

3. The term "Essential Dental Care" be defined as any care that prevents and eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues, and that this term be used in lieu of the terms "Emergency Dental Care" and "Elective Dental Care" when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.

4. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response. State agencies or officials be urged to recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

Accordingly, the Board of Trustees submits the following resolution to the House of Delegates:

Resolution

84. Resolved, that the ADA Interim Policy, "Dentistry is Essential Healthcare" be adopted.

Dentistry is Essential Healthcare

The American Dental Association supports the following policy:

1. Oral health is an integral component of systemic health.

2. Dentistry is an essential healthcare service because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health.

3. The term “Essential Dental Care” be defined as any care that prevents and eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.

4. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans so they can sustain their health and livelihoods and live resiliently during the COVID-19 pandemic response. State agencies or officials be urged to recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 85 New

Report: N/A Date Submitted: August 6, 2020

Submitted By: Fifteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

DENTAL BENEFITS INFORMATION FOR ADA MEMBERS

The following resolution was submitted by the Fifteenth Trustee District and transmitted on August 6, 2020, by Ms. Diane Rhodes, senior policy maker, Fifteenth Trustee Caucus.

Background: American Dental Association (ADA) members report difficulty locating currently available dental benefits information and do not know about efforts the ADA makes on their behalf to improve the dental benefits landscape. The ADA should make this information easy for member dentists to find.

Resolution

85. Resolved, that the appropriate agency of the American Dental Association (ADA) be directed to review all current dental benefit activities conducted by the ADA. This activity inventory will include all dental benefits information available on the ADA's Center for Professional Success, ADA-created dental benefit webinars for members, and the third-party payer concierge, and be it further

Resolved, that the information inventory be summarized into an easy to read/easy to access document distributed to member dentists, and be it further

Resolved, that a report be delivered to the 2021 ADA House of Delegates including the information inventory that was disseminated to all ADA members.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 85

ARMSTRONG	Yes	HERRE	Absent	LEARY	Yes	ROSATO	Yes
DOROSHOW	No	HIMMELBERGER	No	MCDOUGALL	Yes	SABATES	Yes
EDGAR	Yes	KESSLER	Yes	NORBO	Yes	SHEPLEY	Yes
FIDDLER	Yes	KLEMMEDSON	Yes	RAPINI	No	STEPHENS	Yes
HARRINGTON	Yes	KYGER	Yes	RODRIGUEZ	Yes	THOMPSON	Yes

Resolution No. 86 New

Report: N/A Date Submitted: August 2020

Submitted By: Fifteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

IMPROVED ADA MEMBER DENTIST ASSISTANCE WITH THIRD PARTY PAYER ISSUES

The following resolution was submitted by the Fifteenth Trustee District and transmitted on August 6, 2020, by Ms. Diane Rhodes, senior policy maker, Fifteenth Trustee Caucus.

Background: Through the third-party payer concierge and other services, the American Dental Association (ADA) has taken steps to help individual member dentists effectively address troubling third-party payer issues including inappropriate denials, convoluted administrative processes, and improper interference into the dentist-patient relationship. Unfortunately, member dentists continue to report frustration with dental benefit carriers and are looking to the ADA for help in resolving claims payment abuses.

The ADA's Comprehensive Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers (*Trans.*2016:290; 2017:266) includes examples of claims payment abuses such as combining dental procedures performed on the same day resulting in a reduced patient benefit (i.e. bundling) and using a different procedure code from the one submitted to determine a benefit in an amount less than that which would be allowed for the dentist's submitted code (downcoding).

Although the ADA is making third party advocacy advances through the Fight Insurer Interference Strategic Taskforce (FIIST), the ADA needs to yield tangible improvements for member dentists in helping prevent claims payment abuses. The more than 163,000+ members of the ADA need the ADA's support to prevent insurance carriers from dictating how they practice and care for their patients.

Resolution

86. Resolved, that the appropriate agency of the ADA be directed to review the most frequently reported third party payer issues submitted to the ADA through the third party payer concierge and the ADA's online third party complaint form and organize the issues into complaint categories to facilitate discussions with insurance carriers, and be it further

Resolved, that the appropriate agency of the ADA take the complaint categories forward and make an attempt to meet with the insurance companies, identified from the third party payer concierge and submitted ADA complaint forms, to resolve as a whole the identified insurance complaints, and be it further

Resolved, that a report be delivered to the 2021 ADA House of Delegates (HOD) summarizing the meeting(s) and including details on the elimination of claims payment abuses identified in the complaint categories. This report shall include the complaints resolved and the status of the complaints unable to be resolved before the report was prepared for the 2021 HOD meeting.

BOARD RECOMMENDATION: Vote Yes.

