ADA American Dental Association®

America's leading advocate for oral health

2021

Annual Reports and Resolutions

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Council on Advocacy for Access and Prevention

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Cantor, Kelly, manager, Community Based Programs

The Council's 2020-2021 liaisons include: Dr. Brett Kessler (Board of Trustees, Fourteenth District); Ms. Joelle Chen (American Student Dental Association); Dr. David White (chair, Council on Government Affairs); Dr. Mark Vitale (vice chair, Council on Government Affairs); and Mr. Greg Mitro (Alliance of the American Dental Association).

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

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

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

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 while also supporting the Association members with COVID related topics including COVID vaccine safety concerns. Programs such as Community Water Fluoridation, Emergency Department Referral, Medicaid program reforms, and the Community Dental Health Coordinator program continued to grow and members in either private or public health settings were well served. The Council supports the 2019 House mandate to Develop a Culture of Safety as a three-year initiative.

**New Dentist member*

An additional benefit of Council activities is the interest expressed by student members and state dental associations in the initiatives, which have brought various 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 preeminent driver of trusted oral health information for the public and the profession

Initiative/Program: COVID Vaccine Informational Webinars

Success Measure: Number of webinars and attendees

Target: 2 webinars with 500 registrants

Range: 2-5 webinars with 200-600 registrants

Outcome: 3 webinars with approximately 3,000 registrants

CAAP produced a series of webinars for members and other dental professionals which featured content experts in the fields of Obstetrics/ Gynecology, Primary Care, Family Medicine and Cultural Competence. Attendee survey data reflected high levels of satisfaction with content presented. Issues of vaccine hesitancy, fertility and health literacy were covered by panels of subject matter experts from national organizations.

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

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

Success Measure: National Program Recognition with Two Educational Institutions and HRSA Grant Research Agenda for Two States

Outcome: Even in the COVID era, the CDHC program continues to register increased optimization of the curriculum and graduate employment. This progress is realized through three current HRSA grants, new site offerings and published articles. There are currently over 700 graduates.

Three hospital dental departments are currently utilizing individuals specifically with the CDHC designation while two dental schools have benefited from HRSA grants to utilize CDHCs for outreach and care coordination. Three research articles have been published in peer reviewed journals this year, including one in the Journal of Dental Education. Three new schools will be offering the program including the University of West Virginia University School of Dentistry.

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

Initiative/Program: Medicaid – Promoting provider participation in state Medicaid programs, educating dental students about Medicaid programs / patients, and improving Medicaid program compliance continues to be an access to care priority as the number of Medicaid participants is estimated to increase to over 80 million individuals due to economic conditions brought about by the pandemic.

Success Measure: Hosting Medicaid "Boot Camps" for dentists and "Lunch & Learn" educational opportunities within dental schools and residency programs and state dental association meetings via ZOOM

Target: 4 boot camps for dentists and 10 for dental students

Range: 3-5 dentist boot camps and 8 -15 student/resident opportunities

Outcome: 17 Medicaid boot camps hosted for state dental associations, 12 dental schools and 25 dental residency presentations. Over 3,000 dentists, residents and dental students participated in this training with others accessing the Medicaid course online. Overall excellent satisfaction ratings for content presented exceeded 95% per participant response.

Prevention Subcommittee Highlights

- The ADA spoke at three city council meetings: 1) Green Bay, WI, 2) Madison, WI. and 3) East Brunswick, NJ.
- The ADA sent 7 letters to city council and state decision makers related to the continuation of community water fluoridation: 1) Loveland, CO, 2) Trenton, TN, 3) Green Bay, WI, 4) Madison, WI, 5) East Brunswick, NJ, 6) Titusville, FL, and 7) New Hampshire House Resources Committee.
- The ADA sent a letter to the National Academies of Science, Engineering, and Medicine (NASEM), sharing their concerns with the Draft Monograph. NASEM's report identified "worrisome" inconsistencies and was not being able to find some key data used in the meta-analysis. NASEM also had concerns regarding the wording of some conclusions. This monograph is of importance, as Judge Chen of the Food & Water Watch, Inc. et al v. Environmental Protection Agency et al lawsuit will not continue trial until there is a more conclusive report from the National Toxicology Program. Currently, the next session of the trial is set for August 2021.
- Six ADA News stories related to fluoridation were published between October 2020 and May 202.
- The ADA, Campaign for Tobacco-Free Kids (a national non-profit organization) and more than 60 organizations asked the Food and Drug Administration to prohibit menthol as a characterizing flavor in cigarettes in March 2021. On April 29, FDA announced it is committing to advancing two tobacco product standards to significantly reduce disease and death from using combusted tobacco products – the leading cause of preventable death in the U.S.

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

- The Medicaid Provider Advisory Committee (MPAC) collaborated with the Council on Dental Benefit Programs to integrate the 2020 House approved *Guidelines for Medicaid Dental Reviews* into the Medicaid Contract Toolkit for states to utilize when negotiating Medicaid managed care.
- The ADA's Culture of Safety in Dentistry Workgroup offered an Introduction to a Culture of Safety to over 1,700 dentists via live presentations, while offering a similar free two hour CDE course on ADAOnline. Twelve state dental associations shared safety articles in their journals. The workgroup is collaborating with the Dental Patient Safety Foundation (DPSF) to educate dentists about the value of collective learning through reporting of near misses and adverse incidents.

Emerging Issues and Trends

- Teledentistry will continue to be an important trend as COVID-19 demonstrated the value of the Save and Store function to expand access to care while preserving PPE.
- School-based healthcare reduced by COVID-19 has become an emerging issue in elementary and secondary schools, which limited "outsiders" such as healthcare professionals, disrupted the critical link between underserved children with dental disease and sites of care.

- Health Equity will have a higher profile as the legislative climate in Washington, DC moves significant funding for public facing oral health programs forward through this lens. Health Equity activities could also add member value as a culture of equity attracts newer dentists.

- The role of the dentist within Primary Care will continue to escalate as a trend, with dentists continuing to participate in vaccine recommendations or administration and collaborating more closely with physician colleagues in screening / referral for chronic diseases such as diabetes.

- Veterans' dental care and Medicaid oral health programs will continue to be emerging issues as COVID-19 related unemployment factors have caused the number within these populations to dramatically increase.

- Human Papilloma Virus (HPV) will continue to rise in incidence, prompting the awareness of oral cancer detection / prevention with dental offices playing an integral role in HPV vaccine promotion

Responses to House of Delegates Resolutions

The Council will provide responses to resolutions from the 2020 House of Delegates in a separate report.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, CAAP reviewed the following Association policies as assigned:

CAAP reviewed the following policies and determined they should be maintained:

- Need of Dental Public Health Education and Oral Health Services in Underserved Countries (*Trans.*1999:906)
- Designation of Individuals with Intellectual Disabilities as a Medically Underserved Population (*Trans.*2014:508)
- Vision Statement on Access for the Underserved and Promotional Activities (*Trans.*2004:321; 2014:503)
- The Alaska Native Oral Health Access Task Force—Strategies to Assure Access to Quality Health Care for Native Alaskans (*Trans.*2004:291; 2010:521)
- Access to Dental Services for the Underserved (*Trans.*2000:500)
- State Dental Programs (*Trans.*1954:278; 2013:341)

The Council has submitted resolutions to amend or rescind other ADA policies based on their continued need, relevance and consistency with other Association policies. Those recommendations are contained on separate worksheets.

Council Minutes

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

Council on Communications

Mansour, Sam, 2021, Pennsylvania, chair
De La Rosa, Rebecca J., 2022, Indiana, vice chair
Baker, Carol A., 2024, South Carolina
Briney, Lynse J., 2023, Illinois
Frankman, Michael J., 2022, South Dakota
Hammi-Blue, Anne, 2024, Arizona
Kai, Kevin Y., California*
Krishnan, Prabha, 2023, New York
Lambert, Thomas J., 2023, Michigan
Lawson, Amber P., 2022, Georgia
Limosani, Mark A., 2024, Florida
Noguera, Angela P., 2023, Washington, DC
Pitmon, Stephen M., 2021, Vermont
Raum, Rhett E., 2021, Tennessee
Schott, Laura, 2024, Texas
Shelton-Wagers, Jill, 2022, Idaho
Weaver, Stephanie B., 2021, Louisiana

Nissim, Julia, M., director
Woods, Ivy, coordinator

The Council's 2020–21 liaisons include: Dr. Susan Doroshow (Board of Trustees, 8th District) and Ms. Callista Schulenberg (American Student Dental Association).

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

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

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

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

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

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

** New Dentist member*

Initiative/Program: Digital Transformation
The Council's Digital Member Experience (DMX) Workgroup's 2021 focus is on delivering a new digital member experience via ADA.org, making it easier for nonmembers and members to join, engage, purchase, access information, network and get involved with the ADA.

Success Measure: Provide feedback on the dentist's journey to improve the overall member experience, including MyADA and improved overall site functionality.

Target: November 2021 delivery and launch of site for members.

Range: Website delivery may run slightly ahead of, or slightly behind, the early November delivery by approximately four weeks. Quality assurance checks of the site content and functionality in Q3 will determine the final delivery date.

Outcome: The new ADA.org is on track to launch in Q4 2021 (Nov. 9). MyADA launched in May 2020 and is a key feature of the new site. As the ADA team built and migrated site content throughout Q3-Q4 2020 and into Q1-Q2 2021, it relied on input from the workgroup on key sections and features of the site, including page layouts and design features. The group also provided monthly key search words and competitive analyses for various important topics such as dental insurance, career planning, clinical decision-making, cyber-security and more to ensure the new ADA.org will deliver meaningful information for the user. The workgroup is currently advising on wider-promotions to help drive utilization of MyADA, given that the group represents the target audience.

The group will also serve as peer-to-peer ambassadors to promote the new site, its ease of use and enhanced content and functionality during Q3-Q4 2021.

Initiative/Program: Integrated Marketing
The Council's Integrated Marketing Workgroup supports all four objectives under the Membership Goal. The 2021 member value recruitment and retention campaigns continue to focus on lagging segments, i.e., groups of prospective members that are quickly growing in representation of the overall U.S. dentist population but are under-represented within ADA membership. Fueled by research, campaigns feature compelling reasons to join, including members-only benefits of these strategic content areas: dental insurance advocacy, navigating COVID-19, continuing education, accelerating career and clinical excellence. The distributed campaigns are seeing promising levels of engagement in digital and social channels.

Success Measure: To help support the membership goal and benchmark of increasing membership marketing share of lagging demographics by 2% per year, the workgroup creates engagement strategies to aid in recruitment and retention (R&R) of lagging segments including early-career dentists, dentists in dental service organizations (DSOs), women in dentistry and non-renews from recent years.

Target: Meet or exceed industry standard benchmarks for engagement in digital/social tactics for emerging segment campaigns.

Range: N/A

Outcome: Q1-Q2 engagement strategy audiences included those who did not renew their ADA membership (non-renews), early-career dentists, female dentists and dentists within DSOs, identifying ways to drive increased engagements to reach prospective members. For example:

- Dental insurance campaign email engagement exceeded open rate and click through rate (CTR) benchmarks; dental insurance social media ads had a low cost per click on to targeted audiences and there were 40 downloads of the state and local R&R toolkit for dental insurance.

- Paid social media ads in priority states exceeded click-through rate benchmarks; second most clicks in 2021 on ADA.org rotator with approximately 500 clicks to ADA.org/Renew and above benchmarks for email open rates.
- Email click through rates of early career and female dentists had an average of 4.3% and 3.8%, respectively, which is nearly double the industry standard benchmark of 2.49%.

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: Oral Health is Health (OHIH)
In 2021, the Council's Communications Workgroup has been dually focused on ensuring the strategic impact of the Oral Health is Health (OHIH) campaign and developing a response to the 2021 House of Delegates on Resolution 103-2020. (Addressed in this report under "Responses to House of Delegates Resolutions.")

OHIH is a campaign targeting Washington, D.C.-based national opinion leaders—such as legislators and staff, media and health care influencers—via digital advertising to raise awareness about the connection between oral health and overall health, as well as "white hat" storytelling of dentists making a difference in their communities. This campaign also helps reinforce with the target audience the importance of including dentistry in relevant health policy discussions. The workgroup, through regular review of analytics reports, ensures that the tactical planning and execution of the OHIH campaign, meets its strategic goals and audiences.

Success Measure: The OHIH campaign supports Objective 9 of the ADA Strategic Plan, to be the preeminent driver of trusted oral health information for the public and profession, and is on track to meet and exceed benchmarks of engagements (likes, shares, comments on social media) and impressions (number of times the audience sees the messaging) related to reaching and influencing policymakers about the importance of oral health to overall health.

Target: The ADA will maintain its status as a top influencer of social conversation around oral health social media conversations to a legislative and policymaker audience.

Range: The ADA will remain within the top 10 influencers of social conversation and engagement around oral health among the legislative and policymaker audiences throughout the campaign.

Outcomes: In Q1 2021, the campaign met its target and ranked #1 for engagement in social media conversations on oral health, and #2 in volume of conversations. Other notable Q1 2021 results include:

- Policymakers and media target audiences accounted for the most impressions (1.1MM+ total impressions) across the campaign on Twitter, while the top performer for impressions varies by content topic on Facebook and Instagram.
- Facebook resulted in the lowest cost per engagement compared to the other platforms.
- The total video views across all platforms were 286,326 with an average daily viewing of 4,694.
    - Give Kids A Smile video had the highest engagement on LinkedIn and Facebook.

Initiative: Volunteer Engagement Program (VEP) and ADA Spokesperson Workgroup

As part of the Council's responsibility to advise on the reputation and brand of the ADA, the Volunteer Engagement Program (VEP) and ADA Spokespersons Workgroup strategically helps to guide:

- How VEP members can identify trending dental topics within closed dentist-only social media groups that may pose risks or opportunities to the ADA and the profession;
- How the VEP community can be advocates for member value within these closed groups

or report gaps in ADA resources and offerings that dentists need; and
- The recruiting and maintaining of dentists as ADA media spokespersons to convey credible information on oral health to the public through media interviews.

Success Measures:
- Grow VEP participants by 5% to help support for R&R efforts within closed social media groups.
- Grow the ADA spokesperson program by at least 1-2 qualified spokespersons per year.
- Maintain 90% positive/neutral media sentiment quarterly on news coverage which cites the ADA

Target:
- Add at least 4 new VEP members who are engaged in the community; add at least 2 new ADA spokespersons in areas of greatest need, like Medicaid and emerging issues.

Range: Pending volunteer interest in VEP, the community may gain 20+ participants in 2021. The ADA spokesperson program requires applications, auditions and a multi-factor approval process that may see few or no candidates advance in a calendar year.

Outcome: Three new members have joined the VEP community so far, making the goal on target to recruit four new community members by end of year. Additionally, four spokespersons were vetted by the workgroup, and now await review at the August 2021 Board of Trustees. The interviews that ADA media spokespersons participate in are instrumental in achieving positive-to-neutral coverage in news media. In Q1 2021, the ADA has achieved 99% positive/neutral media sentiment in coverage.

Emerging Issues and Trends

For the long-term health of an organization's reputation and brand, its leaders must continuously address breaking issues in an agile fashion. A systematic approach to not only managing but also monitoring emerging issues allows an organization to unearth trends on the horizon that pose opportunities or threats the organization's reputation, vision and mission.

The Council is the primary ADA agency responsible for advising on reputation management and is also responsible for recommending and maintaining strategic communications plans in tandem with expert staff in the ADA's Division of Integrated Marketing and Communications.

In 2020, under the leadership of its Strategic Communications workgroup, the Council envisioned and provided oversight to create the first Communications Trend Report (Report) with the goal that this report be an annual, and perhaps even more frequent, bellwether for reputation management themes that ADA can help dentists navigate. The 2020 Report showed that fast-paced issues like COVID-19 are where the ADA can truly impact the practitioner who is struggling to make sense of ever-changing guidance while keeping their patients safe and their practice open. The workgroup is now working diligently on the second annual Report for debut in Q3 2021.

The purpose of the second Report continues to build on identifying emerging issues for dentists and their patients, as well as gaps in communication between dentists and the ADA, and dentists and their patients, so that they can be better understood and addressed in communications planning at all levels of organized dentistry.

Table 1 below is selected data from the 2021 survey of dentists, highlighting what "keeps them up at night," while table 2 showcases how comfortable patients are in discussing certain trending topics with their dentist.

Table 1: What keeps you up at night?

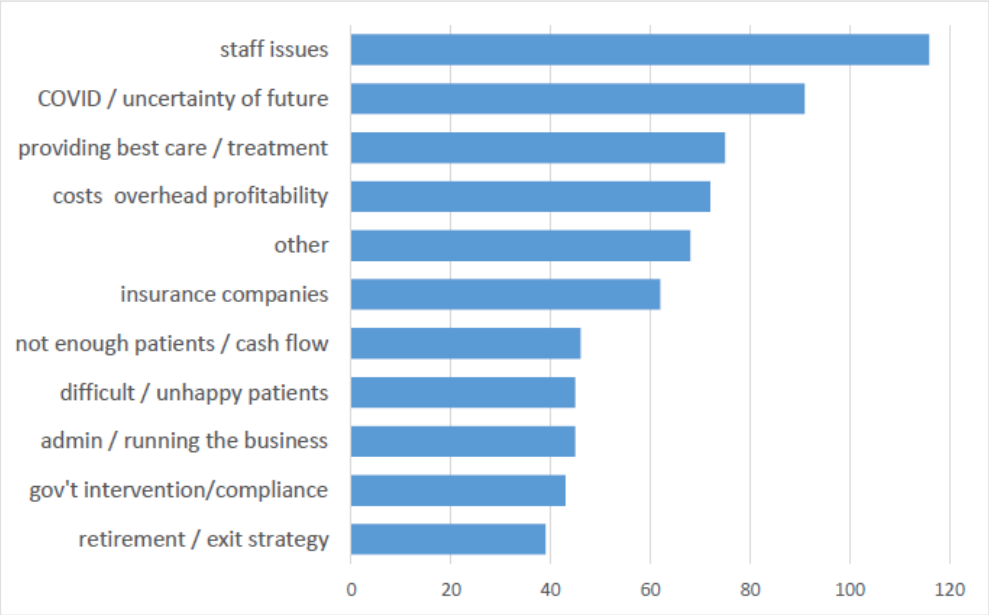
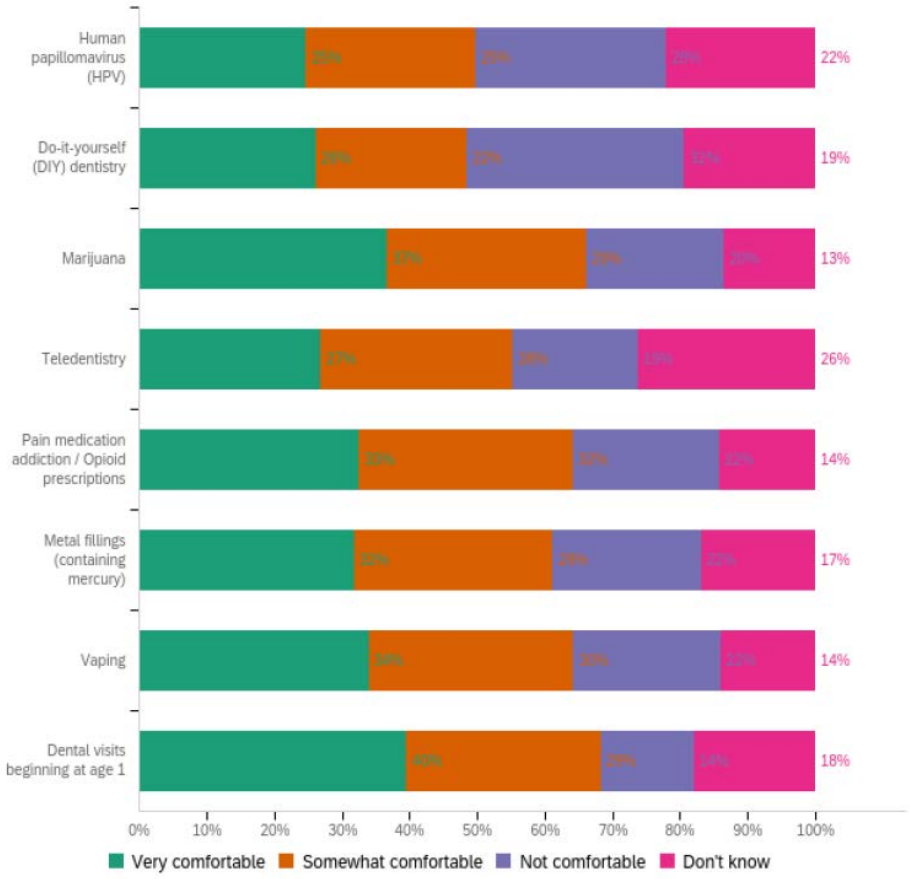


Table 2: How comfortable would you be discussing each of the following topics with your dentist? (see table on next page)



Outcome: The second Report will be shared with national, state and local leadership in Q3 2021 as an additional input to national, state and local decision makers who are engaged in reputation management and communications planning.

Responses to House of Delegates Resolutions

Resolution: 77-2020—Elder Care Strategies on Public Advocacy

> **77-2020. Resolved,** that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on public advocacy as priority projects, and be it further
>
> **Resolved,** provide information on elder oral health matters to the public by:
> 1. developing educational material, targeted at the families of patients, that addresses their role in assisting in oral care and make it available on the public facing ADA website
> 2. supporting and evaluating community based interdisciplinary programs that bring health promotion and prevention and care to seniors where they live and congregate
> 3. developing a public service campaign on both the oral-systemic connection and the dental management of the medically complex older adult

This resolution was proposed by the Elder Care Workgroup. Per Resolution 97H-2020, Resolution 77-2020 was included in the Special Order of Referral Consent Calendar. The Council on Communications and Council on Advocacy for Access and Prevention (CAAP) were later assigned to respond to Resolution 77-2020.

The Council and CAAP chairs jointly reviewed Resolution 77 and agree strongly in the value of integrating elder care strategies into their public advocacy efforts. CAAP agrees to provide its subject matter expertise, which will be essential to fulfilling the objectives set forth in the resolution.

Now that the profession and nation are in recovery from the COVID-19 pandemic, the opportunity is ripe to, per the second resolving clause, “bring health promotion and prevention and care to seniors where they live and congregate,” which has not been possible during the pandemic.

Work on both the first and second initiatives identified in the second resolving clause is underway and can be performed within existing budgets, provided that it is prioritized alongside other current projects.

Regarding the first initiative, focused on educational material: November is National Family Caregivers Month, which presents an ideal opportunity to enhance the ADA’s approach to promoting information targeted at families of patients regarding their role in assisting in oral care. Such information will be promoted as well as posted on MouthHealthy.org (the ADA’s website for the public) and sourced from the website’s Adults Over 60 Section, to raise awareness about what resources exist to address the unique needs and concerns of caregivers, as opposed to individuals.

