ADA American Dental Association®

America's leading advocate for oral health

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2020

Annual Reports and Resolutions

161st Annual Session

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Chicago, Illinois 60611

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Council on Advocacy for Access and Prevention

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Welles, Andrew D. 2020, Wisconsin*

Grover, Jane S., director
Geiermann, Steven P., senior manager, Access, Community Oral Health Infrastructure and Capacity
Zokaie, Tooka, manager, Fluoridation and Preventive Health
Cantor, Kelly, manager, Community Based Programs

The Council's 2019–2020 liaisons include: Dr. Billie Sue Kyger (Board of Trustees, Seventh District); Ms. Sydney Shapiro (American Student Dental Association); Dr. Philip Fijal (chair, Council on Government Affairs); Dr. David White (vice chair, Council on Government Affairs); and Mr. Greg Mitro (Alliance of the American Dental Association).

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

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

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

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

The Council supported activities focused on the initiatives of the Action for Dental Health. These initiatives include Community Water Fluoridation, Emergency Department Referral, Medicaid program reforms with provider education and the Community Dental Health Coordinator program. Each initiative aligns with the

* *New Dentist member*
***Replaced Neighbors, Bonita D., 2022, Virginia*

Public Goal of Common Ground 2025: ADA Strategic Plan and supports both the advancement of the health of the public and the success of the profession.

The additional benefit of Council activities is the interest expressed by student members and state dental associations in the initiatives, which have brought professional generations together for improving the overall health of the public.

Common Ground Public Goal: The ADA will support the advancement of the health of the public and the success of the profession.

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

Initiative/Program: Positive science promotion of Community Water Fluoridation

Success Measure: Engagement of ADA members and the public with relevant content through the digital experience of ad optimization and geo targeting

Target: Improvement of Fluoridation content views on Mouth Healthy.org by 10% over 2018–2019 levels

Range: 26,000 to 35,000 views

Outcome: 85,376 views

A Mom's Guide to Fluoride, a MouthHealthy fluoridation article to inform families, showed significant engagement with an increase of 60% over last year's level. Ad optimization metrics in the first quarter of 2020 revealed that the average time on the ADA Fluoridation page increased from two minutes to six minutes. By utilizing targeted messaging to populations of interest, the click through rate (CTR) increased from an industrial average of 1% to 4%, meaning the campaign is better optimized to increase viewer engagement. The average cost per click has decreased by $0.40 since March 2019.

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

Initiative/Program: Increase Digital Accessibility of ADA *Fluoridation Facts*

Success Measure: Engagement of ADA members and the public with *Fluoridation Facts* as available in its digital form at no cost

Target: Maintain the 2018 *Fluoridation Facts* downloads or orders two year post-release and through 2020

Range: 788 to 1,000 downloads and orders

Outcome: 1,424 downloads on *Fluoridation Facts* Materials

Between January and March of 2019, there were 788 orders of ADA's 2018 *Fluoridation Facts*. Pursuant to the adoption of Resolution 83H-2019, the book became available for no cost in its digital form. Since this transition in November 2019, there have been 769 ebook PDFs downloaded, 545 sample PDF documents downloaded, and 111 Table of Contents PDFs downloaded. In total, there have been 1,424 downloads of *Fluoridation Facts* materials downloaded between November 2019 and April 2020

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

Initiative/Program: Emergency Department (ED) Referral Initiative

Success Measure: Collaboration and Engagement between American College of Emergency Physicians (ACEP) and ADA members

ED Referral programs now exist in all 50 states which places patients seeking treatment for dental issues into a dental home. Focus on providing technical assistance to new programs and ongoing collaboration with the ACEP resulted in eight priority cities identified for ED Referral model development. Preliminary partnership development strategy discussions and technical support have taken place in seven of the eight cities: Chattanooga, Tennessee; Hazard, Kentucky, Rockford, Illinois; Pittsburgh, Pennsylvania; Charleston, South Carolina; New Orleans, Louisiana; and Jersey City, New Jersey.

The Council hosted ED Referral webinars which were recorded for continuing education member benefit. *Emergency Department Referral Model In Action: Addressing Dental Access, Opioid Prevention and Pain Management* and *On the Move: Multiple Mobile Models of Care* which was cohosted by the American Mobile Healthcare Association and shared by ACEP with their members. ACEP has formally endorsed the 2019 clinical practice guideline on antibiotic use developed by the ADA Science Research Institute and has requested that the Council develop a “Dental 101” webinar educational series for their 40,000 members.

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

Initiative/Program: Community Dental Health Coordinator (CDHC)

Success Measure: Program Recognition and Research Agenda

Outcome: With over 500 graduates in various dental case management activities, this ADA trademarked program has achieved national recognition from key agencies and stakeholders. Rear Admiral Dr. Tim Ricks, Assistant U.S. Surgeon General, has featured the program in his Chief Dental Officer newsletters and requested an Oklahoma CDHC graduate the duty of conducting a case management continuing education program for all Indian Health Service (IHS) dentists. CDHC graduates also assisted in the 2020 Give Kids A Smile® Day activities held at over 100 IHS clinics.

Health Resources and Services Administration (HRSA) has funded several grants to study CDHC graduate activities with the University of Alabama School of Dentistry, the American Academy of Pediatrics, and the Washington, D.C. Department of Health. Articles on these and other projects will be submitted for publication to various journals. Several graduates are employed by state agencies, some are employed in a hospital setting, and a New York health center has officially added a CDHC position to its HR job description roster. A CDHC graduate, trainee or educational institution is currently present in 48 states.

Common Ground Public Goal: The ADA will support the advancement and the health of the public and the success of the profession.

Initiative/Program: Promoting Medicaid provider and student education to improve program participation and compliance while addressing the growing numbers of Medicaid recipients across the states

Success Measure: Hosting Medicaid “Boot Camps” for dentists and “Lunch & Learn” educational opportunities within dental schools

Target: Four boot camps and 10 student opportunities

Range: Three to five boot camps and eight to 15 student/resident opportunities

Outcome: Five Medicaid boot camps are scheduled but are COVID delayed. Twenty four in person dental school learning opportunities occurred with over 1,800 attendees. Over 800 dentists accessed the Medicaid program integrity course online through ADA CE online. Overall excellent satisfaction rating was given by 95% of the participants for the content provided.

Access and Advocacy Subcommittee Highlights in support of the ADA's public goal to support the advancement and the health of the public and the success of the profession:

- The Medicaid Provider Advisory Committee (MPAC) has been collaborating with the American Academy of Pediatric Dentistry (AAPD) to draft *Standards of Care for Medicaid Reviews* in light of inequities associated with federal and state audits. Medical necessity and program integrity are areas of special concentration.
- In support of a family-centric approach to oral health, MPAC has begun to investigate successful strategies to encourage sustainable adult dental Medicaid benefits within state Medicaid programs with collaboration of the Council on Government Affairs.
- MPAC has updated and expanded its Medicaid Provider Reference Guide and Medicaid Advocacy Toolkit with a new community-based resource section addressing Public Practice Readiness, which is appropriate for new graduates and those established dentists looking to partner with the public dental safety net.
- The ADA's Public Health Advisory Committee (PHAC) continues to address the most important dental public health issues confronting organized dentistry, which included emphasizing the need for a public health perspective on the ADA's COVID efforts.
- The Council provides continued support of dentists working in Federally Qualified Health Center settings, through a strong organized dentistry presence at the 2019 National Network for Oral Health Access (NNOHA) annual conference, a recruitment and retention seminar at the 2020 Yankee Dental Conference, and a HRSA Operational Site Visit Review Course for Oral Health Professionals provided to the Health Center Association of Nebraska.

Prevention Highlights

- The Health Literacy in Dentistry contest for dental students engaged 27 schools on the topic of community water fluoridation. The winning essay was posted on Mouth Healthy with the author to be honored by the Council's National Fluoridation Advisory Committee. Dr. Karen West, president, American Dental Education Association (ADEA), attended the National Advisory Committee on Health Literacy in Dentistry (NACHLD) and provided support for the student literacy essay contest.
- There were 6,281 views of the Health Literacy in Dentistry webpage, from April 2019 to April 2020, a 40% increase from 4,466 views during 2018–2019. NACHLD also developed an Action Plan to improve oral health literacy for members and the public.
- A Sealant Workgroup was formed to improve the placement of sealants by dental teams and offer recommendations to the Council on sealant placement barriers and educational opportunities
- National Children's Dental Health Month results were 84,000 posters shipped or downloaded with over 11,000 activity sheets on the topic of drinking fluoridated community water with the slogan "Get it From the Tap!"
- Through the Council, a letter was sent to the National Toxicology Program's Draft Monograph on Fluoridation Toxicology, sharing the concerns of their draft recommendation. The draft monograph was not submitted as a final form in part due to letters such as these.

Emerging Issues and Trends

- Teledentistry continues to emerge as a strong trend in light of COVID-19 needs to expand access while preserving personal protective equipment (PPE). Webinars and technical assistance for this topic have tracked significant member interest. Code description is often linked with case management which would significantly expand the recognized value of the CDHC program.

- The ability of Dental Service Organizations (DSO) to engage with hospital emergency departments has increased due to the scale of DSO operations accompanied by stronger familiarity between ED physicians and dentists.
- Education of Medicaid auditors continues to be an issue as many auditors lacking dental background are ill prepared to understand the services they are reviewing. Their punitive actions in some states have prompted legislation to curtail their activities out of fear of dentists ceasing Medicaid participation, causing access to care concerns.
- Medical-dental collaboration continues to escalate as HRSA supported projects have expanded to engage dental offices to offer services within primary medical care locations.
- Access to care for veterans and Native American populations will become even more critical post COVID.

Responses to House of Delegates Resolutions

Resolution: 83H-2019 Availability of ADA Publication Fluoridation Facts

> **83H-2019. Resolved,** that the American Dental Association publication, Fluoridation Facts, be made available, in its digital format, at no cost to the public.

This resolution background stated that the ADA is positioned as the leader in oral health and community water fluoridation is a key element in the prevention of oral disease. Knowledge of community water fluoridation can be invaluable in educating the public and in the advancement of oral health.

Having this resource available to the public at no charge removes cost barriers and serves as an effective source of the positive aspects of community water fluoridation.

Resolution: 78H-2019—Resolution in Response to Resolution 55H-2018, Establishing a Culture of Safety in Dentistry.

> **78H-2019. Resolved,** that the Council on Advocacy for Access and Prevention be tasked with implementing, in a measured and methodical manner, a three year framework for action that will begin to:
>
> - Develop a curriculum on patient safety and encourage its adoption into training;
> - Disseminate information on patient and dental team safety through a variety of in-person, print, web and social media communication vehicles on a regular basis;
> - Recognize patient safety considerations in practice guidelines and in standards;
> - Work collaboratively to develop community-based initiatives for error reporting and analysis and
> - Collaborate with other dental and healthcare professional associations and disciplines in a national summit on dentistry's role in patient safety, and be it further,
>
> **Resolved,** that the Council on Advocacy for Access and Prevention be urged to use its existing workgroup, and be it further,
>
> **Resolved,** that an annual report be submitted to the ADA House of Delegates detailing progress in nurturing this culture of safety in order to raise awareness, while alleviating fear and anxiety associated with making the dental environment safe for patients, providers and the dental team.

The Council's Safety Committee continues to collaborate with other oral health stakeholder organizations to begin to lay a solid foundation for raising awareness and alleviating anxiety about emphasizing a culture of safety in dentistry. Information has been shared with ADEA, the American Association of Oral and Maxillofacial Surgeons (AAOMS), AAPD, the Dental Quality Alliance (DQA), the Academy of General Dentistry, the American Society of Dentist Anesthesiologists, the Institute for Healthcare Improvement,

the Organization for Safety Asepsis and Prevention, and the Dental Patient Safety Foundation, among others.

The Council believes that short-term success lies upon proceeding down two fronts simultaneously. The first addresses project level safety concentrating on something that all dentists can recognize and agree upon, such as proper sterilization procedures and protocol. The second would address system level safety, which lays the groundwork for the continual pursuit of risk reduction and hazard mitigation in dental practice. The latter involves anonymous reporting of adverse events, so that others can learn without having to experience the adverse event themselves.

The experience of COVID-19 has the potential to change the practice of dentistry in dramatic and as yet unforeseen ways, yet now may be the time to move forward with simple, practical advice and procedure suggestions about safety in dentistry, as the coronavirus experience has increased awareness of many providers that they may need to practice in a different manner than what they are currently accustomed to. The Council will be offering an update report to the 2020 House of Delegates.

Resolution: 84H-2019 – Vaping Effects on Oral Health

> **84H-2019. Resolved**, that the American Dental Association add "vaping" and any other alternative delivery system for both tobacco and non-tobacco products to ADA Policy, and be it further
>
> **Resolved**, that this be referred to the appropriate Council and that a report be made to the 2020 ADA House of Delegates to update current ADA Policy.

Initiative/Program: The Council on Scientific Affairs (CSA) was assigned as lead agency for implementation of the Resolution 84H-2019, with assistance from the Council. In January 2020, CSA convened an ad hoc Vaping and Oral Health Workgroup to explore the existing scientific literature around vaping and its potential impact on oral health. This workgroup is comprised of members from the Council, CSA, and CDP.

Self-Assessment

The Council self-assessment was conducted via survey and conference call. There was 100% consensus on subcommittees and workgroups alignment with Council objectives. Members were particularly vocal about the work of the Council providing member value by:

- Providing leadership in the areas of access and prevention
- Disseminating objective, accurate and evidence-based information
- Continued growth of Action for Dental Health
- Value to the dentists who treat underserved patients in advancing access and trying to secure increased reimbursement

Table 1. Council Assessment Metrics

Question	Yes	No
Do the activities of the Council benefit both the public and the profession?	100%	
Does ADA Leadership understand CAAP activities?	76.5%	23.5%
Do most ADA members understand CAAP activities?	5.9%	94.1%
Are two meetings a year sufficient?	94.1%	5.9%
Should Council meetings be shorter?	35.3%	64.7%
Is there an appropriate number of speakers at Council meetings?	70.6%	29.4%
Do the strategic discussions at Council meetings add value to the meeting objectives?	94.1%	5.9%
Is the Council meeting agenda sufficiently designed?	100%	

Is there sufficient staff support?	100%	

Other areas of assessment expressed by the Council included:

- What expertise should be considered when appointing Council members?
  - Diversity with expertise in public health, private practice and academia
- Do the activities of the Council benefit both the public and the profession? 100% answered yes
- What do you personally see as the value of the Council?
  - Active participation in a vast array of programs that affect population based oral health prevention, disease mitigation, and access to care.
  - Improvements in Access and Prevention are directed and controlled by the profession rather than other parties and organizations.
  - The biggest value of the Council is bringing to light how important public health dentistry is to our profession and the dentists that serve in this field.
  - Issues to the profession not addressed by other councils

Policy Review

Policies reviewed in accord with Resolution 170H-2012, Regular Comprehensive Policy Review, will be included in a separate report.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Communications

Poteet, Sarah Tevis, 2020, Texas, chair
Mansour, Sam, 2021, Pennsylvania, vice chair
Briney, Lynse J., 2023, Illinois
Carney, Kerry K., 2020, California
De La Rosa, Rebecca J., 2022, Indiana
Frankman, Michael J., 2022, South Dakota
Hall, Jeannette Pena, 2020, Florida
Iuorno, Frank P., 2020, Virginia
Kai, Kevin Y., California*
Krishnan, Prabha, 2023, New York
Lambert, Thomas J., 2023, Michigan
Lawson, Amber P., 2022, Georgia
Manzanares, David J., 2020, New Mexico
Noguera, Angela P., 2023, Washington, DC
Pitmon, Stephen M., 2021, Vermont
Raum, Rhett E., 2021, Tennessee
Taylor, Barry J., 2022, Oregon
Weaver, Stephanie B., 2021, Louisiana

Eitel, Sandra, director

The Council's 2019–20 liaisons include: Dr. Julio H. Rodriguez (Board of Trustees, 9th District) and Mr. Matthew Lee (American Student Dental Association).

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

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

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

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

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

Objective 1: Increase membership market share of lagging demographics by 2% per year.
Objective 2: Maintain a net-positive gain in membership recruitment of all dentists within 70% or more of constituents.
Objective 3: Maintain an overall retention rate of 94%.
Objective 4: Increase overall average rates of conversion across membership categories by 1% per year.

Initiative: Digital Transformation
The Council's Digital Member Experience (DMX) Workgroup oversees the Integrated Marketing and Communications division's work in support of all four of the Membership Goal objectives, in addition to the

* *New Dentist member*

other Strategic Plan goals. The 2020 focus is on delivering a new digital member experience making it easier for nonmembers and members to join, engage, purchase, access information, network and get involved with the ADA.

Success Measures:

- 2019 deliverables included: a branded web template refresh for tripartite societies, new ADA home page with improved design and mobile accessibility, and also a new ADA career center and digital member card.
- 2020 metrics include: Complete content migration strategy, taxonomy and activate cross-divisional content teams. Select content that will move over to new ADA.org in 2021. Partner with IT in development of new ADA.org site build and member mobile apps to deliver the ADA.org MVP in 2021.

Initiative: Integrated Marketing

The Council's Research and Integrated Marketing Workgroups also support all four objectives under the Membership Goal. Fueled by ongoing research, the ADA's member value recruitment and retention campaigns for 2020 continue to focus on lagging segments and drive a compelling reason to join, including these four strategic content areas—clinical excellence, third-party payer, career/debt, and advocacy. The campaigns are seeing continued high levels of engagement.

Success Measures:

- 2019 success measures included: overall membership ending with a 0.42% increase (539 more members) than in 2018. ADA ended the year with 1,708 members joining at Rate 8 (Quarter Year Dues), up 6.8% (109 more members) from 2018.
    - Paid media continued to be a large driver for traffic to the recruitment landing page (generating over 43,000 visits in 2019—up 301% over 2018), including LinkedIn, which drove the most paid membership application clicks (387 clicks).
    - Increased traffic and engagement on the member value topics: 61% increase (1,389 more) in Laurel Road applications over 2018; 13% increase (932 more) in third-party payer inquiries over 2018; and 128% increase (17,538 more) *JADA* downloads of the Antibiotics guidelines compared to the 2018 guideline.
    - Increased participation and collaboration in the campaign by state and local societies – over 530 downloads of toolkit materials, up 7.7% (38 more downloads) than 2018.
- 2020 metrics include: Complete journey/value research projects for students by the end of Q2, and lagging market segments by the end of Q3.
- Surpass engagement key performance indicators year over year via member marketing efforts.

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

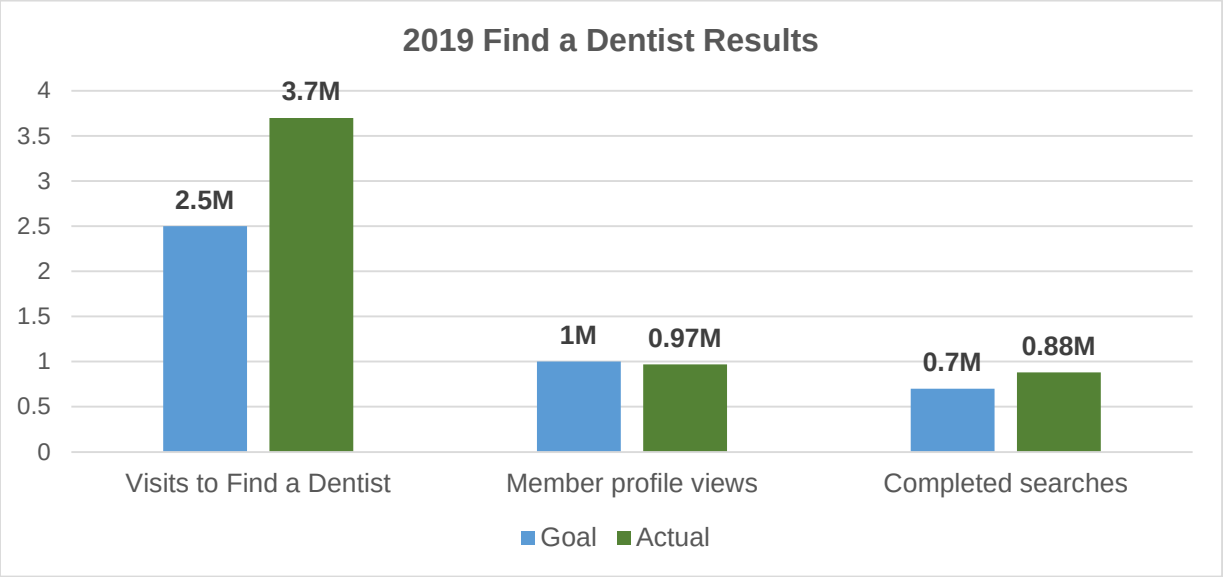
Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative: ADA Find a Dentist campaign

Objective: Increase patient referrals to ADA members.

Success Measures: Overall, 2019 results of the three-year campaign met or exceeded all goals at every phase of the campaign. 2019 highlights include:

Table 3. Summary of 2019 Find a Dentist Metrics



Since the launch of the campaign in April 2017, total visits to the site exceeded 8.26 million, total member profile views exceeded 3.09 million, total completed searches exceeded 2.06 million, and completed member profiles exceeded 88,000, which was 103% of goal.

Continued Promotion of Find a Dentist in 2020:
Following the successful completion of the pilot, the ad campaign expenses transitioned into the ADA's operating budget beginning in 2020 with an annual budget of $350,000. The ad campaign is off to a strong start with efficiencies gained through technical SEO upgrades to site and in-house management of campaigns led by the ADA's new in-house search team. This has resulted in significant growth and greater efficiency in traffic:

- Spending 86% less than last year, but achieving 52% of last year's click through results so far
- The average cost per click has dropped from $6.50 to $1.75
- The bounce rate has dropped from 52% to 8% (The bounce rate is the percent of people who leave the site after viewing only one page; 26% to 40% bounce rate is considered excellent by industry standard.)

Initiative: Oral Health is Health (OHIH)
The Council's OHIH Workgroup provides strategic guidance on the OHIH campaign, which targets Washington, D.C.-based national opinion leaders such as legislators and staff, media and health influencers. OHIH is a campaign to raise awareness about the connection between oral health and overall health as well as "white hat" storytelling. It targets policymakers, health care influencers and the media with digital advertising.

Success Measures:

- 2019 Success Measure included: The ADA has become a top influencer of social conversation around oral health since launching in September. Influencers are determined through Crimson Hexagon software that analyzes the number of mentions and retweets a user receives on social media. The ADA is ranked as the third most influential voice in the conversation within the Washington, D.C. region (up from 11th).
- Creation and launch of social ads on Facebook, Twitter and LinkedIn combined with digital mobile display ads resulted in more than 4 million impressions and more than 1 million engagements (with increase in engagement rates month over month).

Initiative: Volunteer Engagement Program (VEP)
The VEP is a community of ADA national leaders actively engaged in social media. It began as a Workgroup of the Council and expanded in April 2020 to include over 80 volunteer leaders from other councils. Members of the community are not official ADA spokespeople, and do not speak on behalf of the ADA. They use the VEP community to share:

- Challenges and best practices when dealing with social media posts
- Support for each other when making social media posts or responses
- Ways to communicate the ADA's guidelines and trusted and accurate resources
- Positive stories they're seeing in their communities
- Good ideas that they're seeing discussed on social media
- Ideas the ADA should explore or could be doing better

Work is underway to develop a toolkit of best practices and information about participating in closed groups, and a half-day interactive workshop for VEP participants, including a listening portion and interactive scenario sessions.

ADA Spokesperson Review Workgroup
As part of the Council's responsibility to advise on the reputation and brand of the ADA, the spokesperson review workgroup collaborates with staff to recruit and maintain an ADA media spokesperson roster. In response to a growing need for spokespeople on antibiotics and vaping, the following spokespersons were reviewed and recommended by the workgroup, and approved by the Board of Trustees in February:

- Dr. Erinne Kennedy, Boston, Massachusetts (Antibiotics)
- Dr. Purnima Kumar, Columbus, Ohio (Vaping)

Emerging Issues and Trends

Under the leadership of the Council's Strategic Communications Plan workgroup, the Council developed a survey to 2019 ADA House of Delegates and Alternates, seeking insight on what issues and challenges are being faced by the profession and the public. Table 1 and Table 2 highlight emerging issues identified through the survey, which was conducted in February and early March 2020:

Table 1: What emerging issues or concerns are you hearing about from colleagues?

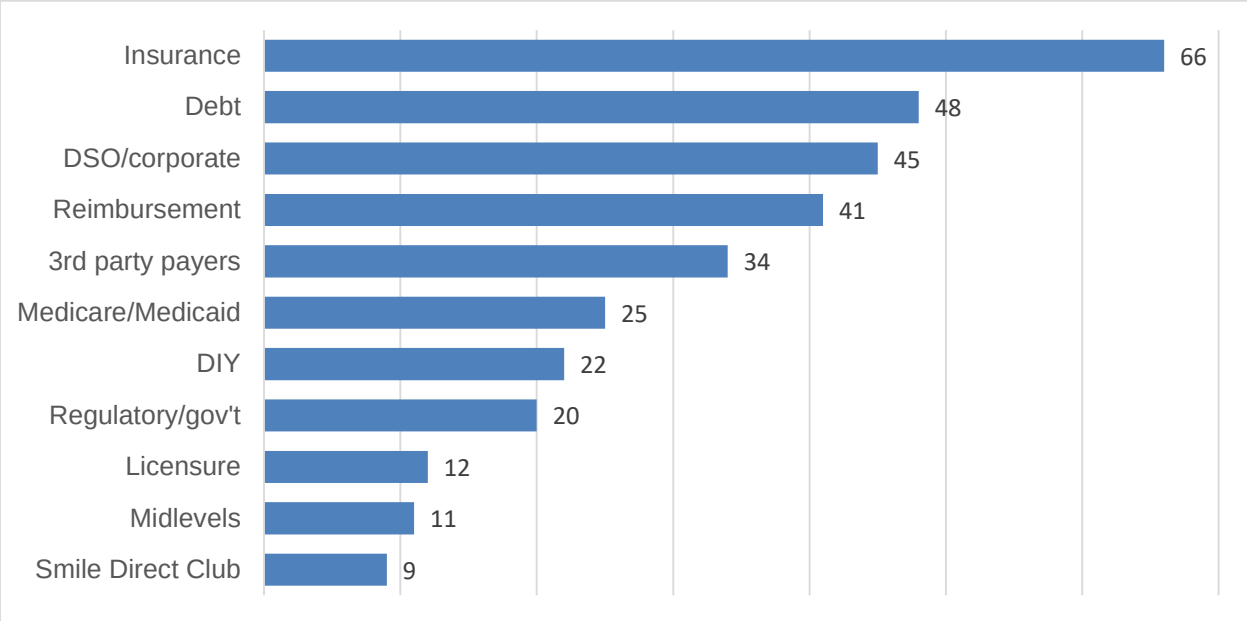
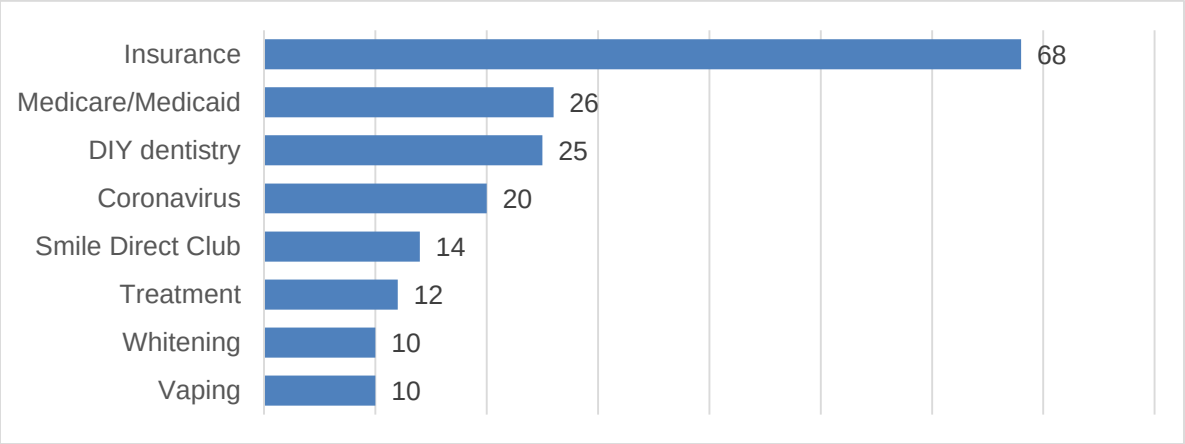


Table 2: What new topics or concerns are patients asking about?



Prior to the disruption created by the COVID-19 pandemic, the Council planned to use this information as a framework for additional quantitative research with dentists and consumers to develop a new Communications Trend Report later in 2020. Additional quantitative research is in development, and the report is expected to be completed by year-end and will also include the impact of the COVID-19 pandemic. The final Report will be shared with national, state and local leadership to help identify emerging issues from dentists and the public that may impact the reputation of the profession and can be offered as an additional input to national, state and local dental society decision-makers who are engaged in long-range reputation management and communications planning.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the Council in 2019.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the Council conducted its policy review in 2018 and is due for another in 2023.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Commission for Continuing Education Provider Recognition

Reed, Susan G., 2020, South Carolina, chair
Cipes, Monica H., 2021, Connecticut, vice chair
Ball, John D., 2022, Missouri
Burgess, Karen, 2022, Michigan
Cuevas-Nunez, Maria, 2021, Illinois
del Valle Sepúlveda, Edwin A., 2023, Puerto Rico
DeWood, Gary M., 2021, Arizona
Evans, Calotta A., 2023, Massachusetts
Kim, David M., 2022, Massachusetts
Meara, Daniel Joseph, 2023, Delaware
Parker, Steven E., 2021, Ohio
Randall, Marcus K., 2020, Tennessee*
Sadrameli, Mitra, 2022, Illinois
Saraghi, Mana, 2023, New York
Silva, Renato M., 2021, Texas**
Trecek, Carol, 2023, Wisconsin
Verma, Arpana S., 2023, Maryland

Borysewicz, Mary A., director

The Commission's 2019–20 liaison is Dr. Paul R. Leary (Board of Trustees, Second District).

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

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

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

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

The Commission is an ADA agency with independent authority to administer the ADA Continuing Education Recognition Program (CERP). For 2020, the Commission goals and objectives are as follows:

Objective: The Commission will establish and promote standards for effective continuing dental education that supports quality dental care

Initiative/Program: ADA CERP

* *Replaced Hughes, Bertram J., 2018, Florida*
** *Replaced Keiser, Karl, 2019, Texas*

Success Measure: Complete a comprehensive review and revision of ADA CERP Recognition Standards, with an emphasis on educational outcomes, by December 2020.

Target: Draft revisions of six standards reviewed by Commission in October 2020.

Range: Draft revisions of six standards completed by December 2020.

Outcome: After drafting three of six revised CERP Standards in 2017–2018, the Commission deferred further Standard revisions pending revisions to the CERP Eligibility Criteria, as well as learning the outcome of changes to the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support being considered by the ACCME. The Commission revised the CERP Eligibility Criteria in 2019, and has developed a process and time line for implementation. The Commission will resume the process of reviewing and revising the remaining CERP Standards in 2020. The communities of interest will be invited to submit comments on the proposed revised Standards.

Objective: Streamline management of CERP application, review, billing and reporting processes through technology upgrades.

Initiative/Program: ADA CERP

Success Measure: Enhance CERP application and recognition processes through improved database and reporting functions, and creation of a web portal for submitting and reviewing applications.

Target: Migrate CERP provider database to Aptify and complete user testing of database functions by December 1, 2020. Begin development of online application and review platform by December 31, 2020.

Outcome: Funding for the first phase of the project, development of the database, was approved in the 2019 ADA budget. At the time this report was written, staff were developing a schedule for user testing of the data base that will provide the framework and support for the online application platform. Funding for completion of the second phase of the project, development of the web-based portal for online applications, is being requested in the 2021 budget.

Objective: Develop communication plans designed to increase ADA CERP brand recognition among dental professionals, and build value proposition to continuing education providers to promote participation in the program and understanding of program requirements.

Initiative/Program: ADA CERP

Success Measure: Develop and implement new training activities and educational materials for providers by December 2020.

Target: Three live educational sessions for CE providers offered in 2020, via webinar or in person; new FAQ and other web-based resources regarding CERP eligibility requirements and application processes posted by year end.

Outcome: At the time this report was written, Commission staff have scheduled a webinar for CE providers based in dental schools and a workshop to be held during the ADA annual meeting. Materials regarding revised CERP eligibility requirements are scheduled to be posted in June 2020.

Emerging Issues and Trends

The Commission oversees ADA CERP, designed to recognize providers that meet standards for continuing dental education, promote continuous quality improvement in CE, and help dental professionals meet CE requirements for relicensure. At the time this report was prepared in May 2020, there were 477 ADA CERP recognized providers, including 28 based outside the United States and Canada, and eight providers approved through Joint Accreditation. Another 95 providers were approved by state dental societies and national specialty societies through the CERP Extended Approval Process (EAP).

CERP recognized providers reported that they offered a combined total of over 37,500 unique CE activities in 2018, the most recent year for which data is available, including more than 275,500 hours of continuing education.

Impact of COVID-19 on ADA CERP: In response to the COVID-19 pandemic and the need for social distancing, many CERP recognized providers have shifted their CE programming online. The Commission has published a summary of CERP requirements for online and self-study courses for those providers that have not previously offered these types of educational activities. The Commission's website also links to resources for CE providers, including updates to CE regulations, guidance for dental practitioners from the ADA, Centers for Disease Control and Prevention (CDC), and World Health Organization (WHO), as well as resources for providers of continuing education in the health professions. Information on the number and types of CE activities offered in 2020 will be collected in next year's survey of recognized CERP providers.

Interprofessional Continuing Professional Education. In October 2019, the Commission entered into a strategic collaboration with Joint Accreditation for Interprofessional Continuing Education™ that will help increase opportunities for dentists to participate in continuing healthcare education in an interprofessional setting. Joint Accreditation offers organizations the opportunity to be simultaneously accredited to provide continuing education in medicine, nursing, pharmacy, physician assisting, optometry, psychology, social work, and now dentistry, through a single, unified application process. As the delivery of health care moves towards a collaborative, team-based model, continuing education designed for interprofessional teams will be increasingly important. The Commission believes that this collaboration will help support dental professionals to coordinate care with other professionals, and continue the development and practice of interdisciplinary education (IPE) begun during pre-and post-graduate dental training. Participation in Joint Accreditation further aligns CERP Recognition Standards with those of the U.S. accreditors of continuing education in other health professions. Since January 2020, eight providers of interprofessional education have requested CERP recognition through Joint Accreditation.

Review and Revision of CERP Standards. The ADA CERP Recognition Standards form the basis for the Commission's evaluation and approval of continuing dental education providers. The Commission's ongoing, comprehensive revision of the Standards is focused on criteria essential to effective continuing education that supports dental practitioners' continuing professional development and continuous quality improvement. These include an emphasis on assessing learning outcomes, evidence-based dentistry, and independence from commercial influence.

In 2019, the Commission approved revisions to the CERP Eligibility Criteria. Effective July 1, 2023, commercial interests will no longer be eligible for CERP recognition, or to serve as joint providers of CE activities. Beginning in June 2020, the Commission will introduce a mandatory pre-application process to identify whether potential new applicants meet the revised CERP Eligibility Criteria. An online questionnaire for identifying which currently recognized providers may be ineligible for CERP recognition in 2023 will be deployed in November 2020. The Commission will inform currently recognized providers of the Commission's findings regarding eligibility in 2021 so that providers wishing to continue as CERP recognized providers may make any necessary changes to their CE programs before the revised CERP Eligibility Criteria take effect in 2023.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed to the Commission in 2019.

Self-Assessment

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

Policy Review

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

Commission Minutes

For more information on recent activities, see the Commission's minutes on ADA.org.

Council on Dental Benefit Programs

Markarian, Randall C., 2021, Illinois, chair
Watson, Hope E., 2021, Tennessee, vice chair
a'Becket, Thomas R., 2020, Maryland
Adams, Roderick H., Jr., 2023, Ohio
Calitri, Paul F., 2020, Rhode Island
Chung, Kenneth L., 2020, Oregon
Dens, Kevin W., 2022, Minnesota
Dougherty, William V., 2022, Virginia
Hill, Rodney C., 2023, Wyoming
Hollingsworth, James W., 2020, Mississippi
Johnston, Mark H., 2023, Michigan
Maldonado, Yvonne E., 2021, Texas
Olenwine, Cynthia H., 2020, Pennsylvania
Porcelli, Eugene G., 2022, New York
Scott, Lewis K., 2022, Louisiana
Stilley-Mallah, Jessica A., 2023, Florida
Stuefen, Sara E., 2020, Iowa*
Weber, Walter G., 2021, California

Aravamudhan, Krishna, senior director
Ojha, Diptee, director
Pokorny, Frank, senior manager
Tilleman, Sarah, senior manager
McHugh, Dennis, manager
Sanders, Marissa, manager

The Council's 2019–20 liaisons include: Dr. Cesar Sabates (Board of trustees, Seventeenth District) and Mr. Jared Ricks (American Student Dental Association).

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

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

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

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

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

** New Dentist member*

Objective 3: Maintain an overall retention rate of 94%

Initiative/Program: Third-Party Payer Advocacy & Credentialing

Success Measure: Maintain efficient and satisfactory call center responses to member questions.

Target: At least 85% of all members who call the Third-Party Payer Concierge and respond to the follow-up survey will be likely to call again with another question.

Range: Likelihood to call again is between 75% and 85%

Outcome: As of March 1, 2020, 95.1% reported satisfaction with service; 99.8% reported likelihood to call back; 100% will refer a colleague.

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

Objective 3: Maintain an overall retention rate of 94%

Initiative/Program: Third-Party Payer Advocacy and Credentialing/Code on Dental Procedures and Nomenclature (CDT Code)

Success Measure: Ensure that information on third-party payer issues is disseminated to members through well-attended webinars.

Target: At least 3,300 individuals participate in Council workshops and webinars. At least 85% of attendees responding to the post presentation survey are satisfied or very satisfied with the education programs.

Range: Between 2,500 and 3,500 individuals participate in Council workshops and webinars. Between 85% and 90% of attendees responding to the post presentation survey are satisfied or very satisfied with the education programs.