VOTE: Resolution 86

ARMSTRONG	Yes	HERRE	Absent	LEARY	Yes	ROSATO	Yes
DOROSHOW	No	HIMMELBERGER	No	MCDOUGALL	Yes	SABATES	Yes
EDGAR	Yes	KESSLER	Yes	NORBO	Yes	SHEPLEY	Yes
FIDDLER	Yes	KLEMMEDSON	Yes	RAPINI	No	STEPHENS	Yes
HARRINGTON	Yes	KYGER	Yes	RODRIGUEZ	Yes	THOMPSON	Yes

Resolution No. 90 New

Report: N/A Date Submitted: August 2020

Submitted By: Council on Government Affairs

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: Not Applicable

PROPOSED POLICY, DIAGNOSTIC TESTING BY DENTISTS

Background: The current COVID-19 (SARS-2) pandemic has brought into focus the need for point of care testing to safeguard patients, practitioners and staff, and to identify pre-symptomatic and/or asymptomatic individuals who are unaware that they are infected, but have the potential to spread the virus to friends, family and the community. Moreover, dental patients may present with any number of chronic diseases, such as diabetes and hypertension, which can complicate the delivery of care. Medications, such as anticoagulants, which are necessary to treat some medical conditions, can also affect those procedures in which we anticipate bleeding.

During the COVID-19 (SARS-2) pandemic, many states issued guidance, emergency orders, etc., which suspended certain regulations and statutes to expand dentists' scope of practice and relax supervision requirements in order to enhance the capacity of the health care provider workforce battling the pandemic. This expansion of scope was predicated on the dentist having first acquired the appropriate clinical knowledge and competency to perform the tasks in a manner consistent with the prevailing standards of care. Permitted activities included, but were not necessarily limited to, collection of throat cultures; performing nasal swab testing; and prescribing, administering and dispensing medications.

The exigencies of the pandemic have highlighted the potential benefits of dentists administering (and ordering) diagnostic tests and screenings for medical conditions that have a material impact on dentists' delivery of oral health care. In particular, dentists' provision of these services could significantly improve the timeliness and appropriateness of care, as well as the safety and efficiency of the dental team.

Moreover, dentists have for many years been performing screenings for hypertension and head/neck cancer, as well as providing smoking cessation and nutrition counseling. Dentists routinely collaborate with orthopedic surgeons, endocrinologists and oncologists to examine patients to attest that they have no oral infections prior to joint surgeries, infusions of bisphosphonates, or bone marrow transplants, for example.

Additionally, allowing dentists the ability to order or to administer diagnostic medical tests to screen for chronic medical conditions enhances the collaboration between dentists and physicians; expedites the testing procedure for the patients (one stop shopping); and assures the safety of the patient, as well as the staff.

A statement of support from the American Dental Association would help dental societies lobbying for permanent or temporary authority to perform medical diagnostic tests at the point of care.

The Council on Government Affairs recommends that the following resolution be adopted:

Resolution

Diagnostic Testing by Dentists

90. Resolved, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, with appropriate referrals when indicated.

BOARD RECOMMENDATION: Vote Yes.

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

Resolution No. 90S-1 Substitute

Report: N/A Date Submitted: October 2020

Submitted By: Third Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: Not Applicable

SUBSTITUTE FOR RESOLUTION 90: PROPOSED POLICY, DIAGNOSTIC TESTING BY DENTISTS

The following substitute resolution was submitted by the Third Trustee District and transmitted on September 30, 2020, by Dr. James A. H. Tauberg, president, Pennsylvania Dental Association.

90S-1. Resolved, that the proposed resolution *Diagnostic Testing by Dentists* (*Trans.*2020:3021) be amended as follows (addition is underscored).

Diagnostic Testing by Dentists

90S-1. Resolved, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, with appropriate referrals when indicated.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees meeting.

Resolution No. 91 New

Report: N/A Date Submitted: August 2020

Submitted By: Council on Government Affairs

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: Not Applicable

PROPOSED POLICY, VACCINE ADMINISTRATION BY DENTISTS

Background: In response to the ongoing COVID-19 (SARS-2) pandemic, many states have issued guidance, emergency orders, etc. that suspend a number of regulations and statutes to expand dentists' scope of practice and relax supervision requirements in order to enhance the capacity of the health care provider workforce battling the pandemic. This expansion of the scope of practice was predicated upon the dentist having first acquired the appropriate clinical knowledge and competency to perform the tasks in a manner consistent with the prevailing standards of care. Permitted activities included, but were not necessarily limited to, collection of throat cultures; performing nasal swab testing; and prescribing, administering and dispensing medications.

The exigencies of the pandemic have essentially brought into clear relief the potential benefits of an expanded role for dentists in preventive health care, including the administration of vaccinations. Once effective, safe vaccines for COVID-19 (SARS-2) are available, the expeditious inoculation of the populace will be greatly enhanced by expanding the possible points of access. Much as has occurred with pharmacists administering flu vaccines, expanding access to vaccinations to include dental practices would almost certainly increase the number of people receiving vaccinations and elevate the overall health of the public commensurately.