Regarding the second initiative, “supporting and evaluating community-based interdisciplinary programs”: COVID-19 safety protocols reduced interaction of oral health professionals with older adults in various living facilities. As states reopen, mobile and in-house dental programs have begun to resume. CAAP has been collaborating with the Association of State and Territorial Dental Directors (ASTDD) in promotion of educational materials as part of a multi-year toolkit development project supported by the Gary and Mary West Foundation. The outcomes of this project include increased collaboration between Area Agencies on Aging (AAA), State Oral Health Plans and local dental leaders. A webinar will be held next year to highlight the Older Adult Oral Health Promotion toolkit progress.

Additionally, CAAP will continue collaborating with the American Academy of Family Medicine and the Oral Health Nursing Education and Practice (OHNEP) group directly and through community projects

designed by Community Dental Health Coordinators (CDHCs). Advocacy for oral health service coverage within this population remains a top priority.

While the Council and CAAP agree on the value of providing public-facing messaging and resources to the target audience identified in the third resolving clause, the term “public service campaign” may create false expectations of the scope and resources needed. A public service campaign, similar to the Ad Council campaign on children’s oral health that the ADA was previously involved in, requires several hundred thousand dollars to execute. Instead, the envisioned public-facing messaging and resources can be successfully implemented within existing budget resources, using methods described above in this report and via social media; audience reach can be measured via metrics that include media coverage, social media engagement and website traffic.

The Council, in collaboration with CAAP, will report back to the 2022 House of Delegates on the results of efforts in response to Resolution 77.

Resolution: 85-2020—Dental Benefits Information for ADA Members

> **85-2020. Resolved,** that the appropriate agency of the American Dental Association (ADA) be directed to review all current dental benefit activities conducted by the ADA. This activity inventory will include all dental benefits information available on the ADA’s Center for Professional Success, ADA-created dental benefit webinars for members, and the third-party payer concierge, and be it further
>
> **Resolved,** that the information inventory be summarized into an easy to read/easy to access document distributed to member dentists, and be it further
>
> **Resolved**, that a report be delivered to the 2021 ADA House of Delegates including the information inventory that was disseminated to all ADA members.

The Council on Dental Benefit Programs (CDBP) was assigned as the lead agency with regard to this resolution, with the Council on Communications as the support agency. The Council consulted with CDBP and concurs with the expertise and advisement of the lead agency.

Resolution: 103-2020—Reexamine Council on Communication Liaison Program

> **103-2020. Resolved,** that the appropriate ADA agency examine the viability of the Council on Communication Council Liaison Program utilizing virtual meeting platforms, and be it further
>
> **Resolved,** that a report be prepared for the 2021 House of Delegates.

This resolution was proposed by the Fourteenth Trustee District. Per Resolution 97H-2020, Resolution 103-2020 was included in the Special Order of Referral Consent Calendar. The Council on Communications was later assigned as the lead agency to respond to Resolution 103-2020.

The background of Resolution 103-2020 explained that communication barriers persist between Councils. To enable more collaborative coordination of efforts between Councils, the resolution proposed reestablishing the Liaison Program, which was discontinued in 2015 pursuant to cost-cutting measures. As this resolution was included in the Special Order of Referral Consent Calendar, it was not debated on the floor.

The Council on Communications, on its own initiative, performed the proposed work and is providing the following informational report to the 2021 House of Delegates:

Survey Conducted

With an eye to statements in the resolution's background regarding improving communication between councils, rather than narrowly focus on an reexamination of the Liaison Program, a workgroup of the Council appointed by the chair conducted a survey, across the ADA, to determine if council members believe there is a need to improve interconnection between councils, and if so, how best to address that need. The complete survey findings are available upon request from the Council.

Key findings from the survey are as follows:

- A third of respondents didn't know if the work of their council is communicated to other councils;
- A majority of respondents (54%) don't feel adequately informed on other councils' strategic priorities; and
- 3 out of 4 respondents believe communication between councils needs to be increased, while 1 out of 5 were undecided about the need to increase communication between councils.

Regarding ways to increase cross-council communication, five options were offered in the survey including a Council on Communications liaison program. Respondents could also identify their own ideas under "other". Respondents were asked to rate each option as "very effective," somewhat effective," "not very effective," or "not at all effective." Of the five options offered in the survey, three resonated strongly with respondents:

- Quarterly conference calls (87% rated "very effective" or "somewhat effective");
- Regularly scheduled webinars for councils (87% rated "very effective" or "somewhat effective"); and
- Implementing an ADA Connect site (80% rated "very effective" or "somewhat effective")

Notably, the Liaison Program option received the least interest from respondents.

Based on the survey results, the Council recognizes the need to improve interconnection between the councils. However, also based on the survey results, the Council does not support reinstituting the Liaison Program.

Options Explored

The Council directed that the recommendations of the workgroup be shared with the appropriate ADA staff and agencies to further explore the feasibility of implementation.

Upon further review, two of the high-ranking options surveyed—quarterly conference calls and webinars—already exist; council chairs and vice chairs already participate in regularly scheduled conference calls to engage in inter-council communication, and existing ADA webinars, such as the Power of Three Emerging Issues webinar series, could be leveraged by councils to share information rather than creating a new webinar series.

Accordingly, the Council refined a list of options, which are detailed below. These options are designated as "at will" (council members and/or chair chooses whether to participate), "passive" (council members must seek the posted information for themselves), or "push" (council members are sent links to major actions and minutes).

1. Establish a new ADA Connect community, accessible to all current council members, to view other councils' major actions, minutes and other non-confidential information. Each council would also retain its own private ADA Connect community accessible only to its members. (passive) *(Note: this new community on ADA Connect is in addition to the password-protected area of ADA.org, where council major actions and minutes are already posted for all members.)*

2. Equip council chairs to easily share other councils' activities with their councils. (push) *(Note: staff council directors will notify chairs with links to other councils' major actions and minutes, which chairs may share with their councils as they see fit.)*

3. Invite fellow council chairs to present at council meetings. (at will)
   (Note: a host chair can invite other council chairs to provide, via Zoom, an update on their councils' strategic priorities.)

4. Establish a Basecamp community for inter-council communication. (at will). **Note:** This option was later deemed to be not feasible at this time without significant additional consideration.

The above options were investigated in consultation with relevant ADA staff and agencies to further explore the feasibility of implementation. Regarding the first three options, none have any fiscal impact, and staff time required to implement and maintain these improvements is negligible. In fact, several council chairs have already adopted option #3 during council meetings in 2021.

It was determined that option #4 would not be feasible to implement at this time without significant additional consideration. Selecting technology that enables inter-council communications is a business function that involves the ADA's Technology Division and other ADA stakeholders. It was determined that Basecamp privacy policies and data storage policies need further review by the Legal and Technology Divisions. (Note: option #1, on the other hand, will provide council members with a community to engage in inter-council communication that is known to meet the ADA's privacy and security standards.) The Technology Division will be conducting a needs assessment, including a survey of council members, as a prelude to upgrading ADA Connect in 2022.

Communications Reporting Tool

This year, the Council developed a template for the Council to consistently report on its initiatives and/or seek input from other councils. The Council now uses this tool as the primary mechanism for the Council's internal communications as well as the Council's reports on its activities to other ADA councils and other stakeholders as appropriate.

While not developed in response to Resolution 103-2020, the Council believes its template, entitled "Communications Reporting Tool," may offer yet another mechanism for improving inter-council communication and collaboration. The Communications Reporting Tool appears as Appendix 1 to this annual report.

A survey, fielded in April and May 2021, requested brief feedback of council leadership on the utility of the tool and received a total of 12 responses, out of 22 potential responses (equating to a 54% response rate). Of council leaders who responded, 100% answered "yes" or "maybe" when asked if the tool would be helpful to their council when communicating with other councils, particularly if an action is needed. Respondents also indicated they were likely or somewhat likely (81%) to use the tool to communicate with stakeholders about their council priorities.

The Council offers this tool to other councils and encourages them to consider using it, particularly when seeking input or action from other councils. The Council believes that the use of this tool will help promote consistent and accurate messaging across the ADA by providing an easy to use template.

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.

APPENDIX 1:

Communications Reporting Tool

Leading through Open, Informed Communications

Council on Communications Reporting Tool

Goal of Communication: ***(Select One)***	Inform/Report	Consult	Decision / Recommendation Desired
Who is the Audience? ***(Select One)***	Council on Communications	All ADA Councils	Districts, States & Locals
Sensitivity Level of Information:	Confidential, Not for disclosure	For Immediate Release	For Release on DATE.
Overview:	• Clearly state WHAT the communication is about and WHY it is important. • What should the reader be prepared to do as a result of reading this information?		
Background:	• What necessary background should the reader know about this project/program/topic?		
Key Information:	• Add highlights and main points for reader o Supply additional, supporting proof points like data and other decision making information		
Implications:	• Share whether this has a fiscal impact • Identify if there are human resource requirements • Indicate whether councils are/could be affected		
Contact & Next Steps:	• Explicitly state WHO will do WHAT and WHEN • List who is responsible for ensuring communication is carried out as intended.		
Feedback Requested Via:	• Email feedback by set date • Survey • Other		

Commission for Continuing Education Provider Recognition

Cipes, Monica H., 2021, Connecticut, chair
Ball, John D., 2022, Missouri, vice chair
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
Habibian, Mina, 2024, California
Kim, David M., 2022, Massachusetts
Meara, Daniel Joseph, 2023, Delaware
Parker, Steven E., 2021, Ohio
Patel, Kumar J., 2024, Georgia
Patel, Seena, 2024, Arizona
Rozdolski, Raquel, 2023, New York[1]
Sadrameli, Mitra, 2022, Illinois
Silva, Renato M., 2021, Texas[2]
Trecek, Carol, 2023, Wisconsin
Verma, Arpana S., 2023, Maryland

Borysewicz, Mary A., director

The Commission's 2020–21 liaison is Dr. Rudolph T. Liddell, III (Board of Trustees, Seventeenth 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 2021, 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

[1] Replaced Saraghi, Mana, 2021, New York
[2] Replaced Keiser, Karl, 2019, Texas

Success Measure: Complete a comprehensive review and revision of ADA CERP Recognition Standards by December 2021.

Target: Draft revisions of six standards reviewed by Commission in September 2021.

Range: Draft revisions of six standards completed by December 2021.

Outcome: After drafting three of six revised CERP Standards in 2017–2018, the Commission paused the Standard revision process in order to focus on revising the CERP Eligibility Criteria. In 2020 the Commission implemented new processes for identifying providers that will not be eligible once the revised Eligibility Criteria go into effect, July 1, 2023. The Commission has appointed a steering committee to resume the process of revising the remaining CERP Standards in 2021. The communities of interest will be invited to submit comments on proposed revisions to the Standards.

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

Initiative/Program: ADA CERP

Success Measure: Complete build-out and testing of new CERP database in Aptify, and develop web portal supporting online provider application and reviewer functions.

Target: Migrate CERP provider database to Aptify and complete user testing of database functions by October 1, 2021. Online application and review portal developed and ready for user testing by December 31, 2021.

Outcome: Funding for the project was approved in the 2021 ADA budget. At the time this report was written, developers were building automated database functions and user testing was slated to resume in July.

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 2021.

Target: Three live webinars for CE providers offered in 2021, 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 agreed to participate in a webinar for CE providers based in dental schools, and are planning two additional live webinars. A Pre-Application Eligibility Form was introduced in 2020, and is now a required first step for all new applicants. A commercial interest questionnaire was deployed to all currently approved providers; results are being evaluated by the Commission to determine providers' future eligibility to participate in ADA CERP. Information about these processes has been added to the Commission's website.

Emerging Issues and Trends

The Commission oversees ADA CERP, designed to recognize providers that meet standards for continuing dental education, promote continuous quality improvement in CE, and help dental professionals meet CE requirements for re-licensure. At the time this report was prepared in June 2021, there were 492 ADA CERP recognized providers; this number includes 28 providers based outside the United States and Canada, and 20 providers approved through Joint Accreditation for Interprofessional Continuing Education. Another 102 providers were approved by state dental societies and national specialty societies through the CERP Extended Approval Process (EAP). The complete list of ADA CERP recognized providers is published on the Commission's website.

CERP recognized providers reported that they offered a combined total of over 38,100 unique CE activities in 2019, the most recent year for which data is available, including more than 231,600 hours of continuing education.

Impact of COVID-19 on ADA CERP: In light of potential business disruptions resulting from the COVID-19 pandemic, in 2020 the Commission granted all CERP recognized providers a six-month extension to their recognition terms, and a corresponding extension of the due dates for applications for continued recognition. Many CERP recognized providers offered CE programming online. Data regarding the impact of the pandemic on continuing dental education activities in 2020 is being collected from providers and will be published later this year.

Interprofessional Continuing Professional Education. As the delivery of health care moves towards a collaborative, team-based model, continuing education designed for interprofessional teams becomes increasingly important. October 2021 will mark the second full year of the Commission's strategic collaboration with Joint Accreditation for Interprofessional Continuing Education™. Joint Accreditation offers providers of continuing education in the health professions the opportunity to be simultaneously accredited to provide continuing education in medicine, nursing, pharmacy, physician assisting, optometry, psychology, social work, and dentistry through a single, unified application process. The Commission believes that this collaboration helps support dental professionals to coordinate care with other professionals, and continues the development and practice of interdisciplinary education (IPE) begun during pre-and post-graduate dental training. At the time this report was written, a total of 20 CE providers of interprofessional education have requested CERP recognition through Joint Accreditation. Participation in Joint Accreditation further aligns CERP Recognition Standards with those of the U.S. accreditors of continuing education in other health professions.

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 published Standards are designed to promote effective continuing dental education and transparency in the recognition process. In conducting a comprehensive revision of the Standards, the Commission is focused on criteria which promote continuing education activities that support dental practitioners' continuing professional development and continuous quality improvement in healthcare. This includes an emphasis on evidence-based dentistry, independence from commercial influence, and an assessment of learning outcomes. In revising the ADA CERP Standards, the Commission is reviewing the accreditation standards in other health professions, including the Joint Accreditation criteria and the Accreditation Council for Continuing Medical Education's (ACCME) newly released Standards for Integrity and independence in Accredited Continuing Education.

Effective July 1, 2023, commercial interests will no longer be eligible for CERP recognition, or to serve as joint providers of CE activities. In 2020 the Commission introduced 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 was also deployed and the Commission is reviewing providers' responses. Providers will be informed of the Commission's findings regarding eligibility in the third quarter of 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.

New continuing dental education accreditation program: The American Association of Dental Boards (AADB) has introduced a new program for accrediting continuing dental education activities, the Accredited Continuing Education (ACE) program. The ACE program presents a competing business interest with ADA CERP, resulting in an ongoing conflict of interest with the AADB appointee to CCEPR.

Therefore, to mitigate any real or perceived conflicts of interest that could arise from the appointment of a CCEPR member by an organization with a competing business interest, the Commission recommends that Chapter IX. Section A.3 of the *Governance Manual* be amended to eliminate the requirement that AADB appoint a member to CCEPR. The Commission has submitted a resolution to this effect for consideration by this House of Delegates.

Upon passage of the proposed amendment, the Commission intends to amend its *Rules* and *Policies and Procedures* to stipulate that the Commission shall appoint a member who is a member of a state dental board or jurisdictional dental agency, to help ensure that the Commission continues to receive input from individuals with insights and experience in the regulatory community.

Technology: To improve CERP application and recognition processes, the Commission is working with the ADA's technology division to develop a new database to support a web-based portal for submitting and reviewing applications online. Development will continue into 2022.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed to the Commission in 2020.

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
Adams, Roderick H., Jr., 2023, Ohio
Bradshaw, Dennis L., 2024, Washington
Dens, Kevin W., 2022, Minnesota
Dougherty, William V., 2022, Virginia
Gardner, Stacey, S., 2024, Alabama
Gazerro, Andrew, III, 2024, Rhode Island
Ghazzouli, Hadi, 2024, Pennsylvania
Hill, Rodney C., 2023, Wyoming
Johnston, Mark M., 2023, Michigan
Maldonado, Yvonne E., 2021, Texas
Patel, Amrita, R., 2021, New York
Porcelli, Eugene G., 2022, New York
Scott, Lewis K., 2022, Louisiana
Stilley-Mallah, Jessica A., 2023, Florida
Trapp, Scott, 2024, Washington, DC
Weber, Walter G., 2021, California

Aravamudhan, Krishna, senior director
Ojha, Diptee, director
Pokorny, Frank, J., senior manager
Tilleman, Sarah, senior manager
Colangelo, Erica, manager
Kirk, Lauren P., manager
McHugh, Dennis, manager

The Council's 2020–21 liaisons include: Dr. Julio H. Rodriguez (Board of trustees, Ninth District) and Ms. Mary Jocelyn Nisnisan (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 3: Maintain an overall retention rate of 94% (Membership)

Initiative/Program: Third-Party Payer Advocacy

Success Measure: Ensure that dentists and practice staff are educated on matters related to third-party payer issues to support them in their choice to participate with these plans.

Target: At least 4,000 individuals will participate in webinars/workshops and at least 85% of attendees responding to survey are satisfied or very satisfied with the education programs.

Range: Between 3,500 and 4,300 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 31, 2021, a total of 3,679 individuals have participated in six workshops and webinars; 98% expressed satisfaction with the education programs.

Title	# Registered	# Attended
Understanding Dental Benefits (WSDA)	N/A	13
Dental Insurance 101: A Beginners Course for Office Staff	3,981	2,061
In-Office Dental Plans: How Office Managers Can Use Simple Tactics to Retain and Attract Lifelong Patients	1,464	561
Top Dental Benefit Plan Concerns (ALDA)	N/A	31
How PPO Processing Policies Affect Claim Adjudication – Part 1	1,329	482
How PPO Processing Policies Affect Claim Adjudication – Part 2	962	414
Contracts and Processing Policies: Impact on your Revenue (AAPD)	N/A	117

Objective 3: Maintain an overall retention rate of 94% (Membership)

Initiative/Program: Third-Party Payer Advocacy

Success Measure: Increase awareness of dental insurance advocacy and resources offered by the ADA to recruit and retain members.

Target: Achieve at least 20,000 sessions to ada.org sites (/renew, /join, /dentalinsurance) through dental insurance marketing campaign.

Range: Between 15,000 and 25,000 sessions on ada.org sites housing dental insurance content in 2021.

Outcome: As of May 31, more than 9,200 sessions have been recorded on ADA.org dental insurance pages (/renew, /join, /dentalinsurance) through the targeted marketing campaign.

Each month, a multi-divisional team develops and promotes aligned messaging highlighting real-time dental insurance solutions and advocacy wins to support ADA's membership retention and recruitment efforts. Targeted emails, social media presence, ADA News and ADA Huddle coverage are some of the primary channels being used to disseminate this information. This campaign has resulted in the recruitment of 10 new ADA members and 29 members who have renewed their ADA membership as of June 1, 2021.

Objective 3: Maintain an overall retention rate of 94% (Membership)
Objective 10: Dental benefit programs will be sufficiently funded and efficiently administered (Public)

Initiative/Program: Third-Party Payer Advocacy

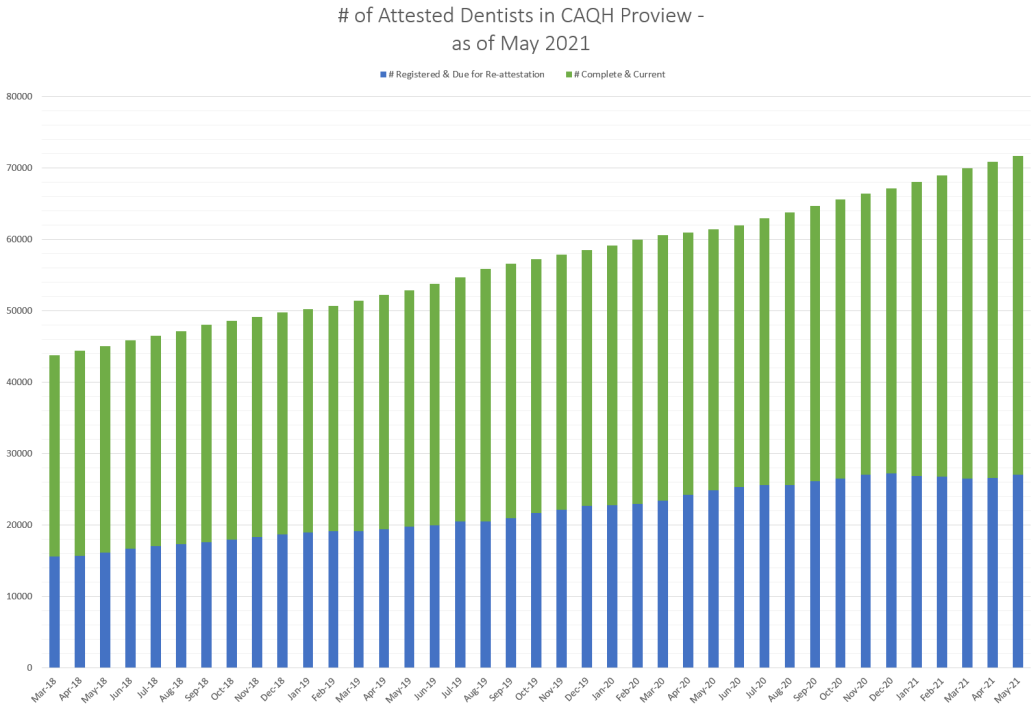
Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less on paperwork and increase practice revenue.

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

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

Outcome: As of May 2021, 44,613 dentists have complete and current profiles; an average of 1,022 dentists are completing their profile per month. Another 27,046 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 credentialing service continues to experience slow & steady growth nearly four years after implementation. Additionally, the number of dentists with profiles due for re-attestation also began to trend downwards for the first time beginning in January 2021, and remains trending downwards as of May 2021.



Objective 3: Maintain an overall retention rate of 94% (Membership)
Objective 10: Dental benefit programs will be sufficiently funded and efficiently administered (Public)

Initiative/Program: Third-Party Payer Advocacy

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

Target: At least 800 patients and 400 offices sign up with Bento by December 31, 2021. At least 35,000 total PPO dentists sign up by December 31, 2021.

Range: Between 750 and 1,000 patients and between 300 and 500 offices sign up with Bento by December 31, 2021. Between 33,000 and 40,000 PPO dentists sign up by December 31, 2021.

Outcome: As of May 30, 160 patients and 89 offices have signed up with Bento. In the last 11 months, toolkits for both state and local societies and for office managers have been created to promote this new solution to ADA members and state and local societies to start building awareness.

From June 2020 to May 2021, results have included:
- 8,470 Bento PPO sign-ups
- 154 practices set up to offer in-office plans
- 200 in-office plans purchased

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

Bento's software platform currently offers two separate products to support dentists:
- In-office membership dental plans
- Bento's PPO Network for self-funded employer groups

Some advantages Bento provides in comparison to other benefits administrators:
- Real-time eligibility & benefits verification and claims adjudication
- Fast and easy direct payments to dental offices
- Cost transparency for patients
- A simplified administrative system with no consultant reviews for "medical necessity"
- Easy to use app experience for both patients and the front desk
- The platform also supports in-office dental plans that allow dentists to easily create and set up fully customizable in-office plans that align with the needs of their practice and patients
- No setup fees for all dentists who use Bento's in-office plans, which separates Bento from other in-office dental plan administrative services
- Dentists are not required to join the Bento network when using Bento to administer in-office plans

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

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

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

Success Measure: Contribute to ADA's non-dues revenue goal through CDT products, assuring on-time delivery of CDT products for publication and dissemination.