Outcome: As of May 15, 2020, a total of 4,995 individuals have participated in eight workshops and webinars: 99% expressed satisfaction with the education programs.

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

Initiative/Program: Code on Dental Procedures and Nomenclature (CDT Code)

Success Measure: Assure on-time delivery of CDT products for publication and dissemination.

Target: Delivery of CDT 2021 delivered by July 2020 including ASCII file, CDT book and Companion technical content.

Range: N/A

Outcome: Technical content for both CDT 2021 ASCII file and CDT book delivered ahead of schedule (April and May 2020, respectively); Companion content delivery on schedule.

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

Initiative/Program: Third-Party Payer Advocacy & Credentialing (Administrative Simplification)

Success Measure: Reduce paperwork burden for dentists by streamlining third-party payer credentialing processes.

Target: At least an additional 500 dentists per month establish a new current attested profile in CAQH ProView. At least $44,000 in non-dues revenue generated in 2020.

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

Outcome: As of April 2020, 36,810 dentists have complete and current profiles; an average of 717 dentists are completing their profile per month. Another 24,198 dentists have completed applications and now only need to log in to re-attest. Outreach to dental payers has resulted in 28 participating dental organizations to date. The program has generated $16,996 YTD as non-dues revenue.

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

Initiative/Program: Clinical Data Registry

Success Measure: Launch ADA Clinical Data Warehouse Minimum Viable Product on-time and within budget.

Target: On-time and within budget.

Range: N/A

Outcome: The contract between the ADA and Prometheus Research, LLC was fully executed February 14, 2020. The project is on schedule. Integration with four practice management software vendors is expected by end of 2020.

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

Initiative/Program: Quality Assessment and Improvement

Success Measure: State Medicaid programs that need to use quality measures choose to use measures developed by the Dental Quality Alliance (DQA).

Target: Not less than 30 states report using DQA measures.

Range: 25–35 states use measures developed by the DQA.

Outcome: 33 state Medicaid programs are currently using DQA measures.

Emerging Issues and Trends

Dental Benefits Market Data

The data below is the most current available.

Overall Market Size for Dental Benefits [Source: ADA Health Policy Institute]

- National dental care expenditure was $135.6 billion in 2018, an increase of 10% from 2016. Per capita dental spending in 2018 was $413, an increase of 7.5% from 2016.

Enrollment [Source: National Association of Dental Plans]

- Over 260 million people (80% of the U.S. population) had a dental benefit in 2018—up from 254 million (78%) in 2017.
- In 2018, Preferred Provider Organizations (PPO) accounted for 87% of the dental plans in the market—up from 85% in 2017.
- In 2018, the commercial market had 86 million people (52%) with fully insured dental benefits versus 77.9 million (48%) with self-funded plans.

Network Statistics [Source: National Association of Dental Plans]

- In 2018, among those dentists who participate in PPO networks, on average, dentists participate in 26 different networks.

PPOs continue to grow and dominate the dental benefit market with dental health maintenance organizations (DHMOs) second at a mere 6%. Exclusive provider organization (EPO) plans, which are closed-panel networks, are increasing in popularity but still account for only 1% of the overall market. Payers are continuing to shift a greater share of costs on to insured members, particularly to those members who seek treatment from out-of-network providers.

Approximately 7.1% of people with dental coverage have individual policies, down from 8.4% the prior year. Only 0.3% of dental benefits are integrated with medical plans.

In 2017, 49% of plans allowed annual maximums ranging from $1,500 to $2,499 for patients visiting network providers and 43% allowed between $1,000 and $1,499.

The dental carrier industry is demonstrating increased interest in using Artificial Intelligence (AI) to detect fraud as well as identify inappropriate treatment patterns. Several carriers are conducting pilot programs with various AI vendors. If successful, this technology could bring profound changes to the claims adjudication and consultant review processes.

The recent COVID-19 pandemic will bring significant changes to the third-party payer industry. Whether the changes will be short lived or will impact the industry long-term is yet unknown. With significant unemployment, it is anticipated that the number of individuals with a dental benefit will decrease and the number of individuals covered by public programs may increase. As of this writing, however, data on these changes is not yet available.

Responses to House of Delegates Resolutions

Resolution: 10-2019—Proposed New Policy, Patients' Rights to Receive a Benefit for Dental Procedures From Their Medical Plan

> **10-2019. Resolved,** that the ADA policy, Patients' Rights to Receive a Benefit for Dental Procedures from their Medical Plan, be adopted as follows.
>
> > The ADA supports the rights of patients to receive a benefit for dental procedures from their medical plan when the dental procedures are not paid for by the patients' dental benefit plan.

Resolution 10-2019 was referred by the House of Delegates (HOD) back to the Council for further study. Discussion at the 2019 Reference Committee indicated the need for greater specificity in the proposed policy. Reference Committee members had raised concerns regarding interpretation of the policy with

regards to which carrier would be considered primary. Some Committee members also requested clarification on whether this policy was seeking to embed routine dental benefits into medical plans.

At the April 30–May 1, 2020 Council meeting, the Council discussed the policy statement but could not satisfactorily address the issues raised by the reference committee. Accordingly, the Council has decided not to move Resolution 10 at the 2020 House of Delegates.

Dental Informatics
For an update on the status of SNODENT and related activities, please see the Council on Dental Practice (CDP) 2020 Annual report.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2023.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the Council reviewed the following Association policies and determined they should be maintained:

Requirements for Managed Care Programs (*Trans.*1995:627; 2000:466)
Bulk Benefit Payment Statements (*Trans*.1990:536; 2013:308; 2015:243)
Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (*Trans*.1995:610; 2015:243)
Legislation Regulating All Dental Benefits Programs (*Trans*.1993:694)
Programs in Conflict With ADA Policies (*Trans*.1979:638)
Opposition to Dental Benefit Plans or Programs Conflicting With ADA Policies (*Trans*.1995:620)
Opposition to Fraudulent and Abusive Practices Under Public and Private Dental Benefits Programs (*Trans*.1990:537)
Supporting Constituents with Third-Party Payer Issues (*Trans*.2004:307)
Evaluation of Dental Care Programs (*Trans*.1989:548)
Education of Prospective Purchasers of Dental Benefit Programs (*Trans*.1986:515)
Third-Party Payers Overpayment Recovery Practices (*Trans*.1999:930; 2013:312)
Audits of Private Dental Offices by Third-Party Payers (*Trans*.1990:540; 2005:325)
Prohibition of “Hold Harmless” Clauses (*Trans*.1995:651)
Full Disclosure of Financial Incentives and Other Health Plan Information (*Trans*.1996:692)
Statement on Dental Consultants (*Trans*.2010:555)
Automatic Review of Denied Claims by Independent Dental and/or Medical Experts (*Trans*.1994:645)
Identification of Claims Reviewer (*Trans*.1985:584)
Legislation to Require Dental Benefit Plans to Provide Dental Consultant Information *Trans*.2010:546)
Practitioner Protections in Managed Care Plans (*Trans*.1994:643)
Regulation of Utilization Management Organizations (*Trans*.1991:636)
Fee Reimbursement Differentials (*Trans*.1993:697)
Statement on Reporting Fees on Dental Claims (*Trans*.2009:419)
Statement on Determination of Maximum Plan Benefit (Formerly “Customary Fees”) by Third Parties (*Trans*.1991:633; 2010:545; 2011:453)
Policy on Fees for Dental Services (*Trans*.1990:540; 2013:319)
Fee Profiles (*Trans*.1987:502; 2013:309)
Standards for Dental Benefit Plans (*Trans.*1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546)

In addition, the Council adopted a resolution to forward policy amendments to the 2020 House of Delegates. These following amendments to ADA policy will be submitted on separate worksheets.

Maximum Fees for Non-Covered Services (*Trans.*2010:616*)*

Administrative Practices Encouraging Dentist Selection Based on Cost (*Trans.*1995:610)

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Dental Education and Licensure

Niessen, Linda, C., 2021, Texas, chair, American Dental Education Association
Plemons, Jacqueline M., 2021, Texas, vice chair, American Dental Association
Boden, David F., 2020, Florida, American Dental Association
DiFranco, GeriAnn, 2020, Illinois, American Association of Dental Boards
Donoff, Bruce R., 2020, Massachusetts, American Dental Education Association
Gehani, Rekha C., 2020 New York, American Dental Association
Hammer, Daniel A., 2020, Texas*
Hangorsky, Uri, 2022, Pennsylvania, American Dental Education Association
Hardesty, Willis Stanton, Jr., 2022, North Carolina, American Dental Association
Lepowsky, Steven M., 2023, Connecticut, American Dental Education Association
Lim, Jun S., 2021, Illinois, American Dental Association
Litaker, William M., Jr., 2021, North Carolina, American Association of Dental Boards**
Miles, Maurice S., 2023, Maryland, American Association of Dental Boards
Nickman, James D., 2023, American Dental Association
Nielson, David L., 2022, Alaska, American Association of Dental Boards
Otomo-Corgel, Joan, 2023, California, American Dental Association
Thomas-Moses, Donna, 2022, Georgia, American Dental Association

Hart, Karen M., director
Puzan, Annette, manager
Strotman, Meaghan D., senior manager

The Council's 2019–20 liaisons include: Dr. Jay F. Harrington, Jr. (Board of Trustees, Fifth District) and Mr. Craig McKenzie (American Student Dental Association).

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

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

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

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

Objective 7: Improve overall organizational effectiveness at the national and state levels.
Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

* *New Dentist member*
** *The American Association of Dental Boards appointed Dr. William M. Litaker to complete the term of Dr. A. Roddy Scarbrough.*

Initiative/Program: As a key community of interest, review, comment and advocate for the ADA in matters related to the Commissions.

Success Measure: Submit comments by established deadlines to Commission on Dental Accreditation (CODA), National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) and Commission for Continuing Education Provider Recognition (CCEPR).

Target: Meet comment deadlines set by CODA, CCEPR and NCRDSCB

Range: January through December

Outcome: All comment deadlines were met.

The Council transmitted comments to CODA on proposed revisions to the accreditation standards for dental education programs, pediatric dentistry programs, dental hygiene programs, dental laboratory technology programs, endodontic programs and oral and maxillofacial surgery programs. The Council submitted comment to NCRDSCB in support of the recognition of Oral Medicine as a dental specialty. The Council did not support the application submitted by the American Academy of Orofacial Pain to be recognized as a dental specialty, believing that the application did not satisfy Requirement 1(b) of the Requirements for Recognition as a Dental Specialty. The Council also supported the American Dental Board of Anesthesiology's application for recognition as the certifying board for dental anesthesiology. Specifics on these matters are noted in the Council's October and December 2019 meeting minutes.

Objective 7: Improve overall organizational effectiveness at the national and state levels.
Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

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

Success Measures:
1. Manage the ADA's involvement with the Coalition for Modernizing Dental Licensure.
2. Explore the implications of licensure compacts; advocate for changes to state dental practice acts, rules and regulations regarding licensure, as requested.
3. Continue to support the implementation and promotion of the Joint Commission on National Dental Examinations (JCNDE) Dental Licensure Objective Structured Clinical Examination (DLOSCE).
4. Monitor the Dental Board of California's (DBC) implementation of its portfolio-style licensure examination.

Target: Reports on these matters at January and June Council meetings; ongoing updates and reports at relevant standing committee conference calls.

Range: January through December

Outcome: At the time this report was written, this initiative was on target. The Coalition for Modernizing Dental Licensure has increased its membership to over 60 organizations. Effective June 2020, the JCNDE DLOSCE (an alternative to the traditional patient-based single encounter licensure examinations) is available to state dental boards. As of May 2020, Iowa, Washington, and Oregon were accepting results of the DLOSCE as a pathway to licensure. Information on the JCNDE DLOSCE and comparability of clinical licensing examinations offered by the clinical testing agencies was presented to three dental associations and five state dental boards, as requested. In April a webinar for state dental boards was offered; representatives of 24 state dental boards attended. Additional webinars for state dental associations, dental educators and dental students are planned for May. More information about the DLOSCE is posted on the JCNDE website.

The Council maintains licensure information on the ADA website. This year Council staff developed the Dental Licensure by State Map to make it easier for dentists and new dentists seeking state licensure information. The Dental Licensure Map provides state-by-state information on requirements for state dental licensure, including clinical examinations accepted and other regulatory information.

Due to COVID-19, Council staff also developed information related to state regulations and mandates as a result of the pandemic, posted the information on the Dental Licensure by State Map and created a new COVID-19 State Mandates and Recommendations Map. Both maps were updated daily throughout the pandemic.

Per a directive of the 2013 House of Delegates (*Trans*.2013:327), the Council monitors the Dental Board of California's (DBC) implementation of its portfolio-style examination and reports information annually to the House of Delegates. Since November 5, 2014, individuals may qualify for dental licensure in California on the basis of passing the Portfolio Examination while enrolled in a dental school approved by the DBC. As of May 2019, the DBC had issued 76 dental licenses via the portfolio pathway. As of May 2020, that number had not increased.

Objective 7: Improve overall organizational effectiveness at the national and state levels.
Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

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

Success Measures:
1. Consider and recommend actions to ADA policies Dentistry (*Trans*.1997:687; 2015:254), Dentistry as an Independent Profession (*Trans*.1995:640), and Communication Strategies for Increasing Awareness of Issues in Dental Education (*Trans*.2002:404).
2. In collaboration with the Council on Government Affairs (CGA) and Council on Dental Practice (CDP), consider and recommend actions to ADA policies Trade Agreements (*Trans*.1993:711), ADA Support for Constituent Societies Dealing With Dental Mid-Level Provider Proposals (*Trans*.2008:502), and Comprehensive ADA Policy Statement on Teledentistry (*Trans*.2015:244).
3. Collaborate with the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) on its statement, "Ethical Considerations When Using Patients in the Examination Process."
4. Provide oversight to the Department of Testing Services regarding the development of an admission test for dental hygiene programs.
5. Provide oversight to the Department of Testing Services regarding the ongoing administration of the Dental Admission Test (DAT) and Advanced Dental Admission Test (ADAT).
6. Host a consensus conference on draft Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students in late 2020.
7. Consider the annual reports of the Dental Assisting National Board and the National Board for Certification in Dental Laboratory Technology.

Target: Submission of comments to CGA, CDP and CEBJA; submission of reports and resolutions to the 2020 House of Delegates.

Range: January through September

Outcome: On plan for submission of comments to CGA, CDP and CEBJA and reports and resolutions to the 2020 House of Delegates.

Emerging Issues and Trends

The Council considered the impact of COVID-19 on dental education and dental licensure matters. Information was made available to dentists and dental students about closures of dental schools and post-graduate dental clinics, graduations of dental students, examination programs administered by the ADA, JCNDE (Dental and Dental Hygiene National Boards and the DLOSCE), DLOSCE acceptance by state dental boards, and state mandates regarding initial dental licensure requirements and continuing education requirements. Although a lesser priority this year due to more pressing COVID-19 matters, the Council continues its interest in the future use and implications of licensure compacts among states or dentists and dental hygienists.

Responses to House of Delegates Resolutions

Resolution 66H-2019—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Assistants

66H-2019. Resolved, that the ADA Policy on Criteria for Recognition of a Certification Board for Dental Assistants (*Trans.*1989:520; 2014:460) be amended as follows (additions underscored; deletions ~~stricken~~):

Criteria for Recognition of a Certification Board for Dental Assistants

~~**Introduction:**~~ An area of subject matter responsibility ~~duty~~ of the Council on Dental Education and Licensure as indicated in the *Governance and Operational Manual* ~~*Bylaws*~~ of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council ~~to~~ studies~~y~~ and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to herein after as "the Board").

A mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation.

The dental profession is committed to assuring appropriate education and training of all personnel who participate in the provision of oral health care to the public. The following basic requirements are ~~prescribed~~ applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks ~~approval~~ recognition of the American Dental Association for a program to certify dental assistants that reflects ~~on the basis of~~ educational standards approved by the dental profession.

I. Organization

1. The Board shall have no less than five nor more than nine voting members designated on a rotating ~~on~~ basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:

    a. American Dental Assistants Association
    b. American Dental Association
    c. American Dental Education Association
    d. American Association of Dental Boards
    e. Public
    f. The at-large population of Board Certificants

All dental assistant members shall be currently certified by the Board.

2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.

3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should be certified by the Board.

4. The Board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board for dental assistants. This statement should include evidence that the Board has the support of the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interest represented by the Board.

II. Operation of Board

1. The Board shall grant certification to individuals who have provided evidence of knowledge-based competence in dental assisting.
2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.

3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and pass/fail results of its certifying examination. The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.

4. The Board shall administer the certification examinations at least twice each calendar year with administrations publicized at least six months prior to the examination.

5. The Board shall maintain and make available a current list of all persons certified.

6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.

7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.

III. Granting Certificates

1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.

2. The Board shall grant certification or recertification annually to those who qualify for certification. The Board may require an annual certificate renewal fee to enable it to carry on its program.

IV. Waivers

It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only waivers approved by the Council on Dental Education and Licensure may be used.

Following adoption of Resolution 66H-2019, the Council provided the Dental Assisting National Board (DANB) with the amended Criteria and notified DANB that future annual reports submitted by DANB to the Council must address the revised Criteria.

Resolution: Resolution 67H-2019—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Laboratory Technicians

67H-2019. Resolved, that the ADA Policy on Criteria for Recognition of Certification Board for Dental Laboratory Technicians (*Trans.*1989:520; 2014:460) be amended as follows (additions underscored; deletions stricken):

Criteria for Recognition of a Certification Board for Dental Laboratory Technicians

An area of subject matter responsibility ~~duty~~ of the Council on Dental Education and Licensure as indicated in the *Governance and Operational Manual* ~~*Bylaws*~~ of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council ~~to~~ studies~~y~~ and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to hereinafter as “the Board”).

A mechanism for the examination and certification of dental laboratory technicians is necessary to provide the dental profession with an indication of those persons who have demonstrated their ability to fulfill the dental laboratory work authorization. Such a certification program should be based on the educational requirements for dental laboratory technicians approved by the Commission on Dental Accreditation.

The following basic requirements are applied ~~prescribed~~ by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition ~~approval~~ of the American Dental Association for a program to certify dental laboratory technicians on the basis of educational standards approved by the dental profession.

I. Organization: An agency that seeks approval as a Certification Board for Dental Laboratory Technicians should be representative of or affiliated with a national organization of the dental laboratory industry and have authority to speak officially for that organization. It is required that each dental laboratory technician member of the Certification Board hold a certificate in one of the areas of the dental laboratory technology.

II. Authority and Purpose: The rules and regulations established by the Certification Board of Dental Laboratory Technicians will be considered for approval by the Council on Dental Education and Licensure on the basis of these requirements. Changes that are planned in the rules and regulations of the Certification Board should be reported to the Council before they are put into effect. The Board shall submit data annually to the Council on Dental Education and Licensure relative to its financial operations, applicant admission and examination procedures, and results thereof.

The principal functions of the Certification Board shall be:

a. to determine the levels of education and experience of candidates applying for certification examination within the requirements for education established by the Commission on Dental Accreditation;
b. to prepare and administer comprehensive examinations to determine the qualifications of those persons who apply for certification; and
c. to issue certificates to those persons who qualify for certification and to prepare and maintain a roster of certificants.

III. Qualifications of Candidates: It will be expected that the minimum requirements established by the Certification Board for the issuance of a certificate will include the following:

a. satisfactory legal and ethical standing in the dental laboratory industry;
b. graduation from high school or an equivalent acceptable to the Certification Board;
c. a period of study and training as outlined in the Accreditation Standards for Dental Laboratory Technology Education Programs, plus an additional period of at least two years of working experience as a dental laboratory technician; or, five years of education and/or experience in dental technology; and
d. satisfactory performance on examination(s) prescribed by the Certification Board.

IV. Standards: The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.

Following adoption of Resolution 67H-2019, the Council provided the National Board for Certification in Dental Laboratory Technology (NBC) with the amended Criteria and notified NBC that future annual reports submitted by NBC to the Council must address the revised Criteria.

Resolution: 69H-2019—Response to Resolution 83-2018: Geriatric Dentistry

> **69H-2019. Resolved,** that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in geriatric dentistry by the Commission on Dental Accreditation.

Following adoption of Resolution 69H-2019, the Council transmitted the findings of the feasibility study to the Special Care Dentistry Association for consideration in establishing with CODA a process and accreditation standards for advanced education programs in geriatric dentistry.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council reviewed the following Association policies. The Council recommends that the two policies be combined into one declarative positive statement that defines the independent profession of dentistry and notes dentistry's commitment to professionalism and interprofessional health. The Council's recommendation is presented in a resolution to the 2020 House of Delegates.

Dentistry (*Trans.*1997:687; 2015:254)
Dentistry as an Independent Profession (*Trans.*1995:640)

The Council on Government Affairs (CGA) requested that the Council accept review responsibility of the policy, Communication Strategies for Increasing Awareness of Issues in Dental Education (*Trans.*2002:404). Both councils agreed that the policy was a directive that became moot once the task to "develop communication strategy(s)" was completed (*Reports* 2003:70). Accordingly, the Speaker directed that the policy not be published in future editions of C*urrent Policies*.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Dental Practice

Liddell, Rudolph T., III, 2020, Florida, chair
Ho, Duc M., 2021, Texas, vice chair
Aflatooni, Nima, 2020, California
Berkley, Jeffrey S., 2021, Connecticut
Braden, Ryan, 2022, Wisconsin
Chopra, Manish, 2023, Ohio
Compton, Lindsay M., 2020, Colorado*
Gwin, Sherry R., 2022, Mississippi
Hoddick, James A., 2022, New York
House, Allison B., 2022, Arizona
Howell, Jr., Ralph L., 2023, Virginia
Liang, Christopher G., 2021, Maryland
Limberakis, Cary J., 2021, Pennsylvania
Medovic, Michael D., 2020, West Virginia
Rekhi, Princy, 2020, Washington
Romo, Genaro, 2023, Illinois
Smith, Lindsay A., 2023, Oklahoma
Wolff, Douglas S., 2020, Minnesota

Porembski, Pamela M., director
Metrick Diane M., senior manager
Colangelo, Erica A-M., manager
Kluck-Nygren, Cynthia A., manager

The Council's 2019–20 liaisons include: Dr. Kirk M. Norbo (trustee, Sixteenth District) and Mr. James Vegrzyn (American Student Dental Association).

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

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

a. Dental Practice;
b. Allied Dental Personnel;
c. Dental Health and Wellness;
d. Dental Informatics and Standards for Electronic Technologies; and
e. Activities and Resources Directed to the Success of the Dental Practice and the Member.

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

Objective 1: Increase membership market share of lagging demographics by 2% per year.
Objective 3: Maintain an overall retention rate of 94%.
Objective 9: ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: Provide resources and information to ADA members/office staff during the COVID-19 pandemic and assist members with post COVID-19 dental office recovery.

** New Dentist member*

Success Measure: Deliver three to five webinars on infection control, personal protection equipment (PPE), federal aid available to dental practices, supporting the dental team in their return to work post-pandemic, economic impact on dental offices and marketing/communicating with patients. Develop five to 10 frequently asked questions/resources for ADA.org/virus. Review three to five resources for the Coronavirus Virus updates on ADA.org. Support the development of content for the ADA's Advisory Task Force on Dental Practice Recovery, including the original and revised Return to Work Interim Guidance Toolkit. Assist with answering 500–750 members' tier two inquiries in the ADA's Coronavirus mailbox.

Target: 70,000 member/dentists plus 13,000 nonmembers

Range: Reach 25–27% of member dentists

Outcome: The Council participated in the ADA's response to COVID-19 for member/dentists. Staff answered and tracked over 750 inquiries from members/dental offices regarding Coronavirus. Staff submitted content to the Department of Library Services repository of COVID-19 resources for use of the Member Service Center team or others answering member inquiries, and provided content for frequently asked questions posted to ADA.org. The Council participated in the development and review of content posted to ADA.org/virus and contributed to the Return to Work Interim Guidance Toolkit available online. Several webinars, both online and on-demand, were presented by CDP consultants, including webinars on infection control in the dental office, managing the re-onboarding of staff returning to the practice, and the economic impact on dental offices by COVID-19.

The webinars are listed below: (metrics listed are as of July 28, 2020)

- "ADA/OSAP: COVID-19 Infection Control Protocols and Procedures" presented on March 20
    - 13,847 registered; 16,027 on-demand views (program was not available live)
    - 10,926 passed/earned CE; 5,101 are in progress

- "Keep the Lights On: Protect the Health of Your Practice During the Economic Downturn" presented on March 25
    - 5,777 registered; 3,266 viewed live; 1442 on-demand views
    - 4,077 passed/earned CE; 631 are in progress

- "Dental Practice Financial Issues Surrounding COVID-19" presented on March 27
    - 644 registered; 440 viewed live; 6,520 on-demand views
    - 4,358 passed/earned CE; 2,602 are in progress

- "What's in the CARES Act and How It Can Immediately Impact My Dental Practice" presented on March 27 (1 CEU offered for attendees who logged in for at least 45 minutes)
    - 10,103 registered; 6,920 viewed live; 724 on-demand views
    - 7,406 passed/earned CE; 238 are in progress

- "ADA/OSAP: Respiratory Protection in the Era of COVID-19" presented on April 24
    - 12,000 registered; 7,153 viewed live; 11,612 on-demand views
    - 13,092 passed/earned CE; 5,673 are in progress

- "Reopening: It's as If Every Employee is a New Employee Now" presented on May 5
    - 10,000 registered; 3,932 viewed live; 492 on-demand views
    - 4,119 passed/earned CE and another 305 are in progress

- "How to Minimize Team Stress" presented on May 6
    - 1,861 registered; 990 viewed live; 398 on-demand views
    - 1,197 passed/earned CE; 191 are in progress

- "20 High-Value Strategies to Help Practices Recover from the Covid-19 Crisis: Created for Dentists and their Teams" presented on May 19
    - 2,022 registered; 982 viewed live; 284 on-demand views
    - 1,131 passed/earned CE; 135 are in progress

- "ADA/OSAP: COVID-19 Response: CDC Guidance for Dental Settings" presented on May 28
    - 4,468 registered; 2,888 viewed live; 1,704 on-demand views
    - 3,725 passed/earned CE; 867 are in progress

- "How to Handle Employee Issues As You Reopen – Ask Me Anything" presented on June 4
    - 850 registered; 468 viewed live; 84 on-demand views
    - 522 passed/earned CE; 30 are in progress

- "Preparing for Pregnancy - How to Manage your Business and your Health" presented on June 25
    - 519 registered; 251 viewed live; 63 on-demand views
    - 274 passed/earned CE; 40 are in progress

- "Practicing After COVID" presented on August 18

- "Regulatory Compliance During COVID-19" presented on August 25

Objective 3: Maintain an overall retention rate of 94%.
Objective 9: ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: Deliver three webinars on opioid misuse prevention topics delivering 1 CEU per webinar and develop one patient resource. This program is a grant requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA) Provider's Clinical Support System—Opioid (PCSS-MAT) grant and will be completed by the end of the year.

Success Measure: At least 80% of attendees will report finding the content valuable to them.

Target: 1,000 participants

Range: 750–1,200 participants

Outcome: These webinars have been temporarily delayed due to staff support for ADA COVID-19 response, and the first webinar, "The Dental Hygienist's Role in Supporting Patients with Substance Use Disorder" was presented on August 6, 2020.

Objective 1: Increase membership market share of lagging demographics by 2% per year.
Objective 3: Maintain an overall retention rate of 94%.
Objective 9: ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: Provide mental health resources on the Center for Professional Success (CPS), including at least three online mental health courses, for members who are experiencing stress during the COVID-19 pandemic to increase their well-being.

Success Measure: At least 80% of respondents will report finding the content valuable to them.

Target: 4,000 participants

Range: 2,500–5,000 participants

Outcome: COVID-19 Mental Health Resources were posted to CPS. Four webinars were presented on mental health and wellness topics.

The webinars are listed below: (metrics listed are as of July 20, 2020)

- "Four Ways to Stay Healthy during Crisis" presented on April 9
    - 1,810 viewed live; 604 on-demand views
    - 2,414 passed/earned CE
    - 91% of participants reported they strongly agree/agree that the content was timely and can be implemented in their practice

- "Building Resilience in Times of Anxiety and Uncertainty" presented on April 16
    - 1,088 viewed live; 290 on-demand views
    - 1,298 passed/earned CE
    - 90% of participants reported they strongly agree/agree that the content was timely and can be implemented in their practice

- "Nature's Booster Shot: Eating Smart to Combat COVID-19" presented on April 23
    - 1554 viewed live; not offered on-demand
    - 1554 passed/earned CE
    - 90% of participants reported they strongly agree/agree that the content was timely and can be implemented in their practice
    -
- "Emotional Impact: Dealing Constructively With Stress in the Midst of COVID-19" panel discussion presented on May 21
    - 593 viewed live; 64 on-demand views
    - 658 passed/earned CE
    - 91% of participants reported they strongly agree/agree that the content was timely and can be implemented in their practice

Objective 3: Maintain an overall retention rate of 94%.
Objective 9: ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: Provide elder care programming and new research on older adult oral healthcare.

Success Measure: Present one elder care webinar with at least 80% of respondents reporting the elder care webinar content was valuable to them; publish five research papers on elder oral healthcare in the *Journal of the American Dental Association* (*Jada*) Digital + Monograph with four published papers from new dental researchers focused on older adult oral health.

Target: One webinar presented to 500 registrants and five papers published in *JADA* Digital + Monograph

Range: One to two webinars presented to 350—600 registrants, of whom 70–100% report value of content; four to six papers published.

Outcome: The Council will present an elder care COVID-19-related webinar in 2020 and will promote its second Elder Care Symposium scheduled for March 19, 2021. The Council is continuing its Dental Public Health Residents manuscript project to encourage new dental researchers to take an interest in oral health issues of older adult patients. Five manuscripts related to oral health issues in older adultshave been completed and the authorshave chosen to go through the peer review process for publication in *JADA*. The projects will be presented in a *JADA* Digital + Monograph to highlight and promote these new dental researchers and their work. The Council will express support to the Commission on Dental

Accreditation (CODA) to develop standards for advanced dental education programs in geriatric dentistry in support of Resolution 69H-2019 Response to Resolution 83-2018: Geriatric Dentistry.

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

Initiative/Program: Identify and secure speakers to deliver courses and campfire sessions at ADA FDC 2020.

Success Measure: 21 council-affiliated courses presented

Target: 1,000 attendees

Range: 900–1,150 CE credits delivered

Outcome: The project is on track to meet its goals, pending the decision to hold the ADA FDC 2020.

Objective 1: Increase membership market share of lagging demographics by 2% per year.
Objective 3: Maintain an overall retention rate of 94%.
Objective 9: ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: Center for Professional Success

Success Measure: Utilization of COVID-19 materials by members and potential members

Target: 550,000 sessions and capture contact information for 5,500 potential members

Range: 525,000-575,000 sessions; contact information for 5,000–6,000 potential members

Outcome: Content has been created by the COVID-19 response team consisting of approximately 80 content pieces that can easily be updated and accessed. The ability to meet all needs regarding open and protected content pieces was achieved. As of July 28, 2020, COVID-19 content pages were accessed 3,379,816 times and downloaded 588,645 times. In particular, the Return to Work Interim Toolkit generated approximately 180,500 requests for the download, 62% of those were from members and 38% were from non-members (not all dentists). Data capture for the toolkit yielded contact information for roughly 16,000 potential member dentists.

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

Initiative/Program: ADA Standards Program

Success Measure: Document interface simplification used by stakeholders

Target: Provide document interface simplification on all standards projects using tools such as a schematic of all standards projects and how they relate to each other, used by volunteer stakeholders including dentists, vendors, government and academia**.**

Range: N/A

Outcome: Staff developed charts showing the Standards Committee on Dental Informatics (SCDI) documents organized by subject category, and were approved by the SCDI Oversight Committee. The

ADA Technology Division has developed a new document library in ADA Connect that displays the document relationships in a convenient graphic interface. The Oversight Committee approved the document library interface which will be available third quarter 2020 for future standards development.

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

Initiative/Program: ADA Standards Program

Success Measure: Provide ADA members and the public with standards deliverables used by the profession and stakeholders.

Target: Provide ADA members with the appropriate standards and technical reports so that they can be successful in their careers and provide the profession's public with safe and effective products. This ensures that the ADA continues to be the leader in the development of dental standards by:

1) Successful implementation of the accredited ANSI procedures leading to ANSI approval of ADA standards and technical reports that impact dentistry
2) Using the accredited US TAG and International Organization for Standardization (ISO) programs to identify international standards that are appropriate for adoption as US based ADA standards and initiate adoption procedures accredited through ANSI
3) Identifying areas for where standards documents may assist the profession through development of new work projects
4) Development of a quarterly newsletter (and working with social media) that includes information on new projects, publications, and standards activities used by volunteer stakeholders including dentists, vendors, government and academia.

Range: N/A

Outcome: Twenty-three new national dental standards and technical reports have been approved. Eighteen documents were circulated for all interested parties review and seven new work item proposals were approved. A quarterly newsletter was developed and four issues have been distributed this past year to over 600 standards volunteers.

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

Success Measure: Provide members with executive summaries and standards news for adoption and use in their purchasing decisions in their practices.

Target: Provide members with executive summaries for all ADA new standards deliverables and an additional 25% of remaining SCDI standards and 15% of remaining SCDP standards. Provide news media with standards articles and increase member engagement through the following actions:

1) Launch executive summaries page in CPS.
2) Publish a minimum of six new articles outlining/promoting standards activities to make the profession and the public aware of emerging issues where standards have an impact by providing information on new technologies and product safety and use.

Range: N/A

Outcome: Executive summaries were written for ADA new standards deliverables along with an additional five (of 18) remaining SCDI standards and six (of 42) remaining SCDP standards. Launch of the executive standards area in CPS is slated for second quarter 2020. Ten new articles have been published in several media, including *ADA News*, ADA.org, Morning Huddle and the standards newsletter

with subsequent adoption of ADA standards by the FDA for use in evaluating product safety and efficacy as well as providing information to members and the public on dental products.

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

Initiative/Program: ADA Standards Program

Success Measure: Annual Systemized Nomenclature of Dentistry (SNODENT®) Revision completed by end of fourth quarter and adopted by Health Level 7 (HL7) and incorporated into at least four implementation guides.

Target: SNODENT® is referenced in five implementation guides.

Range: SNODENT is referenced in three to five HL7 Implementation Guides.

Outcome: The SNODENT maintenance and revision process and ANSI approval was successfully completed in 2019. The 2020 SNODENT maintenance and revision cycle is under way at the time of writing. Completion of this cycle, with approval of the next version of SNODENT by ANSI, is anticipated in late 2020. SNODENT is now a referenced terminology in no less than **five** Health Level 7 (HL7) standards that can facilitate dental information exchange across boundaries of profession, technology, and care settings. These HL7 standards include Clinical Document Architecture (CDA) Implementation Guides for Periodontal Claim Attachments, Orthodontic Claim Attachments, and Dental Data Exchange for Referrals and Continuity of Care; in addition to the HL7 CDA Implementation Guides, both the HL7 Electronic Health Records System Dental Functional Profile and the Fast Healthcare Interoperability Resources (FHIR) standards include references to SNODENT.

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

Initiative/Program: ADA Standards Program

Success Measure: ADA Hosting of 2020 ISO/TC106 meeting

Target: Ensure that ADA continues to be a leader in the development of international standards affecting dentistry through hosting of the 2020 ISO/TC106 meeting by: 1) Development and implementation of the project plan to set goals and deadlines for meeting requirements; and 2) Implement funding plan for hosting of meeting through sponsorships and donations.

Range: N/A

Outcome: Due to the COVID-19 situation, the ADA hosting of the ISO/TC 106 meeting has been rescheduled for 2021. The following work plans will be used for the 2021 meeting:

- ISO 2020 project plan has been developed and posted to the ADA Knowledge Center for collaboration with Conference and Meeting Services (CMS).
- Over 50% of projected meeting expenses have been secured and a coordinated plan to raise additional industry funding is in development with the Dental Trade Alliance.
- Communications with CMS are ongoing for needed logistics planning.
- Meeting website was launched in January and meeting application development and coordination with the Divisions of Technology and the Department of Digital Services are on track.

Emerging Issues and Trends

Post COVID-19 Dental Practice Recovery

A presidentially appointed Task Force on Dental Practice Recovery, developed resources needed in the short term for the reopening of dental practices. Long-term changes to dental practice will be evaluated by the Council. These may include policy related to dentists' administering COVID-19 testing, delivery of vaccines, implementing new infection controls that align with CDC and OHSA guidelines including correct use of PPE, changing practice business models, uncertain economic impact of COVID-19 and more.

Artificial Intelligence in Dentistry

The Council is tentatively planning a BIG Idea 2021: Artificial Intelligence/Teledentistry conference on June 18, 2021 on the potential impact of artificial intelligence and teledentistry on the dental profession.

Use of Cannabis by Staff and Patients

Resolution 79H-2019 Gathering Evidence to Develop Policy Regarding Cannabis Use directed that the ADA encourage research and data gathering on the effect of cannabis and cannabidiol (CBD) products on the dentition and surrounding oral mucosa, so that policy and guidelines can be developed to help the profession meet the needs of the patients. The Council on Scientific Affairs (CSA) was assigned as the lead agency with CDP as support. The Science and Research Institute will develop the research and data and CDP will subsequently develop policy based on the research, if needed.

Mobile Dentistry Services for Geriatric Patient Care

The Council is exploring an alternate model of delivering dental care for seniors residing in nursing homes. The National Elder Care Advisory Committee will discuss this topic at its spring 2021 meeting and forward recommendations to the Council.

Reimagined ADA Health History Forms

The health history forms have been completely redesigned to make them more accessible to patients, easier to read, and more succinct. The ADA's COVID-19 pre-screening form will be redesigned to be consistent with the style of the new health history forms and available as an addendum. The updated forms will be available for distribution through the ADA Publishing Division's Department of Product Development and Sales following additional review.

Allied Personnel Issues

Prior to the pandemic, the Council recognized that dental practices across the U.S. reported difficulties finding, hiring and retaining qualified staff, especially dental assistants. These reports were confirmed by the results of the Council's 2019 Survey of State Dental Associations. The Council will continue to discuss possible responses to this situation in the post-pandemic era at its 2020 fall meeting.