Dentists have the requisite skill and training to administer intra-oral and extraoral injections to provide anesthesia; in many states, dentists are permitted to administer botox injections; and start IV's for sedation (with the requisite permits). The skills inherent in those procedures are easily translated to the administration of vaccines with the appropriate additional training.

A statement of support from the American Dental Association would help dental societies lobbying for permanent or temporary authority to administer vaccines to benefit patients and protect dental office staff and their communities.

The Council on Government Affairs recommends that the following resolution be adopted:

Resolution

Vaccine Administration by Dentists

91. Resolved, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer critical vaccines to prevent life or health-threatening

conditions associated with the orofacial complex (e.g., oral cancer) and protect the life and health of patients and staff at the point of care.

BOARD COMMENT: The Board agrees that dentists have the requisite skill and knowledge to administer vaccines. Critical vaccines that are important for our patient's health may not be directly related to the oral cavity. Removal of the restriction makes the policy more comprehensive. Accordingly, the Board urges adoption of the following substitute resolution:

Vaccine Administration by Dentists

91B. Resolved, that it is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer critical vaccines to prevent life or health-threatening conditions ~~associated with the orofacial complex (e.g., oral cancer)~~ and protect the life and health of patients and staff at the point of care.

BOARD RECOMMENDATION: Vote Yes on the Substitute.

Vote: Resolution 91B

ARMSTRONG	Yes	HERRE	Absent	LEARY	Yes	ROSATO	Yes
DOROSHOW	Yes	HIMMELBERGER	Yes	MCDOUGALL	Yes	SABATES	Yes
EDGAR	Yes	KESSLER	Yes	NORBO	Yes	SHEPLEY	Yes
FIDDLER	Yes	KLEMMEDSON	Yes	RAPINI	Yes	STEPHENS	Yes
HARRINGTON	Yes	KYGER	Yes	RODRIGUEZ	Yes	THOMPSON	Yes

Resolution No. 102 New

Report: N/A Date Submitted: September 2020

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: Net Dues Impact: $ .40

Amount One-time $40,000 Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

A SYSTEM TO PROVIDE ACCURATE AND TIMELY ACCESS TO A PATIENT'S INSURANCE INFORMATION

The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 16, 2020, by Ms. Molly Pereira, Associate Executive Director-Operations, Colorado Dental Association.

Background: One of the most frustrating areas of clinical practice is giving patients accurate and timely information about what their insurance covers and what it does not cover. In our practices we spend many hours every week on the phone with insurance companies trying to delve into the details of every patient's insurance benefits: what is covered, what is not covered, what are the exceptions, does the patient have a missing tooth clause, etc. We strive to deliver the most accurate information possible and many times we are still wrong. The current system consists of seemingly endless phone calls and countless hours of administrative work to have even a somewhat accurate idea of a patient's insurance information. A single system to provide accurate and timely access to a patient's insurance information would be cost saving to both the dentist and the patient, as well as helping to ensure patients' rights.

Proposed Resolution

102. Resolved, that the appropriate ADA agencies investigate the feasibility of developing a platform to allow third-party payers to provide the treating dentist with accurate and timely information regarding a patient's current dental benefits through a single unified system such as an online portal or app, and be it further

Resolved, that the ADA prepare legislation that requires dental benefits plans to utilize fair and accurate language in the communication of limitations of coverage, and be it further

Resolved, that a report with recommendations be prepared for the 2021 House of Delegates.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 102S-1 Amendment

Report: N/A Date Submitted: October 2020

Submitted By: Sixteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact: .40

Amount One-time $40,000 Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

AMENDMENT TO RESOLUTION 102: A SYSTEM TO PROVIDE ACCURATE AND TIMELY ACCESS TO A PATIENT'S INSURANCE INFORMATION

The following amendment to Resolution 102 (Worksheet:3027) was submitted by the Sixteenth Trustee District and transmitted on October 5, 2020 by Mr. Phil Latham, executive director, South Carolina Dental Association.

Background: A disconnect exists between the first and second resolving clauses as written. The first clause asks for investigation of the feasibility of developing a unified platform. The second resolving clause calls for legislation requiring plans to utilize fair and accurate language without mentioning the use of the platform that was the focus of the first clause. The revised version connects the efforts of the first clause with the legislation proposed in the second clause.

To clarify the intentions, the Sixteenth District proposes the following amendment to Resolution 102 (additions underscored; deletions ~~stricken~~).