Target: Delivery of CDT 2022 technical content delivered by July 1, 2021 including ASCII file, CDT Manual and CDT Companion.
Range: N/A

Outcome: As of May 30, 2021 technical content for both CDT 2022 ASCII file and CDT Manual have been delivered ahead of schedule, in April 2021. Companion content delivery is on schedule.

The CDT ASCII file contains CDT 2022 in an electronic format for CDT Code Commercial Use licensees, which include vendors of Practice Management Systems used by dentists and Claim Adjudication Applications used by third-party payers. Both the CDT Manual and Companion are reference and educational resources used by dentists and their practice staff to enable accurate documentation of services delivered in patient dental records, and proper reporting on claims (paper and electronic).

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

Initiative/Program: Clinical Data Registry

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

Target: Launch the ADA's Clinical Data Registry on time and within budget.

Range: Launch practice portal by Q2 2021. Launch the Research Portal for use by ADA Researchers by Q3, 2021.

Outcome: Technical build of the data warehouse as well as practice and research portals progressing on schedule and within budget.

The ADA Dental Experience and Research Exchange (DERE), ADA's oral health registry program, is progressing on schedule. As of this writing, integration with Open Dental is complete, integration with Epic is ongoing and integration with Dentrix is in the planning stages. Active recruitment of beta-users to join the DERE program will begin Q3 2021.

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

Initiative/Program: Quality Assessment and Improvement

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

Target: Not less than 30 state Medicaid programs report using DQA measures.

Range: 25—35 states use measures developed by the DQA in their Medicaid programs.

Outcome: 35 state Medicaid programs are using DQA measures.

The DQA currently has 23 organizations as dues-paying members. Measures identified by the DQA are used in several federal and state programs. The Centers for Medicare & Medicaid Services currently uses one measure across all states and is likely to adopt two additional DQA measures. The DQA is in conversations with the National Committee for Quality Assurance (NCQA) to promote use of the DQA measures to assess dental plan quality through the Healthcare Effectiveness Data and Information Set (HEDIS) measure set.

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

Initiative/Program: Dental Informatics

Success Measure: On-time completion of the annual Systemized Nomenclature of Dentistry (SNODENT) Revision.

Target: Annual Systemized Nomenclature of Dentistry (SNODENT) Revision completed by end of 4th quarter.

Range: N/A

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

ANSI/ADA Standard No. 2000 – SNODENT is revised annually. The most recent version was approved by the ADA SNODENT Canvass Committee in November 2020. Change requests to SNODENT are adjudicated by the SNODENT Maintenance Committee, which met in Chicago in February 2021. It is anticipated that the 2021 revision of SNODENT will be balloted to the ADA SNODENT Canvass Committee by September 2021, with approval expected before the end of this year.

Emerging Issues and Trends

Dental Benefits Market Data
The data below is the most current information available.

Enrollment [Source: National Association of Dental Plans]

- Almost 263 million people (80% of the U.S. population) had a dental benefit in 2019—up from 260 million (80%) in 2018.
- In 2019, Preferred Provider Organizations (PPO) accounted for 85% of the dental plans in the market—down from 86% in 2018.
- In 2019, the commercial market had 88 million people (53%) with fully insured dental benefits versus 77.9 million (47%) with self-funded plans.
- In 2019, enrollment in commercial dental benefits rose by 2.6% compared to 2018. Enrollment in publicly funded benefits decreased by 2.5% in 2019 compared to 2018.
- In 2019, Medicare Advantage enrollment was estimated at 13.2 million based on an analysis of CMS's Medicare Landscape files which was slightly lower than the 2018 estimate.
- Approximately 60% of commercial group dental benefits are employer sponsored and the other 40% are voluntary benefits.
- Approximately 9.1% of the population with commercial dental benefits have coverage through Individual policies.
- About 1.0% of commercial dental benefits are integrated with medical policies, an increase from 2018.

Network Statistics [Source: National Association of Dental Plans]

- In 2020, among those dentists who participate in PPO networks, on average, dentists participate in 26.5 different networks. PPOs still 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 PPO 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.

- Network leasing, swapping, and stacking continue to remain popular strategies for payers to increase access points.

Several dental insurance companies are in the process of using artificial intelligence (AI) to assist in detection of fraud, waste and abuse. It is anticipated that more claims, typically reviewed by dental consultants, will now be reviewed by computer systems before consultant review. These AI algorithms can quantify bone loss around a tooth or remaining crown structure. These quantifications will assist payers in being more objective about approving/denying claims for procedures such as scaling and root planing, core build up, crown benefit or surgical extractions. One AI company, Overjet, recently obtained FDA clearance for use in a dental practice to support clinical decision making.

Payers appear to have begun competing on quality scores to win employer contracts as more employers (dental plan purchasers) are looking to quality as a differentiator. Delta Dental Plans Association recently announced the nationwide use of CAHPS survey to assess patient experience and promote patient centered care. Delta Dental of California and affiliates ("Delta Dental") recently started offering consumers access to DentaQual®'s provider scoring information under license from P&R Dental Strategies, LLC ("P&R").

P&R recently announced an exclusive strategic partnership with Denti.AI Technology, a leader in dental imaging AI. P&R and Denti.AI will create advanced AI-assisted dental image analysis tools to support P&R's utilization review programs and to assist other dental plans that are looking for ways to use AI to enhance their claim adjudication systems.

Responses to House of Delegates Resolutions

Resolution: 85-2020—Dental Benefits Information for ADA Members

> **85-2020. Resolved,** that the appropriate agency of the American Dental Association (ADA) be directed to review all current dental benefit activities conducted by the ADA. This activity inventory will include all dental benefits information available on the ADA's Center for Professional Success, ADA-created dental benefit webinars for members, and the third-party payer concierge, and be it further
>
> **Resolved,** that the information inventory be summarized into an easy to read/easy to access document distributed to member dentists, and be it further
>
> **Resolved**, that a report be delivered to the 2021 ADA House of Delegates including the information inventory that was disseminated to all ADA members.

Resolution 85-2020 was referred by the 2020 House of Delegates back to the Council for further review. The Council conducted a thorough review of all dental benefit activities and resources. Content related to dental insurance including recorded webinars and tools that used to be managed by the Center for Professional Success has been re-organized on the ADA's main website ada.org and can be accessed at http://ada.org/dentalinsurance. The table in Appendix 1 provides a list of links summarizing the CDBP resources available on ada.org. The Council believes that distributing a static document with links to online resources is not practical and the reorganization of the ADA's Website will make finding the information easier.

Resolution: 86-2020—Improved ADA Member Assistance with Third-Party Payer Issues

> **86-2020. Resolved,** that the appropriate agency of the ADA be directed to review the most frequently reported third-party payer issues submitted to the ADA through the third-party payer concierge and the ADA's online third-party complaint form and organize the issues into complaint categories to facilitate discussions with insurance carriers, and be it further
>
> **Resolved**, that the appropriate agency of the ADA take the complaint categories forward and make an attempt to meet with the insurance companies, identified from the third-party payer concierge and submitted ADA complaint forms, to resolve as a whole the identified insurance complaints, and be it further
>
> **Resolved**, that a report be delivered to the 2021 ADA House of Delegates (HOD) summarizing the meeting(s) and including details on the elimination of claims payment abuses identified in the complaint categories. This report shall include the complaints resolved and the status of the complaints unable to be resolved before the report was prepared for the 2021 HOD meeting.

Resolution 86-2020 was referred by the 2020 House of Delegates back to the Council for further review. The tactics listed within the resolution are, in fact, executed by the Council on a routine basis as part of its bylaws responsibility.

Complaint categories for third-party payer concierge issues. Aptify was configured to catalogue cases as they are closed and state dental association staff were allowed access to this information directly. Appendix 2 contains this catalog. The Third-Party Payer Concierge Service has been discontinued starting 2021.

Meetings with third-party payers: Appendix 3 provides a catalog of meetings in which the Council has participated with representatives from insurance companies along with the topics discussed. In addition to those meetings, the CDBP Chairs and ADA senior staff meet annually with the National Association of Dental Plans (NADP) to bring to their attention emerging issues and solutions needed to support dental offices.

Examples of successful policy changes:

- Delta Dental moving away from the word "disallowed" on EOB language.
- Guardian no longer applies medical necessity review criteria to third molars and associated IV sedation or general anesthesia.
- UCCI will allow dentists to bill for a disallowed procedure if the dentist explains to the patient that the procedure is not covered and the patient signs a consent form. The form must be specific stating the exact procedure and fee involved.

As a business decision, dentists agree to contractually participate as in-network providers with third-party payers. While contracts are unfair, they are, unfortunately, not illegal. Many issues reported to CDBP are contractual issues agreed to by the dentist when signing the contract. On its website, Delta Dental notes that "*Delta Dental makes it easy for you to get the most value out of your insurance, with networks that include more than 155,000 dentists nationwide. With three out of four dentists participating in the Delta Dental network, it's easy to find a qualified in-network dentist*."

To simplify dental benefit administration and resolve some of the common complaints from dental offices, the ADA recently endorsed Bento, a start-up technology company that seeks to modernize dental benefit administration. The motivation is to promote a benefits administration model that solves problems for member dental offices and could potentially be an industry disruptor. In addition, the ADA is continuing efforts in streamlining paperwork through programs such as the ADA Credentialing Service powered by CAQH Proview© and championing standards to promote such simplification.

Resolution 102S-1—A System to Provide Accurate and Timely Access to a Patient's Insurance Information

> **Resolved,** that the appropriate ADA agencies investigate the feasibility of developing a platform to allow third-party payers to provide the treating dentist with accurate and timely information regarding a patient's current dental benefits through a single unified system such as an online portal or app, and be it further
>
> **Resolved,** that the ADA prepare legislation that requires dental benefits plans to utilize fair and accurate language in the communication of limitations of coverage, and be it further
>
> **Resolved,** that a report with recommendations be prepared for the 2021 House of Delegates.

Resolution 102S-1-2020 was referred by the 2020 House of Delegates back to the Council for further review. The Council issued a request for proposal (RFP) to select a consultant to conduct the feasibility assessment as directed by Resolution 102S-1. The project is scheduled to begin in June 2021. Once completed, findings from this study will be disseminated through the ADA News and the Council will assess potential next steps to identify a solution, if one is feasible.

The Council on Government Affairs is preparing model legislation.

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 has, each year, reviewed Association policies to determine if they should be maintained, amended, or rescinded. There were no policies reviewed in 2021. The next review of CDBP policies will be in 2022.

Council Minutes

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

APPENDIX 1

AVAILABLE CDBP RESOURCES

Dental Insurance	
Resource	**Links**
ADA Dental Insurance Hub Website	ADA.org/dentalinsurance
Dental Plan Contract Analysis Service	https://www.ada.org/en/member-center/member-benefits/legal-resources/contract-analysis-service
Credentialing Service	ADA.org/credentialing Credentialing Resources for Office Managers: https://www.ada.org/en/member-center/member-benefits/practice-resources/ada-credentialing-service/credentialing-resources-for-office-managers
In-Office Dental Plan Toolkit for Dentists	ADA.org/dentalplantoolkit
Employers' Dental Plan Toolkit	https://www.ada.org/en/public-programs/dental-benefits-plan-for-employees
Resource	**Links**
For Consumers: Paying for Dental Care	https://www.mouthhealthy.org/en/dental-care-concerns/paying-for-dental-care/understand-your-plan
Bento ***A Modern Alternative to Dental Insurance***	ADA.org/bento

Coding	
Resource	**Links**
Assistance on CDT and ICD Codes	ADA.org/CDT MSC – 800.621.8099 Email: dentalcode@ada.org
Information about the CDT Code Maintenance Process	https://www.ada.org/en/publications/cdt/code-maintenance-committee Email: dentalcode@ada.org
CDT Coding Education	https://www.ada.org/en/publications/cdt/coding-education https://www.ada.org/en/publications/cdt/ada-dental-claim-form
CDT Code, CDT Companion, ICD Coding Books	https://www.ada.org/en/publicati ons/ada-catalog/cdt-products

Peer Review	
Resource	**Links**
Peer-Review Resources	https://www.ada.org/en/member-center/member-benefits/practice-resources/peer-review-resources

Medicaid Managed Care and Quality Issues	
Resource	**Links**
Medicaid Managed Care Toolkit & Additional Resources	https://www.ada.org/en/public-programs/action-for-dental-health/strengthening-the-dental-safety-net/medicaid-managed-care
Dental Quality Alliance	https://www.ada.org/en/science- research/dental-quality-alliance

APPENDIX 2

REPORTED ISSUES CATALOGUED AGAINST COMPLAINT CATEGORIES

Topic	Number of calls between January 1, 2018 – December 31, 2020
CDT Code - Code Request - Code Provided	6989
CDT Code - Code Verification - Code Verified	4533
3rd Party – Other* (do not fit into any of these categories)	1056
3rd Party - Claims Denial	772
CDT Code - Code Request - No Code / Use Unspecified	556
3rd Party - COB	462
No Code Specified	444
3rd Party - Provider Contract	395
3rd Party - Fee Schedules	387
ICD Diagnosis Code	348
3rd Party - Webinars	303
Dental Claim Form - Completion Instructions	300
3rd Party - Plan Coverage	220
3rd Party - Code Rejected	218
3rd Party - Refund request	188
CDT Code - Code Verification - Correct Code Provided	165
3rd Party - Claim Delay	152
3rd Party-Medicare-Enrollment	141
3rd Party-EFT post implementation	125
3rd Party - Medicare-Opt Out	124
Medical Claim Form - Completion Information	111
3rd Party - Audits	109
CDT Companion Content - Cross Coding	107
3rd Party - Non-Covered Services Clauses	102
3rd Party - Code Bundled	101
CDT Manual - Purchase	95
3rd Party - Code Changed	83
CDT Code - Change Request Process Information	81
CDT Manual Content - Code Changes	80
3rd Party-PPO Leasing	79
3rd Party - Pre-Authorization	78
3rd Party - Down-Coding	70
3rd Party - Non-Covered Services Fees	68
3rd Party - EOB language	63
CDT-CPT Cross Coding	57
3rd Party-Disallowed Services	56

3rd Party- Discounts	51
3rd Party-Opt Out of Credit Card Payment Plan	49
CDT Manual Content - Other	44
CDT Manual Content - CDT Code	41
3rd Party - Assignment of Benefits	41
3rd Party - Withholding Future Payments	35
3rd Party - Medicaid-Specific Issue	34
Medical Claim Form - Other	31
3rd Party - Additional Doc Required	26
Dental Claim Form - Other	26
Direct Reimbursement - Information	25
3rd Party - Interference Doctor-Patient	23
CDT Code - Code Verification - No Code / Use Unspecified	22
CDT Companion Content - Other	22
3rd Party - Medicaid-General Info	22
3rd Party - Medicare-PECOS	22
Credentialing	21
3rd Party - Payment Delay	18
3rd Party - Utilization Review	16
3rd Party - No Direct Pay to Non-par	14
CDT Companion Content - Coding Exercises	14
3rd Party - Provider Information	13
CDT Code Workshop - Information or Scheduling	12
CDT Companion - Purchase	11
Dental Claim Form - Purchase	9
3rd Party- Denial for Family Members	9
EFT/ERA Implementation	7
3rd Party - Payment Denial	7
Bento In-office plans	5
CDT Manual Content - Q&A	5
3rd Party - Workers Comp	5
3rd Party - Code Invalid	5
Dental Claim Form - Suggestion for Change	5
3rd Party - Lost Claims or Other Doc	4
3rd Party-ERA post implementation	3
CDT Code - Guidelines	3
3rd Party - Tricare	3
3rd Party -Medicare Webinar	2
Bento Other	2
Electronic Claim Submission - Dental	2
Quality Assessment - Other	1

Peer Review - Other	1
Direct Reimbursement - Other	1
3rd Party - Code Misuse	1
Bento How to sign up	1
3rd Party-ADA Guidance on COB	1
Bento Fee schedule(s)	1
Bento Networks	1

*Examples of cases logged in this category include COVID PPE queries, general questions regarding ADA action against payers, medical claim form questions, etc.

APPENDIX 3

CATALOGUE OF MEETINGS BETWEEN CDBP AND THIRD-PARTY PAYERS

2018	
Delta Dental of Michigan Dr. Jeff Johnston, Vice President and Chief Science Officer for Delta Dental of Michigan, Ohio and Indiana	• Reasons for disallowing claims (unbundling, missing documentation, not within the standard of care parameters, and non-delivery of care) • Interference in doctor-patient relationships with inappropriate EOB language. • "Standard of care" parameters determination by consultants • Administrative simplification to reduce paperwork including streamlining credentialing
Anthem Dr. George Koumaras, National Dental Director Dr. Jim Balukjian, Dental Clinical Fraud Director Dr. Katina Balukjian, State Dental Director	• Supporting documentation for claims to avoid denials • Payer portals for benefit information • Bone grafting policy • Administrative Simplification
2019	

United Healthcare
Dr. Ted Wong, Chief Dental Officer
	• Value-based reimbursement
	• Pilot on dental diagnostic codes
	• Discussion on new trends in the industry and what the future holds for dental plans
	  ○ New plan designs/enhancements
	  ○ Price transparency
	  ○ Measuring quality
	• Network Leasing
	• Reducing administrative burdens in the dental office
	• Streamlining claims processing and review

Guardian
Dr. Randi Tillman, Assistant Vice President and Chief Dental Officer
Dr. Katherine Deffke, Senior Director of Utilization Management
	• Discussion on new trends in the industry and what the future holds for stand-alone dental plans
	  ○ New plan designs
	  ○ Higher annual maximums
	  ○ Roll over of unused benefits
	• Use of ICD codes in dental claim submissions
	• Claim submission process simplification
	• Ways to make it easier for dental offices to submit claims reducing the administrative burden, e.g., one-time claim submissions instead of multiple submissions
	• Reducing administrative burdens in the dental office

NADP The NADP Board met with the Council on Dental Benefit Programs leadership	• Prominent trends in dental benefits market sectors and enrollment, funding and costs and networks • Trends in employer attitudes and behaviors, consumer attitudes and policy issues • Virtual credit cards • Discount plans • Medicare • Network leasing • Benefit payment for various types of aligners
2020	
United Concordia Companies, Inc. Dr. Quinn Dufurrena, Chief Dental Officer Dr. Stephen Canis, Dental Director	• COVID impacts on dental offices and need for financial support • Artificial intelligence and claims adjudication • Current and future dental benefit trends • Ways to make it easier for dental offices to submit claims reducing the administrative burden
Cigna Dr. Cary Sun, Chief Dental Officer Mr. Ronald Bolden, Vice President, Dental Market Insight	• COVID impacts on dental offices and need for financial support • Artificial intelligence and claims adjudication • Brighter profile program • Current and future dental benefit trends • Ways to make it easier for dental offices to submit claims reducing the administrative burden
2021	
Principal Dr. David Chen, Dental Director Mr. Jamie Henderson Ms. Shelley Robin	• Principal's partnership with Onederful • Additional ways to streamline the claim adjudication process • What can ADA do to help dentists get paid on first claim submission? • Artificial Intelligence and claims adjudication • Current and future dental benefit trends • Alternative payment types • Lasting impact of COVID on dental practices and claim adjudication • Claim attachments
Humana Dr. Dean Fry, Chief Dental Officer Dr. John Yamamoto, Dental Director Dr. Marcy Cohen, Dental Director Ms. Michelle Hart, AVP Network Mr. Mark Jensen, Actuarial Director	• Additional ways to streamline the claim adjudication process • What can ADA do to help dentists get paid on first claim submission? • Artificial Intelligence and claims adjudication • Current and future dental benefit trends • Alternative payment types • Lasting impact of COVID on dental practices and claim adjudication • Claim attachments

Council on Dental Education and Licensure

Plemons, Jacqueline M., 2021, Texas, chair, American Dental Association
Thomas-Moses, Donna, 2022, Georgia, vice chair, American Dental Association
Avery-Stafford, Cheska, 2024, Wisconsin, American Dental Association
Hammer, Daniel A., 2021, California*
Hangorsky, Uri, 2022, Pennsylvania, American Dental Education Association
Hardesty, Willis Stanton, Jr., 2022, North Carolina, American Dental Association
Divaris, Kimon, 2024, North Carolina, American Dental Education 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
Mousel, Barbara L., 2024, Illinois, American Association of Dental Boards
Nickman, James D., 2023, American Dental Association
Nielson, David L., 2022, Alaska, American Association of Dental Boards
Niessen, Linda C., 2021, Texas, American Dental Education Association
Otomo-Corgel, Joan, 2023, California, American Dental Association
Terry, Bruce R., 2024, Pennsylvania, American Dental Association

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

The Council's 2020–21 liaisons include: Dr. Linda Himmelberger (Board of Trustees, Third District) and Dr. Sydney Shapiro (American Student Dental Association).

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

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

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

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

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

Initiative/Program: On behalf of the ADA, monitor and comment on matters of the Commission on Dental Accreditation (CODA), Commission for Continuing Education Provider Recognition (CCEPR), and the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB).

Success Measure: Submit comments by established deadlines to CODA, CCEPR, and NCRDSCB.

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

Range: January through December

Outcome: All comment deadlines met to date.

The Council transmitted comments to CODA on proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics and the Accreditation Standards for Advanced Dental Education Programs in Periodontics. The Council submitted comment to NCRDSCB in support of the American Board of Oral Medicine's application for recognition as the certifying board for Oral Medicine. The Council also supported the American Board of Orofacial Pain's application for recognition as the certifying board for Orofacial Pain. Specifics on these matters are noted in the Council's January and June 2021 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. Further explore the implications of licensure compacts; advocate for changes to state dental practice acts, rules and regulations regarding licensure, as requested.
2. Manage the ADA's involvement with the Coalition for Modernizing Dental Licensure (CMDL).
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 via electronic communications to members and reports at relevant standing committee conference calls.

Range: January through December

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

The ADA has had policy on dentist and dental hygienist license portability for over 20 years. In 2018, the House of Delegates adopted proposed revisions to the numerous licensure policies creating a single, comprehensive policy which includes urging dental boards to consider participating in licensure compacts and establishing a common core of credentials for granting licensure. Consistent with the ADA Comprehensive Policy on Dental Licensure (*Trans.*2018:341), and as reported previously to the House of Delegates, the Council has been monitoring the potential use and implications of licensure compacts among states for dentists and dental hygienists. In October 2020, the Council received notice that the U.S. Department of Defense was making grant funds available to assist professions in the development of new interstate licensure compacts. The scope of the grant included technical assistance from the Council on State Governments (CSG) in drafting model interstate compact legislation, developing a legislative resource kit and convening a national meeting of state policymakers to introduce the compact. In January 2021, the Council voted to submit a grant application. In March, the Council was informed that the U.S. Department of Defense selected dentistry and dental hygiene to develop an interstate compact for licensing portability. A Technical Assistance Group, with potential candidates suggested by ADA and chosen by the CSG, will be established; meetings will get underway in early 2022.