Dental Practice Transitions

The number of baby boomer generation dentists who are retiring is increasing and members, both new dentists and older dentists, are in need of resources to assist them with this transition. The ADA Department of Product Development and Sales has significant interest in developing content on the topic of managing practice transitions and offering that resource as a new module in the ADA's Guidelines for Practice Success™ (GPS) suite of products. This project has been temporarily postponed due to staff support for ADA COVID-19 response.

ADA's Guidelines for Practice Success™ Managing Pregnancy Module

This resource offers consensus based best practices targeting three specific demographic groups: practice-owning dentists who are pregnant or planning a pregnancy; employee or associate dentists who are pregnant or planning a pregnancy; and dentists who own practices and/or manage team members who may announce pregnancies. The module has been available free online to ADA members since February 2020 and print and e-Book editions have been available since March 2020. Initial plans regarding marketing support for the module were put on hold due to the COVID-19 pandemic.

ADA Standards Program
These new standards address emerging issues of special interest:

- ANSIADA Standard No. 1084 for Reference Core Data Set for Communication among Dental and other Health Information Systems
- ANSI/ADA Standard No. 145 for Interoperability of CAD/CAM Systems
- ANSI/ADA Standard No. 1097 for Digital Caries Risk Assessment Resources

Participation in Other Standards Organizations

Association for the Advancement of Medical Instrumentation (AAMI)
The Department of Standards continues to maintain the ADA liaison to the Association for the Advancement of Medical Instrumentation, an ANSI accredited standards developer that is the primary source of standards for the medical device industry. There are AAMI working groups that address sterilization of medical devices, and reprocessing instructions and validation methods of medical devices that are pertinent to dentistry.

Dr. Fiona Collins, the ADA liaison to AAMI, attended a meeting in October 2019 that addressed the revision of AAMI ST79, *Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care.* ADA comments of specific relevance for dental settings included recommendations on procedures for environmental services personnel in a multi-disciplinary team, the use of separate housekeeping facilities for decontamination and clean areas, frequency of cleaning floors and horizontal surfaces, and negative and positive airflow. In addition, the Working Group on Cleaning of Reusable Medical Devices, discussed the first draft of ST98 – *Cleaning Validation of Healthcare Products.*

American Society of Heating, Refrigeration and Air Conditioning Engineers
The Department of Standards continues to maintain the ADA liaison to the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE). ASHRAE is an ANSI-accredited standards developer in areas such as ventilation, indoor air quality and water treatment, and infection control and diseases, including in healthcare and dental facilities.

Dr. Paul Supan, the ADA liaison to ASHRAE, attended a meeting in June 2019, where the committee raised the issue of newer ultraviolet (UV) technologies to address both waterline and airborne aerosolized infection threats. Infective aerosols are a concern in the dental environment and the development of energy efficient, brighter and cooler UV LED bulbs make UV technology relevant today. The ADA continues to monitor standards activities concerning Legionellosis management, healthcare facilities water treatment, and healthcare facilities infection control and disease management.

Digital Imaging and Communications in Medicine
The Department of Standards carries forward the ADA's support of the Digital Imaging and Communications in Medicine (DICOM) standard for the secure exchange of digital dental radiographs and images. DICOM is approved by the International Organization for Standardization (ISO) for use in practice management systems to transmit, store, retrieve, print, process, and display medical imaging information.

Dr. Veeratrishul Alareddy, the ADA liaison to DICOM, and co-chairman of DICOM WG 22 Dentistry, attended a meeting in February 2020 where current DICOM work relevant to dentistry included CP1570, Add Dental Acquisition Context to the Visible Light Image Module; and CP1571, Add Orthodontics and Forensic Odontology Viewsets to Structured Display.

Responses to House of Delegates Resolutions

Resolution: 28H-2019—Pediatric Screening for Sleep-Related Breathing Disorders

> **28H-2019. Resolved,** that the American Dental Association, through its appropriate agency or agencies, develop and promote a screening tool/protocol for pediatric airway issues for use by dentists.

The Council assigned the development of a screening tool/protocol for pediatric airway issues to the Policy and Emerging Issues Subcommittee, recommending that they utilize expertise from the CSA, content specialists and interested specialty groups in response to Resolution 28H-2019 Pediatric Screening for Sleep-Related Breathing Disorders (SRBD). The April 15-16, 2020 in-person meeting was postponed due to COVID-19 nationwide stay-at-home orders. The Council plans to host this meeting in October 2020 virtually with inter-professional content authorities on pediatric SRBD and will report its outcome to the 2021 House of Delegates.

Resolution: 12-2019—Proposed ADA Policy Statement on the Use of Silver Diamine Fluoride (SDF)

> **12-2019. Resolved,** that the ADA policy, Statement on the Use of Silver Diamine Fluoride, be referred to the appropriate agency for further study and report back to the 2020 House of Delegates.

The Council was assigned as the lead agency with CSA as the support agency. The Council sought comment from the American Association for Public Health Dentistry, Academy of General Dentistry, American Academy of Pediatric Dentistry, CSA and the Council on Advocacy for Access and Prevention, who considered comments and suggested changes. The resulting new policy developed, a Proposed Statement on the Use of Silver Diamine Fluoride to Arrest Carious Lesions, has been submitted for consideration at the 2020 House of Delegates meeting.

Self-Assessment

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

Policy Review

The Council had one policy up for review in 2020 in accordance with Resolution 170H-2012 (*Trans.*2012:370), Regular Comprehensive Policy Review, the Comprehensive ADA Policy Statement on Teledentistry (*Trans*.2015:244). The proposed amended policy was forwarded to the 2020 House of Delegates for its consideration.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Ethics, Bylaws and Judicial Affairs

Kurkowski, Michael A., 2020, Minnesota, chair
Wilson, Robert J., Jr., 2021, Maryland, vice chair
Bailey, Meredith A., 2022, Massachusetts
Browder, Larry F., 2020, Alabama
Burns, Jill M., 2021, Indiana
Burton, Bruce A., 2023, Oregon
Clark, Alma J., 2022, California
Cohen, Donald F., 2020, Texas
Cranford, William D., 2022, South Carolina
Davis, Gary S., 2023, Pennsylvania
Depp, Ansley H., 2023, Kentucky
Griffin, Seth W., 2020, Michigan
Hall, Daniel W., 2020, South Carolina*
Johnson, Jay A., 2022, Florida
Jonke, Guenter J., 2021, New York
Pappas, Renee P., 2023, Illinois
Patel, Onika R., 2021, Arizona
Soileau, Kristi M., 2020, Louisiana

Elliott, Thomas C., Jr., director
Elster, Nanette R., manager

The Council's 2019–20 liaisons include: Dr. Linda K. Himmelberger (Board of Trustees, Third District) and Ms. Anisha Pandya (American Student Dental Association).

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

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

a. Ethics and professionalism, including disciplinary matters relating thereto;

b. The governing documents of this Association, including:

   i. Review of the constitutions and bylaws of constituents and components to ensure consistency with the Association's *Bylaws*; and

   ii. To correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot, and to correct article, chapter and section designations, punctuation, and cross references and to make such other technical and conforming revisions as may be necessary to reflect the intent of the House in connection with amendments to the Association's *Bylaws*, *Governance Manual*, *Manual of the House of Delegates*, *Principles of Ethics and Code of Professional Conduct* and *Current Policies* where such revisions do not alter the material's context or meaning upon the unanimous vote of the Council members present and voting; and

* *New Dentist Member*

iii. To report to the House of Delegates any corrections made to the governing documents of the Association pursuant to subsection ii. of this section of the *Governance Manual*; and

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

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

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

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

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

Target: Highly favorable participant evaluation of continuing education ethics programming and attendance at continuing education program(s).

Range: Favorable to highly favorable participant evaluation of continuing education ethics programming; registration of 50–100% of venue capacity for each continuing education course offered at the annual meeting.

Outcome: On target at time of submission. At ADA 2019, the Council, in collaboration with Eric Swirsky, a Clinical Associate Professor in Biomedical and Health Information Sciences at the University of Illinois at Chicago, presented a continuing education course entitled Social Media and Other Electronic Communication in Dentistry. Although the scanner used to track attendance became disabled during course check-in, a manual count of attendees indicated that the venue capacity of 100 attendees was met. The average attendee rating for the course was favorable (4.03 on a 5.00 scale). A three hour ethics presentation was prepared and given by Council staff at the New York Dental Meeting and Council staff was invited to participate in Ethics Day at the University of Alabama at Birmingham School of Dentistry in early 2020. A Council representative has been invited to present the Morris S. Minton Honors Series Lecture in ethics at the Texas A&M College of Dentistry in May 2020. The Council is preparing a two-hour continuing education course on ethical issues in disaster planning that will be given in conjunction with the ADA FDC 2020 meeting in Orlando, Florida. At the time of submission of this report, it is unknown whether the coronavirus pandemic will impact the anticipated 2020 events.

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

Initiative/Program: Submit and present scholarly research papers in ethics at meetings of professional ethics organizations and collaborate with organizations to develop and present ethics programming.

Success Measure: Participation in ethics programming outside of the ADA to position the ADA as a leader in the fields of bioethics and professional conduct and enhance the reputation and relevance of the ADA *Principles of Ethics and Code of Professional Conduct* (the ADA *Code of Ethics*).

Target: Submission of at least three abstracts annually to professional ethics organizations on subjects in the fields of bioethics and professional conduct, with at least two abstracts being accepted for presentation. Collaborating with other agencies to develop two ethics programs annually.

Range: Submission of one to two abstracts with at least one acceptance for presentation; collaborative development of one ethics program.

Outcome: On target at the time of submission. A former Council member and Council staff presented on the ethical issues of substance use and abuse at the Association for Practical and Professional Ethics Annual Meeting. In April 2020, in collaboration with the American College of Dentists (ACD), a Council member and Council staff developed and presented a webinar that explored the ethics of practicing during a pandemic; over 1,000 attendees viewed the webinar. The Council was invited to present on ethical issues in global and domestic charitable events for the Academy for Professionalism in Health Care. Due to the coronavirus outbreak, however, that meeting has been postponed for one year. Abstracts have been submitted to the American Society for Bioethics and Humanities and the American Dental Education Association; notifications of the acceptance of those abstracts are pending as of the submission of this report. The Council is also collaborating with ACD concerning the development of on-demand continuing education modules that will be available to ADA and ACD members.

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

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

Success Measure: Membership access to timely and topical advice concerning ethics questions that commonly arise and Council consideration that is responsive to suggested changes to the ADA *Code of Ethics*. Sponsorship of a contest open to student members that allow participants to depict solutions to an ethical dilemma in a short video.

Target: Favorable response to and evaluation of a published ethics column and publication of that column in each issue of *The Journal of the American Dental Association* (*JADA*). Submission of at least six student-created ethics videos.

Range: Neutral to positive responses and feedback regarding published ethics material and proposals for amendment of the ADA *Code of Ethics*, including adoption by the House of Delegates of resolutions recommending amendments to the ADA *Code of Ethics*. Publication of ethics column in 75–90% of issues *JADA* annually. Receipt of three to five student ethics videos.

Outcome: On target at time of submission. With the Council's ethics column and other published articles in *JADA*, anecdotal feedback has been positive. Ethical Moment has been published in eight of nine issues of *JADA* from September 2019 toMay 2020, an 89% publication rate at the time of submission of the report. No suggested revisions to the ADA *Code of Ethics* has been received as of the submission of this report.

Specific ethics activity undertaken by the Council since the 2019 House of Delegates include:

Ethical Moment: The Council prepares a column for *JADA* entitled Ethical Moment. The topics covered are designed to be timely and topical and often receive favorable response from readers. Selected topics in the past year include issues presented by the death of an actively practicing dentist, ethical practice during the coronavirus pandemic and the ethical propriety of allowing emotional support animals in the dental office. Where the subject matter is appropriate, the Council collaborates with other agencies to jointly develop Ethical Moment columns. Staff and members also draft feature articles for *JADA* when a topic deserves more in-depth treatment than an Ethical Moment article can provide.

Student Ethics Video Contest: The Council sponsors a student ethics video contest. The contest is designed to instill an awareness of the ADA *Code of Ethics* and to provide an opportunity for students to consider ethical decision making as they prepare to start careers in dentistry. The contest creates greater awareness among pre-doctoral dental students of ethical situations that are encountered

during the everyday practice of dentistry and provides a creative means for students to consider how those situations should be addressed using the ADA *Code of Ethics*. In 2019, the Council awarded the contest grand prize to a student from the Lake Erie College of Osteopathic Medicine (LECOM) School of Dental Medicine, while the honorable mention prize was awarded to a team of students attending the University of Texas Health Science Center. The winning entries in 2019 and those from the past several years are available for viewing.

The entry period for the 2020 contest will open early in the summer of 2020 and will close at the end of August 2020. Given the status of the coronavirus pandemic as of the time of filing of this report, it is not known whether the video contest will be as successful as in past years. Videos received will be assessed and the winning videos uploaded to the ADA's YouTube Channel.

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

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

Success Measure: Annually review ADA governance material to conform to amendments to the ADA *Constitution and Bylaws*, *Governance Manual* and *Manual of the House of Delegates* approved by the House of Delegates and periodically review ADA governance material for technical and editorial revisions. Assist constituents and component societies with governance questions and revisions when requested, and summarize for the constituent societies ADA governance amendments enacted by the House of Delegates.

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

Range: Conforming revisions to governance material completed within 60-120 days of the close of the House of Delegates. Editorial and technical review of 20-30% of the ADA *Bylaws* and *Governance Manual* performed annually. State and local society requests for governance assistance responded to within 45 to75 days. House of Delegate governance amendment summaries distributed within 30 to75 days of the conclusion of the ADA annual meeting.

Outcome: On target at the time of submission. Revisions to conform the ADA *Constitution and Bylaws* and *Governance Manual* were submitted in October 2019, within 45 days of the adjournment *sine die* of the 2019 session of the House of Delegates. Five chapters of each of the ADA *Bylaws* and *Governance Manual* (approximately 25%) were editorially reviewed; the resulting revisions were unanimously approved by the Council pursuant to Chapter VIII., Section K.6.b.ii. of the *Governance Manual*. In conformity with Chapter VIII., Section K.6.b.iii. of the *Governance Manual*, the Council is reporting those amendments to the House of Delegates in Appendix 1 to this annual report. The summary reporting on the amendments to the ADA *Constitution and Bylaws* and *Governance Manual* was distributed to constituent society executive directors in September 2019. Since the 2019 House of Delegates, governance advice and review has been provided to four constituent and component dental societies.

Emerging Issues and Trends

Covid-19 Pandemic: Very soon after the announcement that coronavirus infection had reached pandemic proportions, the Council prepared and published guidance on how to continue to ethically practice dentistry in the midst of the pandemic; the guidance was updated by the Council several times as additional information and medical advice became available and as jurisdictions in the United States

began to recommend or require cessation of elective dental procedures. The Council has also prepared for inclusion in the ADA's coronavirus response on ADA.org a number of short FAQ-type advice pieces that address specific ethical situations that may arise during the pandemic. Council members also prepared an Ethical Moment article on dental treatment during a pandemic and collaborated with the *JADA* editor and publisher to have the article published on an accelerated schedule and to be placed on ADA.org prior to the publication date of the JADA issue in which it appeared. The Council also collaborated with outside agencies in the development and streamed broadcast of an ethics-based Covid-19 webinar.

Consideration of Ethical Issues Related to Vaccination: Even before the coronavirus pandemic, viral outbreaks were causing some healthcare professionals, including dentists, to consider whether treatment of unvaccinated patients can ethically be refused and, if unvaccinated patients are treated, how other patients and staff who may be immunocompromised can best be protected. Although the Council has issued a statement providing guidance on the ethical issues arising from the treatment of unvaccinated patients in response to the recent outbreak of measles, because of the continuing importance of this issue, the Council has committed to developing a white paper on the topic. Work on the white paper has, however, been delayed due to the Council's focus on providing ethical guidance on the coronavirus pandemic.

Responses to House of Delegates Resolutions

The Council has no outstanding assignments from the House of Delegates and no resolutions were referred to the Council for further study and reporting back to the 2020 House of Delegates. The Council anticipates between three and five resolutions recommending amendments to either the ADA *Bylaws*, *Governance Manual* or both; those amendments will be finally discussed at the next Council meeting in July 2020.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2023.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the Council reviewed the following policy and determined that it should be maintained:

Criteria for Restructure of Trustee Districts (*Trans*.1986:498).

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

APPENDIX 1

REPORT ON GOVERNING DOCUMENT AMENDMENTS PURSUANT TO CHAPTER VIII., SECTION K.6.b.iii. OFTHE GOVERNANCE MANUAL

Amendments to Conform Governance Documents to Adopted 2019 Resolutions			
Reference Committee Designations **Ref. Comm. A: Budget, Business, Membership and Administrative Matters** **Ref. Comm. C: Dental Education, Science and Related Matters** **Ref. Comm. D: Legislative, Health, Governance and Related Matters**			
Res. No.	**Source**	**Location**	**Reference Committee**
1-2019	Bylaws Ch. V., § 110.B.a.	Page 15, lines 493-494	Ref. Comm. D
4-2019	Gov. Manual, Ch. VI., § A.	Page 16, lines 466-468	Ref. Comm. D
15-2019	Gov. Manual, Ch. I., § B.	No revisions made, as amendments take effect at the close of the 2020 House of Delegates, per Resolution 15-2019.	Ref. Comm. A
17-2019	Bylaws, Ch. IX., § 30.B.	Page 19, lines 683-696	Ref. Comm. C
18-2019	Bylaws, Ch. IX., § 30.C.	Page 19, lines 697-705	Ref. Comm. C
19-2019	Gov. Manual, Ch. IX., § A.	Pages 25-26, lines 776-835	Ref. Comm. C
20-2019	Gov. Manual, Ch. IX., § B.	Page 26, lines 836-838	Ref. Comm. C
21-2019	Gov. Manual, Ch. IX., § C.	Page 26, lines 839-850	Ref. Comm. C
22-2019	Gov. Manual, Ch. IX., § E.	Pages 26-27, lines 853-866	Ref. Comm. C
23-2019	Gov. Manual, Ch. IX., § H.	Pages 27-28, lines 898-902	Ref. Comm. C
24-2019	Gov. Manual, Ch. IX., § I.	Page 28, line 903	Ref. Comm. C
25-2019	Gov. Manual, Ch. IX., § L.	Page 28, lines 917-921	Ref. Comm. C
71-2019	Gov. Manual, Ch. V., § E.2.	Page 14, lines 439-443	Ref. Comm. D
73-2019	Bylaws, Ch. III., § 110 Bylaws, Ch. V., § 70.K. Bylaws, Ch. X.	Page 10, Lines 305-308 Page 13, Lines 439-440 Pages 20-21, Lines 719-777	Ref. Comm. D

	Gov. Manual, Ch. X.	Page 29, Lines 922-927	

Amendments to Governance Documents Made Pursuant to Ch. VIII., Section K.6.b.ii. of the Governance Manual Upon Unanimous Vote of the Council on Ethics, Bylaws and Judicial Affairs			
Source	**Location**	**Amendment** **Additions <u>underscored</u> (except headings), deletions ~~stricken~~.**	**Rationale**
Gov. Manual, Ch. I., § A.2.e.	Page 3, Lines 42-46	e. ~~Active~~ <u>Retired</u> members in good standing are eligible for election as a delegate or alternate delegate to the ADA House of Delegates and, subject to any limitation adopted by the House of Delegates in the Election Commission and Campaign Rules, are also eligible for election or appointment to any office or agency of the ADA, except as may be otherwise provided in the ADA Bylaws or this Governance Manual.	Error correction.
Gov. Manual, Ch. I., § B.1.g.	Page 6, Lines 150-154	g. <u>International Members</u>: The amount as set ~~from time to time~~ by the Board of Trustees. The Board of Trustees can, however, deviate from the established dues rate for international members in order to: i. promote international membership in the ADA in a selected jurisdiction; and ii. recognize economic circumstances in those least developed countries eligible for special fee criteria as established by the FDI World Dental Federation.	Simplification and clarity.

Gov. Manual, Ch. I., § B.3., second (unnumbered) paragraph	Page 7, Lines 194-200	3. Acceptance of Back Dues and Special Assessments. * * * For the purpose of establishing continuity of active membership in order to qualify for life membership, an active member, who had been such when entering ~~upon~~ active duty in one of the federal dental services but who, during such federal dental service, interrupted the continuity of active membership because of failure to pay dues and/or any special assessment and who, within one year after separation from such military or equivalent duty, resumed active membership, may pay back dues and any special assessment for any missing period of active membership at the rate of dues and/or any special assessment current during the missing years of membership.	Grammar and simplification.
Gov. Manual, Ch. III., § A.3.	Page 12, Lines 399-408	3. Official Call of Sessions of the House of Delegates. a. Annual Session. The ~~Executive Director~~ Secretary of the House of Delegates of the Association shall direct that an official notice of the time and place of each annual session be published in The Journal of the American Dental Association. The ~~Executive Director~~ Secretary of the House of Delegates of the Association shall also send an official notice of the time and place of	Clarity. In the activities discussed in this passage of Chapter III, the Executive Director is acting in the role of the Secretary of the House of Delegates pursuant to Chapter III, § 90.B. of the Bylaws.

		the annual session to each member of the House of Delegates at least thirty (30) days before the opening of such annual session. b. Special Session. The ~~Executive Director~~ Secretary of the House of Delegates of the Association shall send an official notice of the time and place of each special session and a statement of the business to be considered to every officially certified delegate and alternate delegate of the last House, not less than fifteen (15) days before the opening of such special session.	
Bylaws, Ch. XII., § 60.A.	Page 42, Lines 819-829	Section 60. SPECIAL ASSESSMENTS: A. LEVYING: Special assessments may be levied by the House of Delegates upon active, life and retired members of this Association as provided in these Bylaws for the purpose of funding a specific project of limited duration. Such an assessment may be levied at any annual or special session of the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting provided that the notice requirements contained in the Governance Manual have been fulfilled. Any resolution to levy a special assessment that does not meet the notice requirements set forth in the Governance Manual may be adopted by a unanimous vote of the House of Delegates,	Specific citation to the Governance Manual added for clarity.

		provided the resolution has been presented in writing at a previous meeting of the same session. Debate on a resolution to levy a special assessment shall proceed in accordance with the procedures found in the Chapter XII., Section C.2. of the *Governance Manual*. The House of Delegates may amend the main motion to levy a special assessment only if the amendment is germane and adopted by a two-thirds (2/3) affirmative vote of the delegates present and voting.	
Bylaws, Ch. III., § 50.C.	Page 9, Line 262	Section 50. DUTIES: It shall be the duty of the House of Delegates to: * * * C. Elect the members of the councils ~~and commissions~~ except as otherwise provided by these *Bylaws*.	To conform to 19H-2019.
Bylaws, Ch. V., § 80.H.	Page 14, Lines 458-459	Section 80. DUTIES: It shall be the duty of the Board of Trustees to: * * * H. Submit to the House of Delegates nominations for membership to the councils ~~and commissions~~, except as otherwise provided in these Bylaws.	To conform to 19H-2019.
Gov. Manual, Ch. IX., § G.1. and 4.	Page 27, lines 882-887 and 893-897	G. Vacancy. In the event of a vacancy in the office of a member of a commission, the following procedure shall be followed: 1. In the event the member of a commission whose office is vacant is or was a member of and was appointed or elected by this Association, the	To conform to 19H-2019.

		President of this Association shall appoint a member of this Association to fill that vacancy.* The appointed member shall possess the same qualifications as established in this *Governance Manual* for the previous member, and the appointed member shall fill the vacancy until a successor is appointed by the Board of Trustees ~~elected by the next House of Delegates of this Association~~ for the remainder of the unexpired term. * * * 4. If the term of the vacated office of a member of a commission has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed ~~or elected~~ to fill the vacancy, the successor member shall be eligible for ~~election~~ appointment to a new four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment ~~or election~~ of a successor member to fill the vacancy, the successor member shall not be eligible for another term. _____ * The reference to "or elected" shall be deleted and this footnote shall expire without further action at the adjournment *sine die* of the 2023 House of Delegates.	
Manual of the House of Delegates	Pages Table of Contents, 8, 9, 16, 42 and 44	As shown in **Appendix 2**.	

APPENDIX 2

2019 Manual of the House of Delegates and Supplemental Information

160th Annual Session San Francisco, California September 6–9, 2019

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

Table of Contents

Operation of the House of Delegates

Officers

The House of Delegates has two officers, chair and secretary. The Chair is the Speaker of the House of Delegates who is elected every three years by the House of Delegates. The Speaker may not be a member of the Board of Trustees. The Secretary of the House is the Executive Director of the Association.

The Speaker presides at all meetings and the Secretary serves as the recording officer and custodian of the records.

Duties of the Speaker of the House of Delegates

As recited in the ADA *Bylaws*, the Speaker of the House of Delegates shall (1) preside at all meetings of the House of Delegates; (2) with the assistance of the Secretary of the House of Delegates, determine the order of business for all meetings subject to the approval of the House of Delegates; (3) appoint tellers to assist in determining the result of any action taken by vote; and (4) perform such other duties as custom and parliamentary procedure require. The decision of the Speaker shall be final unless an appeal from such decision shall be made by a member of the House, in which case final decision shall be by majority vote. In addition, following adjournment of the Standing Committee on Constitution and Bylaws, the Speaker and the Chair of the Council on Ethics, Bylaws and Judicial Affairs shall be responsible for reviewing and either approving or redrafting any new resolutions or changes to resolutions that propose amendments to the *Constitution* and *Bylaws* or to the *Governance Manual*, in accordance with provisions in the Standing Committee section of the *Manual of the House of Delegates.*

Duties of House of Delegates and Board of Trustees

The House of Delegates serves as the legislative body of the Association while the Board of Trustees serves as the administrative body. The duties of both are clearly defined in the *Bylaws*.

The powers and duties of the House of Delegates, as defined in Chapter III, Sections 40 and 50, of the *Bylaws*, make it the supreme authoritative body of the Association. As such it can enact legislation; determine policies; enact, amend and repeal the *Constitution* and *Bylaws*, the *Governance Manual* and the ADA *Principles of Ethics and Code of Professional Conduct*; create special committees; approve memorials in the name of the Association; and serve as the court of appeals for decisions of the Council on Ethics, Bylaws and Judicial Affairs involving disputes arising between constituent societies or between constituent and component societies. The House of Delegates also has the duty of electing the President-elect, the Second Vice President, the Speaker of the House of Delegates, the Treasurer, and members of the councils, and ADA representatives to the commissions, except that National Commission on Recognition of Dental Specialties and Certifying Boards general dentist members are appointed by the Board of Trustees. It also approves the annual budget and serves as the final court of appeal in decisions except those decisions involving discipline of members.

The powers and duties of the Board of Trustees, as defined in Chapter V, Sections 70 and 80, of the *Bylaws*, make it the managing body of the Association with full powers to conduct all business. In general, the Board of Trustees carries out the policies of the House of Delegates and has the power to establish *ad interim* policies when the House of Delegates is not in session and when such policies are essential to the management of the Association. Such policies must be presented for review and consideration by the House of Delegates at its next session.

The Board of Trustees also provides for the purchase, sale, mortgage, maintenance and supervision of the Headquarters Office and all other property or offices owned or operated by this Association; appoints the Executive Director; prepares the annual budget; supervises financial affairs; selects the time and place of the annual session; and reviews all reports and makes recommendations on them to the House of Delegates.

At the annual session, the Board of Trustees presents reports on its activities to the House of Delegates and makes recommendations on the programs of the Association.

Recommendations to House of Delegates

Recommendations which involve Association policy come to the House of Delegates from several different sources: the President of the

Association, the Board of Trustees, the councils and commissions, the constituent and component societies, individual delegates and, occasionally, from other organizations.

The President is charged by the *Bylaws* with making an annual report to the House of Delegates. In this report the President may make recommendations dealing with the Association's programs or with problems of the dental profession.

The Board of Trustees reports annually to the House of Delegates on its activities during the past year. The number of reports presented to the House varies each year depending on the issues facing the profession. However, the Board will present at least two reports. The first will deal with Association affairs and administrative resolutions relating to such matters as nominations to councils ~~and commissions~~. The other report will address financial affairs and the recommended budget for fiscal year 2020.

The reports of the Board of Trustees will be presented at the first meeting of the House on Friday. All reports or comments on resolutions are presented on resolution worksheets.

The ten councils and four commissions are charged in the *Bylaws*, Chapter VIII, Section 30 and Chapter IX, Section 30, with making recommendations to the House on the matters under their jurisdiction.

The constituent societies frequently direct resolutions on the establishment of policy to the House of Delegates. Component societies, when seeking similar action, usually address their resolutions to the House of Delegates through their constituent societies.

Occasionally, the House of Delegates will receive a recommendation on policy from an outside organization, such as an international or specialty group in the field of dentistry or from a civic or philanthropic organization. Acceptance of such resolutions for consideration by the House of Delegates will be determined by the Speaker subject to the approval of the House.

The employed staff of the Association may also make recommendations to the House of Delegates but only through an appropriate agency such as the Board of Trustees or an individual council or commission.

In these ways, the House of Delegates receives many recommendations for consideration each year and its task is to act on them in the best way to meet the changing needs of the Association and of the profession.

In accordance with a 2012 action of the House of Delegates, reports and resolutions to be considered by the House of Delegates will be available in electronic format only (with the exception of Reference Committee Reports and Agendas). The publication *Annual Reports* contains the annual reports of all agencies and entities that are charged with this reporting obligation. Every resolution, regardless of source, appears on a resolution worksheet accompanied by the appropriate background information.

Resolution worksheets are provided to members of the House of Delegates in an electronic format only via postings on the House of Delegates community of ADA Connect. The first set of worksheets will be posted after the Board's June session, and the second set of worksheets will be posted shortly after the Board's August session. Any resolutions received after the second posting of worksheets will be posted on ADA Connect as they are processed. At the adjournment of the first meeting of the House, all members will have received (via ADA Connect) every item of business (worksheets) to be referred to a reference committee. Any business received after that meeting will be deemed New Business and posted on ADA Connect.

Every report which is not published in *Annual Reports* will be included in the publication *Supplement to Annual Reports and Resolutions*, which is compiled after the House of Delegates session and serves primarily as a resource document.

A thorough advance study of the various reports and resolutions will provide an essential background for a full understanding of activities as they occur in the House of Delegates.

Quorum

Twenty-five percent (25%) of the voting members of the House of Delegates, representing at least twenty-five percent (25%) of the constituent societies, the American Student Dental Association and the federal dental services, shall constitute a quorum for the transaction of business at any meeting.

two-thirds (2/3) affirmative vote of the delegates present and voting, providing the proposed amendments shall have been presented in writing at a previous session or a previous meeting of the same session. It should be noted the annual "session" is composed of three "meetings."

The *Constitution* may be amended by a two-thirds (2/3) affirmative vote of the delegates present and voting, provided that the proposed amendments have been presented in writing at any previous session of the House.

The *Constitution* may also be amended at any session of the House by a unanimous vote, provided the proposed amendments have been presented in writing at a previous meeting of such session.

Voting Procedures

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

Only votes cast by voting members of the House of Delegates either for or against a pending motion shall be counted. Abstentions shall only be counted in determining if a quorum is present.

Proxy voting is explicitly prohibited; 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.

If the result of a vote is uncertain or if a division is called for, the Speaker may use the electronic voting method or may call for a standing vote. If a standing vote, the count will be made by tellers appointed by the Speaker and reported to the Secretary. It is essential that voters remain standing until the Speaker has indicated that the count is completed. The same procedure is then followed for recording the negative vote.

The Committee on Credentials, Rules and Order is charged with supervising the count of votes in the House of Delegates.

Nomination Procedures

Nominations for President-elect, Second Vice President and Treasurer are made from the floor of the House of Delegates at the first meeting by a simple declaratory statement and may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

The nominations of these officers will be made at the first meeting. The details of the nomination procedure are set forth in the *Governance Manual*.

The nominations for membership to councils ~~and commissions~~ by the Board of Trustees shall also be made at the first meeting. The nomination of council ~~and commission~~ members is governed by the provisions of Chapter VIII ~~and IX, respectively,~~ of the *Governance Manual*.

No additional nominations will be accepted after the first meeting.

Election Procedures

Only properly certified delegates are permitted to participate in the elections of the House of Delegates. Contested elections are held under the supervision of the Committee on Credentials, Rules and Order. Voting for Officer Elections will take place in the House of Delegates through electronic voting on the House floor and will be taken up as one of the first items of business on Monday morning.

In the event more than two candidates are vying for an office and a run-off election is necessary, voting will open again on Monday morning at a time designated by the Speaker.

If one of such candidates receives a majority of the votes cast for the office being sought, such candidate will be elected. If none of the more than two candidates for an office receives a majority of the votes cast, in accordance with the procedures set forth in Chapter III, Section 120 of the *Bylaws* and in this *Manual*, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again, on Monday, September 9.

The officer election card should be presented at the polling location at the designated time of voting on Monday morning.

Election Protocol for a Tie Vote

In the event of a tie vote for an elected officer position, the following protocol will be followed.

A. For a two candidate contest resulting in a tie vote, the House of Delegates shall continue balloting during the second (and third) meetings of the House, until one candidate receives a majority of the votes cast.

Officers, Trustees, Council~~/ Commission~~ Members

Nominations and Elections

Election Procedures

The following are the provisions of the *Bylaws* which govern the election of the elective officers, members of the Board of Trustees and members of councils of the American Dental Association (Chapter III, Section 120):

> Elective officers and members of councils and committees shall be elected by ballot, except that when there is only one candidate such candidate may be declared elected by the Speaker of the House of Delegates. The Secretary shall provide facilities for voting.
>
> 1. When one is to be elected, and more than one has been nominated, the majority of the ballots cast shall elect. In the event no candidate receives a majority on the first ballot, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.
> 2. When more than one is to be elected, and the nominees exceed the number to be elected, the votes cast shall be non-cumulative, and the candidates receiving the greatest number of votes shall be elected.

Nomination and Election of Officers

Nominations of the elective officers will take place at the Friday, September 6 meeting of the House of Delegates. Officers to be elected are: President-elect, Second Vice President, and Speaker of the House of Delegates.

Voting for Officer Elections will take place in the House of Delegates through electronic voting on the House floor and will be taken up as one of the first items of business on Monday morning. The Committee on Credentials, Rules and Order will announce in the House of Delegates the time at which the official roll will be closed to changes in the membership of the delegations.

Pursuant to Chapter VI of the *Governance Manual*, the following govern the nomination and election of the elective officers

A. ELIGIBILITY: Only an active, life or retired member, in good standing, of this Association shall be eligible to serve as an elective officer. Trustees and elective officers may not apply for the office of Treasurer while serving in any of those offices, except that the Treasurer may apply for a second term as set forth elsewhere in this Chapter of the *Governance Manual*.

B. NOMINATIONS:

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

2. Treasurer. Nominations for the office of Treasurer shall be made in accordance with the order of business. As provided in the *Governance Manual,* the search for Treasurer shall be announced in an official publication of the Association in November of the final year of the incumbent Treasurer's term, together with the Board of Trustees' recommended qualifications for that position. Candidates for the office of Treasurer shall apply by submitting a standardized Treasurer Curriculum Vitae form to the Executive Director at least one hundred twenty (120) days prior to the convening of the House of Delegates. Each candidate's application shall be reviewed by the Board of Trustees. At least sixty (60) days prior to the convening of the House of Delegates the Executive Director shall provide all members of the House of Delegates with each candidate's standardized Treasurer Curriculum Vitae and the

District 14. Daniel J. Klemmedson
This district is composed of the constituent societies of Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah and Wyoming.

District 15. Richard C. Black
This district is composed of the constituent society of Texas.

The following are the provisions of the *Bylaws* and *Governance Manual* which govern the nomination and election of members of the Board of Trustees (*Bylaws*, Chapter V, Sections 20-40; *Governance Manual*, Chapter V, Sections A. and B.):

Bylaws:
Section 20. TERM OF OFFICE: The term of office of a trustee shall be four (4) years.* Except as otherwise provided in these *Bylaws*, the tenure of a trustee shall be limited to one (1) term.

* The term "year" in the context of holding an office or position means the period of time commencing with the adjournment *sine die* of an annual meeting of the House of Delegates and ending with the adjournment *sine die* of the next successive annual meeting of the House of Delegates.

Section 30. ELECTION: Trustee nominations shall be by an elective process, the rules of which shall be determined by each trustee district. Each trustee district's election process shall result in a single nominee for trustee by each trustee district.

Section 40. INSTALLATION: The installation of trustee nominees shall be as provided in the *Governance Manual*.

Governance Manual:
A. Eligibility. A trustee must be an active, life or retired member, in good standing, of this Association and an active, life or retired member of one of the constituents of the trustee district which the trustee is elected or appointed to represent.

B. Nomination, Declaration of Election and Installation Procedure. The name of each nominee for the office of trustee brought forward by the nominee's trustee district shall be read to the House of Delegates by the Speaker of the House of Delegates. Because there is only a single nominee provided by each trustee district, following the reading of names, the Speaker of the House of Delegates shall declare the nominees elected. The newly elected trustees shall be installed by the President or the President's designee.

Nomination and Election of Members of Councils ~~and Commissions~~

The nomination of members of councils ~~and commissions~~ of the Association will be presented to the House of Delegates on Friday, September 6. ~~Additional nominations to the Joint Commission on National Dental Examinations may be made from the floor of the House of Delegates.~~ Election of council ~~and commission~~ members will be held at the Friday, September 6 meeting.

Conflict of Interest

It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

a. Placing themselves in a position where personal or professional interests may conflict with their duty to this Association.
b. Using information learned through such office or position for personal gain or advantage.
c. Obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, Second Vice President, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils ~~and commissions~~ shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the executive director of this Association.