Resolution

102S-1. Resolved, that the appropriate ADA agencies investigate the feasibility of developing a single unified platform (such as an online portal or app) ~~to allow~~ the utilization of which would be required by third-party payers to provide the treating dentist with accurate and timely information regarding a patient's current dental benefits ~~through a single unified system such as an online portal or app~~, and be it further

Resolved, that the ADA prepare legislation ~~that requires~~ requiring dental benefits plans to utilize the aforementioned platform along with ~~fair~~ clear and accurate language in the communication of limitations of coverage, and be it further

Resolved, that a report with recommendations be prepared for the 2021 House of Delegates.

BOARD RECOMMENDATIONS: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 105 New

Report: N/A Date Submitted: September 2020

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Objective: Public Goal Obj-10: Dental benefit programs will be sufficiently funded and efficiently administered.

How does this resolution increase member value: See Background

INAPPROPRIATE RECOUPMENT PRACTICES OF DENTAL BENEFIT COMPANIES

The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 16, 2020, by Ms. Molly Pereira, Associate Executive Director-Operations, Colorado Dental Association.

Background: Time restraints imposed on dental practitioners by third party payers, like claim filing or appeals deadlines, should also apply to payers seeking recoupment of funds resulting from claims processing errors. Third-party payer practices that, without limit, allow plans to recoup claims payment mistakes should be subject to time limitations like those imposed on dentists and patients. It is unfair for patients to face unanticipated expenses long after the completion of treatment and paints dentists negatively if they must then attempt to collect directly from the patients.

It is common for a third-party payer to withhold from other patients' claim payments to pay for a mistake made by the dental plan which confounds accounting. It may be complicated by patients who have subsequently left the community or when it exceeds statutes of limitations restricting a practitioner's ability to place someone in collections.

Some state laws establish reasonable limitations on the allowable timing of third-party recoupment efforts including Florida, Missouri and Texas. The ADA should provide guidance on what recoupment practices are reasonable.

Proposed Resolution

105. Resolved, that the ADA Council on Dental Benefits Plans (CDBP) review ADA policies regarding recoupment practices including Bulk Benefit Payment Statements (*Trans.*1990: 536, 2013:308, 2015:243); Third-Party Payers Overpayment Recovery Practices (*Trans.*1999:930, 2013:312) and Third Party Payment Choices (*Trans*.2017:265) and, be it further

Resolved, that the Council recommend a policy to encourage fair recoupment practices including reasonable time limitations and regular oversight by regulating agencies.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 106 New

Report: N/A Date Submitted: September 2020

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: None Net Dues Impact: 0

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

TELEDENTISTRY MODEL LEGISLATION AND ETHICAL CONSIDERATIONS

The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 16, 2020, by Ms. Molly Pereira, Associate Executive Director-Operations, Colorado Dental Association.

Background: Changes to state teledentistry laws are being introduced in state legislatures around the country. The development of model legislation on this issue would help constituent associations in lobbying efforts to support the ADA's teledentistry policy.

Additionally, dental services delivered via teledentistry technologies is a new modality and can have varied and creative uses and abuses. The current ADA Code of Ethics does not address the ethics of teledentistry and as such, gives no guidance on its appropriate use.

Proposed Resolution

106. Resolved, that the appropriate ADA agencies develop legislative principles for inclusion in state dental practice laws consistent with the ADA's teledentistry policies, and be it further

Resolved, that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop an advisory opinion regarding teledentistry guidelines for inclusion in the *ADA Principles of Ethics and Code of Professional Conduct*.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.

Resolution No. 108 New

Report: N/A Date Submitted: September 2020

Submitted By: Fourteenth Trustee District

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

Total Net Financial Implication: $198,170 Net Dues Impact: $1.96

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Objective: Public Goal Obj-9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

How does this resolution increase member value: See Background

LOGISITICS OF VACCINE ADMINISTRATION BY DENTISTS

The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 16, 2020, by Ms. Molly Pereira, associate executive director-operations, Colorado Dental Association.

Background: Oral health care is essential for overall health. Dentistry is a crucial component in whole body wellness, and dentists play a crucial role in delivering primary care. In recognition of this fact, which has only been exemplified by the pandemic caused by SARS-CoV-2, several resolutions have been submitted to the 2020 ADA House of Delegates calling on the ADA to endorse dentists administering vaccines.

By nature of their design, these other resolutions do not address the implementation of the logistics of this call to action. Issues such as reimbursement, design of education curricula and the design of legislation are not included in these initial resolutions. These questions need to be addressed promptly if dentistry is to play a role in helping to meet the needs of responding to this crisis.

Proposed Resolution

108. Resolved, that the ADA develop legislative principles for inclusion in state regulations allowing appropriately trained dentists to administer vaccines, and be it further

Resolved, that the ADA develop educational materials and procedures supporting the use and administration of vaccines by dentists, and be it further

Resolved, that the appropriate ADA agency develop guidance on protocols to communicate with patients and access reimbursement mechanisms related to administering vaccines.

BOARD RECOMMENDATION: Received after the August 2020 Board of Trustees Meeting.