Phase 1 of the process is estimated to take 12-16 months to complete; advocacy efforts at the state level to encourage compact adoption would likely begin in late 2022/early 2023. A Memorandum of Understanding outlining the responsibilities of the ADA and CSG throughout the development process has been signed. CSG is working with the Council to develop informational webinars on compacts for the communities of interest including the ADA Board of Trustees and interested state dental associations. The Council believes that a benefit of participating in the Department of Defense grant to CSG is that the ADA will be viewed by members as a leader in modernizing dental licensure by advocating for the development of interstate dental compacts. Additionally, the ADA will have representation and influence on the development of draft model interstate compact legislation, the legislative resource kit and the convening of a national meeting of state policymakers to introduce the compact. Licensure compacts are a state-based approach to multi-state licensure that uses a vehicle for interstate collaboration. They provide for agreement on uniform licensure requirements; disciplinary issues are shared among the compact states. State licensure processes remain in place. States and licensees voluntarily become part of the compact. The Council will keep the ADA House of Delegates apprised of the compact development process.

Established in 2018 by the ADA, ADEA and ASDA, the Coalition for Modernizing Dental Licensure is comprised of national and state organizations, institutions and programs representing dentistry, dental education, dental specialties, dental hygiene and non-profit groups working to advance access to oral health care and modernize the licensure process for dentistry and dental hygiene. In support of CMDL Strategic Plan goals, Coalition leadership and staff met with state dental associations and dental schools in several states, and made presentations at two national meetings. A webinar highlighting the significant changes to both initial licensure and licensure portability since the onset of the pandemic for Coalition Members and Supporters is scheduled for July 27, 2021. As of June 2021, the Coalition for Modernizing Dental Licensure had increased its membership to 74 organizations.

The JCNDE DLOSCE, a non-patient alternative to the traditional patient-based single encounter clinical licensure examination, was made available to state dental boards in June 2020. As of June 2021, Alaska, Colorado, Indiana, Iowa, Washington and Oregon were accepting results of the DLOSCE as either partially or completely fulfilling the clinical examination requirement for licensure. The JCDNE continues to collect validity data in support of the DLOSCE. One study demonstrated positive correlations between candidates' performance on the DLOSCE and their clinical performance during dental school. Results have been shared with dental boards and will be detailed in the 2021 DLOSCE Technical Report. The Technical Report will be published on the JCNDE website following the JCDNE's annual meeting on June 23, 2021. 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 and added the Licensure by Credentials Map to the Dental Licensure Dashboard. The map provides state-by-state information on requirements for licensure including clinical examinations accepted as well as continuing education and practice requirements. This new map complements the Initial Licensure Requirements and Continuing Education and Renewal Maps that were developed and launched in 2020.

Per a directive of the 2013 House of Delegates (*Trans*.2013:327), the Council monitors the Dental Board of California's (DBC) implementation of its portfolio-style licensure examination and reports information annually to the House of Delegates. Since November 5, 2014, individuals may qualify for dental licensure in California on the basis of passing the Portfolio Examination while enrolled in a dental school approved by the DBC. As of March 31, 2021, the DBC had issued 84 dental licenses via the portfolio pathway.

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

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

Success Measures:

1. Per the 5-year review cycle, consider and possibly recommend revision to the education and accreditation policies assigned to the Council for review.
2. Address Resolution 100H-2020 and Resolution 76-2020 and report findings to the 2021 House of Delegates.
3. Consider the annual reports of the Dental Assisting National Board and the National Board for Certification in Dental Laboratory Technology.
4. Finalize and disseminate *Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students*.
5. Provide governance oversight to the Department of Testing Services regarding the administration of the Dental Admission Test (DAT) and Advanced Dental Admission Test (ADAT) and the development of the admission test for dental hygiene programs (ATDH).

Target: Submission of proposed revision to current ADA policy and responses to assigned resolutions to the 2021 House of Delegates; submission of comments to and collaboration with the Council on Government Affairs, Council on Dental Practice and Council on Ethics, Bylaws and Judicial Affairs on policy matters; action on DANB and NBC reports; distribution of the approved *Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students* to the communities of interest; set direction, establish policy and oversee research related to the DAT and ADAT.

Range: January through September

Outcome: On plan.

Emerging Issues and Trends

Teaching Guidelines for Pediatric Pain Control and Sedation: This year in support of Strategic Plan Objective 9, the Council approved *Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students (Pediatric Teaching Guidelines)*. The *Pediatric Teaching Guidelines* complement the ADA-endorsed American Academy of Pediatrics/American Academy of Pediatric Dentistry *Guidelines for Monitoring and Management of Pediatric Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures* and provide an additional resource for educators, continuing education providers and state dental boards regarding appropriate training for dentists who provide pain control and minimal and moderate sedation to pediatric patients. Prior to adoption, the Council sought advice from ADA leadership and the legal department confirming that the new *Pediatric Teaching Guidelines* may remain under the purview of the Council and the experts on the Anesthesiology Committee, allowing timely revisions to the document. The *Pediatric Teaching Guidelines* are posted on ADA.org and have been disseminated to the appropriate communities of interest.

Responses to House of Delegates Resolutions

Resolution: 76-2020—Elder Care Strategies

> **76-2020. Resolved,** that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on increased preparedness of Educational Institutions as priority projects, and be it further
>
> **Resolved,** increase preparedness of educational institutions to train dentists and specialists in elder care by:

1. advocating for geriatric fellowship programs; and encourage universities, the Department of Veterans' Affairs (VA), and hospitals to develop these; the fellows will play an important role in both the delivery of care, and the education of dental students
2. advocating for the inclusion of treating the elderly population, including complex cases, for pre-doctoral and relevant specialties in school curriculum
3. working with other relevant associations to develop curriculum guidelines for inter-professional education on both the oral-systemic connection and the dental management of the medically complex older adult

The Council has elected not to re-offer Resolution 76-2020. The Council's rationale is contained in a separate report to the 2021 House of Delegates.

Resolution: 100H-2020—Special Needs Dentistry

> **100H-2020. Resolved,** that the ADA Council on Dental Education and Licensure (CDEL) explore through a survey with other appropriate communities of interest, the feasibility of requesting the development of an accreditation process and accreditation standards for advanced education programs in special needs dentistry by the Commission on Dental Accreditation (CODA), and be it further
>
> **Resolved,** that CDEL address actionable strategies to:
>
> 1. Enhance and expand pre-doctoral training;
> 2. Develop and promote continuing education programs for existing practitioners; and
> 3. Investigate advanced educational opportunities, and be it further
>
> **Resolved,** that the feasibility study with any recommendations be provided to the 2021 ADA House of Delegates.

The Council has considered Resolution 100H-2020 and taken several actions in response. The full response including proposed resolutions is contained in a separate report to the 2021 House of Delegates.

Self-Assessment

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

Policy Review

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

- State Board and Commission on Dental Accreditation Roles in Candidate Evaluation for Licensure
- Sponsorship of Dental Accreditation Programs
- Single Accreditation Program
- Consultation and Evaluation of International Dental Schools
- Dental Degrees
- Support of Dental Education Programs
- Assistance to Dental Schools Upon Closure
- Support for the Continued Existence of Private and Public Dental Schools in the United States

- Participation in Dental Outreach Programs
- Participation in International Higher Education Collaborative Networks
- The Use of Sedation and General Anesthesia by Dentists
- Guidelines for the Use of Sedation and General Anesthesia by Dentists,
- Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

The Council determined that careful review of the policy and guidelines related to sedation and anesthesia will be conducted pending the development of new evidence-based clinical guidelines on sedation and general anesthesia by the ADA Council on Scientific Affairs in 2022-23.

The Council also reviewed the definition of “Continuing Competency,” concluding that it should be amended to reflect language consistent with Standard 5-3 of the Commission on Dental Accreditation’s Accreditation Standards for Dental Education Programs. The Council’s resolution calling for amendment to the definition of Continuing Competency is presented in a separate report to the 2021 House of Delegates.

Council Minutes

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

Council on Dental Practice

Ho, Duc M., 2021, Texas, chair
Hoddick, James A., 2022, New York, vice chair
Berkley, Jeffrey S., 2021, Connecticut
Braden, Ryan T., 2022, Wisconsin
Chopra, Manish, 2023, Ohio
Compton, Lindsay M., 2021, Colorado*
Dornfeld, Kamila L., 2024, North Dakota
Fitzpatrick, Amanda L., 2024, Missouri
Gwin, Sherry R., 2022, Mississippi
House, Allison B., 2022, Arizona
Howell, Jr., Ralph L., 2023, Virginia
Liang, Christopher G., 2021, Maryland
Limberakis, Cary J., 2021, Pennsylvania
Ottley, Jeffrey C., 2024, Florida
Rekhi, Princy S., 2024, Washington
Romo, Genaro, 2023, Illinois
Smith, Lindsay A., 2023 Oklahoma
Townsend, Julia H., 2024 California

Shapiro, Elizabeth A., senior director
Metrick, Diane M., senior manager
Hughes, Sarah M., senior manager
Alderton, Angelica I., manager
Bloom, Felicia, B., manager
Call, Katherine A., manager

The Council's 2020–21 liaisons include: Dr. James D. Stephens (Board of Trustees, Thirteenth District) and Ms. Christina A. Aponte (American Student Dental Association).

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

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

a. Dental Practice;
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 9: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: 2021 Dental Health and Wellness Virtual Conference: Developing Strategies for Building Resilience through Human Connection and Peer Support.

* *New Dentist member*

Success Measure: At least 80% of attendees will report finding the content informative.

Target: At least 85% of the surveyed attendees will report incorporating content from the Conference programs into their lives and/or practices.

Range: 80-90%

Outcome: The Dentist Health and Wellness Advisory Committee suggested resilience as a topic for the ADA's biennial Dentist Health and Wellness Conference due to the Coronavirus pandemic's reported negative effect on the mental health of dentists and the dental team.

The conference, Developing Strategies for Building Resilience through Human Connection and Peer Support, was held virtually on August 13, 2021. There were 130 registrants with 110 attendees. The virtual format yielded a larger audience than in in-person conferences held in the past.

Presentations included:

- "Stress Management and Resilience Training (SMART)" by Amit Sood, M.D.
- "Social Isolation and Its Long-term Effects" by Julianne Holt-Lunstad, Ph.D.
- "Compassion Fatigue, Burnout and Vicarious Trauma Presentation" by Sarah Benton, M.S., L.M.H.C., L.P.C., A.A.D.C.
- "Stress Management for Practicing Clinicians" by Diana Dill, Ed.D.

Participants may earn up to 6 CEUs.

Objective 9: The 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 and develop one patient resource. Participants may earn 1 CEU per webinar. This program is a grant requirement of the Substance Abuse and Mental Health Services Administration Provider Clinical Support System for Medication Assisted Treatment (PCSS-MAT) and will be completed by July 31, 2021.

Success Measure: At least 80% of attendees will report finding the content informative.

Target: 800 participants

Range: 650-950 participants

Outcome: Three webinars and a patient resource are planned to be completed by the 2021 grant deadline. Three webinars and a patient resource are planned to be completed by the 2021 grant deadline. The first webinar, "Integrating Controlled Substance Risk Assessment and Management into Dental Practice," was presented by Ronald Kulich, Ph.D. on July 21, 2021. There were 660 registrants with 330 attendees for a total of 1 CEU per person. The webinar met its success measure as 90% of participants found the content thought-provoking, interesting and contained timely information that they could implement into their practices.

A webinar on the topic of opioid prescription abuse and prevention among younger patients is scheduled on October 21, 2021 with presenters Dr. Sharon Parsons and David Kimberly, D.D.S., M.D. An opioid webinar on the intersection between the COVID-19 pandemic and the use of opioids is scheduled for November 10, 2021 with presenter Wilson Compton, M.D. from the National Institutes of Health/National Institute on Drug Abuse.

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

Initiative/Program: 2021 Dentist Health and Well-Being Survey

Success Measure: Administer the 2021 Dentist Health and Well-Being Survey electronically, adhering to best practices, to study the various stressors which affect U.S. dentists today.

Target: To receive sufficient responses to provide data that produces statistically significant insights, for identifying U.S. dentist wellness issues.

Range: N/A

> **Outcome:** The survey was fielded from mid-March—mid-May 2021. The survey did recruit sufficient responses to be deemed generally statistically significant, though exceptions may occur on one or more specific questions as the analysis is executed. The harvested data is expected to be analyzed and organized into a reportable format by the end of Q3 2021. This report is on target to be delivered back to CDP at that time and subsequently made available on ADA.org by the end of 2021.

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

Initiative/Program: The Digital Member Experience project to migrate content from Success.ADA.org to a redesigned ADA.org.

Success Measure: Completion of content transfer

Target: Four hundred pieces of content delivered in accordance with the 2021 project calendar for this undertaking.

Range: N/A

Outcome: The practice team is on track to deliver all practice content to ADA.org in time for launch in 2021. The actual page measurement will exceed 400 pages.

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

Initiative/Program: Continue to provide timely, reliable and influential resources on COVID-19 for dentists, stakeholders and the public.

Success Measure: Utilization of COVID-19 Resources

Target: 270,000 sessions and 60,000 downloads of Covid-19 content and resources.

Range: 250,000-290,000 sessions; 50,000-70,000 downloads.

> **Outcome:** From January 1–June 7, 2021, the ADA COVID-19 materials were accessed 233,218 times, and there were 42,858 downloads. This indicates the target shall be met. The COVID-19 response team added approximately 35 content pieces to the pandemic response pages in 2021, and has continuously curated and updated all existing webpages. The Council accomplished its initiative to meet all needs regarding public vs. member-only content pieces.

This data is current as of June 7, 2021.

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: Administrative simplification: Dental Data Exchange

Target: Implementation of *ANSI/ADA No. 1084* with Health Level 7 (HL7) messaging so that the data is interoperable and usable by multiple providers including medical systems by December 2021.

Range: N/A

Outcome: The ADA's ongoing partnership with HL7 made significant progress in the development of the consolidated-clinical data architecture (C-CDA) for dental data exchange with the approval of a C-CDA guide for implementation of the data content of *ADA Standard No. 1084, Reference Core Data Set for Communication among Dental Information Systems*. Also, *ADA Standard No. 1084* was the basis for a Fast Healthcare Interoperability Resources (FHIR) implementation guide, which was demonstrated in a FHIR Connectathon held in 2020 to demonstrate the viability of dental data exchange.

The Department of Defense (DoD) representatives worked with the ADA on *ANSI/ADA No. 1084* and the HL7 implementation guides. Once published, the DoD plans to implement these standards as part of their dental readiness program for military reservists and active duty personnel. Both guides are expected to aid greatly in interoperability between dental information systems and other forms of health information exchange.

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: Administrative simplification: Eligibility Verification

Target: FHIR implementation of *ANSI/ADA Standard No. 1102* through dental vendor systems to enable dentists to make informed decisions and meet the requirements of the patient's dental benefit plan by December 2021.

Range: N/A

Outcome: Significant progress was made in the development of *Proposed ANSI/ADA Standard No. 1102 for Electronic Dental Benefits Eligibility Verification*. Completion and approval is expected in the fourth quarter of 2021, after which work will commence with HL7 on FHIR implementation.

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 revision of *Systemized Nomenclature of Dentistry (SNODENT®)* completed by end of fourth quarter 2021 and incorporated into five HL7 implementation guides.

Target: Revision and publication completed by end of fourth quarter and incorporated into at least four HL7 implementation guides.

Range: N/A

Outcome: The annual revision was completed in the fourth quarter of 2020. SNODENT is a referenced terminology in five HL7 standards.

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: Dental Functional Profile of the HL7 Functional Model

Target: In partnership with HL7, the *ANSI/ADA Standard No. 1067 for Dental Functional Requirements* will be distributed in the HL7 Dental Functional Profile for dental vendor adoption by December 2021.

Range: N/A

Outcome: Completed the development of the Dental Functional Profile, based on *ANSI/ADA Standard No. 1067*, in 2020.

Emerging Issues and Trends

Augmented Intelligence: Healthcare augmented intelligence (AI) concepts have been increasingly applied to the practice of dentistry and have had a significant impact on the delivery of patient care. AI algorithms have been developed for use in the areas of visual perception, speech recognition, decision-making, as well as forecasting future outcomes, behaviors and trends. The Council hosted a virtual Augmented Intelligence (AI) Forum on April 17, 2021. The purpose of the AI Forum was to advise the Council on the emerging technologies of AI. The Council approved a proposed policy at its May 2021 meeting, with input from the Council on Dental Education, and in collaboration with the Council on Dental Benefit Programs. The proposed resolution, “The Proposed Guidelines on the Use of Augmented Intelligence in Dentistry,” will be submitted to the 2021 House of Delegates for consideration.

Sleep-Related Breathing Disorders: The American Academy of Dental Sleep Medicine (AADSM) contacted the ADA regarding the AADSM position on the Scope of Practice for Dentists Ordering or Administering Home Sleep Apnea Tests. The AADSM is advocating that a dentist “with appropriate training and education should not be prohibited from ordering or administering a home sleep apnea test (HSAT). HSAT results should be interpreted by a licensed physician for diagnosis and verification of treatment efficacy.” AADSM requested the ADA to support their position. The Council approved a proposed amendment to the “Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders” *(Trans.*2017:269; 2019:270) and will submit a resolution to the 2021 House of Delegates for its consideration.

Diagnostic Testing by Dentists: The 2020 House of Delegates adopted Resolution 22H-2020 *Diagnostic Testing by Dentists* (*Trans.*2020:000), which had been submitted by the Council. The resolution determined that point-of-care testing to screen patients for chronic diseases and other medical conditions, which could complicate dental care or put the dentist at risk, is within a dentist’s scope of practice. Dentists are qualified to communicate the point-of-care testing results with the patient and to refer the patient to their physician for appropriate diagnoses and treatment. Further, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

Dentistry is Essential Healthcare: The HOD adopted Resolution 84H-2020 (*Dentistry is Essential Healthcare* as policy (*Trans.*2020:000), which had been submitted by the Council. The Policy supports the notion that oral health is an integral component of systemic health and that the term, Dentistry is Essential Healthcare, be used in lieu of “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, when limitations are proposed.

ADA Standards Program

Several new Standards have been published. These standards address emerging issues of special interest:

- ANSI/ADA Standard No. 145:2020 Interoperability of CAD/CAM Systems in Dentistry
- ADA Technical Report No. 168:2020 Guidance on Method Development and Validation of Cleaning Processes
- ANSI/ADA Standard No. 1094:2020 Quality Assurance for Digital Intra-Oral Radiographic Systems
- ANSI/ADA Standard No. 1097:2020 Digital Caries Risk Assessment Resources
- ADA Technical Report No. 1077 for Human Age Assessment by Dental Analysis (2020)

Emerging Issues
New working groups of the Standards Program were established to develop standards that address emerging issues:

- Teledentistry
- Administrative Efficiency in Clinical Informatics
- Augmented Intelligence

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.

The ADA has entered into a joint project with AAMI to develop a standard for sterilization of dental equipment that will be based on AAMI ST79, *Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care.*

American Society for Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) ASHRAE is an international professional group of engineers addressing environmental conditions within buildings, including health care facilities. The organization has been accredited by ANSI to develop standards in areas such as ventilation and indoor air quality. ASHRAE standards often are incorporated in building designs and building codes for heating/cooling systems and general indoor air quality in the workplace. The ADA is a member of Technical Committee 9.6 on Health Care Facilities. Areas where ASHRAE standards may potentially affect dentistry include Legionella (SSPC 188), Ultra Violet Technologies (TC 2.9), and Health Care & COVID (TC 9.6). As such, monitoring activities is important to ensure that dentistry has a voice in any revisions or additions to standards that reflect the practice of dentistry.

The Center for Dental Practice Policy (CDPP) staff, in conjunction with the ADA Center for Informatics and Standards, provides support for liaison activities. Dr. Adel Rizkalla has been appointed as the alternate ADA-ASHRAE liaison to support Dr. Paul Supan, who has been the ADA-ASHRAE liaison for the past 21 years.

Responses to House of Delegates Resolutions

Resolution: 28H-2019—Pediatric Screening for Sleep-Related Breathing Disorders (*Trans.*2019:270)

> **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 or protocol for pediatric airway issues to the Policy and Emerging Issues Subcommittee, recommending that they utilize expertise from the Council on Scientific Affairs, content specialists and interested specialty groups, in response to *Resolution 28H-2019 Pediatric Screening for Sleep-Related Breathing Disorders* (*Trans.*2019:200*)*. Due to COVID-19 nationwide stay-at-home orders, the April 15-16, 2020 meeting was postponed and instead, was held virtually on April 8, 2021. The CDP will continue to progress toward the development of a pediatric airway screening tool using the work of the Children's Airway Screener Taskforce (CAST) and any outcomes of CAST's planned validation study as the means to accomplish the task assigned to the CDP through this resolution. CDP distributed the CAST screening questions to the National Advisory Committee on Health Literacy in Dentistry (NACHLD) for review. An informational report will be submitted to the 2021 House of Delegates.

Resolution: 73H-2020—National Elder Care Advisory Committee Review

> **73H-2020. Resolved,** that the appropriate ADA agency should consider reviewing the funding, mandate, reporting structure and composition of the National Elder Care Advisory Committee to assist the ADA in accomplishing elder care strategies.

The Council adopted a National Elder Care Advisory Committee (NECAC) structure guidance document, (Appendix 1). A call for nominations was disseminated to various communities of interest. Ten appointees were approved by the Council. Since NECAC is an advisory committee to CDP, funding of any projects will be structured through the CDP budget.

Resolution: 106H-2020—Teledentistry Legislative Principles and Ethical Considerations

> **106H-2000. Resolved,** that the appropriate ADA agencies develop legislative principles for inclusion in state dental practice laws consistent with the ADA's teledentistry policies, and be it further
>
> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop an advisory opinion regarding ethical guidance on teledentistry guidelines for inclusion in the ADA Principles of Ethics and Code of Professional Conduct.

The Council was appointed, along with the Council on Government Affairs (CGA) and the Council on Ethics, Bylaws and Judicial Affairs (CEBJA), to implement Resolution 106H-2020 (*Trans.*2020:000) "Teledentistry Legislative Principles and Ethical Considerations." CDP agreed to participate on a workgroup consisting of CGA and CEBJA representatives charged with developing and recommending a cohesive response to this resolution for the 2021 House of Delegates.

Resolution: 80-2020—Elder Care Strategies on Inter-Agency Advocacy in 2021

In accordance with Resolution 97H-2020, Special Order of Referral Consent Calendar, which directed the appropriate ADA agencies to report back to the 2021 House of Delegates on each Referred Resolution, Resolution 80-2020 was referred to the Council.

Elder Care Workgroup Resolution 80–Elder Care Strategies on Inter-Agency Advocacy

Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on inter-agency advocacy as priority projects and be it further

Resolved, focus advocacy efforts to improve oral health care in seniors by:

1. hosting a periodic all-stakeholder summit to discuss issues related to oral health of the elderly
2. advocating for state, private and federally funded programs that use incentives like forgiveness of student debt in return for a work placement for specified periods of time in areas of need
3. improving communications to underserved communities through use of health literacy guidelines, patient navigators, community dental health coordinators and dental hygienists

The Council on Dental Practice elected not to re-offer Resolution 80-2020, Elder Care Strategies on Inter-Agency Advocacy to the 2021 House of Delegates. Upon review of the language put forward in this proposed resolution, the Council felt that the enumerated strategies already were being addressed by the appropriate ADA agencies.