Council on Government Affairs

Fijal, Phillip J., 2020, Illinois, chair
White, David M., 2021, Nevada, vice chair
Bishop, Deborah S., 2020, Alabama
Blake, John L., 2023, California
Clemens, David L., 2020, Wisconsin, *ad interim****
Cohlmia, Matthew E., 2022, Oklahoma
Crabtree, Mark A., 2023, Virginia
Desrosiers, Mark B., 2020, Connecticut
Hisel, John E., Jr., 2022, Idaho
Kalarickal, Zacharias J., 2020, Florida
Messina, Matthew J., 2021, Ohio
Miller, Raymond G., 2023, New York
Reitz, John V., 2021, Pennsylvania
Roberts, Matthew B., 2023, Texas
Shisler, Adam C., 2020, Texas**
Stanislav, Leon E., 2022, Tennessee
Vitale, Mark A., 2022, New Jersey
Watson, David, 2020, South Carolina**
Willett, Emily S., 2021, Nebraska

Yaghoubi, Roxanne, director
Burns, Robert J., manager
Linn, David N., manager
Mitton, Robert H., manager

The Council's 2019–20 liaisons include: Dr. George Shepley (Board of Trustees, Fourth District), Dr. Richard Stevenson (Council on Advocacy for Access and Prevention), Ms. Janette Sonnenberg (Alliance of the American Dental Association), and Dr. Kate McPherson (American Student Dental Association).

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

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

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

** New Dentist member*
*** ADPAC chair without the power to vote*
**** Replaced Knowles, Lisa L., 2020, Michigan*

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

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

Initiative/Program: The ADA's federal legislative agenda on COVID-19.

Success Measure: Successfully achieve 25% of the ADA's federal legislative agenda relating to COVID-19.

Target: 25% of the ADA's federal legislative agenda on COVID-19.

Range: 20–25% of the ADA's federal legislative agenda on COVID-19.

Outcome: The ADA has been actively lobbying Congress regarding COVID-19, and has exceeded the 25% success measure. H.R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, became law (see *ADA News* article) and included the following provisions lobbied for by the ADA, which is 50% of what was requested:

- The easing and expediting of the process for small businesses to apply for Economic Injury Disaster Loans (EIDL) through the Small Business Administration (SBA).
- The suspension of federal student loan payments—including principal, interest, and accumulation of interest—for six months.
- The deferral of payment of the employer share of the Social Security tax until December 31, 2020.
- The withdrawal of money from retirement funds of up to $100,000 in 2020 without paying a tax penalty if the dentist, their spouse, or dependent are diagnosed with COVID-19, or experience adverse financial consequences as a result of being quarantined, furloughed, laid off, or having work hours reduced due to the virus.

Additionally, Congress passed, and the President signed into law, the Paycheck Protection Program and Health Care Enhancement Act which infused $370 billion into the EIDL and Paycheck Protection Program (PPP) loans (see *ADA News* article).

As Congress considers the next COVID-related legislative package, the ADA will continue to fight for dentists (see *ADA News* article), including asking Congress to allow for PPP loan flexibility, ensure oversight of the PPP loans, intensify the production and distribution of Personal Protective Equipment (PPE), provide tax credits for the purchase of PPE and for safety improvements to dental offices, and permit 501(c)(6) associations to receive PPP loans.

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

Initiative/Program: The ADA's federal regulatory agenda on COVID-19.

Success Measure: Successfully achieve 25% of the ADA's regulatory agenda on COVID-19.

Target: 25% of the ADA's federal regulatory agenda on COVID-19.

Range: 20–25% of the ADA's regulatory agenda on COVID-19.

Outcome: The ADA has been very actively lobbying federal regulatory agencies on the ADA's goals relating to COVID-19, and as of the writing of this report (June 30) has exceeded the 25% success measure by meeting 50% of the goals.

The ADA successfully received:

- Clarification from the SBA allowing dentists to apply for both EIDL and PPP loans (see *ADA News* article).
- Exemptions from the Department of Labor (DOL) for dental practices with less than 50 employees from the paid sick leave and Family and Medical Leave Act (FMLA) requirements (see *ADA News* article).
- Guidance from the Centers for Disease Control and Prevention (CDC) for infection prevention and control for dental settings during a phased reopening that was very similar to the guidance the ADA had released earlier (see *ADA News* article).
- Funds from the CARES Act Provider Relief Fund for dentists that are Medicaid and Children's Health Insurance Program (CHIP) providers (see *ADA News* article).

The ADA continues to work on its other regulatory goals for COVID-19 and expects its success measure will go up. Those goals that are still in progress include:

- Expanding COVID-19 point-of-care testing across the country.
- Advocating for funding for the National Institute of Dental and Craniofacial's (NIDCR) research agenda on COVID-19.
- Asking the Federal Communications Commission (FCC) to allow dentists to apply for Telehealth Program funds to help them acquire the equipment necessary to screen patients for dental emergencies during the pandemic (see *ADA News* article).
- Requesting funds from the provider relief fund for all dentists.

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

Initiative/Program: The ADA's legislative agenda.

Success Measure: Successfully achieve 25% of the ADA's overall legislative agenda.

Target: 25% of the ADA's overall legislative agenda.

Range: 20–25% of the ADA's overall legislative agenda.

Outcome: The ADA has continued to advocate for its long-term legislative goals and has met 40% of these goals. Although passed as part of the COVID-related packages, they are long-term goals of the ADA and are not limited to COVID relief. For example, the CARES Act included provisions that:

- Allowed for the purchase of over-the-counter (OTC) drugs with Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs). Patients can now use their FSAs and HSAs to pay for non-opioid pain relievers.
- Reformed the OTC monograph process to allow the Food and Drug Administration (FDA) to approve changes to OTC drugs administratively, rather than going through a full notice and comment rulemaking. This will establish a pathway for a single strength-controlled acetaminophen-ibuprofen combination drug to be developed and made available over-the-counter, which dental patients could be advised to take to treat post-operative pain.
- Established a United States Public Health Service (USPHS) Ready Reserve Corps that will be able to fill in for active duty USPHS officers who respond to public health emergencies.
- Reauthorized the Title VII health professions training programs, including the oral health programs, through 2025.

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

Initiative/Program: The ADA's regulatory agenda.

Success Measure: Successfully achieve 25% of the ADA's overall regulatory agenda.

Target: 25% of the ADA's overall regulatory agenda.

Range: 20–25% of the ADA's overall regulatory agenda.

Outcome: The federal government agencies are currently focused on responding to COVID-19, and as a result, many of the ADA's regulatory goals are still in process. However, the ADA did succeed on one of its major regulatory goals, and so met the 25% success measure:

- The Department of Health and Human Services (HHS) amended the regulations on Section 1557 of the Affordable Care Act to no longer require health care providers to include taglines in 15 different languages (see *ADA News* article).

Additionally, there was some good progress made on two of the ADA's other regulatory goals before the pandemic hit:

- The ADA has been advocating since 2017 for the Centers for Medicare and Medicaid Services (CMS) to fill the position of Chief Dental Officer (CDO). During a February Senate hearing, HHS Secretary Alex Azar told Senator Ben Cardin (D-MD) that he was "very pleased to announce that CMS is working through an interagency agreement with the Health Resources and Services Administration (HRSA) to bring onboard a Chief Dental Officer." The ADA, along with the Organized Dentistry Coalition (ODC), wrote to Secretary Azar to thank him and to ask him for more clarification on who would be appointed to the position and the timeline for the appointment (see *ADA News* article).
- The ADA invited representatives from HRSA and the CDC to speak at the state lobbyist conference about opportunities for state and local dental societies under the Action for Dental Health (ADH) law. Additionally, the ADA is advocating for increased appropriations for CDC's Division of Oral Health and HRSA to ensure ADH remains a funding priority.

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

Initiative/Program: The ADA's collaboration with external stakeholders.

Success Measure: The ADA will increase the percentage of collaborative activities with external stakeholders by 25%.

Target: Increase collaborative activities with external stakeholders by 25%.

Range: 20–25% increase in collaborations with external stakeholders.

Outcome: The ADA has exceeded the 25% goal by increasing collaborations with external stakeholders by about 60%.

On COVID-19, the ADA joined eight coalition letters to Congress and the federal agencies. These include:

- A coalition letter to Congress regarding the need for PPP expenses to be tax deductible (see *ADA News* article).
- A coalition letter to Congress urging them to take measures to increase health care coverage for employees.
- Two coalition letters urging Congress to provide relief to 501(c)(6) non-profits in future COVID-19 packages (see *ADA News* article).

- Two coalition letters urging congressional leaders and the president to consider several proposals in the third COVID-related legislative package.
- A coalition statement on the shortages of PPE (see *ADA News* article).
- A coalition letter to Congress supporting legislation to expand and enhance the Employee Retention Tax Credit (see *ADA News* article).

The ADA also joined coalition letters on non-COVID related issues such as the Ensuring Lasting Smiles Act, the Reversing the Youth Tobacco Epidemic Act, and the 12 month embargo on open access to federally funded research.

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

Success Measure: Growth in American Dental Political Action Committee (ADPAC) membership over the same period in 2019.

Outcome: Objective not met. ADPAC membership has not grown but is holding steady. ADPAC will engage in an education campaign, lapsed donor campaign, and solicitation campaign throughout the year. There are currently five incumbent dentist Members of Congress. ADPAC expects the 2020 Election cycle to be contentious and expensive; ADPAC will engage in at least 300 federal races as well as a campaign to get dentists to vote in primary and general elections.

ADPAC, with the Council, the American Student Dental Association, and Club 137, hosted a successful 2019 Lobby Day with 1,100 dentists and students in attendance. Issues lobbied included McCarran-Ferguson repeal, student debt issues, and the Ensuring Lasting Smiles Act. Several co-sponsorships were gained from dentists and students lobbying these issues. The 2020 ADA Dentist and Student Lobby Day was scheduled for April 26-28 and was canceled due to COVID-19. The Lobby Day Work Group is considering the possibility of doing a virtual Lobby Day in August 2020,

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

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

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

Target: 30% of activity relating to third-party payer issues in SPA states.

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

Outcome: Nineteen state associations received FIIST SPA funding. In 11 of those 19 states, the associations were successful in getting legislation introduced, a 58% increase in activity among FIIST SPA states. Due to COVID-19, many of the state legislatures adjourned early and only a few are returning for short sessions, so it is difficult to predict how many of the introduced bills will pass into law (possibly three to four).

Emerging Issues and Trends

As COVID-19 becomes less of a crisis, Congress and the administration will focus on other things again. The ADA will then be able to meet more of its goals on other issues, including, but not limited to:

- The Competitive Health Insurance Reform Act, which would reform the McCarran-Ferguson Act and allow the Department of Justice and Federal Trade Commission (FTC) and the Department of Justice (DOJ) to enforce the full range of federal antitrust activities against health insurance companies.

- The Fiscal Year 2021 appropriations for oral health programs.
- The surprise billing proposals being considered in Congress. The ADA will work to make sure that these proposals do not infringe upon the current billing practices of dental offices.
- The Dental and Optometric Care (DOC) Access Act, which amends the Public Health Service Act to prohibit group health plans and individual health insurance coverage from setting rates for items and services provided by a doctor of dental surgery, of dental medicine, or of optometry for which the plan or insurer does not pay a substantial amount.
- The Indian Health Service Health Professions Tax Fairness Act, which would eliminate the tax on awards under the Indian Health Professions Scholarships Program and payments made under the Indian Health Service Loan Repayment Program.
- The Ensuring Lasting Smiles Act, which would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect.
- The regulations on the robocall exemption that allows calls to be made to individuals who have a relationship with the caller, including a dentist to his or her patient.
- The 2020 Dietary Guidelines for Americans.

Responses to House of Delegates Resolutions

Resolution: 81H-2019—Study Innovations for Alternate Student Loan Repayment Strategies

> **81H-2019. Resolved,** that the Board form a task force and appoint stakeholders to examine, identify, and creatively address solutions to the student debt crisis, and be it further
>
> **Resolved,** that the task force will report back on its progress to the 2020 House of Delegates on its recommended initiatives.

Resolution 81H-2019 called for the Board of Trustees to form a task force to find creative solutions to the student debt crisis, and submit a progress report on its recommended initiatives to the 2020 House of Delegates. ADA President Dr. Chad Gehani appointed Dr. Deborah Bishop (District 5), chair; Dr. Emily Mattingly (New Dentist Committee representative); Dr. Nader Nadershahi (District 13); and Dr. Lindsey Robinson (District 13) to the task force. The task force is exploring a number of ideas that have been gathered (or are being gathered) from internal and external stakeholders (e.g., the New Dentist Committee, ADA Business Enterprises, Inc., American Student Dental Association, American Dental Education Association, financial institutions, community health centers, etc.). The task force has also established preliminary criteria for ranking the ideas based on likely debt impact, member value, alignment with the ADA Strategic Plan, cost, and attainability in the next five years. Additional information will be provided in a separate Council's Report to the House of Delegates.

Self-Assessment

The Council conducted its self-assessment via an online survey. Current members of the Council, as well as ADA members who rotated off the Council in 2019, were invited to participate. In total, 18 people took the survey.

There was 100% agreement that the Council's work aligns with the ADA's strategic plan and that the Council should continue to exist. No one thought that some Council responsibilities should be placed elsewhere or discontinued.

Most saw advocacy as the primary value of the Council to an ADA member, and defined success for the Council as wins on legislative and regulatory issues. Additionally, everyone agreed that the Council is provided with sufficient information to address those issues. However, some members thought that the Council's discussions and decision making process could be more efficient. No one thought that there was work done by volunteers that could be better done by staff.

Areas for improvement identified by the survey respondents include the Council orientation process, the Council workgroups, the Council's work with other Councils, and reports presented to the Council at its in-person meetings.

Policy Review

In accordance with Resolution 170H-2012 (Trans.2010:603; 2012:370), Regular Comprehensive Policy Review, the Council reviewed 54 Association policies related to antitrust reform, the federal dental services, group health plans, Medicaid and CHIP, prevention, state issues, tort reform, and other topics. The Council is awaiting input from several secondary councils before submitting official recommendations to retain, rescind, or amend those policies. The Council's formal recommendations will be presented on resolution worksheets to the House of Delegates.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Members Insurance and Retirement Programs

Johnston, Jon J., 2020, Pennsylvania, chair
Ahern, John P., 2021, New Hampshire, vice chair
Grossman, Richard A., 2022, Pennsylvania
Huot, Richard A., 2022, Florida
Jacob, Bert J., 2021, Ohio
Kido, Scott H., 2020, Idaho
Luquis-Aponte, Wilma, 2021, Texas
Matin, Britany F., 2020, Alabama*
Olenyn, Paul T., 2021, Virginia
Sokolowski, Joseph E., 2021, Missouri
Sterritt, Frederic C., 2020, New Jersey
Thompson, Michael R., 2021, Arizona
Tota, Christopher M., 2020, New York
White, Cecil, Jr., 2020, Florida
Williams, David S., 2022, Delaware
Wood, C. Rieger, III, 2021, Oklahoma

Tiernan, Rita, senior manager

The Council's 2019–20 liaisons include: Dr. Kenneth McDougall (Board of Trustees, Tenth District) and Dr. Grace Eichler (American Student Dental Association).

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

As listed in Chapter VIII, Section K.8. of the ADA *Governance and Organizational Manual*, the areas of subject matter responsibility of the Council shall be:

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

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

Objective: The ADA member's insurance and retirement plans are uniquely designed to enhance the value of ADA membership across all segments in support of member recruitment and retention and non-dues revenue goals. Through its oversight of the ADA plans, the Council aligns with and contributes to the advancement of the ADA Common Ground 2025 goals of fiscal responsibility and the safeguarding of membership assets.

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

Success Measure: Increase member engagement and utilization of the ADA member's insurance and retirement programs and risk management resources as defined by growth in plan participation, total

* *New Dentist member*

assets under management, non-dues revenue and ADA plan royalties. In addition, benchmarking studies help validate the competitive cost value and financial stability of the plans in the interests of the membership.

Target: 2020 revenue forecast is estimated to generate $7.7 million in total royalties, service income and other non-dues revenue in support of the ADA financial goals.

Range: $6 to 8 million in total non-dues revenue, service income and royalties from the ADA Members Insurance Plans (Great-West Life), ADA Members Retirement Programs (AXA Equitable) and JLBG Health, Inc. endorsed ADAHealthExchange.com web portal.

Outcome: On track to meet target goals with $6.8 million total paid to ADA in royalties and service income as of second quarter 2020.

ADA Members Group Insurance Plans: The ADA Members Group Insurance Plans ("ADA Plans") products portfolio consists of seven group plans underwritten by Great-West Financial including the 1) Annually Renewable Term Life, 2) Level Term Life, 3) Universal Life, 4) Disability Income Protection, 5) Office Overhead Expense, 6) Hospital Indemnity with an optional Extended Care Rider and 7) Critical Illness Insurance Plans. The two supplemental medical plans replaced the former MedCASH Plan which remains in effect but only for existing certificate holders. In addition, the ADA Student Life and Disability Insurance Plans provide protection on a guaranteed issue basis at no-cost to ADA student members while completing their dental school education (D1-D4), including any residency or post-doctoral program following graduation.

Table 1 reflects participation in each of the ADA Plans at year-end December 31, 2019, defined as the number of certificates of insurance in force with Great-West Life insuring a dentist or dental student member, spouse and/or dependent children.

Table 1. ADA Members Group Insurance Plans Participation as of December 31, 2019

ADA MEMBERS GROUP INSURANCE PLANS	EOY 2017	EOY 2018	EOY 2019
Term Life (Members)	45,457	43,880	42,410
Spouses	16,040	15,115	14,112
Dependent Children[1]	6,248	5,879	5,467
Student Members *No-Cost* Term Life	15,460	14,513	14,810
Universal Life	1,209	1,168	1,114
Level Term Life (Members)	978	1,100	1,241
Spouses	209	244	271
Dependent Children[1]	104	109	117
Disability Income Protection	15,032	14,215	14,070
Student Members *No-Cost* Disability	13,229	13,380	13,180
Office Overhead Expense Disability	7,624	7,124	6,904
MedCASH[2] (Members & Dependents)	5,388	4,908	4,478
Hospital Indemnity (Members & Dependents)	244	301	440
Critical Illness (Members & Dependents)	219	318	469
Total Aggregate Participation in All Plans	**127,441**	**122,254**	**119,083**

[1] Number of members insuring dependent children.
[2] MedCASH plan closed to new applicants.

After nearly eight decades, ADA remains strongly committed to its members' group insurance plan offerings which rank among the highest valued and cost competitive benefits of ADA membership addressing the needs of approximately 85,000 member dentists, dental students and their families.

As shown in Table 1, aggregate participation across all of the ADA Plans dropped modestly by 2.6% for year-ending December 31, 2019 which is largely attributable to the broader membership trends and lack of sustained growth, particularly in the new dentist and early to mid-career market segments, to offset the increasing number of insured dentists at or approaching retirement and aging out of the Plans. More specifically, Great-West Life reported only marginal new member growth of which 448 is primarily contingent on the success of ADA recruitment efforts, including a six month no-cost term life insurance incentive, and 1,022 organic sales to first-time buyers of one or more of the ADA Plans.

Additionally, participation is directly impacted by membership nonrenewal rates which trigger corresponding voluntary lapses and coverage terminations. To help address this, Great-West Life expanded its conservation efforts in 2019–20 to include a dedicated outreach specialist responsible for member engagement through personalized email and phone communications with members at risk of lapsing during a plan's billing cycle. Adding this resource has enhanced the virtual member experience and has improved retention by as much as 23–30% in some plans.

The 2019 year-end participation figures also reflect the loss of approximately 1,400 spouses and dependent children who were covered by members in one or more of the Plans. In an effort to broaden the marketability of dependent coverage and promote the affordability of insuring a spouse and/or dependent children under the ADA life and supplemental medical plans, Great-West Life developed family themed marketing material and advertisements. More specifically, this includes promotion of the new neonatal (from birth) mortality life benefits and enhanced dependent child coverage to the attained age of 27 (full-time students) which were introduced in 2019 under the Term Life and Level Term Life Plans. These benefit options are very competitively priced at only $30 per year, per family to include all eligible children.

Overall participation in the ADA no-cost Student Life and Disability Plans remained relatively steady with a reported growth of 650 new students over the prior year. The Student Plans are largely supported by approximately twenty dental schools which participate in the Dental School Insurance Auto-Enrollment Program to automatically enroll all registered student members (D1-D4 and residents) in the ADA no-cost life and disability insurance plans. Efforts continue in 2020 to attract additional dental schools to take advantage of insurance auto-enrollment for pre-and post-doctoral students. These ADA benefits of membership help protect students while completing their dental education, at no cost to students or the dental school, and provide the foundation for post-graduate conversions to active membership and new dentist participation in the ADA Plans. Despite significant marketing efforts and heightened communications to increase post-graduate conversions, it remains one of the biggest challenges following years of no-cost insurance benefits and membership dues discounts.

This year in response to the pandemic, Great-West Life shifted its marketing efforts from dental school activities on campus to increase online engagement with students by hosting lunch and learn webinars promoting ADA brand awareness and the value of the no-cost student life and disability benefits as effective ways to manage potential exposure to risk and protect their financial investment in a dental career. These online programs were successful in attracting an additional 250 student activations of coverage and will continue to expand as part of broader digital marketing and communications plans for 2020–21. Additionally, Great-West Life's marketing to student members includes ongoing collaboration with the American Student Dental Association through sponsorship of its annual Wellness Programs and various student events, as well as promotional print and web marketing and advertising.

In December 2019, Great-West Life contracted with a new marketing agency to leverage creative expertise and strategic thinking as the ADA Plans transition from the traditional direct mail marketing to an integrated multi-channel strategy and utilization of broader digital platforms to reach our member audience and increase sales engagement. The agency will prioritize establishing a new brand voice to elevate the creative marketing and messaging for the ADA Plans and strategically optimize product campaigns based on data driven insights and industry best practices. Notwithstanding the challenges

of membership recruitment and retention trends and an increasingly competitive insurance marketplace, we are confident in the capabilities of this new agency to expand and enhance the ADA Plans marketing opportunities to grow plan participation in 2021.

The ADA Plans continue to provide a best-in-class quality product and cost value proposition for ADA members who choose to participate. More specifically, Great-West Life actuaries report through its benchmarking analysis that the ADA group plans continue to offer a competitive price advantage over individual policies sold by some competing carriers in the broader retail market. The inherent cost savings in the ADA experience-rated group plan models reflect lower expense ratios and no agent or broker commissions. Price illustrative marketing by Great-West Life to promote the competitive group cost savings helps heighten awareness of these benefits of membership and offers a compelling reason to consider newly joining or renewal which supports the ADA Common Ground 2025 goals.

2019 Acquisition: The most significant announcement of 2019 was the June 1 acquisition by Protective Life Insurance Company of the Great-West Life & Annuity Insurance Company's ("Great-West Life") individual life insurance and annuity business, including the ADA Members Insurance Plans. Great-West Life and Protective expressed an unwavering commitment to honor all existing financial and service obligations to the ADA and certificate holders and protect the integrity of the ADA Plans during the transition estimated to take 18–24 months. Most importantly, Great-West Life and Protective affirmed that the sale would not result in any changes to the ADA Plans products or rates, nor would it result in any adverse impact to member participants with plan administration continuing uninterrupted from the Denver service center.

As one of the largest life insurers in the United States, Protective pledged its expertise, organizational capacity, administration and technology resources, customer-driven philosophy and core values to further elevate the tremendous value of the ADA group plans portfolio and in time, offer additional opportunities to broaden the products and service platform to meet the diverse and expanding needs of the membership. Protective is confident the ADA Plans are well positioned financially and align with the Company's long-term goals for business growth which firmly supports the ADA Common Ground 2025 strategic priorities. The seamless transition of plan operations to Protective Life continues in 2020 and is expected to be completed sometime next year.

ADA-endorsed Members Retirement Program: The ADA-endorsed Members Retirement Program ("ADA Program"), administered by AXA Equitable Insurance Company ("AXA"), offers competitive retirement plan design options for dentist practice owners including four types of 401(k) plans (i.e., Safe Harbor, Traditional, Simple and Owners only), New Comparability Plans, defined contribution pension and profit-sharing plans. Safe Harbor is the most commonly requested plan design.

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

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

With the evolution of time, the Program's aging trends have negatively contributed to a steady decline in the number of active retirement plans and participants. Table 2 shows a net gain in assets under management resulting from ongoing contributions and market performance.

Table 2. ADA Members Retirement Program Participation

	EOY 2018	EOY 2019
Number of Sponsored Plans	2,607	2,497
Number of Dentist Members and Employee Participants	11,838	10,737
Assets under management	$1.512B	$1,686B

To address the needs of members and employees who are at or approaching retirement and have maximized their contributions, preserve existing accounts and grow new business takeovers, the AXA portfolio also includes a comprehensive suite of fixed indexed and customizable variable annuities. These AXA product options for dentist members marketed under ADA's endorsement include the 1) Structured Capital Strategies, 2) Retirement Cornerstone, 3) Investment Edge and 4) Retirement Gateway Association ("RGA") designed to attract large plans with assets over $500,000.

Targeted marketing efforts to increase brand awareness and promote the competitive pricing and customizable features of the RGA has helped boost sales. As of year-end 2019, the product continues to build value in the overall portfolio by attracting new participants and helping to conserve existing accounts. Total participants as of December 31, 2019 increased to 163 with $35.07 million in assets under management.

The Structured Capital Strategies, Retirement Cornerstone and Investment Edge individual annuity products are more difficult to sell through direct mail marketing but have helped increase assets under management by nearly $500,000. These investment options are important to the overall sales strategy for future growth and diversification of the ADA-endorsed AXA brand products portfolio.

Individual Retirement Accounts: ADA also endorses the AXA 300+ Series Individual Retirement Account ("300+ Series IRA) Assets under management at year-end 2019 were $93.86 million. The 300+ Series IRA is no longer available to new accounts. In 2019–20, AXA offered the Equivest Individual Retirement Account products, including SEP (Simplified Employee Pension) and SIMPLE (Savings Incentive Match Plan for Employees) IRA plan types.

New Product Development & Marketing Initiatives: In 2019, AXA focused its marketing efforts on continuing to address opportunities as defined in the strategic plan for growth developed in consultation with the council and subcommittee on product development. The first phase included the launch of a test marketing approach using local AXA licensed advisors in New Jersey to increase brand awareness through in-person consultative sales and grow retirement plan assets under management. The test pilot has proven successful and AXA proposes to expand it on a national scale in the coming year.

Corporate Brand Change: In 2019 Equitable became an independent publicly traded US company and formally separated from AXA global. This change will allow Equitable to expand its core business goal of providing member clients with secure retirement solutions and expanded services. This goal also aligns well with the strategic growth goals for the ADA Members Retirement Program.

As of year-end 2019, the Program had over $1.8 billion in total assets under management and generated approximately $600,000 in service income in support of the ADA Strategic Plan goals.

The impact of the COVID 19 pandemic has created many challenges in 2020. Equitable has provided focus outreach to all ADA clients in order to provide assistance and information about their options under the various retirement plan rule changes intended to help investors during the crisis.

The stock market conditions have negatively affected the programs assets but Equitable hopes that these effects will be offset by a market recovery once the pandemic crisis has passed.

ADAHealthExchange.com Web Resource: The ADA-endorsed JLBG Health, Inc. web portal (ADAHealthExchange.com) continues to offer member value as a national resource for members and their employees to navigate the health insurance exchange marketplace and plan options in each state, including programs endorsed by the local and state dental societies. ADA royalty revenue for its endorsement of the web portal is minimal totaling approximately $12,500 from the 2019–20 open enrollment.

Emerging Issues and Trends

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

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the Council in 2019.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2021.

Policy Review

The Council did not have any policies to review in accord with Resolution 170H-2012, Regular Comprehensive Policy Review.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Council on Membership

Freedman, I. Jay, 2020, Pennsylvania, chair
Kahl, Jeffrey A., 2021, Colorado, vice chair
Bellamy, Wallace J., 2023, California
Berg, Tamara S., 2022, Oklahoma
Blew, Bryan C., 2021, Illinois
Bogan, Kyle D., 2022, Ohio
Chatterjee Kirk, Pia, 2020, Mississippi
Eggnatz, Michael D., 2022, Florida
Hanlon, Mary Jane, 2020, Maine
Kampfe, Mark I., 2020, South Dakota
Mutschler, Mark D., 2022, Oregon
Nelson, Cate E., 2023, Michigan, *ad interim***
Patel, Meenal H., 2023, North Carolina
Riordan, Danielle, M., 2020, Missouri
Roark, Summer Ketron, 2021, Texas
Skolnick, Jay, 2021, New York
Sniscak, Thomas J., 2023, New Jersey
Youel, Benjamin C., 2020, Illinois*

Bronson, Elizabeth M., senior manager
McManigle, Melissa, manager

The Council's 2019–20 liaisons include: Dr. Linda Edgar (Board of Trustees, Eleventh District) and Dr. Stephanie Sforza (American Student Dental Association).

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

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

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

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

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

Objective 1: Increase membership market share of lagging demographics by 2% per year.
Objective 2: Maintain a net-positive gain in membership recruitment of all dentists within 70% or more of constituents.
Objective 3: Maintain an overall retention rate of 94%.
Objective 4: Increase overall average rates of conversion across membership categories by 1% per year.

** New Dentist member*
*** Replaced Danzler, Traci J., 2023, Michigan*

All Initiative Program Final Results are to be determined.

Initiative/Program: Digital Transformation
The digital transformation project impacts efforts across recruitment and retention and aims to make it easier for nonmembers and members to join, engage, purchase, access information, network and get involved with the ADA.

Success Measures

- 2020 deliverables include, advancement of data governance and alignment work to improve data quality, pilot partnerships with state and locals and a digital version of the ADA member directory.

Initiative/Program: Dental Service Organization (DSO) Engagement Strategy
As a result of the changing marketplace of dentistry and to increase the number of members in this space, the Council on Membership, in consultation with the New Dentist Committee and other appropriate ADA agencies is developing an overarching strategy to increase engagement for dentists practicing in a DSO setting.

Success Measure

- Delivery of a DSO Engagement Plan or status of a DSO Engagement Plan to the ADA Board of Trustees during its August Board Meeting.

Initiative/Program: Life Member Sustainability Plan
As a result of dues streamlining changes that eliminated the 25% discount of active life members, the Council is exploring ways to enhance value and recognition for Life Members to sustain their membership participation through their transition to retired life membership.

Success Measures

- Strategies to mitigate potential negative retention impacts on active life membership, from related dues streamlining changes, with strategies visible to state and locals by the end of third quarter 2020.

Initiative/Program: Dues Streamlining
As a Dues Streamlining Phase II initiative the Council determined it would continue to evaluate opportunities to enhance the member experience and simplify processes across all levels of the ADA.

Success Measures

- 2020 targets include reducing the number of membership dues rates, assisting with simplifying membership processing and helping members reach life status sooner with recommendations from the Council to the Board and the 2020 House of Delegates.

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

- Objective 7: Improve overall organizational effectiveness at the national and state levels.75% of constituents perform at least adequately (3 out of a scale of 5) in each capacity area.
- 75% of constituents have an average performance of more than adequate (4 out of a scale of 5) across all capacity areas.

Initiative/Program: Member Engagement Program
To increase state and local dental society's capacity and likelihood to retain members (under the member focus, marketing and communications capacity area), the Council sponsors the member engagement program to help amplify member engagement with key segments, students and new dentists, across the tripartite.

Success Measures

- The 2020 program was launched in November 2019 with a target of at least 3,000 dentist touch points across the tripartite. 2019 metrics included 3,000 touch points through 79 funded state and local dental society programs. 2020 outcomes have been impacted by the COVID-19 pandemic as some programs have been cancelled. The Council is working on ways to utilize the unused money to minimize the membership impact from the pandemic.

Initiative/Program: Best Practices for State and Local Collaboration
To increase state and local dental society capacity and likelihood for state and local societies to collaborate effectively (under the Power of Three alignment and collaboration capacity area), the Council is leveraging its influence to strategically supporting state dental society utilization of the Collaborative Partnerships Toolkit.

Success Measures

- 2020 deliverables are to be determined and have been impacted by the COVID-19 pandemic as some of the 2020 promotional efforts have been delayed. The target is 50%, (26) of states engage with the Toolkit.

Initiative Program: Peer to Peer (P2P) Outreach Initiative
To increase state and local dental society capacity and likelihood to recruit and retain members (under the member focus, marketing & communications capacity area), the Council, in collaboration with the New Dentist Committee, sponsored the P2P program to mobilize volunteers across the tripartite to participate in recruitment and retention outreach efforts.

Success Measures

- The program was launched in May 2020 with a target of engagement by 50%, (26) of state societies by the end of 2020.

Emerging Issues and Trends

The exact demographics where ADA market share tends to lag are those that are expected to grow. The market will see more women, ethnically diverse and group practice dentists, and less older white male, solo and small practice dentists. In addition, the ADA is faced with the same question that is being experienced by every professional association in the country—how do both experienced and younger professionals want to interact with the organization that supports their profession? Given the large number of changes in recent years, including demographics of dentists, the rise of alternative business models and group practice, a changing regulatory environment, and generational changes in whether or not one joins an organization, the Council continues to monitor trends and formulate strategies to ensure that the ADA remains relevant to the profession especially in the wake of the pandemic.

The Council will continue to engage in intentional exercises that help align market place realities and decision making to ensure ongoing proactive stances to market place changes. Currently, the Council is taking proactive measures to study the point at which a member decides to join or drop out of membership; how the changes in membership requirements for certain membership categories and waivers may affect the membership of the ADA; how to identify and engage residents/graduate students; dentists practicing in DSOs and Large Group Practices; and specialty organizations. The Council is also researching other ways to streamline the membership categories and waiver restrictions in order to reduce barriers and create a better membership joining experience across the tripartite.

Responses to House of Delegates Resolutions

Resolution Objective: 92H-2009. Impact on Dues Revenues

> **92H-2009. Resolved,** that the appropriate ADA agency report yearly to the House of Delegates the five-year anticipated (projected) dues revenues impact from members transition to life membership.

Response to Resolution 92H-2009: These projections of the dues revenue impact from members' transition to life membership are based on data from the end of year 2019 ADA data mart. Based on historical patterns and the current age and member longevity, it is estimated that the dues revenue reduction from members transitioning to life membership to be as shown in Table 1.

Table 1 - Five Year Dues Impact from Members Moving to Life Membership

Year of Impact	2020	2021	2022	2023	2024
Dues Revenue Reduction From Members Transitioning to Life Membership	($604,351)	($629,923)	($646,422)	($655,516)	($665,094)

Note: This forecast assumes no deaths, no dues increase or changes in dues structure for life members and no assessment in years 2020–2024. The actual dollars may be higher or lower depending on any dues structure changes made during this time period and updated retirement data.

Table 2 shows the number of projected members who will become life members from 2020 to 2024. The number of members who begin paying Life membership dues rates over the next five years is estimated to increase to 3,950 in 2020 and to grow to 4,347 in 2024. It should be noted that the further out in the projection, the less accurate the forecast.

Table 2 - Forecast for New Active Life and Retired Life Members 2020-2024

Year Paying Life Dues for First Time	**2020**	**2021**	**2022**	**2023**	**2024**
Expected Active Life	2,292	2,388	2,451	2,486	2,522
Expected Retired Life	1,658	1,729	1,774	1,799	1,825
Total Projected to Become Life Members	**3,950**	**4,117**	**4,25**	**4,284**	**4,347**

This projection assumes that there will be no dues increase during the next five years and that all members will retain membership.

At the end of year 2019, there were 15,503 active life members and 29,835 retired life members.

Self-Assessment

As is mandated by Resolution 41H-2018, the Council has undertaken a self-assessment. The summary of the findings are listed below.

Threshold Issues

The Council is an important conduit between state and local societies and the ADA. The Council is responsible for identifying ways to improve member experience, analyzing membership data and trends,

assisting in the development of strategies for increasing membership, and for ensuring that the infrastructure of ADA membership and benefits are aligned with the needs of its members.

Council members are the liaison between the ADA and state and local societies. It is the Council's responsibility to support state and local recruitment, retention, and engagement efforts in alignment with the ADA strategic plan. Having oversight of the ADA Engagement Program, the Council is able to support state and local societies with demonstrating member value and assisting with overall membership growth.

Structure
The Council is strengthened by its current geographic representation by trustee district. Membership issues are unique to various parts of the country, therefore being elected at large, with consideration of skill set while being selected, allows for regional representation.

The Council creates subcommittees and workgroups in order to effectively and efficiently conduct its business. These workgroups, which are appointed by the Council chair, meet frequently by phone throughout the year. Subcommittees and workgroups allow the in-person Council meetings to be more productive and enables strategic discussion.

Efficiencies
The Council meets semi-annually and utilizes subcommittees and workgroups to conduct business throughout the year to minimize time spent on reviewing reports. The Council also utilizes a consent calendar, which allows the Council to spend less time on reviewing individual reports and more time on strategic discussion around membership issues and development of opportunities for member engagement across the tripartite. The Council believes ADA staff provides adequate information that allows for well-informed decision making.

Areas of Responsibility
The Council believes that its purpose is unique and should not be consolidated with another entity, but believes there is a need for coordination between Councils and the Board, as the decisions of the Council affects every aspect of the organization and its members.

Agenda Review
The Council believes its meeting agenda allow for strategic discussion and enables opportunities for new and reimagined programming to be brought to the staff and ADA Board of Trustees.

Big Issues and Strategic Discussions
During its meetings, the Council spends efficient time discussing big issues and engaging in strategic discussion. The Council believes there is opportunity to enhance this by meeting more throughout the year, virtually.

Policy Review

In accordance with Resolution 170H-2012 (*Trans*.2012:370), Regular Comprehensive Policy Review, the Council conducted a review of ADA policies related to membership. In consultation with the Speaker, the Council administratively updated the following two policies

Administratively Corrected Policies

Federal Dental Services Wartime Waivers for Reservists (*Trans*.2003:354)

Resolved, that tripartite members in good standing who serve in the uniformed services reserves or National Guard, when called to active duty for a period of time over and above their ongoing service, are encouraged to apply for a partial or full dues waiver of membership dues as provided by the ADA *Governance and Organizational Manual* ~~ADA *Bylaws,*~~ and be it further

Resolved, that ADA component and constituent societies be encouraged to publicize the availability of the waiver process to the membership and to expedite processing of the waiver applications without financial disclosure statements when requests for these waivers are received.

Note. The provision for FDS Waivers can be found in the Governance and Organizational Manual, Chapter I. Membership Matters, Section B. Dues, Special Assessments and Related Financial Matters, 4. Limited Dues and Special Assessment Reduction Programs, e. Temporary Activation to Federal Service.

Membership Four-Year Recent Grad Reduced Dues Program (*Trans*.2008:432)

Membership ~~Four-~~Two-Year Recent Grad Dues Program

Resolved, that the ADA urges constituent and component societies to adopt the ADA ~~four-~~two-year reduced dues structure for recent dental school graduates.

Note: This change is congruent with 15H-2019, Amendment of the ADA Governance Manual: Section on Special Assessments and Related Matters, which will take effect at the adjournment sine die of the 2020 House of Delegates.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

Joint Commission on National Dental Examinations

Leone, Cataldo, 2020, Massachusetts, chair, American Dental Education Association
Ragunanthan, K. Ragu, 2021, Ohio, vice chair, American Dental Association
Allaire, Joanne, 2022, Texas, American Dental Hygienists' Association
Da Silva, John D., 2023, Massachusetts, American Dental Education Association
Irons, Roy L., 2021, Mississippi, American Association of Dental Boards
King, Michael E., 2022, Virginia, American Dental Association
Maggio, Frank A., 2021, Illinois, American Association of Dental Boards
Rensch, Brandon D., 2020, Nebraska, American Student Dental Association
Robinson, William F., 2020, Florida, American Association of Dental Boards
Sanders, R. Michael, 2022, Nevada, American Association of Dental Boards
Starsiak, Mary A., 2023, Illinois, American Association of Dental Boards
Tepe, Patrick J., 2023, Wisconsin, American Dental Association
Thomas, Wesley D., 2021, District of Columbia, American Association of Dental Boards
Wilson, Douglas C., 2022, Washington, Public Member
Zambon, Joseph, J., 2021, New York, American Dental Education Association

Waldschmidt, David M., director
Hinshaw, Kathleen J., senior manager
Curtis, Alexis, manager
Grady, Matthew, manager
Hussong, Nicholas B., manager
Katznelson, Alix D., manager
Matyasik, Michael, manager
McCampbell, Andrew, manager
Svendby, Bryan, manager
Yang, Chien-Lin, manager

The Commission's 2019–20 liaison and student observer include, respectively: Dr. James D. Stephens (Board of Trustees, Thirteenth District) and Ms. Laura Jeannie Binder (American Student Dental Association).

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

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

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

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

The Joint Commission is an agency of the ADA that maintains independent authority to pursue activities in accordance with the duties assigned to it within the ADA *Constitution and Bylaws.* As such, the Joint Commission determines its own corresponding goals and objectives.

JCNDE Strategic Goals and Key Objectives

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

1. Conduct the National Board Dental Examination (NBDE) Part I through July 30, 2020 and Part II through July 31, 2022, and ensure policies for the orderly, secure and fair administration of these examinations are implemented.

2. Conduct the National Board Dental Hygiene Examination (NBDHE) and ensure policies for the orderly, secure and fair administration of this examination are implemented.

3. Successfully transition to the Integrated National Board Dental Examination (INBDE) program by August 1, 2022 and ensure policies for the orderly, secure and fair administration of this examination are implemented.

4. Further integrate best practices in testing into JCNDE examinations by introducing multi-stage adaptive testing, 3-parameter logistic item response theory for the NBDHE, and the development of an image bank, to support the validity of JCNDE programs.

5. Explore the potential use of other innovations in testing, such as automatic item generation, simulations (“gamification” of testing), video, partial credit scoring and the use of testing windows, and develop recommendations on whether to pursue these testing modalities.

6. Engage key stakeholders and communities of interest in discussions of potential new examinations and testing modalities.

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

1. Develop a strategic communications plan to guide JCNDE’s communications and engagement with key stakeholder groups (i.e., stakeholder mapping, understanding stakeholders’ interests and needs, reframing the messaging around the “why,” increasing understanding of the range of resources JCNDE can provide).

2. Provide high quality tools, credible information and guidance about best practices in testing and assessment to support state boards in carrying out their role regarding the licensure and certification of oral health care professionals.

3. Increase understanding of the mission and work of the JCNDE among members of the ADA House of Delegates, and the importance of JCNDE’s position and reputation as a credible and independent testing agency.

4. Reduce incidents of cheating and sharing of exam questions among test takers by increasing understanding of the impact on the exam’s cost and validity, stressing professionalism, and raising awareness of the potential consequences of such actions.

5. Utilize Commissioners as peer ambassadors to increase understanding of the JCNDE and build stronger relationships with state dental boards.

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

1. Undertake a comprehensive review of the JCNDE's governing documents (e.g., bylaws, standing rules, exam regulations, composition, and structure) and make recommendations to strengthen the governance systems and structures as appropriate.

2. Identify opportunities to increase the agility and nimbleness of the JCNDE's governance and decision-making processes.

3. Socialize recommendations for changes to the governance of the JCNDE with the ADA Board of Trustees and the ADA House of Delegates before submitting proposed changes for consideration by the 2019 House of Delegates.

Emerging Issues and Trends

The following communicate the most recent actions of the Joint Commission since its prior Annual Report to the House of Delegates:

1. The Joint Commission continues to pursue actions in support of the INBDE and its implementation in 2020, including the following:

    A. Communicating with stakeholders and communities of interest concerning implementation dates for the INBDE. The INBDE will be launched on August 1, 2020. The NBDE Parts I and II will be discontinued on October 31, 2020[1] and July 31, 2022, respectively.
    B. The INBDE will include 500 items and be administered over one and a half days.
    C. The Joint Commission approved changes to the INBDE retest policy. Candidates must wait a minimum of 90 days between unsuccessful test attempts. After their third failed attempt, candidates must wait one year before they can retest on the INBDE. The JCNDE will review this policy again in 2021.
    D. The Joint Commission directed that information be shared with dental school deans and administrators, to help schools prepare students who begin dental school in 2017, 2018 and 2019 regarding which examination they should take, and the appropriate timeline for attempting the INBDE, or the Part I and Part II examination sequence.
    E. The Joint Commission continues to monitor examination administration activity for current National Board Examinations daily, to ensure close adherence to quality standards and best practices.

2. In January 2020—and with the full consent of the Joint Commission—the ADA Board of Trustees approved the transfer of final development and future administration oversight of the Dental Licensure Objective Structured Clinical Examination (DLOSCE) and its implementation to the Joint Commission. The DLOSCE Steering Committee is now an ad hoc Committee of the Joint Commission. The Joint Commission, in turn, has made the following key decisions, many of these in response to the COVID-19 pandemic and its implications, and in acknowledgment of the strength of this new examination program.

    A. The DLOSCE will be launched on June 15, 2020.
    B. The DLOSCE will include 150 items and be administered in one day.
    C. The eligibility requirements and application approval procedures for the DLOSCE shall mirror those of the NBDE.
    D. DLOSCE candidates shall be limited to one administration attempt per testing window.

[1] The discontinuation date for the NBDE Part I was changed from July 31, 2020 to October 31, 2020, in response to the lack of test centers available for test administrations due to the COVID-19 pandemic.

E. The DLOSCE retest policy shall be as follows:
   - Candidates will be permitted to test once per testing window.
   - Candidates who have not passed the examination within five attempts or five years from their first attempt are limited to one examination attempt per 12-month period.

3. The Joint Commission continues to pursue efforts in support of its strategic direction. This includes the following:

   A. Supported ADA efforts to pursue best practices in Commission governance, including efforts to reduce conflicts of interest as Commissions pursue their program duties as indicated in the ADA *Constitution and Bylaws*. A set of corresponding provisions were approved by the ADA House of Delegates in September 2019.
   B. In accordance with the decisions of the ADA House of Delegates, and subsequent to the House meeting, the JCNDE consolidated its governance documents into the *Rules of the JCNDE* and the *Operational and Policy Manual of the JCNDE*.
   C. Reflected on the proposed governance changes and the JCNDE's Mission and Vision:
      - Mission: Protecting public health through valid, reliable and fair assessments of knowledge, skills, and abilities to inform licensure and certification decisions that help ensure safe and effective patient care by qualified oral healthcare team members.
      - Vision: The JCNDE is the nation's leading resource for supporting standards of oral healthcare professionals through valid, reliable and fair assessments for licensure and certification.
   D. Approved changing the name of the National Dental Examiners' Advisory Forum (NDEAF) to the State Dental Board Forum (SDBF), to better reflect the target audience.

4. The next annual meetings of the JCNDE will be held on June 23, 2020 and June 23, 2021. The annual State Dental Board Forum (SDBF) will occur on these same two days, directly preceding the meeting of the JCNDE.

5. Performance Trends:

NBDE Part I: Table 4 presents performance trends for National Board Dental Examination Part I (NBDE Part I) over the past 10 years, while Figure 1 provides a graphic depiction of administration volume. Table 4 shows steady growth in the number of first-time candidates from accredited and non-accredited programs taking the NBDE Part I from 2010 to 2016 and fluctuation from 2017 to 2019. The total number of administrations (i.e., first-time and repeating candidates from accredited and non-accredited programs) rose from 7,701 in 2010 to 10,185 in 2019. This represents an overall increase of 2,484 candidates (i.e., 32.3%).

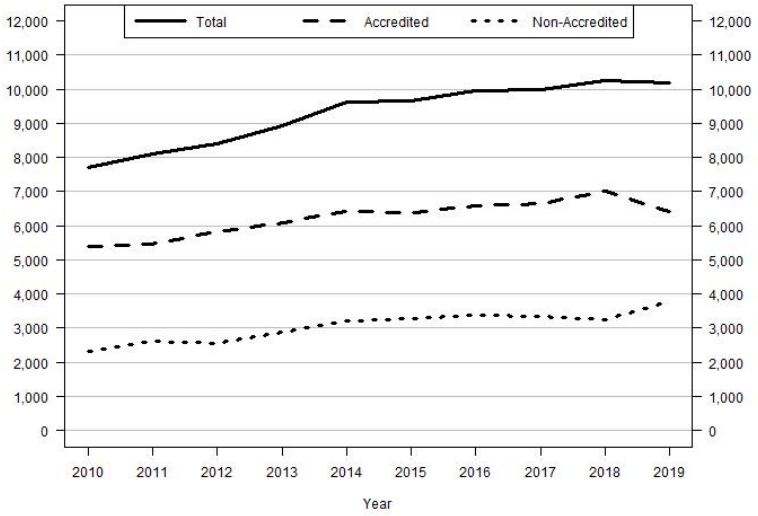
A new and more rigorous NBDE Part I standard was introduced in November 2016 (see Appendix A for additional details), resulting in higher failure rates and corresponding increases in the number of candidates needing to retake the NBDE Part I from 2017 to 2019. This new standard represented an increase in the level of cognitive skills required by entry-level dentists, in order to practice safely. Under this standard, the number of repeating candidates from accredited programs increased from 669 in 2017 to 972 in 2019. Across the ten years indicated, failure rates for first-time candidates from accredited programs ranged from 3.4% (2015) to 12.1% (2018). Failure rates for first-time candidates from non-accredited programs were relatively higher, ranging from 31.9% (2014) to 48.6% (2019).

TABLE 4
Numbers and Failure Rates for First-time and Repeating Candidates
NBDE Part I

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2010	4,923	5.3	462	29.4	1,218	38.6	1,098	44.3	7,701	17.5
2011	5,068	4.5	396	33.6	1,713	32.2	921	62.2	8,098	18.3
2012	5,497	6.1	344	39.2	1,721	38.3	842	68.1	8,404	20.3
2013	5,571	6.3	502	30.3	1,919	36.1	947	63.1	8,939	20.1
2014	6,041	3.7	377	26.3	2,211	31.9	988	56.4	9,617	16.5
2015	6,092	3.4	308	28.6	2,329	33.4	939	57.6	9,668	16.7
2016*	6,260	5.2	340	33.5	2,351	33.0	1,022	59.1	9,973	18.2
2017	5,995	10.6	669	33.5	2,289	37.2	1,044	67.2	9,997	24.1
2018	6,180	12.1	819	39.7	2,226	44.3	1,036	70.1	10,261	27.1
2019	5,432	10.6	972	35.3	2,372	48.6	1,409	66.7	10,185	29.6

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

Figure 1: NBDE Part I Administrations (2010-2019)



NBDE Part II: Table 5 presents performance trends for National Board Dental Examination Part II (NBDE Part II) over the past 10 years, while Figure 2 provides a graphic depiction of administration volume. As shown in Table 5, the number of first-time candidates from accredited programs showed continued growth from 2010 through 2019. Volume decreased in 2012, and then steadily increased to a ten-year high in 2017 (N=6,138). There has been quite a bit of variability since 2010, ranging from a low of 4,945 candidates in 2010 to a high of 6,138 in 2017 (i.e., a 24% increase). The total number of first-time and repeating candidates from non-accredited programs increased from 1,092 in 2010 to 2,167 in 2019. Comparing the number of total administrations occurring in 2010 (N=7,191) with 2019 (N=8,805) shows a 22% increase in overall administration volume, with gains occurring with respect to both accredited and non-accredited candidates.

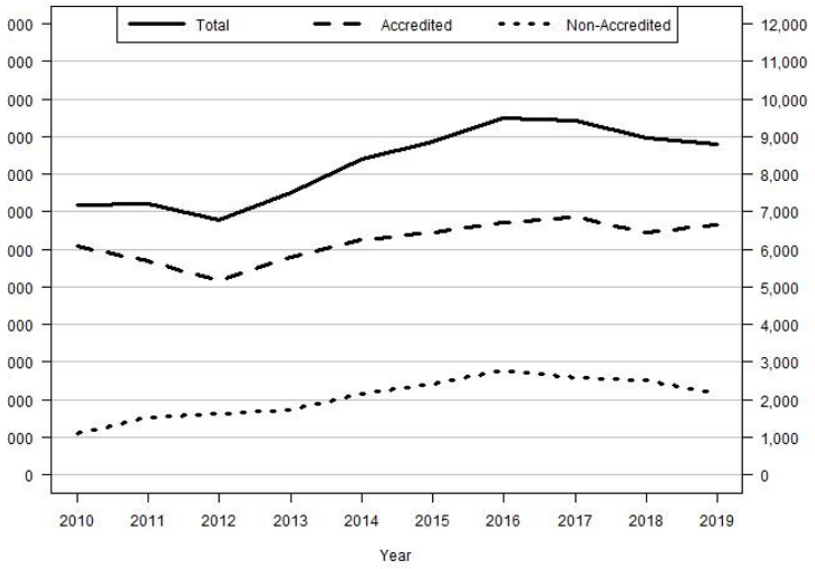
Across the 10 years indicated, failure rates for first-time candidates from accredited programs ranged from 5.1% (2011) to 10.6% (2010), and was 9.7% in 2019, an increase relative to 2017 and 2018. This increase could be due to the introduction of a more stringent NBDE Part II standard in March 2017 (see Appendix A for additional details). Failure rates for first-time candidates from non-accredited programs were higher across the board, ranging from 23.3% (2019) to 42.0% (2015).

TABLE 5
Numbers and Failure Rates for First-time and Repeating Candidates
NBDE Part II

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2010	4,945	10.6	1,154	20.1	701	38.9	391	54.0	7,191	17.2
2011	5,312	5.1	395	28.9	1,050	29.6	471	48.4	7,228	12.8
2012	4,803	5.6	363	29.2	1,216	31.3	410	49.5	6,792	14.1
2013	5,328	6.3	463	22.0	1,204	36.4	516	53.3	7,511	15.3
2014	5,704	7.4	543	21.4	1,557	37.3	593	45.2	8,397	16.5
2015	5,834	7.5	604	22.7	1,630	42.0	783	48.8	8,851	18.5
2016	6,034	8.7	682	24.1	1,861	34.2	913	45.0	9,490	18.3
2017*	6,138	8.3	712	23.9	1,698	34.4	879	45.3	9,427	17.6
2018	5,769	7.9	670	23.4	1,759	23.7	766	39.4	8,964	14.8
2019	5,985	9.7	653	20.1	1,562	23.3	605	47.4	8,805	15.5

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

Figure 2: NBDE Part II Administrations (2010-2019)



NBDHE: Table 6 presents performance trends for the National Board Dental Hygiene Examination (NBDHE) over the past 10 years, while Figure 3 provides a graphic depiction of administration volume. As shown in Table 6, the number of **first-time** candidates from **accredited** programs increased from 6,828 in 2010 to 7,316 in 2019 (i.e., a 7% increase). The total number of candidates from **non-accredited** programs was relatively small compared to the total number of candidates from **accredited** programs, representing approximately 4% of administrations occurring in 2010 and approximately 6% of administrations occurring in 2019. Comparing the number of **total administrations** occurring in 2010 with 2019 shows an overall increase of 1,133 first-time and repeating candidates from accredited and non-accredited programs (i.e., a 15% increase). Generally speaking, NBDHE total administration volume has shown slow, steady increases since 2015.

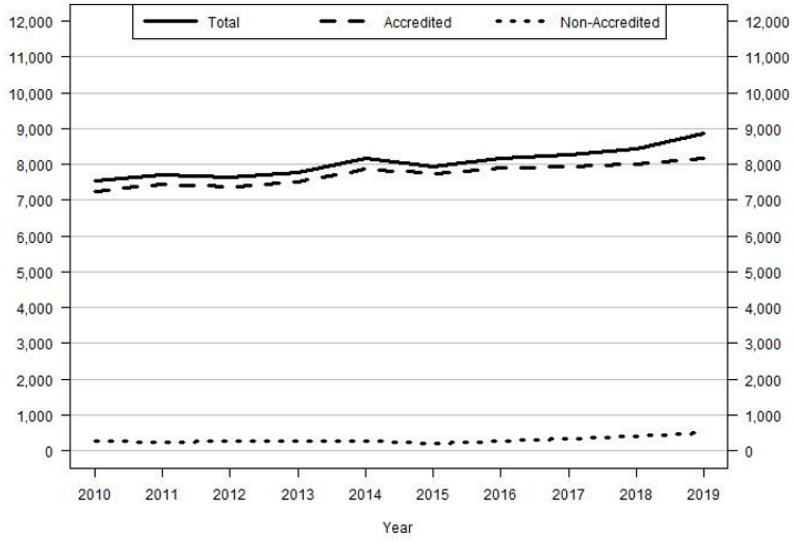
Failure rates were below 8% for all 10 years for **first-time** candidates from **accredited** programs. A more stringent NBDHE standard was introduced in January 2017 (see Appendix A for additional details), leading to higher failure rates after 2017. Failure rates for **first-time** candidates from **non-accredited** programs have varied considerably. These rates were highest in 2019 (35.5%) and lowest in 2013 (17.3%).

TABLE 6
Numbers and Failure Rates for First-time and Repeating Candidates
NBDHE

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2010	6,828	3.8	421	47.5	212	23.1	70	65.7	7,531	7.4
2011*	6,968	5.2	492	46.5	194	23.7	51	60.8	7,705	8.7
2012	6,882	4.2	486	47.1	236	26.7	42	50.0	7,646	7.9
2013	7,016	4.8	489	45.8	231	17.3	52	53.9	7,788	8.1
2014	7,357	4.8	527	47.4	204	23.0	68	63.2	8,156	8.5
2015	7,227	4.4	499	46.3	179	22.9	40	55.0	7,945	7.7
2016	7,397	5.1	506	41.7	214	27.6	45	35.6	8,162	8.1
2017*	7,262	6.2	677	49.8	253	33.2	81	46.9	8,273	11.0
2018	7,360	5.8	654	46.2	328	34.8	88	44.3	8,430	10.4
2019	7,316	7.9	852	49.1	377	35.5	119	51.3	8,664	13.8

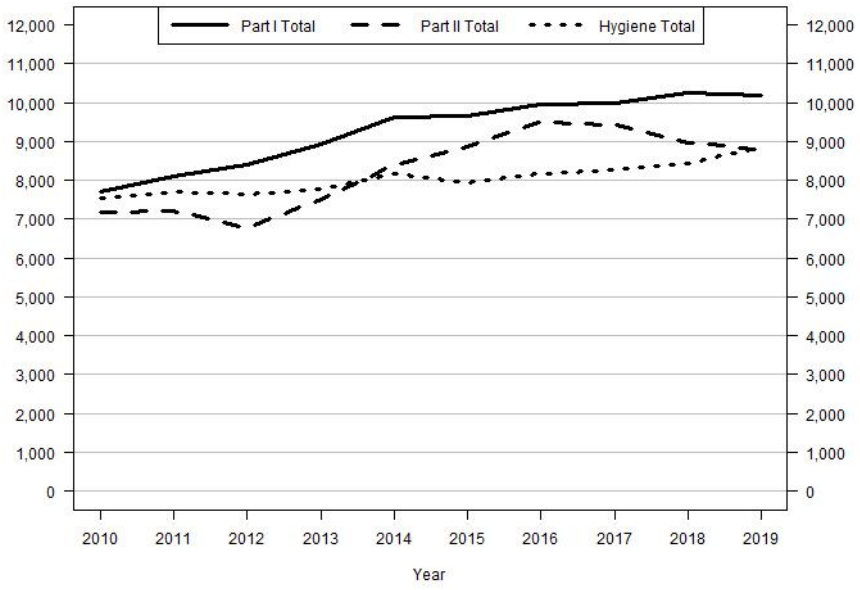
* A new standard was introduced this year, based on updated standard setting activities.

Figure 3: NBDHE Administrations (2010-2019)



Overall: Figure 4 provides a graphic depiction of overall test administration volume for the National Board Examinations over the past 10 years. NBDE Part I and Part II total administrations have shown greater variability over time, as compared to Dental Hygiene total administrations, which have been fairly consistent. Administration volume for the NBDE Part I has increased every year since 2010. Administration volume for the NBDE Part II increased from 2012 to 2016 and has fallen slightly since. Administration volume for the NBDHE has increased every year since 2010, except 2015.

Figure 4. National Boards: Total Administrations (2010-2019)



Testing Accommodations: In accordance with the Americans with Disabilities Act, the Joint Commission provides reasonable and appropriate accommodations for individuals with documented disabilities who demonstrate a need for accommodations and request an accommodation prior to testing. Table 7 presents performance trends for candidates from accredited programs who took the National Board Dental or Dental Hygiene Examinations with accommodations over the past five years. As shown in Table 7, the number of accommodated examination attempts has remained small for all three National Board Examination programs over the five years. In 2019, accommodated examination attempts made up 2% of the total attempts for the NBDE Part I, 1.5% of the total attempts for the NBDE Part II, and 1.1% of the total attempts for the NBDHE. Across the five years indicated and across all examination programs, failure rates for accommodated first-time candidates were higher than the failure rates obtained for first-time candidates experiencing standard administrations (i.e., comparing Table 7 with Tables 4 through 6). The number of candidates receiving accommodations was substantially less for the NBDHE program, as compared to the NBDE programs.

TABLE 7*
Numbers and Failure Rates for Accredited Candidates
Attempts Involving Accommodations

Year	Part I				Part II				Dental Hygiene			
	First-time		Repeating		First-time		Repeating		First-time		Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2015	148	8.8	24	20.8	83	18.5	25	40.0	44	6.8	14	21.4
2016	114	12.3	32	50.0	100	17.0	25	40.0	53	11.3	14	35.7
2017	112	19.6	38	52.7	111	16.2	31	26.2	62	13.0	22	50.0
2018	130	26.9	49	53.1	110	20.0	32	34.4	61	12.9	21	28.6
2019	129	17.1	72	41.7	99	23.2	32	25.0	60	20.0	37	51.4

*The number of candidates from non-accredited institutions receiving accommodations was too small to provide meaningful trend information in this report.
Note. A new standard was introduced for NBDE Part I in 2016, based on updated standard setting activities.
Note. A new standard was introduced for NBDE Part II and NBDHE in 2017, based on updated standard setting activities.

Responses to House of Delegates Resolutions

The Joint Commission did not receive any assignments from the ADA House of Delegates in 2019.

Self-Assessment

The Joint Commission is next scheduled to conduct a self-assessment in 2022.

Policy Review

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

Commission Minutes

For more information on recent activities, see the Joint Commission's minutes on ADA.org.

Appendix A: Standard Setting and the National Board Examinations

- The purpose of the National Board Examinations (NBEs) is to assist state boards in determining the qualifications of individuals seeking licensure to practice.
- The NBEs are used to determine whether a candidate possesses the minimally acceptable level of knowledge, cognitive skills, and ability that is necessary for safe, entry-level practice:
    - Dentistry (NBDE)
        - Part I: Anatomic sciences, biochemistry-physiology, microbiology-pathology, and dental anatomy & occlusion.
        - Part II: Dental and clinical dental sciences.
    - Dental Hygiene (NBDHE)
        - Scientific basis for dental hygiene practice, provision of dental hygiene services, community health and research principles.
- The NBEs are criterion-referenced examinations; subject matter experts identify performance standards (pass/fail points) following established procedures and criteria that reference specific skill level requirements, not by the process sometimes known as “grading on a curve.”
    - All candidates who demonstrate the necessary skill level through their examination performance will pass the examination (scoring is NOT designed to fail a certain percentage of examinees).
- The standard for each examination is determined through a process called “standard setting.”
- Standard setting activities for all NBE programs were facilitated by Dr. Gregory Cizek, a nationally recognized expert in standard setting who has authored several books on the subject.
- Standard setting panels consisted of 10 to 12 subject matter experts, with panelists selected to be broadly representative and aligned with the purpose of the examinations.
- Panelists were extensively trained on procedures, and feedback was collected on five occasions at strategic points within the two-day process.
- An established standard setting method called the “Bookmark” method was used across three rounds of standard setting activities per NBE program.
- At the conclusion of the final round, the three independently conducted standard setting panels provided recommendations to the Joint Commission that increased the performance standard for the corresponding examination each panel had reviewed.
- Application of the new standards to prior samples from 2013 (NBDE) and 2014 (NBDHE) yielded increased failure rates as follows:
    - **NBDE Part I**: Failure rate increased from 6.3% to **10.1%**
    - **NBDE Part II**: Failure rate increased from 6.3% to **8.6%**
    - **NBDHE**: Failure rate increased from 4.8% to **5.6%**
- At the conclusion of all activities, participants’ evaluations of all aspects of the process were uniformly strong and supportive, with each panelist indicating that they supported the final group-recommended performance standard. Panelists were aware of the anticipated failure rates shown above. Panelist feedback on the last item of the final evaluative questionnaire was as follows:

Survey Item Number and Statement	Mean Rating*
15. Overall, I support the final group-recommended cut score as fairly representing the appropriate performance standard for the **NBDE Part I**.	**4.6**
15. Overall, I support the final group-recommended cut score as fairly representing the appropriate performance standard for the **NBDE Part II**.	**4.9**
15. Overall, I support the final group-recommended cut score as fairly representing the appropriate performance standard for the **NBDHE**.	**5.0**

*Key: Values are on a five-point scale, ranging from 1=Strongly Disagree to 5=Strongly Agree; NR = no response. All table entries are based on N=10 (Part I) or N=12 (Part II and NBDHE) responses.

- The new standards for the NBDE Part I, NBDHE, and NBDE Part II were separately reviewed and approved by the Joint Commission, and implemented in November 2016, January, 2017, and March 2017, respectively.
- The Joint Commission has communicated information concerning the development and implementation of the new NBE standards through numerous presentations over the past several years, including the following:

    - ADEA Annual Conference (March 2014)
    - National Dental Examiners' Advisory Forum (NDEAF) (April, 2014)
    - ADEA Annual Conference (March 2015)
    - NDEAF (April, 2015)
    - ADEA Board of Directors (September 2015)
    - ADEA Dean's Conference (October 2015)
    - ADEA Fall Meeting (October 2015)
    - ADEA Annual Conference (March 2016)
    - NDEAF (April, 2016)
    - ADEA Annual Conference (March 2017)
    - NDEAF (April, 2017)
- Staff monitor failure rates closely. Obtained failure rates subsequent to deployment of the new standards have been quite similar to those projected during the original standard setting exercises, falling within an expected range that accounts for year-to-year variation in the skills of the underlying candidate sample.
- The failure rates for first-time candidates from accredited programs in 2019 were as follows:
    - NBDE Part I: 10.6%
    - NBDE Part II: 9.7%
    - NBDHE: 7.9%
- Staff have also confirmed that the new standards have been implemented correctly.
- Additional information about the standard setting process is available on the JCNDE website and can be accessed via the link below.
    - http://www.ada.org/~/media/JCNDE/pdfs/nbde_standard_setting_ADEA_March%202016.pdf?la=en

National Commission on Recognition of Dental Specialties and Certifying Boards

Boyle, James, M., III, 2020, Pennsylvania, chair
Friedel, Alan E., 2022, Florida, vice chair
Aldredge, Wayne, A., 2021, New Jersey
Altman, Donald S., 2020, Arizona
Battaglia, Joseph A., 2021, New Jersey
Benz, James D., 2021, Illinois
Broughten, Renee M., 2022, Minnesota
Carroccia, Anthony S., 2023, Tennessee
Catey-Williams, Mara, 2023, Indiana
Cooley, Ralph A. 2022, Texas
Ganzberg, Steven, 2023, California
Gohel, Anita, 2021, Ohio
Hering, Denise L., 2020, Ohio
Huber, Michaell A., 2020, Texas, *interim*
Johnson, William T., 2022, Iowa
Kiesling, Roger L., 2020, Montana
Klasser, Gary D., 2020, Louisiana, *interim*
Knapp, Jonathan B., 2020, Connecticut, *interim*
Kwasny, Andrew J., 2020, Pennsylvania
McAllister, Brian S., 2023, Delaware
Moody, Edward H., 2023, Tennessee
Muller, Susan, 2023, Georgia
Norman, Charles, H., III, 2021, North Carolina
Raman, Prabu, 2020, Missouri, *interim*
Tuminelli, Frank J. 2022, New York

Baumann, Catherine, director

The National Commission's 2019–20 liaison is Dr. Richard J. Rosato (Board of Trustees, First District).

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

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

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

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

The National Commission is a commission with independent authority to recognize dental specialties and their respective certifying boards. The National Commission determines its own strategic goals and objectives. For 2020, the National Commission goals and objectives are as follows:

Objective 1: Development of training session for the recognized certifying boards to assist the organizations in achieving compliance with the *Requirements for Recognition of National Certifying Boards for Dental Specialists* on the Annual Report that is submitted.

Initiative/Program: The National Commission

Success Measure: Development of a training session for the recognized certifying boards by July 30, 2020, for presentation at the August 6, 2020, meeting of the recognized certifying boards.

Target: Presentation of training session at the August 6, 2020, meeting of the recognized dental specialty certifying boards.

Range: Training session documentation completed by July 30, 2020.

Outcome: National Commission chair and director will present the completed training session at the August 6, 2020, meeting of the recognized certifying boards.

Objective 2: Development of draft guidelines for organizations seeking recognition and development of comment grid for communities of interest.

Initiative/Program: The National Commission

Success Measure: Development of an application instruction manual with clear guidelines and comment grid for the communities of interest with the goal of approving the draft manual and guidelines at the National Commission's March 2021 meeting.

Target: Draft version of manual and guidelines for review by the National Commission at its 2021 meeting.

Range: Draft version Completed by November 1, 2020.

Outcome: National Commission Strategic Planning and Policy Committee will work with the Review Committees and meet between June and October 2020 to develop the draft manual and guidelines to be presented at the March 2021 National Commission meeting.

Objective 3: Development of Communication Plan for the National Commission

Initiative/Program: The National Commission

Success Measure: Development of a communication plan with the goal of approving the draft at the National Commission's March 2021 meeting.

Target: Draft version of communication plan for review by the National Commission at its March 2021 meeting.

Range: Draft version completed by December 1, 2020

Outcome: National Commission Communication and Technology Committee will meet between June and November 2020 to develop the draft communication plan to be presented at the March 2021 National Commission meeting.

Emerging Issues and Trends

The National Commission currently oversees the recognition of 12 dental specialties and 10 of the respective certifying boards. The National Commission held its annual meeting on March 2–3, 2020, and adopted revised and new formal policies and procedures related to the granting of specialty recognition.

American Academy of Oral Medicine: The National Commission considered the request and application submitted by the American Academy of Oral Medicine (AAOM) to recognize oral medicine as a dental specialty. The National Commission granted recognition to the AAOM in accord with the *Rules* of the National Commission (Article IV. Specialty Recognition Program, Section 4. Granting Recognition), by a two-thirds affirmative vote.

American Academy of Orofacial Pain: The National Commission considered the request and application submitted by the American Academy of Orofacial Pain (AAOP) to recognize orofacial pain as a dental specialty. The National Commission determined that Requirement 1(b) of the *Requirements for Recognition of Dental Specialties* was not met; therefore, the application did not receive the necessary two-thirds vote required for recognition in accord with the *Rules* of the National Commission (Article IV. Specialty Recognition Program, Section 4. Granting Recognition). The AAOP appealed the adverse action of the National Commission, and the Appeal Board Hearing Panel subsequently reversed the decision of the National Commission on March 31, 2020; which resulted in recognition to orofacial pain as a dental specialty.

American Dental Board of Anesthesiology: The National Commission considered the request and application submitted by the American Dental Board of Anesthesiology (ADBA) to recognize ADBA as the recognized national certifying board for dental anesthesiology. The National Commission granted recognition to the ADBA in accord with the *Rules* of the National Commission (Article IV. Specialty Recognition Program, Section 4. Granting Recognition), by a two-thirds affirmative vote.

Approval of Shared Services Agreement with the ADA: The National Commission approved the shared services agreement with the ADA.

Strategic Plan: The National Commission adopted its 2020—2025 Strategic Plan.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the National Commission in 2019.

Self-Assessment

The National Commission is next scheduled to conduct a self-assessment in 2023.

Policy Review

There are currently no ADA policies related to the National Commission that the National Commission has been charged with reviewing in accord with Resolution 170H-2012, Regular Comprehensive Policy Review. The National Commission implemented its policies and procedures in 2018. A timeline for periodic review of individual National Commission policies is being developed as part of the strategic plan.

Commission Minutes

For more information on recent activities, see the National Commission's minutes on ADA.org.

Council on Scientific Affairs

Geisinger, Maria L., 2020, Alabama, chair
Bedran-Russo, Ana Karina B., 2021, Illinois, vice chair
Aghaloo, Tara L., 2021, California
Alapati, Satish B., 2021, Illinois
Dionne, Raymond A., 2022, North Carolina
Fontana, Margherita R., 2020, Michigan
Frazier, Kevin B., 2022, Georgia
Gonzalez-Cabezas, Carlos, 2022, Michigan
Ioannidou, Efthimia, 2023, Connecticut
Kademani, Deepak F., 2023, Minnesota
Keels, Martha Ann, 2020, North Carolina
Khajotia, Sharukh S., 2023, Oklahoma
Lawson, Nathaniel C., 2020, Alabama*
Lefebvre, Carol A., 2023, Georgia
Madurantakam, Parasarathy A., 2021, Virginia
Mascarenhas, Ana Karina, 2022, Florida
Park, Jacob G., 2020, Texas
Patton, Lauren L., 2021, North Carolina

Lyznicki, James M., director

The Council's 2019–20 liaisons include: Dr. Craig Armstrong, Board of Trustees (Fifteenth District) and Ms. Julia Cheung, American Student Dental Association.

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

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

a. Science and scientific research, including:

   i. Evidence-based dentistry;
   ii. Evaluation of professional products;
   iii. Identification of intramural and extramural priorities for dental research every three years;
   iv. Promotion of student involvement in dental research.

b. Scientific aspects of the dental practice environment related to the health of the public, dentists, and allied health personnel;
c. Standards development for dental products;
d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients;
e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations; and
f. The ADA Seal of Acceptance Program.

** New Dentist member*

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

This section presents outcomes from January to May 2020, advancing the ADA Strategic Plan, Common Ground 2025, and the ADA Science and Research Institute (ADASRI) Operating Plan.

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

Initiative/Program: Develop, publish and present science-based content that will add value to clinical practice and help ADA members to become leaders in dentistry

Success Measure: Number of publications including peer-reviewed manuscripts, books (or chapters), presented conference abstracts, ACE Panel Reports, Oral Health Topic pages, and For the Patient Pages in *JADA*

Target: 35 publications

Range: 30–40 publications

Outcome: Ten publications as of April 30, 2020, including:

- One peer-reviewed article in a scientific journal:
  i. Summary of the Evidence on the Safety, Efficacy, and Effectiveness of Human Papillomavirus (HPV) Vaccines: Umbrella Review of Systematic Reviews (*JADA,* April 2020)
- Five *JADA* "For the Patient" Pages, as follows:
  i. Choices for fixing cavities (May 2020)
  ii. Reducing the risk of oral cancer (April 2020)
  iii. The word on vaping: don't start (March 2020)
  iv. Helping your child fight tooth decay (February 2020)
  v. Smart shopping with the ADA Seal of Acceptance (January 2020)
- One new Oral Health Topic addressing Sleep Apnea (Obstructive), which was published on ADA.org in February 2020. Several existing *Oral Health Topic* pages with CSA involvement also received updates in 2020, including Head and Neck Cancer, and Home Oral Care.
- One commentary, "Living under a cloud - Electronic cigarettes and the dental patient," was published in *JADA*'s March 2020 issue, which outlines the scientific landscape of vaping and its potential impact on oral health.
- One Ace Panel Report highlighting survey data on administration of the Human Papillomavirus Vaccine within the dental practice was published in *JADA*'s April 2020 issue. Starting in 2020, ACE Panel Reports are published in *JADA* in a quarterly section of the journal called "CSA Corner." The HPV report is the pilot for this new section.
- One interim guidance algorithm on COVID-19 care management, screening, and transmission risk entitled, "ADA Interim Guidance for Management of Emergency and Urgent Dental Care."

Additional anticipated publications for 2020 include seven "For the Patient" pages (published monthly in *JADA*), two ACE Panel reports (dental curing lights in July and repair or replacement of restorations in October 2020), two additional new *Oral Health Topic* pages (hypertension and bisphenol A), and a number of abstracts published in a special, forthcoming edition of *Journal of Dental Research,* which is being published in lieu of an in-person IADR/AADR 2020 General Session (cancelled due to public health concerns surrounding COVID-19).

This program is on track to meet its goal.

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

Initiative/Program: Add member value through the development of scientific content for continuing education (CE)

Success Measure: Number of continuing education hours offered, including workshops and continuing education courses at ADA Annual Meeting

Target: 40 hours

Range: 35–45 hours

Outcome: One credit hour through April 30, 2020.