Strategy one requests consideration of hosting a periodic all-stakeholder summit to discuss issues related to oral health care of the elderly. NECAC is an advisory committee of stakeholders to the CDP and exists under the oversight of CDP's Subcommittee on Health, Wellness and Aging. NECAC proposes recommendations that bring awareness to the issues of and suggestions in support of improvement of the growing U.S. senior population's oral health care needs. NECAC, through the Subcommittee on Health, Wellness and Aging, may direct CDP to consider recommending an elder care oral health care summit.

Strategy two requests consideration of advocating for incentive programs, such as student debt relief, in order to assist in addressing access to care needs in underserved areas. CGA continues to advocate for federal programs, like the National Health Service Corps and the Indian Health Service, that provide student loan relief in exchange for working in underserved areas in an effort to meet existing needs.

Strategy three requests improving communications to under-resourced groups using a variety of channels. The Council on Advocacy for Access and Prevention (CAAP) is overseeing strategies to improve communications to underserved communities as health literacy is a major contributor to oral health care access and care delivery. CAAP supports programmatic activities of the Community Dental Health Coordinator Transition Team and other external and internal agencies to promote the health of the public.

As all the requested considerations springing from Resolution 80-2020 are currently being addressed, CDP agreed that there was no benefit to moving the resolution forward to the 2021 House of Delegates.

Resolution: 81-2020—Elder Care Strategies on Practice Management

In accordance with Resolution 97H-2020, Special Order of Referral Consent Calendar, which directed the appropriate ADA agencies to report back to the 2021 House of Delegates on each Referred Resolution, Resolution 81-2020 was referred to the Council.

Elder Care Workgroup Resolution 81—Elder Care Strategies on Practice Management

Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies consider integrating the following elder care strategies on practice management as priority projects, and be it further

Resolved, simplify practice management by:

1. developing best practices to facilitate consent for treatment from legal guardians
2. developing best practices compliant with HIPAA for information sharing with family members and dual consent
3. reducing the administrative burden of government funded plans
4. improving intercommunication and information sharing between providers of electronic health records and electronic dental record systems

5. participating in discussions with the Office of the National Coordinator for Health Information Technology

The Council has elected not to re-offer Resolution 81-2020 Elder Care Strategies on Inter-Agency Advocacy to the 2021 House of Delegates.

Upon review, CDP felt that Resolution 81-2020 requested specific actions that were either already being undertaken or were under consideration within the activities of the Practice Institute.

Bullet points one and two contained specific requests. Resolution 73H-2020 National Elder Care Advisory Committee Review directed that the appropriate ADA agency should consider reviewing the funding, mandate, reporting structure and composition of the National Elder Care Advisory Committee to assist the ADA in accomplishing elder care strategies. This task was accomplished by the CDP, and as part of the charge, the Council defined the mandate of the advisory committee as follows: NECAC, which is an Advisory Committee to the CDP and exists under the oversight of the subcommittee on Health, Wellness and Aging, proposes recommendations that bring awareness to the issues of and suggestions in support of improvement of the growing U.S. senior population's oral health care needs. This includes developing policy suggestions for the ADA to consider related to building positive oral health outcomes for the elderly and providing dentists and dental students with educational opportunities to provide care for the elderly.

In this capacity, NECAC will serve to provide direction to the CDP on prioritizing the appropriate educational materials necessary to assist dentists in providing care to this population.

Bullet point three addresses achieving a reduction in the administrative burden associated with government funded plans. ADA SCDI is developing a standard that will be a companion guide to the X12 eligibility transaction which aims to reduce the administrative burden of government funded plans.

Bullet point four addresses improving intercommunication and information sharing between providers' electronic health records and electronic dental records. Here again, SCDI has taken the lead and is working with the HL7 standards developing organization to develop standards for interoperability, which strives to advance intercommunication and information sharing between providers of electronic health records and electronic dental record systems.

Finally, bullet point five requests participation in conversations with the Office of the National Coordinator (ONC) for Health Information Technology. The ADA, through the Division of Government Affairs, has already requested a meeting with this office to discuss a number of questions that have come up as a result of the regulations developed from the Cures Act. The ADA will also discuss with ONC staff dentists' concerns about health information technology and how the ADA can work with ONC to improve oral health and practice management challenges.

As all the requested considerations springing from Resolution 81-2020 are currently being addressed, CDP agreed that there was no benefit to moving the resolution forward to the 2021 House of Delegates.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012 Regular Comprehensive Policy Review, the Council reviewed the following Association policies and determined they should be rescinded. Reports have been submitted to the 2021 House of Delegates for its consideration.

Individual Practice Association (*Trans.*1990:540)
Support for the Individual Practice Associations (IPA) (*Trans.*1988:475; 1994:655; 2000:458; 2013:305)

Fee-for-Service Private Practice (*Trans.*1979:620)

Council Minutes

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

APPENDIX 1

NECAC OPERATIONAL GUIDANCE

National Elder Care Advisory Committee (NECAC)

Background: The NECAC was formed as a standing subcommittee to the Council on Access, Prevention and Interprofessional Affairs (CAPIR) (now Council on Advocacy for Access and Prevention) in 2010 in response to Resolution 5H-2006 (*Trans.*2006:319*) Strategies to Address Oral Health Issues of Vulnerable Seniors*. It consisted of one Council member and ten consultants to the Council and met biannually.

The NECAC was transferred from CAPIR to the Council on Dental Practice (CDP) in 2017.

Role and Function. NECAC functions as an advisory committee to the CDP, and exists under the oversight of the Subcommittee on Health, Wellness and Aging. NECAC makes recommendations related to bringing awareness to the issues of and suggestions in support of improvement of the oral health care needs of the growing U.S. senior population. This includes, but is not limited to:

1. Developing policy suggestions for the ADA to consider concerning building positive oral health outcomes for the elderly.
2. Providing dentists and dental students with educational opportunities which equip them to provide care for the elderly.

Composition of NECAC: Up to a total of fourteen members.
Four CDP members (plus CDP Chair and Vice Chair serve as *ex officio* members):

- One appointed to serve as chair of NECAC
- Three CDP volunteers from the CDP Health, Wellness & Aging Subcommittee.

Consultant volunteers, up to ten in number, with consideration given to subject matter experts who can represent these areas:

- Geriatric specialists
- Dental treatment in Long-term care facilities
- Mobile dentistry care delivery
- Teledentistry uses for access to care of geriatric patients

Term Limits: At the completion of a three-year term, members have the option to be reappointed for an additional three years (for a total of six) before requiring at least one year off between terms.

Nomination Process:

- Call for nominees is sent through available and appropriate vehicles, including, but not limited to *ADA News*, ADA Morning Huddle, the public health listserv and other accessible geriatric post-doctoral program opportunities, requesting a statement of interest and a curriculum vitae.
- Current NECAC members may identify specific expertise in which the current roster is lacking in order to assist the Council in selecting volunteers.
- The Health, Wellness and Aging Subcommittee will develop a list of top candidates and the Subcommittee volunteers will vote for their preferred candidate(s).
- The Health, Wellness and Aging Subcommittee will then present their recommendation(s) to CDP for consideration.
- The consultant is balloted upon by the Council either at a meeting or via ADA Connect.
- Consultant is asked to email signed conflict of interest form, copyright assignment form, nondisclosure form and consultant information form.

Current NECAC Members:

Dr. Sherry Gwin, chair
Dr. Jeffrey Berkley, CDP representative
Dr. Manish Chopra, CDP representative
Dr. Jeffrey Ottley, CDP representative
Karin Arsenault, D.M.D., M.P.H.
Richard Dest, D.D.S.
Gretchen Gibson, D.D.S., M.P.H.
Ford Grant, D.M.D.
Susan Hyde, D.D.S.
Christine-Michele Hogue, D.D.S., M.P.H., Ph.D.
Michael Reed, D.D.S.
Diane Romaine, D.M.D.
Lyubov Slashcheva, D.D.S., M.S.
Janet Yellowitz, D.M.D., M.P.H.

Council on Ethics, Bylaws and Judicial Affairs

Wilson, Robert J., Jr., 2021, Maryland, chair
Bailey, Meredith A., 2022, Massachusetts, vice chair
Adkins, Chris L., 2024, Georgia
Burns, Jill M., 2021, Indiana
Burton, Bruce A., 2023, Oregon
Clark, Alma J., 2022, California
Cranford, William (Bill) D., Jr., 2022, South Carolina
Davis, Gary S., 2023, Pennsylvania
Depp, Ansley H., 2023, Kentucky
Johnson, Jay (Drew) A., 2022, Florida
Jonke, Guenter J., 2021, New York
Mellion, Alex T., 2021, Ohio*
Nichols, Kathleen, 2024, Texas
Reavis, Allen B., 2024, Kansas
Pappas, Renee P., 2023, Illinois
Patel, Onika R., 2021, Arizona
West, Debra S., 2024, Nebraska**

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

The Council's 2020–21 liaisons include: Dr. Gary D. Oyster (Board of Trustees, Sixteenth District) and Dr. Joseph Manzella (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*
** *Ad interim* appointment to replace Dr. Valerie B. Peckosh, 2024, Iowa.

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 for each continuing education course offered at an event.

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

Outcome: The in-person continuing education offering by the Council planned for the 2020 Annual Meeting did not occur because of the COVID-19 outbreak and the resulting cancellation of the in-person meeting. For 2021 the Council will be offering a virtual, on-demand course entitled “Conscious and Unconscious Bias in the Dental Practice: Ethical Considerations.” The Council will report the results of that course offering in its 2022 Annual Report.

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, stakeholders or members 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. Current council member Dr. Guenter J. Jonke and former council member Dr. Kristi Soileau presented Dental Ethics & Covid-19 at the 30th Annual Association for Practical and Professional Ethics Conference, held virtually. The presentation was pre-recorded and presented at a scheduled time. An abstract has been submitted to the American Society for Bioethics & Humanities Annual Meeting.

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 of 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*). Adoption by the House of Delegates of proposed amendments to the ADA *Code of Ethics* and adoption by the Council of proposed Advisory Opinions to the ADA *Code of Ethics*. Submission of at least six student-created ethics videos.

Range: Neutral to positive responses and feedback regarding published ethics material and proposals for amendment of the ADA *Code of Ethics*, including adoption by the House of Delegates of resolutions recommending amendments to the ADA *Code of Ethics*. Positive responses by the Council to any Advisory Opinions proposed for inclusion in the ADA *Code of Ethics*. Publication of ethics column in 75-90% of issues of *JADA* annually. Receipt of 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 articles and/or letters responding to comments on Ethical Moments have been published in six issues of *JADA* from July 2020-June 2021 with an additional article recently accepted and another recently submitted. No suggested revisions to the ADA *Code of Ethics* have been received as of the time of submission of this report.

Advisory Opinion: The Council developed an Advisory Opinion to the ADA *Code* that addresses the rationale for the shifting of ethical priorities that may be necessary during a public health crisis. For example, while the ADA *Code of Ethics* puts the welfare of the patient as the primary ethical concern, during the early stages of the SARS-COV-2 (COVID-19) pandemic, dentists were ethically obligated to defer non-urgent and non-emergency patient treatment out of concern for the public health risks associated with that care. Advisory Opinion 3.A.1., Elective and Non-Emergent Procedures during a Public Health Emergency, was unanimously approved by the Council and added to the ADA *Code of Ethics*.

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 to dentists about receiving COVID-19 vaccinations, teledentistry and dental office reopenings during COVID-19. 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 2020, the Council awarded the contest grand prize to a student from the University of Florida College of Dentistry, while the honorable mention prize was awarded to a team of students also attending the University of Florida College of Dentistry. The winning entries in 2020 and those from the past several years are available for viewing here.

The entry period for the 2021 contest has opened and will close in early August of 2021. Videos received will be assessed and the winning videos uploaded to the ADA's YouTube Channel.

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

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

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

Target: Annual review of statements issued by the Council to ensure that the statements remain current and sound, making necessary revisions and updating supporting references as needed. Rescind statements that are no longer relevant and remove such statements from ADA.org. A sufficient number of Council statements should be reviewed each year so that all statements undergo review every five years.

Range: Two to four statements reviewed annually.

Outcome: On target at the time of submission. Three statements have undergone periodic review in 2021 by a review panel. Recommendations that two statements, relating to reporting abuse and neglect and on unearned nonhealth degrees, be retained without revision will be made to the Council at its next meeting. A recommendation that the third statement, relating to the marketing and sale of products and procedures, be retained with amendments will be presented for the Council's consideration at its next meeting.

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

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

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

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

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

Outcome: On target at the time of submission. Revisions to conform the ADA *Constitution and Bylaws* and *Governance Manual* were submitted in October 2020, within 45 days of the adjournment *sine die* of

the 2020 session of the House of Delegates. Additional conforming revisions were unanimously approved by the Council in time for inclusion in the print editions of the ADA *Constitution and Bylaws* and *Governance Manual*. These amendments are reported to the House of Delegates in **Appendix 1** to this report pursuant to the requirements of Chapter VIII., Section K.6.b.iii. of the Governance Manual. Five chapters of each of the ADA *Bylaws* and *Governance Manual* (approximately 25%) are currently undergoing editorial review and any recommended revisions will be presented to the Council for its consideration at its next meeting (July 2021).

Emerging Issues and Trends

COVID-19 Pandemic: The Council continues to update guidance about ethical issues arising from the COVID-19 pandemic including topics such as vaccination and teledentistry. The manager of the Council participated in the Chicago Midwinter Meeting, co-presenting on ethical issues related to the pandemic.

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 unvaccinated or immunocompromised can best be protected. Although the Council has issued 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 developed a white paper entitled Ethics of Vaccination.

Responses to House of Delegates Resolutions

The Council has one outstanding assignment from the House of Delegates. The second resolving clause of Resolution 106H-2021 requested that the Council develop ethical guidance on teledentistry consistent with the ADA *Code of Ethics*. Such guidance has been developed by the Council's ethics subcommittee and will be presented to the full Council at its July 2021 meeting for approval and then forwarded to the House of Delegates.

One resolution was referred to the Council pursuant to 97H-2020, the Special Order of Referral Consent Calendar. On referral, Resolution 64-2020 was reviewed and revised by the Council. The revised resolution will be forwarded to the House of Delegates in Report 00 of the Council on Ethics, Bylaws and Judicial Affairs to the House of Delegates, Response to Referred of Resolution 64-2020—Amendment of Chapter III., Section 120 of the ADA *Bylaws*.

Self-Assessment

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

Policy Review

There were no policies assigned to the Council that were to be reviewed in 2021 pursuant to the directive of Resolution 170H-2012, Regular Comprehensive Policy Review.

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 2020 Resolutions			
Reference Committee Designations **Ref. Comm. A: Budget, Business, Membership and Administrative Matters** **Ref. Comm. D: Legislative, Health, Governance and Related Matters**			
Res. No.	**Source**	**Location***	**Reference Committee**
30H-2020	Gov. Manual, Ch. XII, § A.	Page 42, lines 1392-1404	Ref. Comm. D
66H-2020	Gov. Manual, Ch. I, § B.4.c.	Page 7, lines 211-215	Ref. Comm. A
67H-2020	Gov. Manual, Ch. I, § B.4.d.	Page 7, lines 216-230	Ref. Comm. A
	Gov. Manual, Ch. I, § B.4.f.	Subsection f. deleted in its entirety from page 8	
68H-2020	Bylaws, Ch. I, § 20.B.	Per the second resolving clause of Resolution 68H-2020, the implementation of this amendment has been deferred until the close of the 2021 House of Delegates. Conforming revisions will be made following the 2021 House of Delegates.	Ref. Comm. A
92H-2020	Bylaws, Ch. III, § 60.A. and B.	Pages 10-11, lines 270-291	Ref. Comm. D
	Bylaws, Ch. V, § 70.D.	Page 17, lines 517-520	
	Gov. Manual, Ch. III, § A.	Page 12, lines 375-382	
93H-2020	Bylaws, Ch. III, § 60.	Pages 10-12, lines 270-365	Red. Comm. D

* Page locations refer to the PDF versions of the ADA *Bylaws* and *Governance Manual* available on ADA.org.

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 underscored (except headings), deletions ~~stricken~~.***	***Rationale***
Bylaws, Ch. V., § 70.D.	Page 13, lines 426-427	D. By three-fourths affirmative vote of the members of the Board of Trustees present and voting at a regular or special session, declare the existence of a time of extraordinary emergency and by a majority vote of the Board of Trustees present and voting at a regular or special session, withdraw a declaration of the existence of a time of extraordinary emergency.	To conform to the provisions of CHAPTER III., Section 60.B.c. of the ADA *Bylaws*, indicating that a majority of the Board of Trustees present and voting can withdraw a declaration of extraordinary emergency.
Gov. Manual, Ch. I., § B.1.a. vi.	Page 5, lines 131-138	B. Dues, Special Assessments and Related Financial Matters. 1. Dues. a. Active Members: 4. Members becoming active members after July 1, except for those whose membership has lapsed for failure to pay the current year's dues and/or any special assessment, shall pay fifty percent (50%) of any annual dues then in effect. Those members becoming active members after October 1, except for those whose membership has	Grammatical correction

		lapsed for failure to pay the current year's dues and/or any special assessment, shall be exempt from the payment of ~~the~~ any annual dues then in effect.	

Council on Government Affairs

White, David M., 2021, Nevada, chair
Vitale, Mark A., 2022, New Jersey, vice chair
Abdulwaheed, Abdul, 2024, Massachusetts
Blake, John L., 2023, California
Clemens, David L., 2024, Wisconsin
Cohlmia, Matthew E., 2022, Oklahoma
Crabtree, Mark A., 2023, Virginia
Feldman, Steven G., 2021, Maryland**
Gesek, Daniel J., Jr., 2024, Florida
Hisel, John E., Jr., 2022, Idaho
Kent, Leigh W., 2024, Alabama, *ad interim****
Messina, Matthew J., 2021, Ohio
Miller, Raymond G., 2023, New York
Ortego, Steven L., 2021, Louisiana*
Reitz, John V., 2021, Pennsylvania
Roberts, Matthew B., 2023, Texas
Stanislav, Leon E., 2022, Tennessee
Watson-Lowry, Cheryl D., 2024, Illinois
Willett, Emily S., 2021, Nebraska

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

The Council's 2020–21 liaisons include: Dr. Jay Harrington (Board of Trustees, Fifth District), Dr. Jessica Meeske (Council on Advocacy for Access and Prevention), Ms. Susan Hadnot (Alliance of the American Dental Association), and Mr. Sebastian Celis Cifuentes (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.

* *ADPAC chair without the power to vote*
** *New Dentist member*
*** *Replaced Goggans, Greg, 2024, Georgia*

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

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

2020 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.

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

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

Outcome: The ADA has exceeded the 25% target by achieving around 75% of its legislative goals on COVID. Key legislative victories include the Consolidated Appropriations Act of 2020, which included many of the COVID relief provisions advocated for by the ADA (see *ADA News*), including those relating to the Paycheck Protection Program (PPP) and the Provider Relief Fund (PRF). Additionally, the American Rescue Plan of 2021 included additional funds for the Economic Injury Disaster Loan (EIDL) and PPP, expanded the Employee Retention Tax Credit (ERTC), and funded investments in public health (see *ADA News*).

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.

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

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

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

Outcome: The ADA has exceeded its 25% target by achieving around 75% of its regulatory goals on COVID. After a meeting Dr. Klemmedson and ADA staff had with the White House, dental practices were largely exempted from an emergency rule issued by the Occupational Safety and Health Administration (OSHA) that heightened worker protections due to COVID (see *ADA News*). Additionally, after lobbying by the ADA, the Department of Health and Human Services (HHS) released revised reporting requirements for the PRF (see *ADA News*). Regarding vaccination, the ADA secured a recommendation from the Centers for Disease Control and Prevention (CDC) that dentists, their teams, and dental students be afforded priority access to the vaccines as essential health care workers (see *ADA News*). The ADA also secured a temporary federal liability shield that allowed dentists to vaccinate patients for COVID nationwide, regardless of state laws (see *ADA News*).

As COVID vaccinations have increased and infection rates have fallen, the ADA Washington, D.C., office staff, with the guidance of CGA, has identified five new key objectives. These include health equity, Medicaid, elder care, third-party payers, and student loan reform.

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

Initiative/Program: The ADA's federal government affairs agenda on health equity.

Success Measure: A Congressional hearing where oral health equity is discussed.

Target: A Congressional hearing where oral health equity is discussed.

Range: The introduction of two Congressional bills that would have an impact on oral health equity.

Outcome: The ADA has met its target goal. It supported four bills that were introduced on health equity, including the Foster Youth Dental Act (see *ADA News*), the Oral Health Literacy and Awareness Act, the Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act (see *ADA News*), and the Improving Social Determinants of Health Act (see *ADA News*). The House Energy and Commerce Health Subcommittee had a hearing on the Improving Social Determinants of Health Act.
Objective: The ADA will be the preeminent driver of trusted oral health information for the public and profession.

Initiative/Program: The ADA's federal government affairs agenda on Medicaid.

Success Measure: The introduction of a Congressional bill on adult dental benefits in Medicaid, as well as the introduction of a federal government regulation to reduce administrative burdens for Medicaid dentists.

Target: The introduction of a Congressional bill on adult dental benefits in Medicaid, as well as the introduction of a federal government regulation to reduce administrative burdens for Medicaid dentists.

Range: 10 meetings with federal government officials on Medicaid.

Outcome: The ADA has exceeded the range by meeting with 12 Congressional offices, as well as with an HHS official, on Medicaid. A Congressional office has expressed interest in sponsoring a bill on adult Medicaid dental benefits, and the HHS official asked for examples on how administrative burdens are discouraging dentists from participating in Medicaid. It is still early in the first year of the Congressional session, as well as the first year of the Biden administration, and the ADA expects that the federal government will do more on this issue in the future.

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

Initiative/Program: The ADA's federal government affairs agenda on elder care.

Success Measure: A Congressional floor speech or hearing that discusses the need to provide oral health care to the most low-income, vulnerable seniors.

Target: A Congressional floor speech or hearing that discusses the need to provide oral health care to the most low-income, vulnerable seniors.

Range: Ten meetings with Congressional offices to educate them on elder oral health care and the ADA's policy that passed the House of Delegates in 2020.

Outcome: The ADA has exceeded the range by meeting with 12 Congressional offices on elder oral health care. It is still early in the first year of the Congressional session, but as Congress continues to debate a Medicare dental benefit, the ADA will hold meetings to educate more members of Congress on the need to focus on the most low-income, vulnerable seniors. With this advocacy, the ADA will be able to achieve its target of a Congressional floor speech or hearing.

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

Initiative/Program: The ADA's federal government affairs agenda on third-party payers.

Success Measure: One bill on third-party payers enacted into law.

Target: One bill on third-party payers enacted into law.