The public health concerns related to the COVID-19 outbreak have hindered anticipated CE opportunities in Q1 2020, including more than six hours of CE related to oral presentations and scientific posters, which would have been provided at the cancelled IADR/AADR General Session meeting in Washington, D.C. in March 2020. To increase member value, the Council, starting with the HPV Report published in *JADA*, offers 0.5 hours of continuing education credit to clinicians who read the reports and complete and submit a CE questionnaire through *JADA* Continuing Education. To date, the Council has developed one hour of CE credit through this program, which was derived from the April 2020 ACE Panel Report.

While some CE opportunities did not materialize due to circumstances outside of the Council's control, by December 2020, it plans to offer a total of 33 CE hours through additional scientific courses (in-person and online), workshops and presentations. Availability and/or limitations for in-person courses and workshops will be dependent on guidance from public health officials.

At the time of this report, the Council will sponsor 12 scientific sessions (12 CE hours) at ADA 2020 on such topics as vaping, antibiotic resistance and prescription guidance, dental erosion, managing cancer patients, and the ADA clinical practice guidelines series on caries prevention. In addition, a presentation on the ADA Seal of Acceptance Program will also be offered to provide insight on the program's processes and evaluations of OTC oral care products. In addition to in-person opportunities, two hours of online CE will be available by October 2020 via two additional ACE Panel reports.

In November 2020, the ADA Center for Evidence-Based Dentistry ("EBD Center") will host a workshop entitled "How to Conduct and Publish Systematic Reviews and Meta-Analyses" (18 CE hours). This three-day workshop aims to assist clinicians and researchers in developing a better understanding of primary studies and the principles of the systematic review methodology, and to equip them with the skills necessary to conduct systematic reviews and interpret results.

This program will fall just short of its goal.

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

Initiative/Program: Deliver non-dues revenue from the ADA Seal of Acceptance Program

Success Measure: Total non-dues revenue generated from the ADA Seal of Acceptance Program

Target: $1,100,000 non-dues revenue for the ADA Seal of Acceptance Program

Range: $1,045,000–$1,150,000

Outcome: $992,000 as of April 30, 2020

The Council's Seal of Acceptance Subcommittee is charged with providing recommendations to the Council on the review and analysis of Seal of Acceptance (Seal) Program requirements and over-the-counter (OTC) oral care product submissions. In 2019, the Seal Program introduced a set of *Independent Research Testing Site Qualifications for the ADA Seal of Acceptance*, which complements the OTC program. The Seal Program contributed $1,430,000 in non-dues revenue in 2019, including 40 new product submissions and four independent research site applications. In 2020, the revenue goals of the Seal Program have shifted from growth to maintenance due to market conditions. Revenue generated in 2020 to date reflects successful submissions of three OTC oral care products and one Qualified Independent Research Testing Site designations. Two additional site designations are pending.

This program is on track to meet its goal.

Additional Council-Related Projects and Results

Clinical Practice Guidelines: In 2020, the Council's efforts continued on the Clinical Practice Guideline Series on Caries Management, a long-term project aimed at assisting clinicians in determining the types of preventive, diagnostic, and therapeutic interventions to consider when managing caries in children and adults. In 2020, two caries management guidelines—focused on caries prevention and restorative treatments—are under development. Dr. Margherita Fontana, Council member, serves as chair of the expert panel that will develop the draft for the caries-prevention guideline. It is anticipated that a guideline manuscript, and supporting systematic review(s), will be submitted for publication consideration in early 2021. For the guideline on restorative treatments for caries management, an expert panel was appointed by the Council in mid-2019, and met to develop the project's scope and focus later that year. Currently, staff are completing the search strategy to allow for initial screening of the scientific literature. It is anticipated that a guideline manuscript and supporting systematic review(s) will be submitted for publication consideration in 2021.

Caries Risk Assessment: In April 2020, the Council approved an ad hoc Caries Risk Assessment Workgroup, chaired by Council member Dr. Carlos Gonzalez-Cabezas, to review two existing ADA Caries Risk Assessment Forms. These forms were last updated in 2009 in coordination with the Council on Dental Practice (CDP), and are currently available on the Caries Risk Assessment and Management page of ADA.org.

External Stakeholder Collaboration and Recognition: In 2020, the Council continues to collaborate with external stakeholders, and be recognized for its work, which helps to increase member value through reputational excellence and name-recognition.

In April 2020, the American College of Emergency Physicians (ACEP) endorsed the ADA's 2019 clinical practice guideline entitled "Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling." This endorsement will result in republication of the guideline, along with a supporting statement, in the *Journal of the American College of Emergency Physicians*, which will utilize physician-centric language that better support non-dental healthcare professionals in their clinical decisions. This marks the first time an ADA guideline has been endorsed by an external dental or medical association/group.

As further testament to the quality of work being developed under Council guidance, in early 2020, members and consultants of the Council, and staff from the EBD Center, were awarded the 2020 William J. Gies Award by the American and International Associations for Dental Research (AADR/IADR) in the category of clinical research to the manuscript "Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis." This award, which recognizes the best paper published in the *Journal of Dental Research* during the preceding year, has global impact and recognizes novel achievement in science. The recognized manuscript is the first network meta-analysis ever used to inform a clinical practice guideline in dentistry. It summarizes the evidence used to formulate the ADA's 2018 clinical practice guideline on nonrestorative caries treatments. The Gies Award consists of a $1,000 honorarium and a plaque, which was to be presented at the opening ceremony of the AADR/IADR annual meeting in Washington, D.C., on March 18. Due to public health concerns related to COVID-19, that meeting was unfortunately cancelled.

Dental Radiographs: Working with key stakeholders in member resource development is a crucial part of Council efforts. In 2019, the Council approved an update to the 2012 ADA/U.S. Food and Drug Administration (FDA) document, "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure." An updated work plan for completion of this effort was approved by the Council in June 2020, alongside a recommendation to pursue the development of a clinical practice guideline with the American Academy of Oral and Maxillofacial Radiology, which would serve as an update of the 2012 document. An expert panel is being assembled and is expected to be approved by the Council in Q3 2020 to begin work on this project. Questions and concerns about radiographic usage in dental exams are consistently and commonly fielded by the ADA call center, and this update will provide dentist members with clear, evidence-based guidance.

Standards Development: In January 2020, the Council adopted a list of priorities to guide its involvement in ADA standards activities for the 2019–2020 term. Those priorities are: analytic methods for oral care products, biologic evaluation of dental products, cad/cam, corrosion test methods, dental amalgam, dental ceramics, dental handpieces, dental instruments, fluoride-containing products, non-fluoride oral rinses, polymer-based restorative materials, powered polymerization activators, and reprocessing of dental products.

The Council, through the Research and Standards Subcommittee, also continued work on a new draft technical report on the development and validation of cleaning processes for dental instruments. The draft technical report was reviewed at an ADA Standards Committee on Dental Products Joint Working Group meeting in June 2019, and submitted for an All Interested Party (AIP) Review, which concluded in November 2019. Minor comments were discussed at the SCDP meeting in March 2020, and a version of the report is ready for final ballot.

Research Priorities: In accordance with its subject matter responsibilities, as defined in the *ADA Governance and Organizational Manual*, the Council is tasked with identifying intramural and extramural research priorities every three years, which can help guide research efforts internally at the ADA, as well as externally through other research institutions and organizations. In January 2020, the Council's Research Priorities Subcommittee presented drafts of both documents to the Council for discussion. At the January 2020 meeting, the Council approved a resolution that sent both documents to the ADASRI Board for comments. The Council approved both documents at its June 2020 meeting.

Emerging Issues and Trends

The Council is working closely with ADA leadership to monitor and respond to the evolving COVID-19 pandemic, and its impact on the health and safety of dental teams and their patients. Specifically, the Council chair was appointed by the ADA president to serve as an expert consultant to the president and the Board of Trustees, providing scientific expertise to the COVID-19 team.

Responses to House of Delegates Resolutions

Resolution: 86H-2016 Optimizing Oral Health Prior to Surgical/Medical Procedures and Treatment

> **86H-2016. Resolved,** that the Council on Scientific Affairs work with other appropriate ADA agencies and external stakeholders to develop proposed policy and evidence-based resources to optimize oral health prior to the performance of complex medical and surgical procedures, and be it further
>
> **Resolved**, that the Council on Scientific Affairs submit a progress report to the 2017 House of Delegates.

Initiative/Program: Systematic reviews conducted by Council-appointed expert panels.

Success Measure: Submission of a manuscript from the second review project (addressing head and neck cancer treatment) by the end of 2020; initial exploratory scoping and soliciting of expert panel members for third review project (solid organ transplantation) by Q1 2021.

Outcome: Though the project has faced minor delays due to resource reallocation to vaping and COVID-19-related work, the Council believes it has success fully achieved the directives set forth in this resolution (refer to the Resolution Worksheet submitted on this resolution for HOD consideration).

Resolution: 79H-2019 – Gathering Evidence to Develop Policy Regarding Cannabis Use

> **79H-2019**. **Resolved**, that the ADA encourage research and data gathering on the effect of cannabis and cannabidiol (CBD) products on the dentition and surrounding oral mucosa, so that policy and guidelines can be developed to help the profession meet the needs of the patients.

Initiative/Program: Exploration of existing and potential member resources

Success Measure: Audit of existing ADA materials, and the development of new materials.

Outcome: The Council chair delegated responsibility for implementation of this resolution to the Clinical Excellence Subcommittee. An internal audit of existing materials determined that an Oral Health Topic (OHT) page, Cannabis: Oral Health Effects, is available on ADA.org, and serves as the only available member resource on this topic. That webpage contains information primarily on cannabis; information on the impact of CBD on the oral cavity is currently limited.

The Subcommittee is currently considering the need for creation of a cannabis and CBD ad hoc workgroup to explore the existing literature on cannabis/CBD products and their impact, if any, on the oral cavity. As appropriate, the OHT page will be updated to reflect additional information on both products as they relate to clinical care or patient safety.

Resolution: 84H-2019 – Vaping Effects on Oral Health

> **84H-2019. Resolved**, that the American Dental Association add “vaping” and any other alternative delivery system for both tobacco and non-tobacco products to ADA Policy, and be it further
>
> **Resolved**, that this be referred to the appropriate Council and that a report be made to the 2020 ADA House of Delegates to update current ADA Policy.

Initiative/Program: The Council was assigned as lead agency for implementation of the Resolution 84H-2019, with assistance from the Council on Advocacy for Access and Prevention (CAAP). In January 2020, the Council convened an ad hoc “Vaping and Oral Health Workgroup” to explore the existing scientific literature around vaping and its potential impact on oral health. This workgroup is comprised of members from Council, CAAP and CDP.

Success Measure: A review of the existing scientific literature and development of an informational report for presentation to the Council for approval in June 2020.

Outcome: The informational report will be submitted to the 2020 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2021.

Policy Review

In 2020, the Council reviewed no policies in accord with Resolution 170H-2012, Regular Comprehensive Policy Review.

Council Minutes

For more information on recent activities, see the Council's minutes on ADA.org.

ADA Business Enterprises, Inc.

Wholly Owned Subsidiary Annual Report and Financial Affairs

Mercer, James, 2019, South Carolina, chair
Kolman, Paul, 2019, Indiana
Maher, John, 2021, Wisconsin
McDougall, Kenneth 2020, North Dakota*
Meckler, Edward, 2020, Ohio
Doroshow, Susan, 2022, Illinois*
O'Loughlin, Kathleen (Illinois, ADA Executive Director)

Doherty, Deborah, managing director

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

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

In 2019, ADABEI Goals Included:

- Financial Sustainability
  - Increase Non-Dues Revenue for ADA and State Dental Societies
  - Replace / Launch Two Major Providers
  - Key Provider Renewals and Business Development
- Increase Member Value
  - Increase Member Engagement and Data Centric Focus
  - Improve Member Experience and Customer Service
  - Improve Marketing Tactics and Segmentation Based on Data
  - Improve Existing Product Retention Rates
- Develop Organization with Capacity to Meet Stakeholder Needs
  - Internal Organization Capacity and Efficiency
  - Increase Collaboration with ADA and State Dental Societies

In 2019, ADABEI achieved nearly all of the goals. Examples, among other efforts, included:

- Financial Goals Above and Below Plan (See Tables 1 and 2)
  - Two Major Product Replacements / Launches
    - BMO Harris (Practice Financing)
    - OnPay (Online Payroll)
- Provider Renewals and Business Development
  - HealthFirst (Sharps Management)
  - Cyracom (Interpretation and Translation Services)
  - Lenovo (Computers & Technology)
  - Lands' End (Staff Apparel)
- Increased State Royalty Sharing and Co-Endorsements
  - 50 State Co-Endorsements
  - 628 Product Co-Endorsements (Exceeded Goal by 2.1%)
  - 904 State Marketing Efforts (Exceeded Goal by 3.3%)
  - $1,173,000 State Royalty Share (On Target)
- Member Value and Engagement
  - Generated Leads to Partners = 83,982 (Exceeded Plan by 36.5%)
  - New Accounts = 19,923 (Missed Plan by 9.5%)

**ADA Trustee*

ADABEI Financials

In 2019, ADABEI earned $2,505,000 in gross revenue as a result of service fees to ADABEI from the program and finished 2018 with net income (pre-tax) of $339,000, driven by product performance and management of operational expenses on target.

Table 1. 2019 ADABEI Financials

	2019 Actuals	2019 Budget	Variance ($)	Variance (%)
ADABEI Revenue	$2,669,000	$2,525,000	$144,000	5.7%
Expenses	$2,248,000	$2,250,000	$2,000	0.1%
Net (Pre-Tax)	**$421,000**	**$275,000**	**$146,000**	**53.1%**

ADA Royalties

In 2019, the ADA earned royalties of $3,373,000 from endorsed providers in the program, below the budget by ($288,000) or (7.9%). The variance was driven in large part by the switch of long-time relationship with Wells Fargo to new provider, BMO Harris for Practice Financing.

State dental societies may choose to co-endorse products and services and share in program revenue through a license agreement. In 2019, the ADA shared $1,190,000 in royalties with states, the fourth year in a row the state royalty share exceeded $1 million. States, through 2019, co-endorse 628 products.

Table 2. 2019 ADA Financials

	2019 Actuals	2019 Budget	Variance ($)	Variance (%)
ADA Royalties	$3,373,000	$3,661,000	($288,000)	(7.9%)
State Royalty Share	$1,190,000	$1,200,000	$10,000	0.8%

Emerging Issues and Trends

Products

ADABEI continues to focus on the strategic management of endorsed provider relationships, to develop short and long-term approaches to improve member value through product features, pricing and service. In 2019, the program included 20 products and services from 16 providers:

- Credit Card—U.S. Bank
- Credit Card Processing—Chase Paymentech, LP
- Patient Financing—CareCredit, LLC
- Practice Financing & Commercial Real Estate—BMO Harris Bank
- Luxury Vehicles—Mercedes-Benz
- Marketing, ADA TV and Secure Email—PBHS, Inc.
- Tours & Cruises—AHI Travel
- Interpretive Services—Cyracom
- Amalgam Separators, Emergency Medical Kits and Sharps—HealthFirst
- Payroll Services—OnPay
- Message on Hold—InTouch Practice Communications

- Staff Apparel—Lands' End Business Outfitters, Inc.
- Online Backup and Digital Records—The Digital Dental Record
- Shipping—UPS and Meridian One Corporation
- Appliances—Whirlpool VIP Program and Meridian One Corporation
- Computers & Technology—Lenovo and Meridian One Corporation

2020 Outlook

Maher, John, 2021, chair
McDougall, Kenneth 2020, North Dakota*
Meckler, Edward, 2020, Ohio
Doroshow, Susan, 2022, Illinois*
Samandari, Nafys, 2024, Arizona
Bulman, Bill, 2024, Illinois
O'Loughlin, Kathleen (Illinois, ADA Executive Director)

Doherty, Deborah, chief executive officer

Summary: 2020 has proven to be a very challenging year and the COVID-19 impact on ADABEI's performance will continue to make 2020 volatile in terms of projecting financial performance. Through February, the ADABEI program was performing well and progressing toward achieving its goals until COVID-19 impacted all stakeholders. ADABEI providers started to see the impact of COVID-19 in March when performance metrics saw a significant decline in April. While there has been some early progress in May, ADABEI expects the uncertainty to continue through the balance of the year.

Financials: Due to COVID-19, ADA royalties are projected to be below plan by approximately ($1.6M). The state royalty share, an expense for the ADA, is projected to be below plan by approximately $562K. The net impact to the ADA is projected to be approximately ($1.1M) and is highly dependent upon the performance of the endorsed providers through the balance of the year. In an effort to try and help offset the ADA's approximate ($1.1M) net loss specific to the ADABEI program, ADABEI has reduced operational expenses by approximately $60,000, reallocated $250,000 in revenue to the ADA and will continue to assess additional opportunities (i.e., expense reductions, revenue reallocations, year-end dividend) to offset the ADA's net loss.

Business Development: ADABEI's new endorsement for credit card processing launched in the beginning of May with Best Card. Early response has been very strong. In their first month (May), Best Card reported a high level of member inquiries and sales (68) that far exceed what was seen with Chase. ADABEI continues to research opportunities and additional revenue, including new products. It is expected that additional new products will launch in the second half of 2020.

**ADA Trustee*

ADA Business Innovation Group (ADABIG)

ADA Business Innovation Group Board of Directors

Crowley, Joseph, 2022, Ohio
Hanzelin, Rick, 2021, Illinois
Kim, Kija, 2022, Massachusetts
Liew, Roger, 2020, Illinois
MacIver, Carolyn, 2021, Wisconsin
Norbo, Kirk, 2020, Virginia*
O'Loughlin, Kathleen, Illinois, ADA executive director

Board of Directors Discussion Participants**
Gehani, Chad, ADA president
Sholty, Paul, ADA chief financial officer

Board of Directors Legal Advisors**
Christiansen, Scott, ADABIG retained legal counsel
Elliott, Thomas, C., Jr., ADA deputy general counsel and ADABIG corporate secretary

Robinson, Bill, president & chief executive officer
Ebert, Suzanne, vice president, dental practice & relationships
Simmers, Bree, manager, operations, marketing & administration
Kaplan, Kenny, director, technology applications & projects

ADA Practice Transitions™

ADA Practice Transitions is the result of a strategic consulting project initiated by the Budget and Finance Committee of the ADA Board of Trustees to reexamine the ADA's business model. In order to maintain the financial stability of the organization, it was determined that the ADA needed to develop services that solve critical problems for dentists in ways that can generate non-dues revenue while also making membership more attractive. The development of ADA Practice Transitions™ (ADAPT) is the direct result of both quantitative and qualitative market research.

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

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

Executive Summary

As is the nature of innovation and pilots, ADAPT continues to adjust based on market conditions and customer response. The ADAPT management team is adjusting messaging, pricing and service design in conjunction with the ADA Business Innovation Group (ADABIG) Board of Directors as a response to market feedback. In addition, the ADABIG Board is directing the team to think more broadly about potential changes to the business model that could generate more revenue, shorten the sales cycle and broaden the appeal of the service.

It is clear that the time to reach profitability will be longer than originally anticipated and will result in additional cost. There is a significant positive market response and many reasons to believe that this service is needed. Dentists have expressed a strong desire for the ADA to fill that need with an innovative service. This report

** ADA Trustee*
*** Non-voting*

includes new assumptions, financial projections and market learnings over the course of the pilot. It should be clear that these projections and assumptions do not take into account the full impact of the current COVID-19 crisis. It is unlikely that ADAPT will achieve the goals set out for 2020 given the amount of uncertainty in the market.

Table 1. Platform Participation by State

State	All Users	All Paid Users	Active Owner	Active Incoming	Connections	Matches
Wisconsin	166	84	34	11	31	2
Maine	57	25	12	4	10	4
Michigan	124	46	17	21	10	0
Iowa	27	7	3	2	1	0
Kentucky	47	13	6	6	0	0
Indiana	52	14	9	4	2	0
New Hampshire	24	8	3	3	1	0
Minnesota	43	14	3	8	0	0
Other*	91	16	4	6	1	0
TOTALS	**631**	**227**	**91**	**65**	**56**	**6**

* This represents participants from other states who are willing to work in the eight pilot states or owners who have chosen to sign on to the platform in anticipation of expansion to their state.

Table 2. Platform Participation by Status

	10/15/2019	1/10/2020	5/01/2020
Owner	47	63	90
Incoming	26	36	80
Matchable	50	82	154
Suggested	48	63	109
Connected	20	30	68
Matched	3	7	6
Currently Active	73	99	170
Paid All Time	91	138	248
Unpaid	114	338	430

Table 3. Funding

Resolution	Amount	Spending to date	Status
B-67-2018	Up to $3.5 million	$2,969,422	Closed
B-35-2019	Up to $5 million	$1,417,707 thru March 2020	Active

The current funding of up to $5 million is adequate to support the project through mid-year 2021; at that time, additional funding would likely be required. Based on the most recent financial projections, ADAPT would break even early in 2022 if it pursues aggressive expansion that would result in near nationwide coverage as soon as possible. These projections were made without considering recent market changes—the impact of the pandemic will extend both the costs and the timing for achieving these goals.

Chart 1 shows the projected breakeven based on expense and revenue projections through 2024. ADAPT provided the projections and ADA Finance built the models.

Chart 1. ADABIG Operating Revenues Versus Expenses

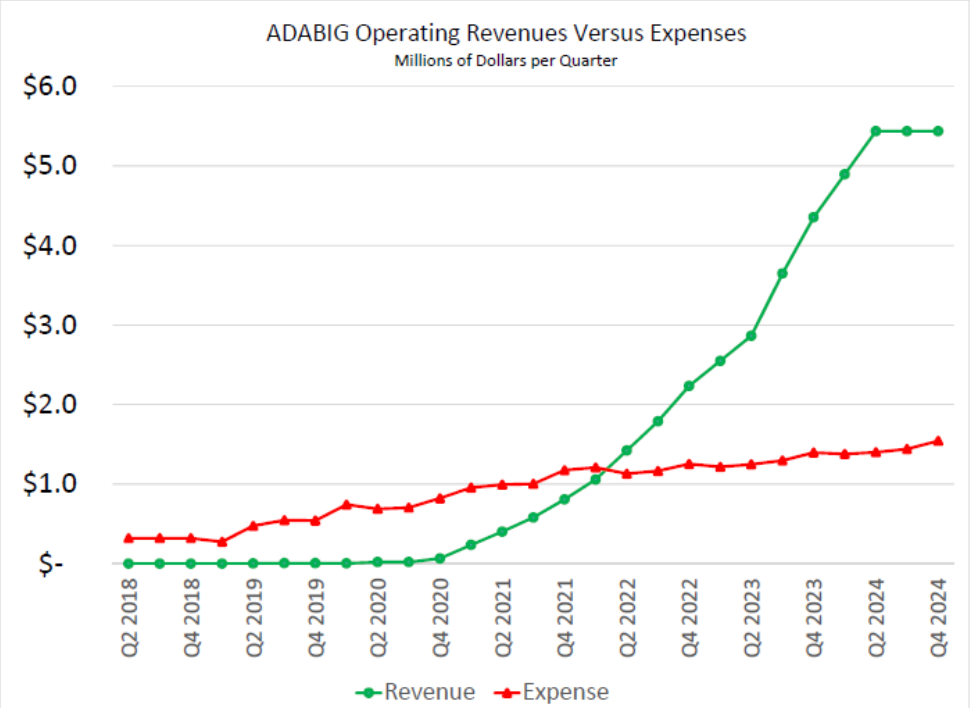


Table 3 uses the same revenue and expense projections to drive net income for the next five years. While ADAPT does anticipate revenue from subscriptions, it is a nominal amount until the service is at scale. Any revenue gained in addition to these projections will make the results stronger.

Table 3. Income Statement

ADA Business Innovation Group
Projected Summary Income Statement as of March 9, 2020
Thousands of Dollars

	2018	2019	2020	2021	2022	2023	2024
Revenue							
Associate Match	$ -	$ -	$ 88	$ 1,215	$ 3,878	$ 5,373	$ 5,373
Subscription	-	14	-	-	-	-	-
Practice Sales	-	-	21	811	2,624	8,041	15,834
Total	-	14	109	2,027	6,502	13,414	21,206
Op Expenses Excl Deprec	970	1,462	2,394	3,483	4,340	4,815	5,422
Earnings Before Int, Taxes, Deprec	(970)	(1,448)	(2,285)	(1,457)	2,163	8,598	15,784
Depreciation	-	377	563	645	417	343	342
Taxes	-	-	-	-	-	903	4,707
Net Income	(970)	(1,825)	(2,848)	(2,101)	1,745	7,352	10,735

Expansion, Projected Platform Participation and Revenue through 2024

ADAPT management did a detailed analysis of the market penetration in the current pilot states giving more weight to Wisconsin and Maine since those states offer the most data. In addition, management projected those matches that are likely to close in transactions in the coming months as the basis for projections in other states as the service expands. The following assumptions were made related to these projections:

Available Market: Active dentists (not retired, not specialist, not academic) less than 15 years out of dental school + dentists over the age of 60. These numbers are derived for each state where ADAPT is currently participating or anticipating expansion.

Market Penetration for Associate Matches: It starts at 1% and grows to 3% at full scale. The penetration assumptions are related to the available market six months prior in the total states where ADAPT is available. This would involve under 1,400 associate matches each year at full scale.

Market Penetration for Practice Sales: It starts at 0.3% of the available market and increases to 1.3% at full scale. At full scale, this would be under 600 practice sales each year.

Associate Match Revenue: $4,000 per match

Average Practice Value: $500,000

Practice Sale Transaction fee: 5.5% (this is an increase from the 4% offered in the pilot)

Table 4. ADAPT Sales Pipeline and Revenue Forecast

ADAPT Sales Pipeline and Revenue Forecast
March 9, 2020

	2019			2020				2021				2022				2023				2024			
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
Geographies	WI, ME			IA,MN,KY,IN,MI,NH		Add FL		Add NY	Add TX	Add CA		Nationwide Expansion											
Unsubmitted Profiles																							
Owners	42	50	141	165	232	327	363	448	584	791	998	1,512	1,975	2,331	2,686	2,686	2,686	2,686	2,686	2,686	2,686	2,686	2,686
Incoming	33	35	123	146	180	253	282	348	453	614	774	1,173	1,532	1,808	2,084	2,084	2,084	2,084	2,084	2,084	2,084	2,084	2,084
Customer Unmatched (profile approved)																							
Owners	49	43	56	82	135	191	212	261	341	461	582	882	1,152	1,360	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567
Incoming	19	15	33	51	126	177	197	243	317	430	542	821	1,073	1,266	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459
	68	58	89	133	261	368	409	505	658	891	1,124	1,703	2,225	2,625	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026
Customers that are Matched																							
Owners	-	1	3	2	37	44	54	72	92	132	160	242	309	380	391	420	445	465	485	485	485	482	475
Incoming	-	1	3	2	37	44	54	72	92	132	160	242	309	380	391	420	445	465	485	485	485	482	475
Closed Associate Contract																							
Owners	-	-	-	1	5	5	11	48	63	79	114	140	217	277	336	336	336	336	336	336	336	336	336
Incoming	-	-	-	1	5	5	11	48	63	79	114	140	217	277	336	336	336	336	336	336	336	336	336
Closed Practice Sale																							
Owners	-	-	-	-	-	-	1	2	6	10	13	18	20	25	32	44	55	84	109	129	149	149	149
Incoming	-	-	-	-	-	-	1	2	6	10	13	18	20	25	32	44	55	84	109	129	149	149	149
Associate Contract Revenue $K				4	20	20	44	194	250	317	455	560	869	1,106	1,343	1,343	1,343	1,343	1,343	1,343	1,343	1,343	1,343
Practice Sale Revenue $K				-	-	-	21	42	153	263	353	498	553	683	890	1,206	1,521	2,304	3,010	3,552	4,094	4,094	4,094
Total Annual Revenue $K							$ 109			$	2,027			$	6,502			$	13,413			$	21,206

Staffing

At the submission of this report, current staff stands at six people. Additional staff will be hired pending decisions on the pace of expansion.

Key Metrics for the Pilot

Key Metric	Result
Active minimum viable product in market on time (first quarter of 2019)	Complete April 1, 2019.
Select and implement two pilot states based on Governance Team criteria—Wisconsin and Maine: o 200 dentists participate on platform (target 7% of total dentist population—e.g., 160 in Wisconsin + 40 in Maine) o 25 matches made (25% of participants—40 in Wisconsin + 10 in Maine)	166 (84 paid) Dentists have participated in Wisconsin; 57 (25 paid) in Maine. Since release in the market, ADAPT rolled out in an additional six states and eliminated the enrollment fee. The total paid users for the six additional states total 102 for a grand total of 211 across eight states As of the submission of this report, there are three associate contracts signed and one practice sale under contract.
Establish pricing and revised Business (Financial) Model by year end 2019	Given the results so far, management continues to revise projections and consider new pricing models and service configurations that will lead to financial sustainability.

	Because of the current health crisis, ADAPT has changed the monthly subscription fee to $1 to be reconsidered on a monthly basis. In addition, the monthly fee has been waived for incoming dentists. For dentists who are accepting their first job after dental school, ADAPT provides a $500 credit making their participation free. Additional price adjustments are under consideration.
Based on Governance Team established criteria (complete), purchase, staff and actively manage at least one practice when sufficient incoming dentists are available on the platform to provide staffing (third quarter 2019)	At the direction of the ADABIG Board, ADAPT is considering purchasing a practice. There are wonderful practices that are worthy of consideration for purchase. While this will require additional capital in the short term, these purchases would also generate additional profit within two years.
Revision of financial model based on pilot results and learning	The financial model is reconsidered quarterly and adjusted as necessary based on market response.
Minimum quarterly communication to key stakeholders (Board of Trustees, House of Delegates, state execs, etc.)	Reports are delivered regularly to all stakeholders. ADA Finance delivers financials quarterly to ADABIG Board.

ADAPT Marketing Results

Over 600 ADAPT profiles have been created as of the submission of this report. The ADAPT website has seen over 111,000 page views, nearly 40,000 sessions and 20,000 unique users (there are approximately 16,600 active, licensed dentists in ADAPT operating states). Website visits are predominately new users indicating awareness continues to increase as ADAPT expands its service and marketing outreach.

The ADAPT Blog also continues to increase visitors month-over-month with around 8,500 views since launching, which shows significant interest in the content created.

Market Successes

- Over 600 profiles have been created with participation from just eight states
- Competitors are responding dramatically and with great energy
- Other vendors in the dental space (accountants, lawyers, etc.) verify the problems with the current broker model and welcome a vendor connected with the ADA
- Most states are eager for ADAPT to expand into their geography—some report members calling and asking why ADAPT is not yet available in their state
- There is near universal confirmation of the problem and challenges with the current transitions industry
- The business is sustainable and even profitable at relatively low penetration rates
- Demographics support an increasing number of practice sales
- Market interest is significant for a startup in such a short time—awareness is even greater
- ADAPT has helped change the perception of the ADA toward a more innovative, relevant and supportive organization
- The mission of the company beyond profitability resonates deeply with dentists—helping support and protect independent dentistry and helping to keep practices open to maintain access to care

Market Challenges

- The success of ADAPT—as a new business model entering the market—will take longer than originally anticipated because:
    - ADAPT is working to change a deeply embedded mindset of 'transition truths' created by the current broker model
    - Customer behavior is slower than was expected from market feedback
    - Transactions are fragile and currently take 12–18 months to complete, delaying the receipt of ADAPT revenue
    - Dental support organizations (DSO) have an outsized impact both on hiring incoming dentists and the purchase of practice than their size would indicate
- Dentists are skeptical of new ways of doing things and prefer "others to try it first."
- It is likely that the pandemic situation will have an impact on ADAPT. It is impossible to accurately predict the impact of the crisis during this time of uncertainty, but it will most likely involve more money in the short term to manage expenses while waiting for business to resume.

Recent Changes Related to COVID-19 Pandemic

Starting in mid-March, ADAPT reduced the monthly subscription fee to $1 for those customers who choose to continue with the service during this time. Staff has contacted most customers and have been surprised that the majority say they want to continue searching for a match during a time when they can focus more on evaluating their options. At the same time, they acknowledge that the current situation has introduced tremendous uncertainty and it will likely delay their decisions. In addition, ADAPT staff recognizes the priority of serving ADA members during this unprecedented time and has made themselves available as resources to the ADA to help wherever needed.

ADABIG Board Summary

The ADABIG Board continues to support ADAPT. Throughout the pilot, the management team has confirmed the need for an alternative to the current entrenched broker model as well as develop a deeper understanding of their customers' needs and expectations. The growth of ADAPT provides a unique opportunity to the ADA to fill the needs of dentists throughout the country in a very real and tangible way. The management team continues to learn from its interactions with customers and other vendors in the market and is making adjustments based on those learnings. The ADABIG Board has defined specific goals and expectations for the company through the rest of 2020, though it should be noted that these goals were established prior to the current COVID-19 crisis. The ADABIG Board will continually reconsider their expectations as well as company performance as business conditions change in relation to the crisis. It is possible that an online platform for managing transitions could be even more attractive as dentists seek to manage their careers in this time of uncertainty.

In addition, ADAPT seems to be providing another layer of credibility to the ADA brand. Younger dentists see the service as being immediately relevant and practical to their situation. It signals that the ADA is listening to their needs and responding dramatically by building a service that is at the heart of their career aspirations. Similarly, owner dentists call out the innovation of focusing on philosophy of care as a way to protect and enhance their legacy by providing continuity of care for their patients as they grow or transition their practice.

At the same time, the ADABIG Board recognizes the necessity of making the business financially sustainable and providing much needed non-dues revenue to the ADA to support ongoing operations and provide services to dentists that only the ADA can provide. The ADABIG Board is highly motivated to make the company successful and is bringing its significant experience to bear as ADAPT navigates its early stage development. The Board has added additional meetings and calls as the company navigates this critical time and considers aggressive expansion. The management team will continue to consider additional sources of revenue and to gain additional productivity and efficiency through the platform. The ADABIG Board continues

to believe this company provides a valuable service to dentistry and agrees that ADAPT is a key driver of the ADA’s current strategic plan.

ADA Foundation

Armstrong, Craig, 2023, Texas, chair*
Graves, Dana, 2022, Pennsylvania
Harrington, Jay, 2021, Georgia*
O'Loughlin, Kathleen, Illinois, ADA executive director

Araujo, Marcelo, chief executive officer

Refocusing of the ADA Foundation

Introduction

After several years of in-depth analysis of the philanthropic and research activities of the ADA Foundation (ADAF), in June 2019 the ADA Board of Trustees, acting as the sole member of the ADAF, made the decision to refocus the work of the Foundation towards research and science.

The goal of the transition relating to philanthropy was to wind down the charitable grant programs and funds in as brief a time as practical and to exhaust funds as designated—all while complying with donor intent and all applicable laws. As part of the wind down, the ADA then determined which philanthropic activities previously conducted by the ADAF it wished to continue to engage in (as well as other philanthropic activities).

Philanthropy

General Overview: The ADAF transition Board appointed by the ADA Board of Trustees in June 2019 oversaw the spending down of philanthropic funds other than the two endowment funds. The ADAF transition Board determined that the two endowed funds would continue to be overseen by the ADAF Board but would be administered by the ADA.

In addition, some of the ADAF key charitable programs and activities were transferred to a new department created within the ADA, the Department of Corporate Social Responsibility and Philanthropy (DCSR). The DCSR preserves and promotes ADA's longstanding commitment to improving the oral health of the public in the United States and beyond. Former ADAF programs and activities housed in the DCSR include Give Kids A Smile® and International Outreach. The DCSR also manages the ADAF's charitable assistance grants to dentists and their dependents.

***Philanthropy Funds*:** At the time of the ADA Board's actions, the ADAF philanthropy assets totaled $14,700,616.
As mentioned above, the two endowments (totaling $10,246,861) will continue to be held by the ADAF and overseen by the ADAF Board. Any grants from the endowments will be managed by the ADA DCSR. The endowments are intended to generate income to be used for specified purposes. One of the endowments (Relief Fund) provides charitable assistance grants to dentists and their dependents; the other (Samuel Harris Fund) provides funding to support the oral health status of American children.

All non-endowment funds ($4,453,755) have been or are expected to be expended over the next 12–18 months—all as directed by the ADAF Board and in accordance with donor restrictions.

Philanthropy Grants: Key grants and awards made in 2019 include the following:

- $33,804 comprised of the Loren Feldner fund and unrestricted access funds to Dental Lifeline Network to be used for access to care for underserved veterans.

* *ADA Trustee*

- $125,000 to Illinois Masonic Medical Center for year one of a three-year grant to improve the oral health status of children with special needs.

- $27,915 in disaster assistance funds International Medical Relief, a 501(c)(3) charitable organization with non-governmental organization (NGO) status based in the United States for emergency disaster relief in the Bahamas.

- $414,400 in charitable assistance grants to 19 individual dentists and/or their dependents.

- $258,022 in Access to Oral Health Care for People with Special Needs two-year (2019 and 2020) grants divided among four organizations in various amounts - United Cerebral Palsy Seguin of Greater Chicago, Viscardi Center, University of Rochester Eastman Institute for Oral Health, and The Ohio State University Nisonger Center.

- $1,033,946 to the ADA Department of Corporate Social Responsibility and Philanthropy for 2020Give Kids A Smile, Tiny Smiles, international volunteer projects, and grants administration.

- $80,000 in dental student scholarships of $20,000 each to four individuals.

- $37,189 in Senior American Access to Care grants divided equally amount three recipients as follows: Dental Care in Your Home of Albuquerque, New Mexico; Case Western Reserve University of Cleveland, Ohio; and Good Shepard Ministries of Oklahoma, Inc. of Oklahoma City, Oklahoma.

- $114,178 in E. “Bud” Tarrson Dental School Student Community Leadership Awards to nine dental schools as follows: University of North Carolina Adams School of Dentistry (two awards); Oregon Health & Science University School of Dentistry; New York University College of Dentistry; A.T. Still University of Health Sciences; University of Minnesota School of Dentistry; Tufts University School of Dental Medicine; Meharry Medical College; Harvard University School of Dental Medicine; and the University of Detroit Mercy School of Dentistry.

- $20,000 to the University of California San Francisco for a Collaboration Grant to provide continuity of care for 12 months to patients seen during the September 2019 access to care event in conjunction with the ADA Annual Session.