Range: The introduction of two bills on third-party payers.

Outcome: The ADA has met its target goal in this area. The Competitive Health Insurance Reform Act, which allows the Department of Justice (DOJ) and Federal Trade Commission (FTC) to enforce the full range of federal antitrust activities against health insurance companies, was signed into law (see *ADA News*). The ADA is currently lobbying the DOJ and FTC on its implementation. Additionally, the ADA has supported the introduction of other bills on third-party payers. The Ensuring Lasting Smiles Act (ELSA), which would require private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect, was introduced (see *ADA News*). ELSA has 250 bipartisan cosponsors in the House and 36 in the Senate after the ADA lobbied for it at Lobby Day. The ADA has also been working to prevent dental insurers from dictating fees a participating dentist may charge for non-covered services. As a result, bipartisan and bicameral companion bills (the Dental and Optometric Care Access Act) have been introduced in Congress for the first time (see *ADA News*).

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

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

Success Measure: Reform of the Public Service Loan Forgiveness (PSLF) program.

Target: Reform of the PSLF program.

Range: The introduction of two Congressional bills that would impact dental student loans.

Outcome: The ADA has exceeded the range by supporting four student loan bills that have been introduced in Congress, including the Dental Loan Repayment Assistance Act, the HIV Epidemic Loan-Repayment Program Act (see *ADA News*), the Student Loan Refinancing Act, and the Student Loan Refinancing and Recalculation Act (see *ADA News*). The latter two bills were advocated for at Lobby Day. Additionally, the ADA is asking the administration for reforms to the PSLF.

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

Initiative/Program: American Dental Political Action Committee (ADPAC).

Fundraising
In 2021, ADPAC has raised $429,630 in hard funds and $251,925 in soft funds. In comparison, this is slightly below what was raised in 2020. ADPAC has not actively solicited this year as ADPAC is under review of processes and documents. ADPAC's main fundraising event surrounds the Annual Meeting.

Lobby Day
The Virtual ADA Dentist and Student Lobby Day was Sunday, April 25 and Wednesday, April 28. April 25 was an afternoon of programming and training; April 28 was virtual or in-person meetings with Members of the House and Senate. Lobby Day had 500+ attendees, including dentists, students, and staff. Attendees had 230 meetings with their legislators. Currently, an in-person meeting is planned for 2022.

2020 Election Results
During the 2020 election cycle, ADPAC spent $1.35 million in supporting 325 candidates running for federal office. Five incumbent dentists were re-elected to Congress (see *ADA News*).

ADPAC Work Group
The ADPAC Board met in its regularly scheduled Winter Meeting on January 22, 2021. In urgent response to the questions raised about ADPAC giving in the 2020 election cycle and events at the US Capitol on January 6, ADPAC Chair Dr. Steve Ortego appointed an ADPAC Work Group to review ADPAC's three governing documents:

1. ADPAC By Laws: An internal document that outlines procedures for the ADPAC Board.
2. ADPAC Policy Manual: A living document that defines non-by law procedures, duties of the ADPAC Board, Committees, Financial Documents, Travel Policy, and frequently used terms.
3. ADPAC Philosophy of Giving: Outlines considerations for political contributions,

The Work Group consisted of 13 members, including representation from the Executive Directors, American Student Dental Association, the New Dentist Committee, and CGA. The Work Group met four times, and on March 30, the full ADPAC Board approved the following changes:

By Laws

- As this document is an internal governance document, no changes were made or suggested.

Policy Manual

- Changes were made to keep terminology consistent throughout the document. For example, "candidates and incumbents" encompasses first-time candidates as well as sitting lawmakers running for re-election.
- More explicit language added on the role of State Coordinators.
- Language added: "ADPAC Board and staff shall not be aware of Independent Expenditures (IE) Committee's actions until after activities are completed," to make clear delineation of IE firewall.
- January 22, 2021 ADPAC Board Resolution on IE added: "Be it resolved that ADPAC, in supporting of a particular candidate, use appropriate and judicious means necessary to get that candidate elected as long as the means are based in fact and this would include negative comments."
- Added language: "PACs provide organized interests access to candidates and incumbents. This access allows an organization an opportunity to express its concerns to a candidate or incumbent. It is up to that representative to decide if this is in the common good of his/her constituency, and then up to the state coordinator and Action Team Leaders (ATLs) in collaboration with ADPAC as to whether or not the representative receives our support."

Philosophy of Giving

- Added consideration of ADA's Core Values: "ADPAC giving takes into consideration many factors before contributing to a candidate for the U.S. House or U.S. Senate. Among these are committee assignments, accessibility in Washington and in the state/district, leadership positions, and positions on dental issues as well as alignment with ADA core values."
- Added stronger language that gives states the final say on contributions: "States provide authorization for contributions of any size to candidates and incumbents. States may always choose to not give to an incumbent. Requests for contributions can come from the state or ADPAC staff but must be in writing. Authorizers may include State Executive Director (or staff designee), Action Team Leader, ADPAC Board Member, and/or State Coordinator. Outside of the ADPAC Board member, the state controls who will be on the list to authorize contributions. Best efforts must be made by ADPAC staff to collect affirmative responses in writing."
- In reference to dentists running for office, added, "Candidates who are dentists should be ADA Members."

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

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

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

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

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

Outcome: The target was exceeded. Thirty-one state associations received FIIST SPA funding in the January through June 2021 funding term. In 21 states, the associations were successful in getting legislation introduced, a 68% increase in activity among FIIST SPA states. At this writing, six of the 21 states have enacted their laws. Accounting for bills with multiple issues, 11 new dental insurance reform laws were enacted.

Emerging Issues and Trends

With the ADA's advocacy, other issues are increasingly gaining attention and support in Congress. These include, but are not limited to:

- The Fiscal Year 2022 appropriations for oral health programs.
- The Strengthening America's Health Care Readiness Act, which would improve the health workforce shortages and disparities highlighted by the COVID pandemic (see *ADA News*).
- The Eliminating the Provider Relief Fund Tax Penalties Act, which would ensure that PRF is not taxable and that expenses tied to this assistance are tax-deductible (see *ADA News*).
- The Small Business Personal Protective Equipment (PPE) Tax Credit Act, which would provide small businesses with a tax credit of up to $25,000 for PPE.
- The Quit Because of COVID Act, which would ensure that Medicaid and Children's Health Insurance Program (CHIP) enrollees have access to tobacco cessation services.
- The PREVENT HPV Cancers Act, which would encourage use of the vaccine (see *ADA News*).
- The States Achieve Medicaid Expansion Act, which would allow states that did not expand under the Affordable Care Act access to the same level of increased federal financial support offered to states that chose to expand immediately (see *ADA News*).

Responses to House of Delegates Resolutions

Resolution: 81H-2019—Study Innovations for Alternate Student Loan Repayment Strategies (*Trans.*2019:309)

> **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 (*Trans.*2019:309) 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 House of Delegates. The final report will be submitted separately.

Resolution 102S-1—A System to Provide Accurate and Timely Access to a Patient's Insurance Information

> **102S-1. Resolved,** that the appropriate ADA agencies investigate the feasibility of developing a platform to allow third-party payers to provide the treating dentist with accurate and timely information regarding a patient's current dental benefits through a single unified system such as an online portal or app, and be it further
>
> **Resolved,** that the ADA prepare legislation that requires dental benefit plans to utilize fair and accurate language in the communication of limitations of coverage, and be it further
>
> **Resolved,** that a report with recommendations be prepared for the 2021 House of Delegates.

The Department of State Government Affairs (DSGA) is drafting principles to share with the state dental associations.

Resolution: 106H-2020—Teledentistry Legislative Principles and Ethical Considerations

> **106H-2020. Resolved,** that the appropriate ADA agencies develop legislative principles for inclusion in state dental practice laws consistent with the ADA's teledentistry policies, and be it further
>
> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs be requested to develop ethical guidance on teledentistry consistent with the ADA Principles of Ethics and Code of Professional Conduct.

DSGA has provided state dental societies with ongoing assistance regarding teledentistry legislation, offering advice on any legislative proposals that are consistent with current ADA policy. Additionally, a CGA member was appointed to work with the Council on Ethics, Bylaws and Judicial Affairs on developing a guidance statement.

Resolution: 108H-2020—Logistics of Vaccine Administration by Dentists

> **108H-2020. Resolved,** that the ADA develop legislative principles for inclusion in state regulations allowing appropriately trained dentists to administer vaccines.

The vaccine legislative toolkit with legislative principles was distributed to state dental associations.

Self-Assessment

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

Policy Review

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

- Elimination of Disparities in Coverage for Dental Procedures Provided Under Medicare (*Trans.*1993:705)
- Dentists as Providers in All Public and Private Health Care Programs and Discrimination in Payment for Services Performed by a Licensed Dentist (*Trans.*1990:559)
- Legislative Clarification for Medically Necessary Care (*Trans.*1988:474; 1996:686)

The determination was made jointly with the Council on Advocacy for Access and Prevention, the Council on Dental Benefit Programs, and the Council on Dental Practice.

The Council has submitted resolutions to amend or rescind other Association policies based on their adequacy or obsolescence in modern times, consistency with other Association policies, and appropriateness of language and terminology. Those resolutions are contained on separate worksheets.

Council Minutes

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

Council on Members Insurance and Retirement Programs

Ahern, John P., 2021, New Hampshire, chair
Huot, Richard A., 2022, Florida, vice chair
Ghareeb, Sami M., 2023, West Virginia
Grossman, Richard A., 2022, Pennsylvania
Herre, Craig W., 2023, Kansas
Jacob, Bert J., 2021, Ohio
Luquis-Aponte, Wilma, 2021, Texas
Male, James R., 2023, Ohio
Matin, Britany F., 2021, Alabama*
Olenyn, Paul T., 2021, Virginia
Sokolowski, Joseph E., 2021, Missouri
Thompson, Michael R., 2021, Arizona
Williams, David S., 2022, Delaware
Wood, III, C. Rieger, 2021, Oklahoma

Tiernan, Rita, senior manager

The Council's 2020–21 liaisons include: Dr. Scott L. Morrison (Board of Trustees, Tenth District) and Ms. Cameron Ainslie (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 1-5: The ADA member's insurance and retirement plans are uniquely designed to enhance the value of ADA membership across all segments which helps support the ADA Membership goal objectives to increase member recruitment and retention, and the Financial goal objectives to increase non-dues revenue (ADA plan royalties).

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

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

* *New Dentist member*

Target: 2021 revenue forecast is estimated to generate a combined total of approximately $7 million in plan royalties, service income and insurance expense reimbursement in support of the ADA financial goals.

Range: An estimated $6 to $7 million in combined total non-dues revenue (including insurance expense reimbursement, service income and plan royalties) generated from the ADA Members Insurance Plans (Protective Life), ADA Members Retirement Programs (Equitable) and ADA-endorsed JLBG Health, Inc. ADAHealthExchange.com web portal.

Outcome: On track to meet target goal with approximately $6.5 million total paid to ADA in plan royalties and service income as of June 30, 2021.

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

Table 1. ADA Members Group Insurance Plans Participation as of December 31, 2020
Participation is defined as the number of certificates of insurance covering a dentist member, dental student member, spouse and/or dependent children.

ADA MEMBERS GROUP INSURANCE PLANS	EOY 2019	EOY 2020
Term Life (Members)	42,410	39,283
Spouses	14,112	13,414
Dependent Children[1]	5,467	5,134
Student Members *No-Cost* Term Life	14,810	14,918
Universal Life	1,114	1,079
Level Term Life (Members)	1,241	1,272
Spouses	271	278
Dependent Children[1]	117	123
Disability Income Protection	14,070	13,191
Student Members *No-Cost* Disability	13,180	13,421
Office Overhead Expense Disability	6,904	6,457
MedCASH[2] (Members & Dependents)	4,478	4,082
Hospital Indemnity (Members & Dependents)	440	556
Critical Illness (Members & Dependents)	469	523
Total Participation in All Group Plans	**119,083**	**113,731**

[1] Number of members covering dependent children, not the actual # of children insured.
[2] MedCASH plan closed to new applicants.

As shown in Table 1, total participation across all the ADA Plans at year-ending December 31, 2020 decreased by approximately 4.45% due to membership and aging trends and a lack of sustained new growth, particularly in the early and mid-career market segments. More specifically in recent years, the impact of these persistent trends is becoming more evident by an increasing number of members who choose to nonrenew their membership and voluntarily lapse their group coverage. Protective has been reasonably successful in its conservation efforts to reduce lapse rates by as much as 30% in some billing periods; however, these trends, coupled with an increasing number of members aging out of the ADA Plans, emphasizes the need for new growth in 2021 and beyond.

Another factor which contributed to lower participation in the Term Life Plan last year was the loss of approximately 1,033 spouses and dependent children covered under a member's certificate which was voluntarily terminated. This illustrates the cascade effect and broader impact of these lapses on total plan participation.

On a positive note, as of December 31, 2020, there were 14,918 participants in the ADA no-cost student term life plan and 13,421 in the no-cost student disability plan which includes a loan repayment benefit in the event of disability from being able to complete a student's dental education. Most significant is the continued success of the Dental School Insurance Auto-Enrollment Program with 18 dental schools under contract and 2 in progress to auto-enroll their registered pre-doctoral (and upon request post-doctoral) students in the ADA Plans at absolutely no-cost to the school or student members. These no-cost ADA benefits of membership are of significance because they provide the foundation for conversion to active membership following graduation.

To maintain student engagement during the pandemic, Protective Life successfully transitioned to virtual campus events and hosted 29 student webinars to promote and heighten awareness of the ADA no-cost student life and disability insurance benefits. These activities helped contribute 253 new student activations for coverage over the prior year and most impressive, a 20% increase in the total number of graduate conversions reported in the past five years.

Conversion of dental school graduates and recruitment of dentists to newly join ADA are important key drivers for growth across all the ADA Plans, as it creates opportunities to cross-sell the group products. According to Protective, organic sales to first-time buyers of one or more of the ADA Plans in 2020 rose slightly to 1,173, and there were 342 new sales generated from the term life guaranteed issue, no-cost (six months) incentive offer to new members.

Overall, despite the unprecedented impact of the pandemic on the insurance and financial markets, and membership trend challenges, ADA and Protective Life remain steadfast in their commitment to the ADA Plans which rank high among the most valued member benefits and represent nearly 81,000 active, life, retired, federal, student and post-doc graduate members, spouses and dependent children.

The 2019 acquisition of Great-West Life & Annuity and the ADA Plans by Protective Life is estimated to be completed by Q4-2021 marked by the approvals of state regulatory filings and the anticipated issuance of Protective brand certificates of insurance to all plan participants. In addition, activation of a new website design and optimization of digital sales and marketing plans will help broaden awareness of the ADA Plans under the new Protective brand.

Looking forward to 2022, Protective, in consultation with CMIRP, is firmly committed to implementing a comprehensive, strategic plan to address emerging trends and the need for future growth. As ADA's new carrier, Protective Life plans to leverage its corporate best practices, capabilities and resources, including integrated sales and digital marketing strategies to increase brand awareness, assessment of new product development opportunities and additional ways to further enhance the competitive value proposition to attract and retain members in the years ahead.

ADA-endorsed Members Retirement Program: The ADA-endorsed Members Retirement Program ("ADA Program"), administered by Equitable Insurance Company and first introduced in 1968, continues to offer competitive retirement plan design options for dentist practice owners and their

employees through various product models. These options include: 401(k) plans (i.e., Safe Harbor, Traditional, Simple and Owners only), New Comparability Plans, defined contribution pension and profit-sharing plans, as well as Defined Benefit plans and Cash Balanced plans that offer managed accounts. Safe Harbor is the most requested plan design.

The ADA Program broadly includes Equitable'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 retirement plan products, discrimination testing, 5500 form filings, transaction processing and contemporary web tools and resources to manage plan participant contributions and allocation of funds.

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

With the evolution of time, Equitable reports that the impact of aging trends are more visible in the ADA Program demographics and have negatively contributed to a modest decline in the 2020 year-end number of active plans and participants as shown in Table 2. However, more positively, assets under management showed a net gain resulting from steady plan contributions and favorable market performance.

Table 2. ADA Members Retirement Program Participation

	EOY 2019	**EOY 2020**
Number of Sponsored Plans	2,497	2,398
Number of Dentist Members and Employee Participants	10,737	10,256
Assets under management	$1.686B	$1.786B

The ADA-endorsed Equitable retirement products portfolio also broadly includes a comprehensive suite of fixed indexed and customizable variable annuities, to help address the needs of members and employee participants at or approaching retirement age who have maximized their contributions and are in need of distribution plan options. It also helps support Equitable's sales and marketing efforts to increase retention of existing accounts and grow new business takeovers. The ADA-endorsed suite of Equitable annuity products includes: 1) Structured Capital Strategies, 2) Retirement Cornerstone and 3) Investment Edge. In addition Equitable offers a separate retirement plan product called Retirement Gateway Association ("RGA") designed to attract large plans with assets over $500,000.

As of year-end 2020, the RGA product continues to underscore the ADA member value proposition through its competitive pricing and customizable features, and support retention efforts to conserve existing accounts with mature asset values. Total participants as of December 31, 2020 were reported to be 153, down slightly from 163 the prior year, and with relatively no change in assets under management which total $35.16 million.

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 the total assets under management by nearly $1.62 million as of year-end 2020. These investment options are important to the overall sales strategy for future growth and diversification of the ADA-endorsed Equitable products portfolio.

Individual Retirement Accounts: ADA also endorses the Equitable 300+ Series Individual Retirement Account ("300+ Series IRA") which is no longer available to new business. Equitable reports that as of December 31, 2020, assets under management total approximately $89.95 million. Last year, Equitable added Equivest Individual Retirement Account products, including SEP (Simplified Employee Pension) and SIMPLE (Savings Incentive Match Plan for Employees) IRA plan types to the endorsed portfolio which should address the needs of members looking to purchase an IRA.

New Marketing Initiatives: Despite challenges faced during the pandemic, Equitable remained diligent in its marketing efforts to address opportunities to increase member engagement and grow sales, consistent with their commitment to the ADA Program's strategic plan goals. With the successful completion last year of a test marketing pilot (in New Jersey) to promote consultative sales through local Equitable Financial Advisors, Equitable announced it would be expanding in ten additional states in 2021 while continuing to scale nationally. This Financial Advisor Program initiative, which further enhances the value of the ADA Members Retirement Program and endorsed portfolio of products and resources, will offer members the ability to locally consult with a licensed Equitable Advisor on their financial planning needs, wealth management and retirement plan goals.

More recently in 2021, Equitable and Equitable Financial Advisors worked collaboratively to participate in ADA's Financial Journey webinar series by developing content and providing expert speakers to address the financial planning needs of recent graduates and new dentists. Additional speaker programs by the Equitable Advisors are planned at the ADA SmileCon meeting to heighten awareness of this new benefit available to members.

In summary, the ADA-endorsed Equitable products portfolio reported an estimated combined total of $1.98 billion in assets under management as of December 31, 2020, which generated approximately $600,000 in royalties to support the ADA strategic plan financial goal.

ADAHealthExchange.com Web Resource: The ADA-endorsed JLBG Health, Inc. web portal (ADAHealthExchange.com) offers 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 those plans endorsed by local and state dental societies. ADA royalty revenue for its endorsement of the web portal is minimal per year.

Emerging Issues and Trends

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

Self-Assessment

In accordance with Resolution 1H-2013, the Council is scheduled to complete its self-assessment during its in person meeting on August 27, 2021. Due to the timing of this annual report, the results will be summarized in a separate report to the 2021 House of Delegates.

Council Minutes

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

Council on Membership

Kahl, Jeff A., 2021, Colorado, chair
Bogan, Kyle D., 2022, Ohio, vice chair
Bellamy, Wallace J., 2023, California
Berg, Tamara S., 2022, Oklahoma
Blew, Brian C., 2021, Illinois
Eggnatz, Michael D., 2022, Florida
Ketron, Summer C., 2021, Texas
Moriarty, Janis B., 2024, Massachusetts
Mutschler, Mark D., 2022, Oregon
Nelson, Cate E., 2023, Michigan
Patel, Meenal H., 2023, North Carolina
Rao, Aruna, 2024, Minnesota
Simpson, Kerri, T., 2024, West Virginia
Skolnick, Jay, 2021, New York
Sniscak, Thomas J., 2023, New Jersey
Sword, Rhoda J., 2024, Georgia
Thakkar, Nipa R., 2024, Pennsylvania
Youl, Benjamin C., 2021, Illinois, New Dentist Member

Eitel, Sandra, director
McManigle, Melissa, manager

The Council's 2020–21 liaisons include: Dr. Vincent U. Rapini (ADA First Vice President) and Dr. Jillian R. Stacey (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.

Initiative: Large Group Practice Membership Strategy

Success Measure: 2% annual growth in market share of large group practice dentists
Target: Acquire large group practice dentist members from three large group practices by EOY 2021
Range: 2-4
Outcome: Results TBD in December 2021

Dentist affiliation with large group practices (including DSOs) is increasing. In 2019, 10.4% of all U.S. dentists, including 20.4% of dentists ages 21-34, were affiliated with a DSO, up from 7.4% and 16.3% in 2015 respectively. In August 2020, the Council on Membership was charged by the Board of Trustees with developing and implementing an overarching strategy to increase engagement with dentists working in DSOs and large group practices. This strategy includes four pillars: 1) building a culture of diversity and inclusion, 2) corporate-level ADA membership acquisition, 3) data acquisition and management, and 4) support for state and local dental societies. A large group practice flat dues model was also developed by the Council in support of the second pillar: corporate level ADA membership acquisition. More information about that initiative is included below in the section: Responses to House of Delegates Resolutions.

Initiative: ADA Diversity and Inclusion Policy

Success Measure: 2% annual growth in market share of racially/ethnically diverse dentists
Target: Adoption of the policy by the 2021 House of Delegates
Range: N/A
Outcome: Results TBD in October 2021

Women, racially/ethnically diverse dentists, and those in large group practice settings currently lag ADA's overall membership market share by 3-8%. A lack of membership diversity in the organization will lead to continued reductions in overall market share and risk plunging the ADA's overall market share below 50%. Once the ADA no longer represents the majority of dentists, its advocacy role on behalf of dentists and the public are jeopardized. If current trends continue, the ADA's financial stability could also be significantly impacted. The gap in market share for these diverse and lagging segments is costing the ADA over $2,000,000 in lost dues revenue annually. This revenue gap is estimated to increase by 3% annually as the market size of these segments continues to grow, and the cumulative loss in dues revenue could reach nearly $11 million within 5 years.

The ADA has the opportunity to change the course of its current market share trend. A commitment to attracting and retaining the under-represented segments and building a strong culture of diversity and inclusion (D&I) is critical to mitigating financial and reputational risk. As a first step in this process, the Council on Membership led the development of a D&I policy, which is being submitted to the 2021 House of Delegates. Adoption of this policy would clearly define the ADA's commitment to D&I and serve as the foundation and guide for key actions and decisions across the organization, ensure a strong membership, and reinforce ADA's leadership role within organized dentistry.

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

Initiative: Acquisition Retention Conversion (ARC) Program

Success Measure: Maintain a net-positive gain in membership recruitment of all dentists within 70% or more of constituents.
Target: Engage with 5,000 potential members/members through allocated ARC programs
Range: 4,000-6,000
Outcome: Results TBD in December 2021

The Council oversees the annual distribution of $250,000 in grants to state and local societies to support their recruitment and retention efforts targeted toward the ADA's priority and growing markets, including early career, women, and ethnically/racially diverse dentists, and those in large group practices. In 2021, the decision lens for allocation of the funds was based on the following criteria: one of the eight priority states with the greatest opportunity for growth, and state/local societies that finished 2020 with less members than 2019.

The Council approved funding for 102 programs. To date, 26 programs have been completed and over 1,250 dentists and students have been reached. Numerous programs were postponed to later in the year because of COVID-19 restrictions, but state and local societies have been eager to reschedule their programs now that things are opening up more, and all but two are expected to be completed in 2021.

Initiative: Puerto Rico Membership Strategy

Success Measure: Build sustainable member growth in Puerto Rico, and grow market share by 2% annually, which currently lags all other states by over 40%.
Target: 2% growth in market share
Range: 1-3%
Outcome: Results TBD in December 2021

In 2020, the ADA Board of Trustees requested that the Council on Membership explore a more sustainable ADA membership model for dentists in Puerto Rico (PR). This request was initiated due to the Board's third consecutive approval of a dues waiver for PR members combined with PR's consistently low market share. After careful consideration of the membership data and extensive discussion, the Council recommended to make no change to the membership structure. They also considered the discrepancy in income for dentists in PR but decided not to recommend a new economic or salary-based dues structure because adding a new dues structure is not in alignment with its focus to streamline dues categories, and a new salary-based structure could potentially lead to other categories of members or regions making a similar request. The Council also discussed that due to three years of mitigating circumstance surrounding the natural disasters and pandemic, the current data trends are not predictively reliable, so this would not be an ideal time to make a permanent change. All of these considerations led the Council to recommend moving forward with establishing a new baseline of full dues while focusing on offering enhanced member value, and to reassess within three years.

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

Initiative: Active Life Membership Value Strategy

Success Measure: Meet or improve upon the 3% budgeted loss in membership due to dues streamlining.
Target: 3% or less loss in membership
Range: 2-4%
Outcome: Results TBD in December 2021

The Council formed an Ad Hoc Workgroup in 2020/21 to review Active Life Membership Value in light of dues streamlining rates taking effect in 2021. Currently members receive a variety of discounts, including CE, ADA Catalog and ADABEI products, and discussions are underway to expand offerings. Additional opportunities currently being explored include value-adds at Smilecon: Meet-Ups, mentorship opportunities with new dentists, and personal recognition.

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

Initiative: Faculty and Resident Value

Success Measure: Grow membership of faculty and conversion rate of residents by 1%.
Target: 1% growth
Range: 0.5-2%
Outcome: Results TBD in December 2021

The Council formed an Ad Hoc Workgroup in 2020/21 to review faculty and resident value. Recommendations to increase membership value to these groups included:

- Improve data collection to better communicate with these groups
- Increase awareness of value for faculty around advocacy, licensure, research funding, recognition opportunities, CE and SmileCon
- Increase awareness of value for residents around financial and insurance guidance, finding a job, ADAPT and mentorship opportunities.
  1.

Emerging Issues and Trends

Two of the ADA's Core Values are Diversity and Inclusion. Recent events such as the death of George Floyd, the January 6 violence at the U.S. Capitol, actions of hate toward Asian Americans, and recognition of the disproportionate health and economic impact of the COVID-19 pandemic on minority populations have called into question if and how the ADA should respond. What role do ADA members and nonmember dentists want the ADA to play in speaking out or do they believe, as a professional association, the ADA should focus only on dentistry? Traditionally, the ADA has chosen to stay focused only on dentistry. However, as lines blur in terms of the intersection of dentistry with these societal issues, expectations change and generations shift - what role does generation, gender, race and ethnicity play? What expectations do dentists have on whether professional associations they belong to should take stands and speak up publicly on these issues?

One way the Council has chosen to lead on Diversity and Inclusion is through the development of a Diversity and Inclusion Policy, which is being brought to the 2021 House of Delegates. In another initiative, the Council is collaborating with the Council on Communications on oversight of new research being conducted in the second half of 2021 to identify the intersection between dentists 'values and the value of ADA membership. Qualitative and quantitative approaches will be utilized with a variety of dentists and dental students to get at the heart of the intangible reasons why they join organizations and (more specifically) what matters to them when joining professional associations such as the ADA. Goals for this research include:

- Uncover insights that the ADA can use to shape membership recruitment and retention strategies and strengthen member value and loyalty.
- Take the pulse of current and future dentists (including ADA members, nonmembers and dental students) to understand if generation, gender, values, race and ethnicity impact their decision whether to join/not join the ADA.
- Ascertain whether they want their professional association(s) to take stands and speak out publicly on social/societal issues and whether they believe it's important that the ADA's organizational Core Values as well as the ADA's Code of Ethics align with their own individual values.
- Determine to what extent, if at all the influence dentists' personal values bear in their decision to join, not join or remain members.

The research is scheduled to be completed in Q4 2021, and will help inform the Council's recruitment and retention efforts in 2022 and beyond.

Responses to House of Delegates Resolutions

In accordance with Resolution 97H-2020, Special Order of Referral Consent Calendar, which directed the appropriate ADA agencies to report back to the 2021 House of Delegates on each Referred Resolution, **Resolution** 40-2020, Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models was referred to the Council:

> **Resolved**, that the American Dental Association direct its appropriate agency to explore a new tripartite membership dues structure that more accurately reflects evolving practice models, and be it further
>
> **Resolved**, that their findings be reported to the 2021 ADA House of Delegates.

The Council considered a wide range of dues models that could more effectively attract large group practice-supported dentists and decision makers within these organizations. They agreed that offering membership dues discounts is not a sufficient strategy, nor is offering direct (national only) membership for dentists working in large group practices. The Council determined that a flat-rate dues strategy had the greatest potential to eliminate the burden of explaining and developing an elaborate and time-consuming membership quote at the beginning of the acquisition process.

The Council intends to submit a proposal to the Board of Trustees in July 2021, to authorize the development and implementation of a pilot program of up to three years duration to explore efficiencies and interest in a dues collection process which allows the ADA to offer multi-state large group practices the option to pay an average flat-rate dues amount for their employed and affiliated dentists. The amount will be calculated by the ADA annually by averaging national, state, and local full dues, and weighted by the number of dentists in each state. The Council further proposes as part of this pilot program that the ADA work with interested state and local dental societies to:

- coordinate the processes for collecting tripartite dues from large group practices on behalf of the dentists in said practices,
- distribute the actual dues owed to the state and local societies choosing to participate in the pilot program, and
- coordinate the processes for tripartite member value, engagement, and retention.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012 (*Trans.*2012:370), Regular Comprehensive Policy Review, the Council did not review any ADA policies related to membership this year.

Council Minutes

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

Joint Commission on National Dental Examinations

Ragunanthan, Kanthasamy K., 2021, Ohio, chair, American Dental Association
Sanders, R. Michael, 2022, Nevada, vice chair, American Association of Dental Boards
Allaire, Joanne, 2022, Texas, American Dental Hygienists' Association
Binder, L. Jeannie, 2021, Texas, American Student Dental Association
Da Silva, John D., 2023, Massachusetts, American Dental Education Association
Herro, Anthony, 2024, Arizona, American Association of Dental Boards
Hogan, Rachel, 2024, Oregon, 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
Ramer, Lynn, 2024, Indiana, American Dental Hygienists' Association
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
Grady, Matthew, senior manager
Hinshaw, Kathleen J., senior manager
Curtis, Alexis, manager
Davis, Laura, manager
Hussong, Nicholas B., manager
Marquardt, Gregg, manager
Matyasik, Michael, manager
Svendby, Bryan, manager
Worner, Brad, manager
Yang, Chien-Lin, manager

The Council's 2020–21 liaison and student observer include, respectively: Dr. Rudolph T. Liddell (Board of Trustees, 17th District) and Ms. Alia Osseiran (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. The information presented below is derived from the JCNDE's strategic plan, with corresponding updates provided in *italics* after each statement.

JCNDE Strategic Goals and Key Objectives

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

1. Conduct the National Board Dental Examination (NBDE) Part I through July 30, 2020 and Part II through July 31, 2022, and ensure policies for the orderly, secure and fair administration of these examinations are implemented. *Due to COVID-19 restrictions, the availability of NBDE Part I was extended through December 31, 2020; candidate eligibilities to challenge these examinations were similarly extended through December 31, 2020 to permit orderly, secure, and fair administrations.*

2. Conduct the National Board Dental Hygiene Examination (NBDHE) and ensure policies for the orderly, secure and fair administration of this examination are implemented. *A short-form edition of the NBDHE was validated and published in 2020 to facilitate testing during the COVID-19 global pandemic.*

3. Successfully transition to the Integrated National Board Dental Examination (INBDE) program by August 1, 2022 and ensure policies for the orderly, secure and fair administration of this examination are implemented. *The INBDE was successfully launched on August 1, 2020; over 500 INBDE administrations occurred in 2020.*

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. *The JCNDE continues to pursue each of the aforementioned innovations.*

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. *The JCNDE continues to pursue each of the aforementioned innovations.*

6. Engage key stakeholders and communities of interest in discussions of potential new examinations and testing modalities. *To help address the needs of stakeholders and communities of interest, the JCNDE released the Dental Licensure Objective Structured Clinical Examination (DLOSCE) in 2020, and is considering initiating development of a Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE) in 2021.*

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). *The JCNDE has formed a standing committee known as the Committee on Communications and Stakeholder Engagement to pursue and monitor its strategic communication plan in relation to stakeholder groups.*

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. *The JCNDE delivered numerous presentations to dental boards across the US in 2020, concerning the merits of the DLOSCE, and the benefits it provides over existing clinical licensure examinations.*

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. *The JCNDE delivered a webinar on the DLOSCE in 2020 for dental societies, with the goal of sharing DLOSCE information and the JCNDE's mission and vision to serve as the nation's leading resource for supporting standards of oral healthcare professionals through valid, reliable and fair assessments for licensure and certification.*

4. Reduce incidents of cheating and sharing of exam questions among test takers by increasing understanding of the impact on the exam's cost and validity, stressing professionalism, and raising awareness of the potential consequences of such actions. *The JCNDE continues to undertake efforts to communicate the aforementioned message to candidates, and it continues to enforce its regulations in situations where violations occur.*

5. Utilize Commissioners as peer ambassadors to increase understanding of the JCNDE and build stronger relationships with state dental boards. *The JCNDE has presented to dental boards on numerous occasions in 2020 and 2021, and many of those presentations included Commissioners serving as peer ambassadors.*

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. *The JCNDE completed the indicated review, resulting in significant Bylaws changes for the JCNDE in 2019; the JCNDE continues to review its governing documents on an annual basis.*

2. Identify opportunities to increase the agility and nimbleness of the JCNDE's governance and decision-making processes. *The JCNDE reviews its governance documents and practices annually, making changes as appropriate to facilitate operations and enhance its ability to achieve its strategic goals.*

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. *The JCNDE socialized its recommendations for changes to the ADA Board of Trustees as indicated; the changes were successfully approved by the ADA House of Delegates in 2019; the JCNDE is grateful for the support of the House as the JCNDE continues to pursue its Bylaws mandated duties.*

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 Integrated National Board Dental Examination (INBDE), including the following:

    A. Implementing the INBDE score report to provide remediation information for candidates who fail the INBDE.

B. Directing staff to implement the DTS Hub NBDE results reporting format to facilitate board interpretation of test results.
C. Directing staff to implement the monthly INBDE reports for dental education programs, to facilitate understanding of students' performance in areas measured by the INBDE.
D. Directing staff to implement the annual INBDE school performance report for dental education programs, to summarize candidate performance on a yearly basis.
E. Establishing a defensible, criterion-referenced performance standard for the INBDE, to serve as the minimum level of performance a candidate must demonstrate on the INBDE in order to pass and be considered safe to practice with respect to dental cognitive skills.

2. The Joint Commission continues to take action to ensure it has sufficient, highly capable and knowledgeable test constructors to build rigorous examination content:

    A. Approved the transitioning of National Board Dental Examination Part II test constructors to serve as Integrated National Board Dental Examination test constructors in the Joint Commission's 2021 INBDE Test Constructor Pool.

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

    A. Directing staff to develop a business plan to understand potential interest in developing a Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE), and the anticipated requirements to develop, implement, and provide ongoing support for such an examination.
    B. Adopting revisions to its *Rules* and *Policies* in alignment with the strategic direction of the JCNDE, including incorporating provisions that add a new Dental Hygiene member to the Board of Commissioners, with the new member's term beginning in 2020.
    C. Prioritizing communications for the following critical examinations in 2020: DLOSCE, INBDE, and NBDHE.

4. The Joint Commission monitors its examinations closely to ensure they are psychometrically valid and performing as intended. In January 2021, the JCNDE held a meeting via conference call to discuss Failure Rates for New and Modified Examinations. Following discussion, the Joint Commission took the following action:

    A. Directing staff to continue to closely monitor National Board Examination failure rates and report back to the Committee on Research and Development in March 2021.

5. The next annual meetings of the JCNDE will be held on June 23, 2021 and June 29, 2022. The annual State Dental Board Forum (SDBF) will precede the meetings of the JCNDE (occurring in the same week indicated).

6. Performance Trends: The following provides performance information for each of the examinations of the JCNDE.

NBDE Part I: Table 1 presents performance trends for NBDE Part I over the past 10 years, while Figure 1 provides a graphic depiction of administration volume. Table 1 shows steady growth in the number of **first-time** candidates from **accredited** and **non-accredited** programs taking the NBDE Part I from 2011 to 2016 and variability from 2017 to 2019. The total number of **administrations** rose from 8,098 in 2011 to 10,185 in 2019. This represents an overall increase of 2,087 candidates (i.e., 25.8%). The significant decrease in the number of administrations from 2019 to 2020 represents the confluence of three major events occurring in 2020: the discontinuation of the NBDE Part I program, the launch of the INBDE as a replacement examination program, and the COVID-19 pandemic.

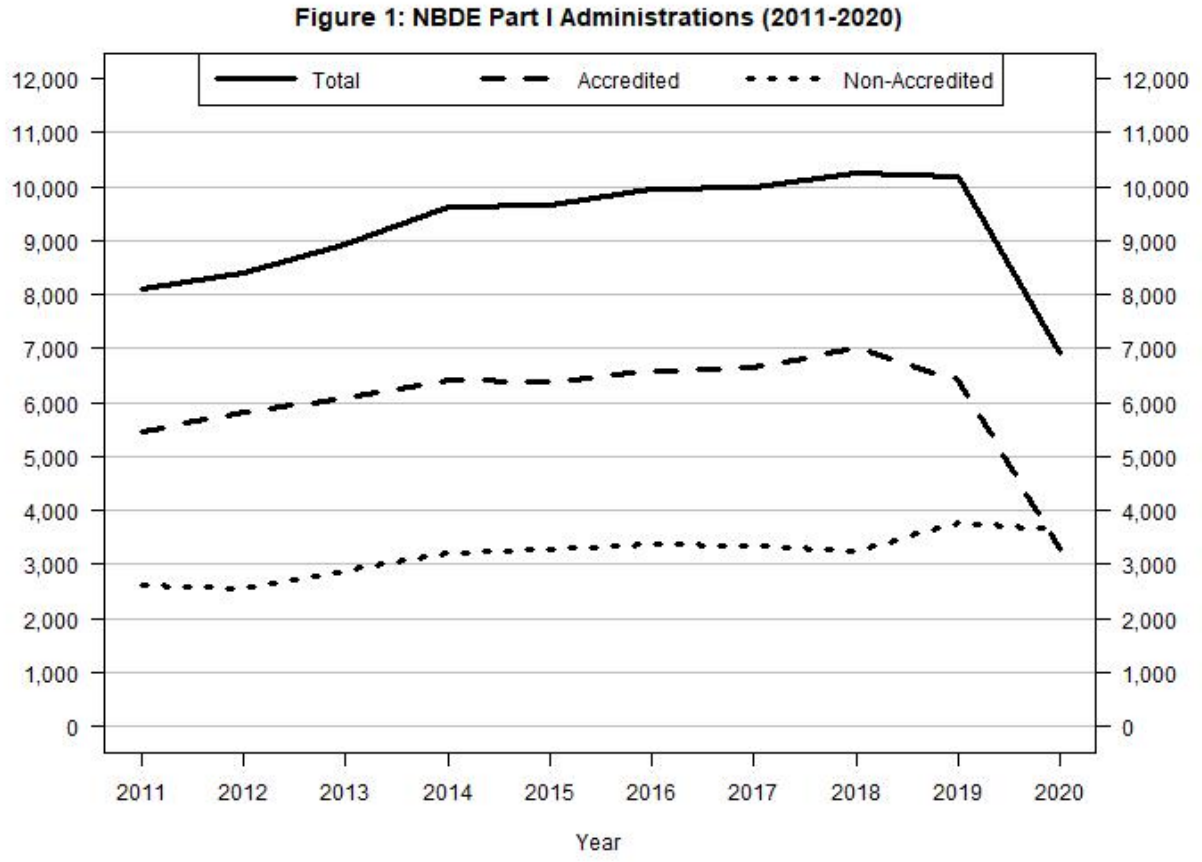
A new and more rigorous NBDE Part I standard was introduced in November 2016, resulting in higher failure rates and corresponding increases in the number of candidates needing to retake the NBDE Part I

from 2017 to 2019. Additional information about the NBDE Part I standard setting activities is provided in the NBDE Technical Report. The new performance standard represented an increase in the level of cognitive skills required by entry-level dentists, in order to practice safely. Under this updated standard, the number of **repeating** candidates from **accredited** programs increased from 669 in 2017 to 972 in 2019. Across the ten year period 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 higher, ranging from 31.9% (2014) to 48.6% (2019). The total failure rate was higher in 2020 due to the greater proportion of candidates present from non-accredited programs.

TABLE 1
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
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
2020	2,616	10.6	650	35.1	2,167	47.1	1,474	61.5	6,907	35.2

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



NBDE Part II: Table 2 presents performance trends for the NBDE Part II over the past 10 years, while Figure 2 provides a graphic depiction of administration volume. As shown in Table 2, the number of **first-time** candidates from **accredited** programs decreased from 2011 to 2012, and then steadily increased to a ten-year high in 2020 (N=6,227) with some variability from 2017 to 2019. There have been considerable changes in volume since 2011, ranging from a low of 4,803 candidates in 2012 to a high of 6,227 in 2020 (i.e., a 29.6% increase). The total number of **first-time and repeating** candidates from **non-accredited** programs increased from 1,521 in 2011 to 1,717 in 2020. Comparing the number of **total administrations** occurring in 2011 (N=7,228) with 2020 (N=8,617) shows a 19.2% increase in overall administration volume, with gains occurring involving candidates educated by both accredited and non-accredited programs.

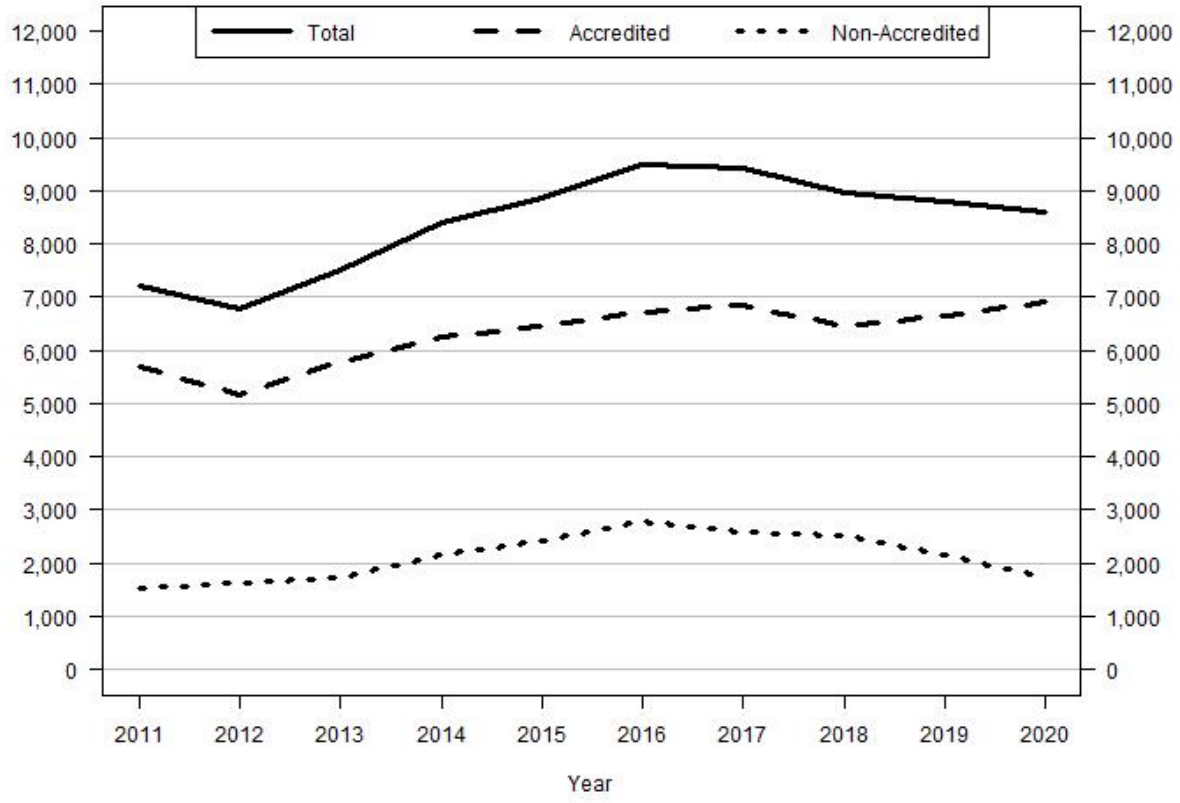
Across the ten year period indicated, failure rates for **first-time** candidates from **accredited** programs ranged from 5.1% (2011) to 9.7% (2019). Failure rates for **first-time** candidates from **non-accredited** programs were higher across the board, ranging from 23.3% (2019) to 42.0% (2015).

TABLE 2
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
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
2020	6,227	7.4	673	21.8	1,206	26.4	511	41.3	8,617	13.2

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

Figure 2: NBDE Part II Administrations (2011-2020)



INBDE: Table 3 presents 2020 failure rates for the INBDE, the first year of operation of this important new examination program. There were a total of 538 INBDE administrations in 2020. Among these, 274 administrations were attempts by candidates educated by **accredited** programs, while 264 administrations were attempts by candidates educated by **non-accredited** programs. The failure rates are based on the performance standard and corresponding cut score established by the JCNDE in June 2020. As shown, failure rates for **first-time** candidates from **accredited** and **non-accredited** programs were 1.0% and 38.8%, respectively. The total failure rate was 24.5%.