- $20,000 of International Volunteer Dental Project Grants of $5,000 each to four organizations as follows: Philos Health, Cape CARES, Washington Overseas Medical and Dental Mission, and World Health Dental Organization.

- $10,000 Dentsply Sirona Research Award for Dual Degree Candidates to one individual.

- $5,000 Crest and Oral-B Promising Research Award to one individual.

- $10,000 for the Dr. David Whiston Leadership Awards of $5,000 each to two individuals.

- $15,000 to The Indiana University School of Dentistry for the 2020 Give Kids A Smile National Kickoff Event.

Key grants and awards made from January 1, 2020 through April 30, 2020 include the following:

- $176,000 in charitable assistance grants to seven individual dentists and/or their dependents.

- $33,000 in dental student scholarships to be awarded in May or June 2020 to up to three individuals.

Other Transition Steps Taken

The transition has been extremely complex. While not exhaustive, the following list is provided to provide an overview of the transition process since June 2019. The following actions were taken:

- The executive director search was cancelled.
- ADAF presence at ADA FDI 2019 was cancelled except for the University of California San Francisco access to care event (previously funded and scheduled) which went forward with two staff members.
- ADAF break-out session during Management week was cancelled although ADAF did host a previously scheduled and contracted-for reception on Monday evening.
- The ADAF “donate now” button was removed from the ADAF website.
- Staff payroll deduction donations to the ADAF were discontinued.
- Recurring donations to the ADAF were discontinued; all donors were notified and thanked.
- Donors who made gifts after the June 23, 2019 ADA Board decision were thanked and advised of the shift to research and science and that there would be no individual fundraising in the future.
- Each of the seven states where a contribution to the ADAF could be made on member dues statements was notified to discontinue the option; copies of the letter were sent to the state executive director and district trustee.
- The Scholarship, Access to Care and Education, and Charitable Assistance committees were retained to make grants recommendations, as needed, to assist the Board in spending down funds; all other committees were discontinued. Following the transition, the Scholarship and Access to Care and Education committees were dissolved.

Science and Research

The structure of ADAF science and research as envisioned by the ADA Board evolved over the second half of 2019. The goal of the ADA Board in refocusing the ADAF was to combine the ADAF Research Center and the ADA Science Institute to allow for a renewed focus on the creation and translation of scientific knowledge and the development of new products and technology. The ADA Science and Research Institute is the key ADA subsidiary involved in the creation and translation of science for the practice of dentistry. The Research Center, based in Maryland, on the other hand, filled an important niche that is not duplicated by the National Institute of Dental and Craniofacial Research or corporate research in the advancement of dental research. The Research Center’s focus on early product development represents an avenue of dental research that has the potential for significant clinical impact and public benefit. The Board felt that joining the strengths of the Science Institute to those of the ADAF research center would offer economies of scale, proven management capability, strong strategic alignment, financial sustainability, and operational efficiencies for both the Research Center and the Science Institute.

However, as the process to focus the science work progressed, it became apparent that the structure of combining the ADA Science Institute with the ADAF Research Center as originally contemplated posed certain practical hurdles and legal risks because of the differences between 501(c)(6) organizations such as the ADA and 501(c)(3) charitable organizations such as the ADAF. It became evident that moving all of the ADA Science and Research Institute programs to the 501(c)(3) charitable organization would require a meaningful change in focus for many of the programs because the requirement that the activities of a 501(c)(3) must focus solely on the public interest.

Thus, to address these legal and practical considerations, the ADA Board of Trustees approved the creation of a new wholly owned subsidiary, in the form of a single member limited liability company with no employees to be named ADA Science and Research Institute LLC (ADASRI).

The structure described above has numerous practical and legal benefits as it: (1) allows greater flexibility for activities, staffing, and resources without the significant legal restrictions on the activities of a

501(c)(3); and (2) allows ADA to continue to do what ADA does best and not give up the essence of what it does, while still being able to collaborate with the 501(c)(3).

Dr. Marcelo Araujo is the ADA chief science officer, the ADAF chief executive officer, as well as the chief executive officer of ADASRI. As such, he will be able to guide the strategic direction of both organizations. During 2020, the ADAF Board of Directors is working with Dr. Araujo to guarantee a smooth transition of the Research center operations to the ADASRI, which should be concluded by December of this year.

New Grants Programs focused on research: Four new ADAF grant award programs have been developed in the research arena. The awards are intended to support new or junior researchers, via grants or stipends, to help support their academic research endeavors in dental institutions or “equivalent” institutions. The four award programs are as follows:

- $100,000 per year to support the ADAF Research Grant for Dental Students.
- $225,000 per year to support the ADAF Research Grant for Dentists Entering Academic Careers.
- $300,000 per year to support ADAF Oral Health Research Grant for Junior Faculty.
- $500,000 over two years, to support the ADAF Oral Health Research Pilot Grant Program for New Investigators.

ADA Science and Research Institute, LLC

Cohlmia, Raymond, 2023, Oklahoma, chair
Armstrong, Craig, 2023, Texas*
Dolan, Teresa, 2021, Florida
Featherstone, John, 2022, California
Kyger, Billie Sue, 2020, Ohio*
Nelson, Karen, 2023, Maryland
O'Loughlin, Kathleen, ADA executive director

Araujo, Marcelo, chief executive officer

Background and Governance

Background

In October 2019, the ADA Board of Trustees created a new wholly owned ADA subsidiary, in the form of a single member limited liability company, called the ADA Science and Research Institute, LLC (ADASRI), to provide for centralized and coordinated strategy and leadership of all ADA science and research activities. In December 2019, the BOT appointed Dr. Marcelo Araujo to serve as chief executive officer of the ADASRI to guide the strategic direction, collaboration, alignment, and allocation of resources necessary to effectively meet ADASRI needs and objectives. Similar to its other ADA subsidiaries, the ADA is the sole member of the LLC, and controls ADASRI board elections and removals, as well as approvals and amendments to the ADASRI Operating Agreement.

The goal of the ADA Board in creating the ADASRI was to combine the operations of the Research Center (RC), based in Maryland (the formerly Volpe Research Center) and the ADA Science Institute (based in Chicago) to allow for a renewed focus on the creation and translation of scientific knowledge and the development of new products and technology. The ADA Science Institute was seen as the key ADA division involved in the creation and translation of science and applied research for the practice of dentistry. The RC, housed within the ADA Foundation (ADAF), filled an important niche in the advancement of more basic dental research. The RC's focus on early product development represents an avenue of dental research that has the potential for significant clinical impact and public benefit. The ADA felt that joining the strengths of the Science Institute to those of the RC would offer economies of scale, proven management capability, strong strategic alignment, financial sustainability, and operational efficiencies for both the RC and the Science Institute.

ADASRI Governance and Structure

The ADASRI Operating Agreement was approved by the ADA Board of Trustees in December 2019. At that meeting, the ADA Board of Trustees also approved the ADASRI Board of Directors, effective as of January 1, 2020. Under this structure, the organization is governed by a Board comprised of two cross-over ADA Trustees, four outside directors, and the ADA executive director. Much of the work of the Board will be conducted through three committees: Budget and Finance, Governance, and Research.

The ADASRI structure provides numerous practical and legal benefits as follows:

- Provides for centralized, coordinated leadership of all ADA science and research activities
- Allows greater flexibility for activities, staffing, and resources than could be provided under a previously envisioned 501(c)(3) structure;
- Allows for oversight of science and research by a separate, skills-based board which includes outside

** ADA Trustee*

experts and those who can assist in new strategic partnerships for the organization;
- Maximizes the ability of ADASRI to develop patents through innovative research;
- Combines all previous ADA Science Institute and RC programs and employees, and some ADAF employees, in one entity focused on research and science, under the governance of a skills-based board of directors and under the direction of the same CEO;
- Provides a mechanism to build a designated science and research fund for investment in future projects/capital;
- Provides centralized, coordinated capability to apply for and receive government and private grants;
- Provides for collegial interaction with the Council on Scientific Affairs (CSA) to identify and address dental research priorities of mutual interest as well as for collaboration on projects that align with CSA's assigned duties and responsibilities; and
- Enhances collaborative opportunities with universities, industry and other research groups.

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

ADASRI Purpose Statement and Strategic Plan

The ADASRI Board of Directors met for the first time on January 22–23, 2020, at the ADA headquarters in Chicago. At that meeting, the Board elected Dr. Raymond Cohlmia to serve as chair. The Board discussed financial expectations of the ADASRI, potential funding sources/revenue streams, the desired relationship between the strategic plans of the ADA and ADASRI, the formation and expectations of needed governance structures, and its overall mission.

After considerable discussion, Board members decided against the development of separate vision and mission statements. The group deemed that one strong and defined "statement of purpose" would be both desirable and sufficient to guide ADASRI Directors and staff with a strategic direction. The following statement was adopted by the ADASRI Board in January 2020:

Improving Lives through Oral Health, Science and Research

In April 2020, the ADASRI Board contracted an outside consultant to lead its initial strategic planning session. Guided by the ADASRI purpose statement, Board members drafted goals and strategies, which are currently being reviewed and refined by the ADASRI Committees. The ADASRI Board expects to approve its first strategic plan by June 2020.

ADASRI Operations

Dr. Araujo provides day-to-day leadership to ADASRI staff for meeting the expectations of the ADASRI Board. To date, key emphasis has been placed on the following areas:

- Overseeing scientific information for the profession (including the development of clinical practice guidelines) through the Department of Evidence Synthesis and Translation Research;
- Delivering consumer value via the ADA Seal of Acceptance Program;
- Conducting product evaluation and ADA/American National Standards Institute (ANSI) standards-related research in its Chicago laboratory through the Department of Research and Laboratories; and
- Developing new products and technology to support the profession and patients in its Maryland laboratories through the Department of Innovation and Technology.

A simple services agreement is being finalized between the ADASRI and ADA to ensure that all ADASRI staff are paid by the ADA and receive full ADA benefits.

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Consolidated Financial Statements and Supplemental Schedules

December 31, 2019 and 2018

(With Independent Auditors' Report Thereon)

KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

Independent Auditors' Report

The Board of Trustees
American Dental Association and Subsidiaries:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of the American Dental Association and Subsidiaries, which comprise the consolidated statements of financial position as of December 31, 2019 and 2018, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the American Dental Association and Subsidiaries as of December 31, 2019 and 2018, and the results of their activities and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Emphasis of Matter

As discussed in note 1(p) to the consolidated financial statements, in 2019, the American Dental Association and Subsidiaries adopted Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, as amended, ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*, and ASU No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. Our opinion is not modified with respect to these matters.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplementary information included in schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois
June 10, 2020

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Financial Position

December 31, 2019 and 2018

Assets		2019	2018
Cash and cash equivalents	$	9,631,786	9,330,586
Receivables		11,341,334	12,102,903
Deferred tax asset, net		7,142	41,997
Income taxes receivable		560,884	211,311
Prepaid expenses and other assets		5,423,143	5,668,411
Inventories, net		969,435	770,349
Marketable securities and alternative investments		169,959,054	154,961,379
Property and equipment, net		38,894,891	39,552,285
Funds held for deferred compensation		6,839,093	5,865,773
Total assets	$	243,626,762	228,504,994
Liabilities and Net Assets			
Accounts payable and accrued liabilities	$	13,764,499	14,784,582
Deferred revenue		15,043,722	13,885,723
Liability for deferred compensation		6,839,093	5,865,773
Postretirement benefit obligation		13,247,050	11,368,157
Pension liability		54,660,936	49,746,508
Total liabilities		103,555,300	95,650,743
Net assets:			
Without donor restrictions		124,358,417	117,811,736
With donor restrictions		15,713,045	15,042,515
Total net assets		140,071,462	132,854,251
Total liabilities and net assets	$	243,626,762	228,504,994

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Consolidated Statements of Activities

Years ended December 31, 2019 and 2018

	2019			2018		
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Revenue:						
Membership dues	$ 55,822,190	—	55,822,190	54,596,562	—	54,596,562
Advertising	5,823,587	—	5,823,587	6,333,049	—	6,333,049
Rental income	6,627,951	—	6,627,951	6,840,375	—	6,840,375
Publication and product sales	6,631,135	—	6,631,135	6,138,932	—	6,138,932
Testing and accreditation fees	27,839,329	—	27,839,329	26,968,183	—	26,968,183
Meeting and seminar income	10,414,739	—	10,414,739	7,825,335	3,150	7,828,485
Grants, contributions, and sponsorships	3,173,710	3,710,970	6,884,680	2,572,983	4,045,936	6,618,919
Royalties and service fees	18,757,326	—	18,757,326	19,889,036	—	19,889,036
Investment return, net	22,401,811	2,166,563	24,568,374	(5,461,586)	(776,887)	(6,238,473)
Other income	3,708,255	86,130	3,794,385	3,408,582	170,689	3,579,271
Net assets released from restrictions	5,293,133	(5,293,133)	—	5,339,340	(5,339,340)	—
Total revenue	166,493,166	670,530	167,163,696	134,450,791	(1,896,452)	132,554,339
Expenses:						
Staff compensation, taxes, and benefits	65,728,642	—	65,728,642	63,163,995	—	63,163,995
Printing, publication, and marketing	11,696,459	—	11,696,459	9,907,221	—	9,907,221
Meeting expenses	4,630,354	—	4,630,354	2,826,640	—	2,826,640
Travel expenses	7,721,282	—	7,721,282	7,210,967	—	7,210,967
Consulting fees and outside services	16,674,773	—	16,674,773	16,222,464	—	16,222,464
Professional services	10,507,751	—	10,507,751	9,621,219	—	9,621,219
Office expenses	5,937,487	—	5,937,487	5,320,615	—	5,320,615
Facility and utility expenses	7,054,014	—	7,054,014	7,371,675	—	7,371,675
Grants and awards	6,239,018	—	6,239,018	6,501,372	—	6,501,372
Endorsement expenses	1,597,786	—	1,597,786	1,531,325	—	1,531,325
Depreciation and amortization	7,066,955	—	7,066,955	6,881,621	—	6,881,621
Bank and credit card fees	1,869,338	—	1,869,338	1,484,746	—	1,484,746
Other expenses	1,164,167	—	1,164,167	1,164,330	—	1,164,330
Pension – and postretirement health plan – net periodic benefit cost other than service cost	3,806,979	—	3,806,979	765,168	—	765,168
Total expenses	151,695,005	—	151,695,005	139,973,358	—	139,973,358
Net income (loss) before income tax expense and pension – and postretirement health plan – related changes other than net periodic benefit cost	14,798,161	670,530	15,468,691	(5,522,567)	(1,896,452)	(7,419,019)
Income tax expense	925,411	—	925,411	1,101,931	—	1,101,931
Pension – and postretirement health plan – related changes other than net periodic benefit cost	7,326,069	—	7,326,069	(448,326)	—	(448,326)
Change in net assets	6,546,681	670,530	7,217,211	(6,176,172)	(1,896,452)	(8,072,624)
Net assets at beginning of year	117,811,736	15,042,515	132,854,251	123,987,908	16,938,967	140,926,875
Net assets at end of year	$ 124,358,417	15,713,045	140,071,462	117,811,736	15,042,515	132,854,251

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
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Consolidated Statements of Cash Flows

Years ended December 31, 2019 and 2018

	2019	2018
Cash flows from operating activities:		
Change in net assets	$ 7,217,211	(8,072,624)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Pension – and postretirement health plan changes	11,133,048	316,842
Depreciation and amortization	7,066,955	6,881,621
Deferred income taxes, net	34,855	(22,340)
Net change in unrealized gains and losses in fair value of marketable securities and alternative investments	(18,913,949)	16,097,291
Net realized gain on sale of marketable securities and alternative investments	(2,148,046)	(6,864,173)
Net assets released from restrictions and used for operations	5,293,133	5,339,340
Changes in assets and liabilities:		
Receivables	761,569	(2,566,200)
Income taxes receivable, net	(349,573)	(195,210)
Prepaid expenses and other assets	245,268	1,380,569
Inventories, net	(199,086)	(187,055)
Accounts payable, accrued liabilities, and other liabilities	(1,020,083)	3,215,515
Deferred revenue	1,157,999	432,409
Pension liability and postretirement benefit obligation	(4,339,727)	(4,676,784)
Net cash provided by operating activities	5,939,574	11,079,201
Cash flows from investing activities:		
Purchases of marketable securities and alternative investments	(41,613,222)	(67,781,355)
Sales and maturities of marketable securities and alternative investments	47,677,542	70,482,678
Acquisitions of property and equipment	(6,409,561)	(7,724,138)
Net cash used in investing activities	(345,241)	(5,022,815)
Cash flows from financing activities:		
Net assets released from restrictions and used for operations	(5,293,133)	(5,339,340)
Net cash used in financing activities	(5,293,133)	(5,339,340)
Net increase in cash and cash equivalents	301,200	717,046
Cash and equivalents at beginning of year	9,330,586	8,613,540
Cash and cash equivalents at end of year	$ 9,631,786	9,330,586
Supplemental disclosure of cash flow information:		
Cash paid for income taxes	$ 1,150,242	1,319,980

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2019 and 2018

(1) Summary of Significant Accounting Policies

(a) Organization and Purpose

The American Dental Association (the Association) is organized as an association of members of the dental profession, residing primarily in the United States of America, and is designed "to encourage the improvement of the health of the public and to promote the art and science of dentistry."

The accompanying consolidated financial statements include the accounts of the Operating and Reserve Divisions of the Association, the American Dental Political Action Committee (ADPAC), ADA Foundation (ADAF), and the Association's wholly owned for-profit subsidiaries, ADA Business Enterprises, Inc. (ADABEI) and ADA Business Innovation Group (ADABIG).

ADPAC promotes the Association's political and legislative agenda.

ADAF was organized to operate exclusively for charitable, scientific, and educational purposes.

ADABEI manages the for-profit activities organized by the Association, offering a range of products and services to Association members in conjunction with various service providers under the title of ADA Business Resources.

In 2018, the Association formed a new for-profit subsidiary organized as ADABIG. ADABIG was formally incorporated as of June 14, 2018. The initial services offered by ADABIG are ADA Practice Transitions whose purpose is to match dentists with practice owners who are seeking a partner, associate, or someone to purchase their practice.

All significant intercompany accounts and transactions have been eliminated in consolidation.

(b) Basis of Accounting

The consolidated financial statements of the Association are prepared using the accrual basis of accounting in accordance with U.S. generally accepted accounting principles. The Association maintains its accounts in accordance with the principles of fund accounting. Fund accounting is the procedure by which resources for various purposes are classified for accounting purposes in accordance with activities or objectives specified by the donors.

These consolidated financial statements have been prepared to focus on the Association as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of fund balances into two classes of net assets – without donor restrictions and with donor restrictions. Descriptions of the two net asset categories are as follows:

- *Without donor restrictions* – Net assets that are not subject to donor-imposed restrictions and are resources available to support operations. This category includes board-designated funds functioning as endowment, which represent funds that have been appropriated by the board, the income from which is used in support of the purposes and mission of the Association.

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AMERICAN DENTAL ASSOCIATION
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- *With donor restrictions* – Net assets subject to donor-imposed restriction for use for a particular purpose. The Association's unspent contributions are included in this class if the donor limited their use. The Association's donor-restricted endowment funds, which must be maintained in perpetuity with the income from which used in support of the purposes and mission of the Association, are included in net assets with donor restrictions.

  When a donor's restriction is satisfied, either by using the resources in a manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the consolidated financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

All revenue and net gains are reported as increases in net assets without donor restrictions in the consolidated statement of activities unless the donor specified the use of the related resources for a particular purpose or in a future period. All expenses and net losses other than losses on endowment investments are reported as decreases in net assets without donor restrictions. Net gains on endowment investments increase net assets with donor restrictions, and net losses on endowment investments reduce that net asset class.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue, expenses, gains, and losses during the reporting period. Actual results could differ from those estimates.

(d) Cash and Cash Equivalents

Cash equivalents at December 31, 2019 and 2018 consist primarily of interest-bearing deposits under overnight repurchase agreements. The Association, ADPAC, ADAF, and ADABEI each maintains its cash balances in financial institutions, which at times may exceed federally insured limits. The Association, ADPAC, ADAF, and ADABEI have not experienced any losses in such accounts and believe they are not exposed to any significant credit risk on cash.

(e) Receivables and Allowance

Accounts receivable are reported net of an allowance for doubtful receivables to represent the Association's estimate of the amount that ultimately will be realized in cash. The allowance for doubtful receivables is determined after considering a number of factors, including the length of time receivables are past due, the Association's previous loss history, the customer's current ability to pay its obligations, and the condition of the general economy as a whole. Uncollectible accounts are written off, and payments subsequently received on such receivables are credited to the allowance for doubtful receivables. Receivables include pledges receivable for unconditional promises for which payment has not been received. Pledges receivable are recognized at the estimated present value of expected future cash flows, net of allowances.

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(f) Marketable Securities

Investments in marketable securities are carried at fair value based on quoted market prices or other observable inputs. Realized and changes in unrealized investment gains and losses are included within investment income in the accompanying consolidated financial statements. Net realized capital gains or losses on sales are calculated based on the cost of securities sold.

Marketable securities held in the Operating Division are available for current use, while marketable securities held in the Reserve Division are not intended for current use. Reserve Division assets may be used for operations upon approval of the Board of Trustees, with subsequent reporting to the Association's House of Delegates. Investment expenses of $256,019 and $271,389 in 2019 and 2018, respectively, are included as part of investment return, net in the accompanying consolidated financial statements.

(g) Inventories

Inventories, consisting principally of salable educational materials and supplies, are carried at the lower of cost or market (net realizable value). Cost is primarily determined using the first-in, first-out method.

(h) Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation is computed on the straight-line method once assets are put into service over the estimated useful lives of the assets, which are as follows:

Buildings	30–55 years
Building improvements	7–20 years
Furniture, equipment, and libraries	3–20 years

Tenant leasehold improvements are amortized over the shorter of their estimated useful lives or the remaining term of the lease.

(i) Valuation of Long-Lived Assets

The Association periodically evaluates the carrying value of its long-lived assets, including, but not limited to, property and equipment and other assets. The carrying value of long-lived assets is considered impaired when the undiscounted cash flows from such assets are separately identifiable and estimated to be less than their carrying value. In that event, a loss is recognized based on the amount by which the carrying value exceeds the fair value of the long-lived assets. Fair value is determined primarily using the anticipated cash flows discounted at a rate commensurate with the risk involved. Pursuant to Accounting Standards Codification (ASC) Topic 350, *Property, Plant, and Equipment – Overall*, long-lived assets that are to be disposed of are to be written down to their fair value if such fair value is less than carrying value.

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(j) Contributed Facilities

ADAF occupies, without charge, certain premises located in government-owned research facilities. No amounts have been reflected in the consolidated financial statements for their use, as no objective basis is available to measure the value of such facilities.

(k) Deferred Compensation

The Association has a deferred compensation plan. Participation is limited to ADA officers, trustees, and certain upper management employees whose compensation rate is at least $100,000 per year. This is a nonqualified plan governed by Section 457 of the Internal Revenue Code (the Code). Investments held for deferred compensation are carried at fair value and are not available for current use.

(l) Revenue and Expense Recognition

Membership dues and assessments have their performance obligations satisfied and the ADA recognizes revenue as members simultaneous receive and consume benefits during the membership year, which ends on December 31. Amounts received in advance are deferred to the subsequent year. Unearned membership dues and assessments, which have been included in deferred revenue in the accompanying consolidated financial statements, amounted to $5,828,734 and $5,295,996 at December 31, 2019 and 2018, respectively.

Periodical subscriptions are recognized as revenue over the terms of the subscriptions. Subscriptions paid in advance are recorded as deferred revenue. Advertising revenue and direct publication costs are recognized in the period the related publication is issued. Management has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations as these contracts have original terms that are one year or less.

Rental income from the Association’s headquarters building and Washington, DC office building is recorded as revenue in the period in which the rental services are provided at established rates. Testing fees are recognized as revenue when the related examinations are scored, which is the completion of the testing performance obligation.

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. Amounts required to be maintained in perpetuity by the donor are also reported as net assets with donor restrictions. Contributions, including unconditional pledges, are recognized in the period received. Conditional pledges are not recognized until the conditions on which they depend are substantially met. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is attained. Net assets with donor restrictions are reclassified to net assets without donor restrictions upon expiration of donor restrictions and are reported in the consolidated statements of activities as net assets released from restrictions. Unconditional promises are recognized at the estimated present value of expected future cash flows, net of allowances.

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Revenue from government and private grant and contract agreements, which are generally considered nonexchange transactions, is recognized when qualifying expenditures are incurred and conditions under the agreements are met. Corporate grants that do not constitute contributions are recognized as revenue when costs of the related programs or projects are incurred. Corporate grants received but not yet expended are reported as deferred revenue. Grants to other organizations are recorded as expense when authorized by the Board of Trustees.

Royalties and service fees are recognized when the ADA's performance obligations are satisfied. This includes recognizing revenue ratably over the contract term for fixed fee royalties and recognizing revenue when a member purchases a good or service from and ADA-branded third-party provider. For royalty agreements, the ADA has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations.

(m) Pension and Other Postretirement Benefits

Pension costs are determined under the projected unit credit cost method. This method determines the present value of benefits projected to retirement with increases in salary and service and allocates (attributes) pension costs to prior and current periods based upon the relationship of service to date versus service projected to retirement. Pursuant to ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*, the Association is required to fully recognize and disclose an asset or liability for the overfunded or underfunded status of its benefit plans in its consolidated financial statements and to recognize changes in that funded status as a change in net assets without donor restrictions in the year in which the changes occur.

(n) Income Taxes

Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply during the period in which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate.

The Association accounts for unrecognized tax benefits in accordance with ASC Topic 740, *Income Taxes*. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an unrecognized tax benefit only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and requires increased disclosures.

(o) Fair Value Measurements

The Association applies the provisions of ASC Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to

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transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation technique used to measure fair value (note 4).

The Association applies the provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*. ASC Subtopic 825-10 provides the Association with an option to elect fair value as the initial and subsequent measurement attribute for most financial assets and liabilities and certain other items. The fair value option election is applied on an instrument-by-instrument basis (with some exceptions), is irrevocable, and is applied to an entire instrument. The fair value option election may be made as of the date of initial adoption for existing eligible items. Subsequent to initial adoption, the Association may elect the fair value option at initial recognition of eligible items, on entering into an eligible firm commitment, or when certain specified reconsideration events occur. Unrealized gains and losses on items for which the fair value option has been elected will be reported in the consolidated statements of activities. The Association did not elect any changes to fair value measurements in 2019 or 2018.

The Association has disclosed investments for which fair value is measured using net asset value per share as a practical expedient outside the fair value hierarchy in accordance with ASC Subtopic 820-10.

(p) New Accounting Pronouncements

The Association adopted Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)* effective January 1, 2019. This ASU establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers, particularly, that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU permits the new revenue recognition guidance to be applied using one of two retrospective application methods. The Association adopted this guidance effective January 1, 2019 under the modified retrospective approach, and it did not have an impact on the Association's results of operations. Analysis of the various provisions of this standard resulted in no significant changes in the way the Association recognizes revenue; however, the presentation and disclosures of revenue have been enhanced.

The Association adopted ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash, (a Consensus of the FASB Emerging Issues Task Force*), effective January 1, 2019. ASU No. 2016-18 requires an entity to include amounts generally described as restricted cash and restricted cash equivalents, along with cash and cash equivalents when reconciling beginning and ending balances on the statement of cash flows. The Association adopted this guidance effective January 1, 2019 with no impact to the consolidated financial statements.

The Association adopted ASU No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost* in 2019. This guidance requires companies to present the service cost component of net benefit cost in the income statement line items where they report compensation cost and all other components of net benefit cost in the income statement separately

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from the service cost component and outside of operating income if this subtotal is presented. Additionally, the service cost component will be the only component that can be capitalized. The other components of net periodic benefit cost, such as interest, expected return on plan assets, and amortization of other actuarially determined amounts, are required to be presented as a separate change in net assets without restrictions. These changes have been applied retrospectively in the 2018 consolidated statement of activities and changes in net assets by reclassifying $765,168 of non-service related components of net periodic benefit cost from staff compensation, taxes, and benefits to net periodic benefit cost other than service cost in the 2018 consolidated statements of activities.

In February 2016, FASB issued ASU No. 2016-02, *Leases*. ASU No. 2016-02 requires entities to recognize all leased assets as assets on the balance sheet with a corresponding liability resulting in a gross up of the balance sheet. Entities will also be required to present additional disclosures as the nature and extent of leasing activities. ASU No. 2016-02 is effective for nonpublic business entities for the annual reporting period beginning after December 15, 2021 (as amended by ASU No. 2020-05), with early adoption permitted. The requirements of this statement are effective for the Association for the year ending December 31, 2022. The Association is in the process of evaluating the impact of this statement.

(q) Reclassifications

As noted previously in note 1(p), reclassifications have been made to the 2018 notes to the consolidated financial statements to conform to the 2019 presentations.

(2) Receivables

Receivables at December 31, 2019 and 2018 consist of the following:

		2019	2018
Trade receivables	$	4,573,197	4,964,438
Royalties receivable		2,244,826	3,216,247
Grants and contracts receivable		119,329	203,580
Tenant receivables		4,473,847	4,474,972
Pledges receivable		1,332	10,411
Other		44,364	4,124
Total		11,456,895	12,873,772
Less allowance for doubtful receivables		(115,561)	(770,869)
Net receivables	$	11,341,334	12,102,903

Unconditional promises for which payment has not been received are recorded in the consolidated financial statements as pledges receivable and revenue of the appropriate net asset category.

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(3) Marketable Securities and Alternative Investments

Marketable securities and alternative investments at December 31, 2019 and 2018 consisted of the following:

	2019	
	Cost	**Fair value**
Money market funds	$ 19,858	19,858
Bonds and bond funds	46,282,985	45,368,724
Equities and equity funds	90,244,605	104,522,253
Alternative investment funds	14,302,612	20,048,219
	$ 150,850,060	169,959,054

	2018	
	Cost	**Fair value**
Money market funds	$ 28,995	28,995
Bonds and bond funds	45,885,649	44,207,156
Equities and equity funds	94,426,632	92,760,526
Alternative investment funds	14,425,058	17,964,702
	$ 154,766,334	154,961,379

Investment return, net is included in the accompanying consolidated statements of activities for the years ended December 31, 2019 and 2018 as follows:

	2019	**2018**
Interest and dividends	$ 3,762,398	3,266,034
Change in net unrealized appreciation (depreciation) in fair value of marketable securities and alternative investments	18,913,949	(16,097,291)
Net realized gain on sale of marketable securities and alternative investments	2,148,046	6,864,173
Investment management fees	(256,019)	(271,389)
Total investment return, net	$ 24,568,374	(6,238,473)

(Continued)

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Notes to Consolidated Financial Statements

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(4) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Association in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, receivables, accounts payable, and accrued liabilities.
- Fair values of the Association's investments held as marketable securities are estimated based on prices provided by its investment managers and its custodian bank. Fair value for money market funds, equity mutual funds, fixed-income mutual funds, and quoted corporate bonds are measured using quoted market prices at the reporting date multiplied by the quantity held. Alternative investments funds are measured at the net asset value as a practical expedient to determine fair value.

(b) Fair Value Hierarchy

The Association follows ASC Topic 820 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Quoted prices are available in active markets for identical assets or liabilities as of the report date. A quoted price for an identical asset or liability in an active market provides the most reliable fair value measurement because it is directly observable to the market.
- Level 2 – Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the report date. The nature of these securities includes investments for which quoted prices are available but which are traded less frequently and investments that are fairly valued using other securities, the parameters of which can be directly observed.
- Level 3 – Securities that have little to no pricing observability as of the report date; these securities are measured using management's best estimate of fair value, where the inputs into the determination of fair value are not observable and require significant management judgment or estimation.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Association. The Association considers observable data to be that market data that is readily available, regularly distributed or updated, reliable and

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AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

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verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument within the fair value hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Association's perceived risk of that instrument. The Association's policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer.

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2019 and 2018:

	2019				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	$ 9,631,786	—	—	9,631,786	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	19,858	—	—	19,858	Daily	One
Fixed-income mutual funds	45,368,724	—	—	45,368,724	Daily	One
Equity mutual funds	104,522,253	—	—	104,522,253	Daily	One
Alternative investment funds:						
Blackstone Partners Offshore Fund (1)	—	—	—	9,978,466	Semiannual	95
Wellington Archipelago Fund (1)	—	—	—	10,069,753	Quarterly	45
Total alternative investment funds	—	—	—	20,048,219		
Total marketable securities and alternative investment funds	149,910,835	—	—	169,959,054		
Funds held for deferred compensation:						
Money market funds	1,017,233	—	—	1,017,233	Daily	One
Equity mutual funds	5,187,586	—	—	5,187,586	Daily	One
Fixed-income mutual funds	634,274	—	—	634,274	Daily	One
Total funds held for deferred compensation	6,839,093	—	—	6,839,093		
Total assets at fair value	$ 166,381,714	—	—	186,429,933		

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

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	2018				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	$ 9,330,586	—	—	9,330,586	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	28,995	—	—	28,995	Daily	One
Fixed-income mutual funds	44,100,450	—	—	44,100,450	Daily	One
Equity mutual funds	92,760,526	—	—	92,760,526	Daily	One
Corporate bonds	—	106,706	—	106,706	Daily	One
Alternative investment funds:						
Blackstone Partners Offshore Fund (1)	—	—	—	9,307,333	Semiannual	95
Wellington Archipelago Fund (1)	—	—	—	8,657,369	Quarterly	45
Total alternative investment funds	—	—	—	17,964,702		
Total marketable securities and alternative investment funds	136,889,971	106,706	—	154,961,379		
Funds held for deferred compensation:						
Money market funds	1,027,414	—	—	1,027,414	Daily	One
Equity mutual funds	4,321,393	—	—	4,321,393	Daily	One
Fixed-income mutual funds	516,966	—	—	516,966	Daily	One
Total funds held for deferred compensation	5,865,773	—	—	5,865,773		
Total assets at fair value	$ 152,086,330	106,706	—	170,157,738		

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

There were no transfers between levels during the year ended December 31, 2019 or 2018.

The Association is invested in alternative investment funds at December 31, 2019 and 2018 for which the net asset value is used as a practical expedient to determine fair value in accordance with ASC Subtopic 820-10. The Association has no contractual commitments to fund the alternative investment funds. The balances in these funds were $20,048,219 and $17,964,702 at December 31, 2019 and 2018, respectively.

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(5) Property and Equipment

Property and equipment at December 31, 2019 and 2018 consisted of the following:

	2019		
	Chicago, IL	Washington, D.C.	Total
Land	$ 712,113	3,030,000	3,742,113
Building	12,381,169	11,572,308	23,953,477
Building improvements	69,377,156	8,882,465	78,259,621
Furniture and equipment	42,132,264	3,375,399	45,507,663
Tenant leasehold improvements	10,110,826	2,500,390	12,611,216
	134,713,528	29,360,562	164,074,090
Less accumulated depreciation and amortization	107,474,217	17,704,982	125,179,199
	$ 27,239,311	11,655,580	38,894,891

	2018		
	Chicago, IL	Washington, D.C.	Total
Land	$ 712,113	3,030,000	3,742,113
Building	12,381,169	14,264,074	26,645,243
Building improvements	68,992,924	4,503,824	73,496,748
Furniture and equipment	38,570,367	3,506,564	42,076,931
Tenant leasehold improvements	9,644,460	2,476,015	12,120,475
	130,301,033	27,780,477	158,081,510
Less accumulated depreciation and amortization	101,641,581	16,887,644	118,529,225
	$ 28,659,452	10,892,833	39,552,285

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The Association leases portions of both the headquarters building in Chicago, Illinois and the Washington, D.C. office building to unrelated parties under operating leases with varying terms. These amounts may be adjusted upon renewal of the leases. Minimum future rentals to be earned from leases currently in effect as of December 31, 2019 are as follows:

2020	$ 5,971,116
2021	5,933,967
2022	5,644,919
2023	5,525,152
2024	5,407,456
Thereafter	33,419,914
	$ 61,902,524

Building expenses include the cost of facilities occupied by the Association, as well as those costs related to other tenants.

(6) Deferred Compensation

Pursuant to agreements between the Association and certain officers and employees of the Association and its affiliates, portions of their compensation have been retained by the Association and invested as directed by those participants. The assets are owned by the Association until distributed to the participants after termination of employment or services.

(7) Income Taxes

The Association and ADAF have received favorable determination letters from the Internal Revenue Service (IRS) stating that they are exempt from taxation on income related to their exempt purposes under Section 501(a) of the Code as organizations described in Sections 501(c)(6) and 501(c)(3), respectively. As exempt organizations, the Association and ADAF are subject to federal and state income taxes on income determined to be unrelated business taxable income. ADPAC is exempt from federal income taxes under Section 527 of the Code, except on net investment income. The income of the Association's for-profit subsidiary, ADABEI, determined separately, is also subject to federal and state income taxes.

The Association accounts for income taxes using the provisions of ASC Topic 740. Under ASC Topic 740, deferred tax assets and liabilities are recognized for future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates and laws expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is provided when it is more likely than not that some portion of deferred tax assets will not be realized. A net deferred tax asset of $7,142 and $41,997 as of December 31, 2019 and 2018, respectively, is attributable primarily to postretirement benefits and other timing differences. As of December 31, 2019 and 2018, no valuation allowance is considered necessary as management believes

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that it is more likely than not that the results of future operations will generate sufficient taxable income to realize the deferred tax assets.

ADABIG was a new ADA subsidiary in 2018 and has generated a taxable loss through December 31, 2019 as a result of incurring start-up costs. Deferred tax assets were generated by ADABIG related to these losses from the start-up costs incurred. As ADABIG is a start-up entity, it has recognized a valuation allowance equal to these net operating loss carry forwards due to the uncertainty of ADABIG being able to realize the expected benefits in futures periods of these net operating loss carryforwards.

Income tax expense differs from the amount computed by applying the statutory federal income tax rate of 21% to income before income tax expense primarily because a significant portion of consolidated income is exempt from income tax. Income tax expense is computed by applying the statutory federal and state income tax rate to net unrelated business income earned for the years ended December 31, 2019 and 2018. Income tax expense for the years ended December 31, 2019 and 2018 is as follows:

		2019	2018
Current:			
Federal	$	596,188	749,690
State		294,367	374,581
Current income tax expense		890,555	1,124,271
Deferred:			
Federal		25,679	(15,560)
State		9,177	(6,858)
Change in valuation allowance		—	78
Deferred income tax expense (benefit)		34,856	(22,340)
Income tax expense	$	925,411	1,101,931

Net deferred tax assets at December 31, 2019 and 2018 consisted of the following:

		2019	2018
Deferred tax assets (liabilities) resulting from:			
Postretirement health benefits	$	39,497	40,825
Timing of payment of payroll related accruals		15,176	—
Depreciation		1,494	998
Unrealized gains and losses in fair value of marketable securities		(49,025)	174
Total deferred tax assets, net	$	7,142	41,997

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(8) Employee Benefit Plans

(a) Defined-Benefit Plan and Supplemental Plan

The Association sponsors a noncontributory defined-benefit pension plan (the Plan) covering substantially all employees of the Association, its subsidiaries, and its affiliates meeting certain eligibility requirements. Generally, the Association's funding policy is to make annual contributions to the Plan equal to an amount calculated by an outside consulting actuary in accordance with the funding requirements of the Employee Retirement Income Security Act of 1974. Retirement benefit payments are based on years of credited service, average compensation during the five years of employment that produce the highest average, and the average Social Security limit at employment termination date.

The Association recognizes the cost related to employee service using the unit credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, and prior service costs are amortized over the expected future service period.

The Association accounts for the defined-benefit pension plan in accordance with ASC Topic 715, *Compensation – Retirement Benefits*. ASC Topic 715 requires recognition in the consolidated statements of financial position of the funded status of defined-benefit pension plans and other postretirement benefit plans, including all previously unrecognized actuarial gains and losses and unamortized prior service cost, as a component of net assets without donor restrictions.

Pursuant to agreements between the Association and a certain prior employee, the Association also maintains a frozen unfunded supplemental retirement income plan funded through Association general assets. There are no investments designated for the supplemental plan for 2019 or 2018.

The IRS has informed the Employees' Retirement Trust administration that the Plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes. The Employees' Supplemental Trust is a nonqualified plan and, as such, is not exempt from federal income taxes.

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The following tables set forth the Plan's funded status and amounts recognized in the Association's consolidated financial statements:

	2019		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	$ 209,729,427	1,381,719	211,111,146
Service cost	2,409,722	—	2,409,722
Interest cost	9,727,485	63,361	9,790,846
Actuarial loss	31,761,258	100,575	31,861,833
Benefits paid	(18,247,336)	(92,796)	(18,340,132)
Projected benefit obligation, end of year	$ 235,380,556	1,452,859	236,833,415
Change in plan assets:			
Fair value of plan assets, beginning of year	$ 161,364,638	—	161,364,638
Actual return on plan assets	32,415,447	—	32,415,447
Employer contributions	6,639,730	92,796	6,732,526
Benefits paid	(18,247,336)	(92,796)	(18,340,132)
Fair value of plan assets, end of year	$ 182,172,479	—	182,172,479
Funded status, end of year:			
Fair value of plan assets	$ 182,172,479	—	182,172,479
Benefit obligation	235,380,556	1,452,859	236,833,415
Funded status	$ (53,208,077)	(1,452,859)	(54,660,936)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	$ 53,208,077	1,452,859	54,660,936
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Prior service cost	$ (969,727)	—	(969,727)
Net actuarial loss	78,023,054	—	78,023,054
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 77,053,327	—	77,053,327

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	2019		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	$ 2,409,722	—	2,409,722
Other components of net periodic benefit cost:			
Interest cost	9,727,485	63,361	9,790,846
Expected return on plan assets	(10,153,914)	—	(10,153,914)
Prior service cost	(1,491,883)	—	(1,491,883)
Recognized net loss	6,411,867	35,862	6,447,729
Net periodic benefit cost other than service cost	4,493,555	99,223	4,592,778
Net periodic benefit cost	$ 6,903,277	99,223	7,002,500
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$ 77,053,327	—	77,053,327
Reversal of accumulated net assets without donor restrictions	(72,408,873)	—	(72,408,873)
Change in net assets without donor restrictions	$ 4,644,454	—	4,644,454
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$ 9,600,300	—	9,600,300
Amortization of prior service cost due to plan amendments	1,491,883	—	1,491,883
Amortization of unrecognized net loss	(6,447,729)	—	(6,447,729)
Net amounts recognized in net assets without donor restrictions	$ 4,644,454	—	4,644,454
Estimate of amounts that will be amortized out of net assets without donor restrictions into net pension expense in 2020:			
Net loss	$ 6,303,911	—	6,303,911
Prior service cost	(969,727)	—	(969,727)
Weighted average assumptions as of December 31:			
Discount rate	3.55 %	3.55 %	
Expected return on plan assets	6.30	6.30	
Rate of compensation increase	3.00	3.00	

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	2018		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	$ 225,315,558	1,524,243	226,839,801
Service cost	2,661,904	—	2,661,904
Interest cost	8,969,102	59,841	9,028,943
Actuarial gain	(16,782,552)	(109,569)	(16,892,121)
Benefits paid	(10,434,585)	(92,796)	(10,527,381)
Projected benefit obligation, end of year	$ 209,729,427	1,381,719	211,111,146
Change in plan assets:			
Fair value of plan assets, beginning of year	$ 173,791,911	—	173,791,911
Actual return on plan assets	(9,270,900)	—	(9,270,900)
Employer contributions	7,278,212	92,796	7,371,008
Benefits paid	(10,434,585)	(92,796)	(10,527,381)
Fair value of plan assets, end of year	$ 161,364,638	—	161,364,638
Funded status, end of year:			
Fair value of plan assets	$ 161,364,638	—	161,364,638
Benefit obligation	209,729,427	1,381,719	211,111,146
Funded status	$ (48,364,789)	(1,381,719)	(49,746,508)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	$ 48,364,789	1,381,719	49,746,508
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Prior service cost	$ (2,461,610)	—	(2,461,610)
Net actuarial loss	74,870,483	—	74,870,483
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 72,408,873	—	72,408,873

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	2018		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	$ 2,661,904	—	2,661,904
Other components of net periodic benefit cost:			
Interest cost	8,969,102	59,841	9,028,943
Expected return on plan assets	(12,549,051)	—	(12,549,051)
Prior service cost	(1,491,883)	—	(1,491,883)
Recognized net loss	6,363,082	52,364	6,415,446
Net periodic benefit cost other than service cost	1,291,250	112,205	1,403,455
Net periodic benefit cost	$ 3,953,154	112,205	4,065,359
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$ 72,408,873	—	72,408,873
Reversal of accumulated net assets without donor restrictions	(72,404,606)	—	(72,404,606)
Change in net assets without donor restrictions	$ 4,267	—	4,267
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$ 4,927,830	—	4,927,830
Amortization of prior service cost due to plan amendments	1,491,883	—	1,491,883
Amortization of unrecognized net loss	(6,415,446)	—	(6,415,446)
Net amounts recognized in net assets without donor restrictions	$ 4,267	—	4,267
Estimate of amounts that will be amortized out of net assets without donor restrictions into net pension expense in 2019:			
Net loss	$ 6,172,143	—	6,172,143
Prior service cost	(1,491,883)	—	(1,491,883)
Weighted average assumptions as of December 31:			
Discount rate	4.72 %	4.72 %	
Expected return on plan assets	7.20	7.20	
Rate of compensation increase	3.00	3.00	

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The discount rate is determined each year as of the measurement date based on a review of interest rates associated with long-term, high-quality corporate bonds. The discount rate determined on each measurement date is used to calculate the benefit obligation as of that date and is also used to calculate the net periodic benefit cost for the upcoming plan year.

The Plan's expected return on assets assumption is derived from a review of actual historical returns achieved by the Plan and anticipated future long-term performance of individual asset classes with consideration given to the appropriate investment strategy. While the method gives appropriate consideration to recent trust performance and historical returns, the assumption represents a long-term prospective return. The expected return on plan assets determined on each measurement dates is used.

The Association contributed $6,732,526 to the Plan in 2019. The minimum funding contributions for the Plan years 2019 and 2018 were $5,802,889 and $2,477,933, respectively. The assets of the Plan are held in various investment manager funds and comprised mutual funds and a guaranteed investment contract.

The table below reflects the total pension benefits expected to be paid in each of the next five years and in the aggregate for the five years thereafter:

2020	$ 11,498,297
2021	12,040,275
2022	12,121,756
2023	12,623,067
2024	13,067,051
Thereafter	68,979,105
	$ 130,329,551

The expected benefits are based on the same assumptions used to measure the Association's benefit obligations at December 31 and include estimated future employee service.

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The actual allocations for the pension assets as of December 31, 2019 and 2018, and target allocations by asset category, are as follows:

	2019	
Asset category	**Actual allocation**	**Target allocation**
Fixed income	49 %	50 %
Equity:		
Domestic small-cap	12	12
Domestic large-cap value	6	6
Domestic large-cap growth	6	6
International	27	26
	100 %	100 %

	2018	
Asset category	**Actual allocation**	**Target allocation**
Fixed income	53 %	50 %
Equity:		
Domestic small-cap	14	15
Domestic large-cap value	8	9
Domestic large-cap growth	8	8
International	17	18
	100 %	100 %

Pension assets are allocated with a goal to achieve diversification between and within various asset classes. The target asset allocations are expected to earn an average annual rate of return of approximately 6.3% measured over a planning horizon of 25 years, with a reasonable and acceptable level of risk. Actual allocation percentages will vary from target allocation percentages based upon short-term fluctuations in cash flows and benefit payments.

Domestic equity includes securities of domestic companies listed on the U.S. exchanges or traded OTC, diversified across industry, and individual holdings. International equity includes securities primarily of companies located outside the U.S. diversified across countries and industries. Fixed income refers to a diversified portfolio of marketable debt instruments with an average quality rating of at least AA or equivalent.

(b) Fair Value of Financial Instruments

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 or 2018.

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Guaranteed investment contract: Valued at contract value, which approximates fair value. The guaranteed investment contract is included in the consolidated financial statements at fair value, which represents contributions made under the contract plus earnings, less withdrawals, and expenses.

Equity and fixed-income mutual funds and common collective trust fund: Valued at the net asset value of shares held by the Plan at year-end at the closing price reported in the active market in which the individual securities are traded. The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(c) Fair Value Hierarchy

The Plan has adopted ASC Section 715-20-50 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Section 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The Plan’s policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 during the year ended December 31, 2019 or 2018.

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The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	2019				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	$ 1,656,780	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	5,369,936	5,369,936	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	10,944,319	10,944,319	—	—	Daily	One
Vaughan Nelson Opportunity Fund	5,481,073	5,481,073	—	—	Daily	One
Vanguard Institutional Index Fund	11,078,607	11,078,607	—	—	Daily	One
T. Rowe Price Growth Fund	10,870,734	10,870,734	—	—	Daily	One
Templeton Institutional Funds, Inc.	11,792,905	11,792,905	—	—		
International Equity series	11,516,578	11,516,578	—	—	Daily	One
Vanguard – International Stock Index Fund	25,761,769	25,761,769	—	—	Daily	One
Total equity mutual funds	87,445,985	87,445,985	—	—		
Fixed-income mutual funds:						
Vanguard Intermediate-Term Index Bond Fund	16,127,572	16,127,572	—	—	Daily	One
Vanguard Long-Term Bond Index Fund	24,130,574	24,130,574	—	—	Daily	One
Vanguard Long-Term Corporate Bond Fund	47,469,402	47,469,402	—	—	Daily	One
Total fixed-income mutual funds	87,727,548	87,727,548	—	—		
Accrued fees	(27,770)	—	—	—		
Total	$ 182,172,479	180,543,469	—	—		

(1) Certain investments that are measured at fair value using the net asset value (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 8.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

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	2018				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	$ 661,404	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	6,298,637	6,298,637	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	12,642,679	12,642,679	—	—	Daily	One
Vaughan Nelson Opportunity Fund	5,970,041	5,970,041	—	—	Daily	One
Vanguard Institutional Index Fund	10,394,472	10,394,472	—	—	Daily	One
T. Rowe Price Growth Fund	12,848,878	12,848,878	—	—	Daily	One
Templeton Institutional Funds, Inc. International Equity series	13,637,290	13,637,290	—	—	Daily	One
GMO International equity fund	13,637,618	13,637,618	—	—	Daily	One
Total equity mutual funds	69,130,978	69,130,978	—	—		
Fixed-income mutual funds:						
Vanguard Intermediate-Term Index Bond Fund	15,300,274	15,300,274	—	—	Daily	One
Vanguard Long-Term Bond Index Fund	23,665,936	23,665,936	—	—	Daily	One
Vanguard Long-Term Corporate Bond Fund	46,335,617	46,335,617	—	—	Daily	One
Total fixed-income mutual funds	85,301,827	85,301,827	—	—		
Accrued fees	(28,208)	—	—	—		
Total	$ 161,364,638	160,731,442	—	—		

(1) Certain investments that are measured at fair value using the net asset value (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 8.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

(d) 401(k) Plan

The Association has a savings and retirement plan for all eligible employees (the Savings Plan). The Association, at its discretion, contributes a predetermined amount to the plan. The Association may contribute to the accounts of eligible employees in lieu of the matching contributions provisions, which are suspended. For 2019 and 2018, the Association contributed 4% per year of each eligible employee's base salary. The Association's contributions under the Savings Plan were $1,762,301 and $1,759,708 in 2019 and 2018, respectively.

The IRS has informed the Savings Plan administrator that the plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes.

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(e) Postretirement Health Plan

The Association sponsors a contributory defined-benefit postretirement health plan, which covers substantially all employees of the Association, its subsidiaries, and affiliates. The plan provides both medical and dental benefits. For 2019 and 2018, the medical plan annual reimbursement limit for retirees at retirement and for ages 65–74 is $1,500 and increases up to $1,800 from age 75 for life. For 2019 and 2018, each eligible dental plan participant is reimbursed 100% of qualified dental expenses to an annual limit of $1,300.

The following table sets forth the plan's funded status:

		2019	2018
Change in benefit obligation:			
Benefit obligation, beginning of year	$	11,368,157	12,426,717
Service cost		320,205	355,834
Interest cost		518,408	485,668
Actuarial loss (gain)		1,377,408	(1,576,548)
Benefits paid		(337,128)	(323,514)
Benefit obligation, end of year	$	13,247,050	11,368,157
Change in plan assets:			
Employer contributions	$	337,128	323,514
Benefits paid		(337,128)	(323,514)
Plan assets, end of year	$	—	—
Funded status, end of year:			
Benefit obligation	$	13,247,050	11,368,157
Accumulated benefit obligation		13,247,050	11,368,157
Components of net periodic benefit cost:			
Service cost	$	320,205	355,834
Other components of net periodic benefit cost:			
Interest cost		518,408	485,668
Amortization of prior service cost		(1,459,910)	(1,459,910)
Recognized net loss		155,703	335,955
Net periodic benefit cost other than service cost		(785,799)	(638,287)
Net periodic benefit cost	$	(465,594)	(282,453)

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		2019	2018
Amounts recognized in the accompanying consolidated statements of financial position:			
Postretirement benefit obligation	$	13,247,050	11,368,157
Amounts not yet reflected in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	$	4,080,754	2,859,049
Prior service cost		(1,839,483)	(3,299,393)
Net amounts included as an accumulated charge to net assets without donor restrictions	$	2,241,271	(440,344)
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$	2,241,271	(440,344)
Reversal of accumulated net assets without donor restrictions, prior year		440,344	(12,249)
Change in net assets without donor restrictions	$	2,681,615	(452,593)
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss (gain) experienced during the year	$	1,377,408	(1,576,548)
Amortization of net loss		(155,703)	(335,955)
Amortization of prior service cost		1,459,910	1,459,910
Net amounts recognized in net assets without donor restrictions	$	2,681,615	(452,593)
Estimate of amounts that will be amortized out of net assets without donor restrictions into net postretirement benefit expense in 2019 and 2018:			
Net gain	$	(465,594)	(441,294)
Prior service cost		(1,459,910)	(1,459,910)
Weighted average assumptions used to determine obligations at December 31:			
Discount rate		3.55 %	4.72 %
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:			
Discount rate		4.72 %	4.03 %
Dental care trend rate		4.00	4.00
Medical care trend rate		6.00	6.00

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The table below reflects the postretirement health payments expected in each of the next five years and in the aggregate for the five years thereafter:

	Gross payments
2020	$ 480,927
2021	512,040
2022	541,470
2023	575,158
2024	616,569
2025–2029	3,578,287

(9) Net Assets

Net assets at December 31 consisted of the following:

	2019	2018
Net assets:		
Without donor restrictions:		
Designated by the board		
Strategic projects	$ 21,158,118	24,215,946
Scientific research fund	217,738	181,887
Capital expenditures	6,245,189	5,953,081
Designated for saving	57,958,824	46,478,184
Undesignated	38,778,548	40,982,638
Total net assets without donor restrictions	124,358,417	117,811,736
With donor restrictions:		
Donor-restricted endowments	11,098,857	9,747,014
Purpose restricted	4,614,188	5,295,501
Total net assets with donor restrictions	15,713,045	15,042,515
Total net assets	$ 140,071,462	132,854,251

(Continued)

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Notes to Consolidated Financial Statements

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Net assets with donor restrictions are restricted for the following purposes:

		2019	2018
Donor-restricted endowments subject to spending policy and appropriation to support the following purposes:			
Charitable financial assistance	$	7,549,977	6,659,634
Access to care and educational activities		3,548,880	3,087,380
Total donor-restricted endowments		11,098,857	9,747,014
Donor-restricted subject to expenditure for specified purposes:			
Research		2,494,764	2,449,219
Access programs		677,128	1,349,981
Trusts		295,021	295,021
Education programs		197,553	321,922
Political and legislative		949,722	867,900
Relief and other		—	11,458
Total donor-restricted subject to expenditure for specified purposes		4,614,188	5,295,501
Total net assets with donor restrictions	$	15,713,045	15,042,515

Net assets with donor restrictions associated with donor-restricted endowments totaled $11,098,857 and $9,747,014 at December 31, 2019 and 2018, respectively. Earnings on these net assets are restricted by donors for charitable financial assistance, access to care, and children's oral health and education in dental entrepreneurship and leadership. Board-designated endowment net assets in the amount of $217,738 and $181,187 at December 31, 2019 and 2018 represent a matching contribution from the board that is board designated for access to care and educational activities.

Net assets were released from donor restrictions by incurring expenses satisfying the donor-restricted purposes as follows:

		2019	2018
Research	$	364,071	42,883
Access		2,644,455	2,671,770
Awards		125,610	8,036
Trusts		—	20
Education		70,000	125,057
Political and legislative		1,674,544	1,956,202
Relief program		414,453	535,372
	$	5,293,133	5,339,340

(Continued)

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

(10) Endowment Funds

The Association's endowments consist of various individual funds to support access to care and educational activities within the ADAF. Net assets related to the ADAF endowments are donor-restricted endowment funds, classified and reported based upon the donor-imposed restrictions.

The Uniform Prudent Management of Institutional Funds Act (UPMIFA), which was enacted in the state of Illinois in 2009, does not preclude the Association from spending below the original gift value of donor-restricted endowment funds.

For accounting and reporting purposes, the Association classifies as net assets with donor restrictions, the historical value of donor-restricted endowment funds, which includes (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) changes to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Also included in net assets with donor restrictions is accumulated appreciation (depreciation) on donor-restricted endowment funds, which are available for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA, and deficiencies associated with funds where the value of the fund has fallen below the original value of the gift.

To make a determination to expend or accumulate donor-restricted endowment funds, the ADAF considers a number of factors, including the duration and preservation of the fund, purposes of the donor-restricted fund, general economic conditions, the possible effects of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the ADAF, and the investment policies of the ADAF.

(a) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires ADAF to retain permanently. Deficiencies of this nature did not exist in any fund as of December 31, 2019.

ADAF has an expenditure policy that permits spending from underwater endowment funds considering it does so prudently and considers factors including but not limited to the duration and preservation of the endowment fund and general economic conditions. During 2019, the governing board appropriated for expenditure $432,167 for the Charitable financial assistance fund and $120,865 for the Access to care and educational activities fund, which represents 6% and 4% of the 12-quarter moving average, respectively

During 2018, the governing board appropriated for expenditure $360,140, which represented 5% of the 12-quarter moving average.

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There were no endowments in an underwater position at December 31, 2019. The table below represents a summary of the ADAF's endowments at December 31, 2019:

	Without donor restrictions	With donor restrictions			Total endowment funds as of December 31, 2019
		Original gift	Accumulated gains	Total with donor restrictions	
Board-designated funds	$ 217,738	—	—	—	217,738
Donor-restricted funds:					
Charitable financial assistance	—	7,176,711	373,266	7,549,977	7,549,977
Access to care and educational activities fund	—	2,138,842	1,410,038	3,548,880	3,548,880
Total endowment funds	$ 217,738	9,315,553	1,783,304	11,098,857	11,316,595

The table below represents a summary of the ADAF's endowments including a summary of the underwater endowment at December 31, 2018.

	Without donor restrictions	With donor restrictions			Total endowment funds as of December 31, 2018
		Original gift	Accumulated gains (losses)	Total with donor restrictions	
Board-designated funds	$ 181,887	—	—	—	181,887
Donor-restricted funds:					
Charitable financial assistance	—	7,176,711	(517,077)	6,659,634	6,659,634
Access to care and educational activities fund	—	2,138,842	948,538	3,087,380	3,087,380
Total endowment funds	$ 181,887	9,315,553	431,461	9,747,014	9,928,901

(b) Return Objectives and Risk Parameters

ADAF has adopted investment and spending policies for endowment assets that attempt to enhance its ability to support activities; provide long-term real, inflation-adjusted growth in assets; and support financial flexibility and liquidity. Under this policy, as approved by the Board, the ADAF's assets are to be adequately diversified to provide a high degree of stability of principal in order to maintain the ability to provide financial assistance to support education and access to care programs. The assets are to be invested in a manner that is intended to grow in real, inflation-adjusted terms and maintain its ability to

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

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support spending needs. In addition, the assets are to be efficiently structured to provide the highest level of return within the risk parameters established by the Board.

(c) Strategies Employed for Achieving Objectives

There are distinct asset pools and the asset allocation of the pools is the major determinant of investment risk exposure, real return levels, and current income generation. The endowments have variable spending needs, and the related asset pools are structured to support such spending needs.

(d) Spending Policy and How the Investment Objectives Relate to Spending Policy

The Foundation Board overseas the AFAF investments and meets regularly to ensure the objectives of the investment policy are being met and the strategies used to meet the objectives are in accordance with the investment policy.

During 2019, the ADAF had the following activities related to endowment net assets:

	Board-designated endowment funds	Donor-restricted endowment funds	Total
Endowment net assets, beginning of year	$ 181,887	9,747,014	9,928,901
Investment return, net	35,851	1,891,096	1,926,947
Contributions	—	—	—
Appropriation of endowment assets for expenditures	—	(539,253)	(539,253)
Total change in endowment net assets	35,851	1,351,843	1,387,694
Endowment net assets, end of year	$ 217,738	11,098,857	11,316,595

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AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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During 2018, the ADAF had the following activities related to endowment net assets:

	Board-designated endowment funds	Donor-restricted endowment funds	Total
Endowment net assets, beginning of year	$ 189,157	11,167,052	11,356,209
Investment return, net	(7,270)	(762,626)	(769,896)
Contributions	—	150	150
Appropriation of endowment assets for expenditures	—	(657,562)	(657,562)
Total change in endowment net assets	(7,270)	(1,420,038)	(1,427,308)
Endowment net assets, end of year	$ 181,887	9,747,014	9,928,901

(11) Functional Expenses

The costs of providing the program and support services are reported below on a functional basis. The ADA's main programs are membership/professional advancement, research, the ADA business group, philanthropy, and advocacy. The financial statements contain certain categories of ADAF expenses attributable to one or more programs or supporting programs of the ADAF. These ADAF-allocated expenses include salaries and benefits that are allocated on the basis of estimates of time and effort.

Expenses by functional classification for the year ended December 31, 2019 are as follows:

	Program activities						Supporting activities			
	Membership/ professional advancement	Research (including ADAF)	ADA Business Group (including ADABEI)	Philanthropy (ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	$ 21,046,291	6,867,641	9,807,529	566,866	4,045,615	42,333,942	23,133,093	261,607	23,394,700	65,728,642
Outside services	12,169,112	774,659	5,312,659	405,474	1,529,338	20,191,242	6,952,308	38,974	6,991,282	27,182,524
Printing, publication, and marketing	425,111	37,173	7,347,072	41,725	434,113	8,285,194	3,407,273	3,992	3,411,265	11,696,459
Meeting and travel expenses	3,594,249	380,458	4,759,647	95,755	1,501,238	10,331,347	1,999,625	20,664	2,020,289	12,351,636
Office and facility expenses	640,180	486,996	2,055,947	3,763	348,004	3,534,890	9,453,244	3,367	9,456,611	12,991,501
Grants and awards	291,841	12,500	25,000	2,874,152	2,995,005	6,198,498	40,520	—	40,520	6,239,018
Depreciation and amortization	2,788	457,307	446,539	—	163,898	1,070,532	5,996,423	—	5,996,423	7,066,955
Other expenses	2,505,020	36,086	1,941,661	19,319	35,724	4,537,810	4,825,076	795	4,825,871	9,363,681
Total expenses	$ 40,674,592	9,052,820	31,696,054	4,007,054	11,052,935	96,483,455	55,807,562	329,399	56,136,961	152,620,416

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

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Expenses by functional classification for the year ended December 31, 2018 are as follows:

	Program activities						Supporting activities			
	Membership/ professional advancement	Research (including ADAF)	ADA Business Group (including ADABEI)	Philanthropy (ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	$ 20,010,377	6,823,135	9,085,583	498,280	4,201,512	40,618,887	22,375,073	170,035	22,545,108	63,163,995
Outside services	11,884,466	711,434	4,561,558	111,593	1,543,361	18,812,412	7,017,510	13,761	7,031,271	25,843,683
Printing, publication, and marketing	789,568	49,768	6,472,232	405,683	353,158	8,070,409	1,814,809	22,003	1,836,812	9,907,221
Meeting and travel expenses	2,984,093	400,806	2,797,098	90,235	1,427,019	7,699,251	2,225,055	113,301	2,338,356	10,037,607
Office and facility expenses	631,203	481,966	1,686,157	3,957	355,989	3,159,272	9,523,362	9,656	9,533,018	12,692,290
Grants and awards	263,264	17,500	30,200	2,666,454	3,410,472	6,387,890	113,431	51	113,482	6,501,372
Depreciation and amortization	—	350,871	62,086	—	161,389	574,346	6,307,275	—	6,307,275	6,881,621
Other expenses	1,522,827	44,793	1,670,707	12,842	31,832	3,283,001	2,763,387	1,112	2,764,499	6,047,500
Total expenses	$ 38,085,798	8,880,273	26,365,621	3,789,044	11,484,732	88,605,468	52,139,902	329,919	52,469,821	141,075,289

(12) Financial Assets and Liquidity Resources

The ADA's cash flows have seasonal variations through the year related to receipt of the membership dues, donation receipts at the ADAF, testing and accreditation fees, annual meeting revenue, product and publication sales, and grants. The ADA has approximately $85,193,000 of financial assets available within one year of the consolidated balance sheet date to meet cash needs for general expenditures. All amounts related to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date have been removed from this total. The contributions receivable are subject to implied time restrictions but are expected to be collected within one year. ADA has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, ADA invests cash in excess of daily

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requirements in various short-term investments, including short-term treasury instruments, as described in note 4.

Financial assets at year-end		2019
Cash and cash equivalents	$	9,631,786
Receivables		11,341,334
Less straight line rental income adjustment (DC building and headquarters building) (not receivable within one year)		4,445,885
Net receivables available for operations		6,895,449
Marketable securities and alternative investments at fair market value		169,959,054
Less donor-restricted net assets		4,614,188
Less board-designated reserve commitments		79,334,680
Less board-designated capital replacement fund commitments		6,245,190
Less donor-restricted permanent endowments		11,098,857
Marketable securities less board designed commitments and donor restrictions		68,666,139
Financial assets available to meet cash needs for general expenditures within one year	$	85,193,374

(13) Commitments and Contingencies

Although management is not aware of any pending or threatened litigation, the Association may be subject to legal actions, claims, and proceedings arising in the ordinary course of business. The ultimate resolution of these matters, including any related financial effects on the Association, would be addressed if and when they are known. The Association has not provided for any potential future losses arising from the resolution of these matters in the accompanying consolidated financial statements. Despite the inherent uncertainties of litigation, management does not believe that the lawsuits would have a material adverse impact on the financial condition of the Association at this time.

(14) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, the Association evaluated subsequent events after the consolidated statement of financial position date of December 31, 2019 through June 10, 2020, which was the date the consolidated financial statements were available to be issued, noting no events requiring recording or disclosure.

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Subsequent to year-end, a public health emergency of international concern was declared due to the COVID-19 virus. As a result of the outbreak, there has been instability in the capital markets and disruption to daily life amongst other considerations in the healthcare space. The ultimate impact of the COVID-19 outbreak is highly uncertain. ADA's business and investments values, including investments in the defined-benefit pension plan, are likely to be impacted by COVID-19. Impacts to the defined-benefit plan investments may also increase funding requirements. Management does not yet know the full extent of potential impacts on the business but is actively monitoring.

Schedule 1

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statement of Financial Position with Supplementary Consolidating Information

December 31, 2019

	General fund											
	Operating division	Reserve division										
Assets	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADABEI	ADABIG	Eliminations	Total
Cash and cash equivalents	$ 7,649,675	—	—	—	—	7,649,675	769,431	482,022	550,555	180,103	—	9,631,786
Receivables	10,680,834	—	—	—	—	10,680,834	—	120,700	537,310	2,490	—	11,341,334
Due from affiliates	(2,983,461)	—	—	—	2,737,752	(245,709)	—	380,745	43,017	(178,053)	—	—
Deferred tax assets, net	—	—	—	—	—	—	—	—	7,142	—	—	7,142
Income taxes receivable	387,513	—	—	—	—	387,513	(500)	—	173,871	—	—	560,884
Prepaid expenses and other assets	5,203,992	—	—	—	—	5,203,992	183,223	31,033	4,200	695	—	5,423,143
Inventories, net	969,435	—	—	—	—	969,435	—	—	—	—	—	969,435
Marketable securities and alternative investments	1,476,587	—	6,245,190	57,958,824	80,986,719	146,667,320	—	20,631,652	2,660,082	—	—	169,959,054
Investment in subsidiaries	—	4,917,128	—	—	—	4,917,128	—	—	—	—	(4,917,128)	—
Property and equipment, net	36,861,037	—	—	—	—	36,861,037	—	668,823	16,372	1,348,659	—	38,894,891
Funds held for deferred compensation	6,839,093	—	—	—	—	6,839,093	—	—	—	—	—	6,839,093
Total assets	$ 67,084,705	4,917,128	6,245,190	57,958,824	83,724,471	219,930,318	952,154	22,314,975	3,992,549	1,353,894	(4,917,128)	243,626,762
Liabilities and Net Assets												
Accounts payable and accrued liabilities	$ 12,511,610	—	—	—	—	12,511,610	2,432	821,140	329,843	99,474	—	13,764,499
Deferred revenue	15,043,722	—	—	—	—	15,043,722	—	—	—	—	—	15,043,722
Liability for deferred compensation	6,839,093	—	—	—	—	6,839,093	—	—	—	—	—	6,839,093
Postretirement benefit obligation	—	—	—	—	13,247,050	13,247,050	—	—	—	—	—	13,247,050
Pension liability	54,660,936	—	—	—	—	54,660,936	—	—	—	—	—	54,660,936
Total liabilities	89,055,361	—	—	—	13,247,050	102,302,411	2,432	821,140	329,843	99,474	—	103,555,300
Net assets (deficit):												
Without donor restrictions:												
Common stock	—	—	—	—	—	—	—	—	100,100	1,000	(101,100)	—
Additional paid-in capital	—	—	—	—	—	—	—	—	500,000	4,012,983	(4,512,983)	—
Other net assets without donor restrictions	(21,970,656)	4,917,128	6,245,190	57,958,824	70,477,421	117,627,907	—	6,730,512	3,062,606	(2,759,563)	(303,045)	124,358,417
With donor restrictions	—	—	—	—	—	—	949,722	14,763,323	—	—	—	15,713,045
Total net assets (deficit)	(21,970,656)	4,917,128	6,245,190	57,958,824	70,477,421	117,627,907	949,722	21,493,835	3,662,706	1,254,420	(4,917,128)	140,071,462
Total liabilities and net assets	$ 67,084,705	4,917,128	6,245,190	57,958,824	83,724,471	219,930,318	952,154	22,314,975	3,992,549	1,353,894	(4,917,128)	243,626,762

See accompanying independent auditors' report.

Schedule 2

AMERICAN DENTAL ASSOCIATION
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Consolidated Statement of Activities with Supplementary Consolidating Information

Year ended December 31, 2019

	General fund											
	Operating division	Reserve division										
	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADABEI	ADABIG	Eliminations	Total
Revenue:												
Membership dues	$ 55,822,190	—	—	—	—	55,822,190	—	—	—	—	—	55,822,190
Advertising	5,989,982	—	—	—	—	5,989,982	—	—	—	—	(166,395)	5,823,587
Rental income	6,805,819	—	—	—	—	6,805,819	—	—	—	—	(177,868)	6,627,951
Publication and product sales	6,645,415	—	—	—	—	6,645,415	—	—	—	13,508	(27,788)	6,631,135
Testing and accreditation fees	27,839,329	—	—	—	—	27,839,329	—	—	—	—	—	27,839,329
Meeting and seminar income	10,414,739	—	—	—	—	10,414,739	—	—	—	—	—	10,414,739
Grants, contributions, and sponsorships	1,705,312	—	—	—	—	1,705,312	1,669,812	3,643,556	—	—	(134,000)	6,884,680
Grant from ADA	—	—	—	—	—	—	—	2,498,000	—	—	(2,498,000)	—
Royalties and service fees	9,695,483	—	—	6,491,349	—	16,186,832	—	—	2,570,494	—	—	18,757,326
Investment return, net	1,944,232	(1,426,139)	—	4,989,291	14,397,490	19,904,874	424	3,010,877	226,058	—	1,426,139	24,568,372
Other income	3,859,104	—	—	—	—	3,859,104	86,130	1,458	4,760	—	(157,065)	3,794,387
In-kind services	—	—	—	—	—	—	944,202	837,929	—	—	(1,782,131)	—
Total revenue	130,721,605	(1,426,139)	—	11,480,640	14,397,490	155,173,596	2,700,568	9,991,820	2,801,312	13,508	(3,517,108)	167,163,696
Expenses:												
Staff compensation, taxes, and benefits	59,722,604	—	—	—	(391,848)	59,330,756	4,628	4,458,337	833,570	1,101,351	—	65,728,642
Printing, publication, and marketing	10,634,610	—	—	—	—	10,634,610	370,901	47,989	873,825	68,317	(299,183)	11,696,459
Meeting expenses	4,566,362	—	—	—	—	4,566,362	9,230	30,972	23,790	—	—	4,630,354
Travel expenses	7,298,268	—	—	—	—	7,298,268	28,364	263,504	67,063	64,083	—	7,721,282
Consulting fees and outside services	15,678,279	—	—	—	—	15,678,279	101,821	706,479	77,558	110,636	—	16,674,773
Professional services	9,870,620	—	—	—	—	9,870,620	38,905	482,415	122,419	34,333	(40,941)	10,507,751
Office expenses	5,601,237	—	—	—	—	5,601,237	28,796	265,288	26,184	15,982	—	5,937,487
Facility and utility expenses	6,965,128	—	—	—	—	6,965,128	—	122,114	118,390	26,250	(177,868)	7,054,014
Grants and awards	2,293,967	—	—	—	—	2,293,967	1,059,899	2,889,152	25,000	—	(29,000)	6,239,018
Grant to ADA Foundation	2,198,000	—	—	—	—	2,198,000	—	—	—	—	(2,198,000)	—
Endorsement expenses	1,597,786	—	—	—	—	1,597,786	—	—	—	—	—	1,597,786
Depreciation and amortization	6,432,256	—	—	—	—	6,432,256	—	255,253	2,339	377,107	—	7,066,955
Bank and credit card fees	1,835,572	—	—	—	—	1,835,572	31,500	1,168	118	980	—	1,869,338
Other expenses	1,109,641	—	—	—	—	1,109,641	—	48,891	118,098	3,659	(116,122)	1,164,167
Pension – and postretirement health plan – net periodic benefit cost other than service cost	3,806,979	—	—	—	—	3,806,979	—	—	—	—	—	3,806,979
In-kind administrative expenses	—	—	—	—	—	—	944,202	837,929	—	—	(1,782,131)	—
Total expenses	139,611,309	—	—	—	(391,848)	139,219,461	2,618,246	10,409,491	2,288,354	1,802,698	(4,643,245)	151,695,005
Net income (loss) before income tax expense and pension – and postretirement health plan – related changes other than net periodic pension cost	(8,889,704)	(1,426,139)	—	11,480,640	14,789,338	15,954,135	82,322	(417,671)	512,958	(1,789,190)	1,126,137	15,468,691
Income tax expense	768,204	—		—	—	768,204	500	6,800	149,907	—	—	925,411
Pension – and postretirement health plan – related changes other than net periodic benefit cost	4,644,454	—	—	—	2,681,615	7,326,069	—	—	—	—	—	7,326,069
Change in net assets	(14,302,362)	(1,426,139)	—	11,480,640	12,107,723	7,859,862	81,822	(424,471)	363,051	(1,789,190)	1,126,137	7,217,211
Net assets (deficit) at beginning of year	(10,752,556)	4,333,577	5,953,081	46,478,184	63,755,759	109,768,045	867,900	21,918,306	3,299,655	1,033,922	(4,033,577)	132,854,251
Equity transfers / transactions	3,084,262	2,009,690	292,109	—	(5,386,061)	—	—	—	—	2,009,688	(2,009,688)	—
Net assets (deficit) at end of year	$ (21,970,656)	4,917,128	6,245,190	57,958,824	70,477,421	117,627,907	949,722	21,493,835	3,662,706	1,254,420	(4,917,128)	140,071,462

See accompanying independent auditors' report.