In 2020, the first-time INBDE failure rate for candidates from accredited programs was lower than the corresponding failure rates for NBDE Parts I and II. Failure rates for candidates educated by non-accredited programs were rather consistent with historic trends. This suggests that candidates trained by CODA-accredited dental programs may have been especially well-prepared to challenge examinations that integrate the biomedical and clinical sciences. However, this did not seem to be the case for candidates trained by non-accredited dental programs. This finding is a testimony to the importance of strong accrediting standards in service to the protection of the public health.

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

	Accredited						Non-Accredited				Total	
Year	First Attempt [a]		Mixed Attempt [b]		Retake [c]		First Attempt [a]		Retake [c]		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2020	204	1	1	0.0	69	7.3	147	38.8	117	58.1	538	24.5

[a] Indicates candidates who had never previously attempted the INBDE, NBDE Part I, or NBDE Part II
[b] Indicates candidates who passed NBDE Part I on their first attempt and subsequently elected to attempt the INBDE instead of NBDE Part II
[c] Indicates candidates who had previously attempted and failed the INBDE, NBDE Part I, or NBDE Part II

NBDHE: Table 4 presents performance trends for the NBDHE over the past 10 years, while Figure 3 provides a graphic depiction of administration volume. As shown in Table 4, the number of **first-time** candidates from **accredited** programs increased from 6,968 in 2011 to 7,316 in 2019 (i.e., a 5% 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 3% of administrations occurring in 2011 and approximately 5% of administrations occurring in 2020[1]. Comparing the number of **total administrations** occurring in 2011 with 2020 shows an overall increase of 434 first-time and repeating candidates from accredited and non-accredited programs (i.e., a 5.6% increase). Generally speaking, NBDHE total administration volume increased steadily from 2015 to 2019, but then decreased in 2020. The decrease in volume from 2019 to 2020 is likely due to the impact of COVID-19.

Failure rates have remained below 10% for all 10 years for **first-time** candidates from **accredited** programs. A more stringent NBDHE standard was introduced in January 2017, leading to higher failure rates in the years that followed. Additional information about the NBDHE standard setting activities is provided in the NBDHE Technical Report. Failure rates for **first-time** candidates from **non-accredited** programs have varied considerably over the years. The rate for this group was highest in 2020 (44.0%) and lowest in 2013 (17.3%). Failure rates for **first-time** candidates from **accredited** programs increased in 2020, likely due to candidate testing delays due to COVID-19 (closing of testing centers, social distancing requirements that reduced test center capacity, etc.), and candidates correspondingly forgetting some of the material they had received training on as they waited to challenge the test.

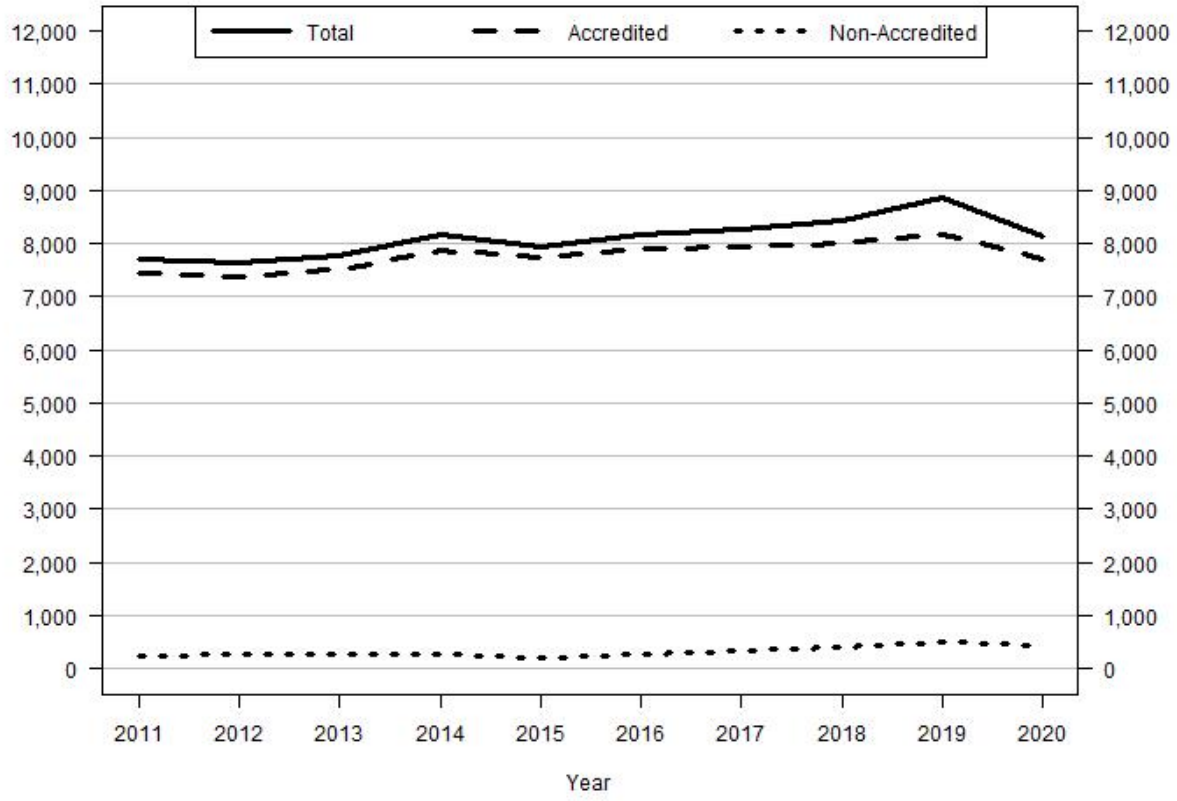
[1]The total administration in 2020 consists of valid examination attempts from the full-length and short-form NBDHE.

TABLE 4
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
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
2020	6,938	9.7	764	51.3	302	44.0	135	60.7	8,139	15.7

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

Figure 3: NBDHE Administrations (2011-2020)



DLOSCE: Table 5 presents failure rates for the DLOSCE. There were a total of 248 DLOSCE administrations in 2020. Among these, 233 were from candidates trained by CODA-accredited dental

programs, while the remaining 15 were from candidates trained by non-accredited programs. The failure rates are based on the performance standard and corresponding cut score established by the JCNDE in August 2020. As shown, failure rates for first-time candidates from accredited and non-accredited programs were 9.5% and 57.1%, respectively. The total failure rate was 12.5%

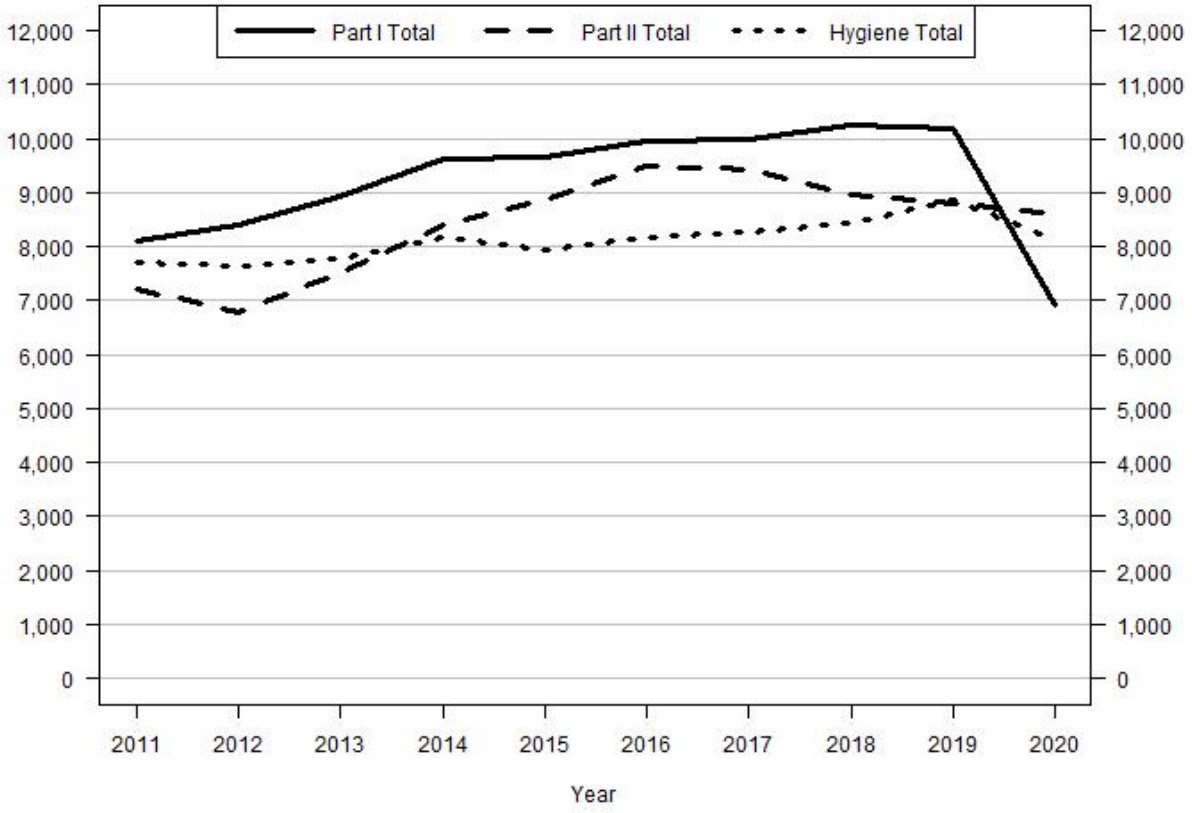
TABLE 5
Numbers and Failure Rates for First-Time and Repeating Candidates
DLOSCE

	Accredited†				Non-Accredited‡				Total	
	First Attempt		Retake		First Attempt		Retake		First Attempts and Retakes	
Year	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2020	231	9.5	2	0.0	14	57.1	1	100.0	248	12.5

† Indicates candidates educated by dental education programs accredited by CODA.
‡ Indicates candidates educated by dental education programs not accredited by CODA. Failure rates for this group should be interpreted with caution due to the small sample size present.

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 NBDE Part II total administrations have shown greater variability over time, as compared to NBDHE total administrations, which have been fairly consistent. Administration volume for the NBDE Part I increased every year from 2011 to 2019. Administration volume for the NBDE Part II increased from 2012 to 2016, and then began to decrease slightly after 2017. Administration volume for the NBDHE increased every year from 2011 to 2019, with the exception of 2015. Administration volume decreased for all examinations in 2020, most likely due to the COVID-19 pandemic. The INBDE and DLOSCE were both released in 2020, and therefore no trend information is provided in the chart below. There were 538 total INBDE administrations and 248 total DLOSCE administrations in 2020.

Figure 4. National Boards: Total Administrations (2011-2020)



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 6 presents performance trends for candidates from **accredited** programs who took Joint Commission examinations with accommodations over the past five years. As shown in Table 6, the number of **accommodated** examination attempts has remained relatively low for JCNDE programs. In 2020, accommodated examination attempts made up 2.0% of the total attempts for the NBDE Part I, 2.0% of the total attempts for the NBDE Part II, 1.7% of the total attempts for the INBDE, 1.0% of the total attempts for the NBDHE, and 0.4% of the total attempts for the DLOSCE. Across the five-year period 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 6 with Tables 1 through 5). The number of candidates receiving accommodations was substantially less for the NBDHE program, as compared to the NBDE programs.

TABLE 6
Numbers and Failure Rates for Accredited Candidates
Attempts Involving Accommodations

	Part I				Part II				INBDE				Dental Hygiene				DLOSCE			
Year	First-time		Repeating		First-time		Repeating		First-time		Repeating		First-time		Repeating		First-time		Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2016	114	12.3	32	50	100	17	25	40	N/A	N/A	N/A	N/A	53	11.3	14	35.7	N/A	N/A	N/A	N/A
2017	112	19.6	38	52.7	111	16.2	31	26.2	N/A	N/A	N/A	N/A	62	13	22	50	N/A	N/A	N/A	N/A
2018	130	26.9	49	53.1	110	20	32	34.4	N/A	N/A	N/A	N/A	61	12.9	21	28.6	N/A	N/A	N/A	N/A
2019	129	17.1	72	41.7	99	23.2	32	25	N/A	N/A	N/A	N/A	60	20	37	51.4	N/A	N/A	N/A	N/A
2020	78	14.1	59	37.3	126	24.6	45	26.7	4	0	5	0	59	18.6	23	56.5	1	I00	0	0

*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 2020.

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 Commission's minutes on ADA.org.

National Commission on Recognition of Dental Specialties and Certifying Boards

Friedel, Alan, E., 2022, Florida, chair,
Tuminelli, Frank, J., 2022, New York, vice chair
Aldredge, Wayne, A., 2021, New Jersey
Battaglia, Joseph, A. 2021, New Jersey
Benz, James, A., 2021, Illinois
Broughten, Renee, M. 2022, Minnesota
Carroccia, Anthony, S., 2023, Tennessee
Catey-Williams, Mara, 2023, Indiana
Chaffin, Jeffrey, G. 2024, Iowa
Cooley, Ralph, A. 2022, Texas
Felsenfeld, Alan, L., 2024, California
Ganzberg, Steven, 2023, California
Glenn, Gayle, 2024, Texas
Halpern, David, F., 2024, Maryland
Huber, Michaell, A., 2024, Texas
Johnson, William, T. 2022, Iowa
Knapp, Jonathan, B., 2024, Connecticut
Lang, Maureen, E. 2024, Texas
McAllister, Brian, S. 2023, Delaware
Moody, Edward, H. 2023, Tennessee
Muller, Susan, 2023, Georgia
Norman, Charles, H. III, 2021, North Carolina
Raman, Prabu, 2024, Missouri
Ramesh, Aruna, 2021, Massachusetts
Young, Brenda, J., 2024, Virginia

Baumann, Catherine, director

The National Commission's 2020–21 liaison is Dr. Michael D. Medovic (Board of Trustees, Sixth 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 2021, the National Commission goals and objectives are as follows:

Objective 1: Implementation of first phase of National Commission's Communication Plan including the development of six (6) of the planned twelve (12) educational presentations for communities of interest.

Initiative/Program: The National Commission

Success Measure: Implementation of the National Commission's Communication Plan to educate the public/communities of interest on the role of the National Commission and improve communication between the National Commission and its stakeholders.

Target: Successful implementation and completion of the first phase of the National Commission's Communication Plan and first half of the National Commission's educational series to be posted on the National Commission's website.

Range: Implementation and completion of first phase of Communication Plan and educational series by December 31, 2021.

Outcome: National Commission's Communication and Technology Committee will meet periodically throughout the year to monitor progress on the successful completion of the National Commission first phase the Communication Plan and first phase of National Commission educational series to be posted on the National Commission's website.

Objective 2: Development and implementation of the National Commission Annual Newsletter to provide greater transparency to the communities of interest.

Initiative/Program: The National Commission

Success Measure: Development and implementation of the National Commission's Annual Newsletter that will increase transparency for the communities of interest with regard to the activities of the National Commission by the end of August 2021.

Target: Final version of newsletter distributed to the communities of interest by August 31, 2021.

Range: Distribution of newsletter by August 31, 2021

Outcome: National Commission leadership will meet between June and August to develop content of the newsletter with dissemination of final product to communities of interest in late August 2021.

Objective 3: Develop redesigned National Commission website that is more transparent, user-friendly and provides a greater depth of information on the National Commission and specialty recognition for the communities of interest.

Initiative/Program: The National Commission

Success Measure: Development of redesigned National Commission website that is more transparent, user-friendly and provides a greater depth of information for the communities of interest by October 1, 2021.

Target: Completion of content for redesigned website by September 1, 2021.

Range: Completion of redesigned website by October 1, 2021.

Outcome: National Commission's Communication and Technology Committee will meet between June and September to approve final content and implementation of revised content on website to be completed by October 1, 2021.

Emerging Issues and Trends

The National Commission currently oversees the recognition of 12 dental specialties and 11 of the respective certifying boards. The National Commission held its annual meeting on April 26-27, 2021, and adopted revised and new formal policies and procedures related to specialty recognition.

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

Recertification/Certification Maintenance Processes of the Recognized Certifying Boards: During review of the *Annual Reports of the Recognized Certifying Boards* it became apparent to the National Commission that there are large discrepancies in the rigor of the recertification/certification maintenance processes of the recognized certifying boards. The National Commission will work with the recognized certifying boards to better understand these discrepancies.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the National Commission in 2020.

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 three (3) year review of individual National Commission policies was adopted 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

Bedran-Russo, Ana Karina B., 2021, Wisconsin, chair
Aghaloo, Tara L., 2021, California
Alapati, Satish B., 2021, Illinois
Dhar, Vineet, 2024, Maryland
Dionne, Raymond A., 2022, North Carolina
Duong, Mai Ly, 2021, Arizona*
Frazier, Kevin B., 2022, Georgia
Gonzalez-Cabezas, Carlos, 2022, Michigan
Ioannidou, Efthimia, 2023, Connecticut
Kademani, Deepak F., 2023, Minnesota
Khajotia, Sharukh S., 2023, Oklahoma
Kumar, Purnima S., 2024, Ohio
Lefebvre, Carol A., 2023, Georgia
Madurantakam, Parasarathy A., 2021, Virginia
Mascarenhas, Ana Karina, 2022, Florida, vice chair
Nascimento, Marcelle M., 2024, Florida
Park, Jacob G., 2024, Texas
Patton, Lauren L., 2021, North Carolina

DeLong, Hillary R., manager

The Council's 2020–21 liaisons include: Dr. Richard Rosato (Board of Trustees, First District) and Ms. Michelle Skelton (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 June 2020 to June 2021, 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: ADA Clinical Evaluators (ACE) Panel Program

Success Measure: Number of ACE Panel Reports published in JADA

Target: Four reports per calendar year

Range: Three to five reports published each calendar year

Outcome: This program has met its stated goal. Since June 2020, the CSA has published four ACE Panel reports:

1. March 2021: Defective Restoration Repair or Replacement
2. December 2020: Zirconia Restorations
3. September 2020: Resin Cement
4. June 2020: Dental Light-Curing Units

In addition to the planned reports in 2020, a satisfaction survey was also sent out to ACE Panel members to determine potential areas of program improvement, and future topics of interest. The original deployment date was scheduled for April 2020, but due to circumstances related to the COVID-19 pandemic, the survey was postponed until August 2020. The survey results revealed that most ACE panel members are happy with the email invitations for surveys, survey platform, survey structure, and report content. The key takeaways from this survey involved methods of improved response rates, the future report formats, and potential 2021/2022 survey topics. Forthcoming reports in 2021 will highlight intraoral scanners (antic. July 2021) and smoking cessation (antic. Oct 2021).

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

Initiative/Program: ADA Seal of Acceptance Program

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

Target: No set product submission review target; review of 2-3 category requirements/year

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

Outcome: This program has exceeded its stated goal. The goals for the ADA Seal Program changed from 2020 to 2021. Previously, the Seal Program's goals were tied to Objective 5 of the Strategic Plan (Total revenue, including dues and non-dues, will increase by 2–4% annually). The target for the program in 2020 was $1,100,000 non-dues revenue, with a range of $1,045,000–$1,150,000. The Seal program ended 2020 with a total non-dues revenue of $1,176,500, exceeding that goal. In 2021, following the creation of the ADA Science and Research Institute, the goal of the program moved under Objective 9 and the success measures changed accordingly. From June 2020 to May 2021, Seal Program staff reviewed and approved 30 new product submissions, and revised three product submission categories (with three more pending review).

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

Initiative/Program: Clinical Practice Guideline (CPG) Development

Success Measure: Progress of CPG publication per approved timeline

Target: CPGs submitted for publication according to approved work plan

Range: n/a

Outcome: This program is on track to meet its goal. The CSA Clinical Excellence Subcommittee is currently overseeing the development of four CPGs, all of which are on track with their targeted submission dates, as listed below:

1. Caries Management Guideline Series: Caries Prevention (new), *anticipated submission Q1 2022*
2. Caries Management Guideline Series: Restorative Treatments (new), *anticipated submission Q1 2022*
3. ADA/FDA Radiograph Guideline (update), *anticipated submission Q4 2021*
4. Management of Acute Dental Pain, *anticipated submission Q1 2022*
5. Dental Sedation and Anesthesia, *anticipated submission Q4 2022*

The two caries-related CPGs are part of a multi-year project, which aims to assist clinicians in determining the types of preventive, diagnostic, and therapeutic interventions that should be used when managing caries in children and adults. Given the expansive nature of this project, the CSA supported the development of a guideline series over the course of approximately four years. The radiograph and acute pain guidelines are being developed in coordination with the FDA, and are separate from the caries guideline series. Finally, the dental sedation guideline is a collaborative effort, based on a request in 2017 from the Council on Dental Education (CDEL), that the CSA develop a CPG to inform CDEL's future ADA policy review related to the use of, and education around, dental sedation. While some of the work supporting these clinical resources was delayed in 2020 due of research efforts and resources allocated to COVID-19, adjusted targets/work plans reflect a continued effort to complete these projects in a timely manner.

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

Initiative/Program: Scientific Information

Success Measure: Number of Oral Health Topics (OHT) published on ADA.org website with CSA review

Target: 2 new OHT pages; 28 existing pages revised; note that each OHT page is reviewed and updated at least every other year

Range: 1-3 new OHT pages; revisions to existing pages, whenever new relevant data become available.

Outcome: This program has met its goal. Through May 2021, the CSA or one of its Subcommittees oversaw the development or revisions to four *Oral Health Topics* (OHT) pages on ADA.org:

- Latex Allergy;
- Silver Diamine Fluoride (new)
- Curing Lights (new, link forthcoming)
- Xerostomia (Dry Mouth)

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

Initiative/Program: ADA Dental Standards

Success Measure: Establishment of annual priorities; continued review of and input on new or ongoing standards development

Target: Approve annual standards priorities by January 2021; provide feedback on standards development per determined timelines, as appropriate

Range: n/a

Outcome: This program has met its goal. The CSA adopted annual priorities for the Standards Subcommittee at its January 2021 meeting. It also implemented observer assignments for Subcommittee members with the Standards Committee on Dental Products (SCDP), which allows for more comprehensive reporting on standards at various stages of development. There is currently only one standard that falls within the stated priorities, which is under review by the Subcommittee: Sequential Orthodontic Aligners. This standard has undergone several stages of development, for which the Council and ADA have provided timely feedback, as requested. An additional standard – dental instrument cleaning processes – was finalized in Q4 2020, and is now available on ADA.org.

Additional Council-Related Projects

Stakeholder Collaboration
In 2020, the Council fielded a request from the American Academy of Periodontology to consider endorsement of their updated classification system for periodontal and peri-implant diseases and conditions. At its January 2021 meeting, the Council made a recommendation to the ADA Board of Trustees that the ADA endorse the *2018 Classification of Periodontal and Peri-Implant Diseases and Conditions*, which the Board of Trustees affirmed at its April 2021 meeting.

Emerging Issues and Trends

In 2021, the Council was asked by the chair of the Council on Access for Advocacy and Prevention (CAAP) for input in the development of a new policy regarding health equity efforts in dentistry. The CSA responded to that request and also informed CAAP that it will address health equity as an important consideration during CSA review of existing ADA policies addressing scientific research.

Responses to House of Delegates Resolutions

Resolution: 21H-2020: Feasibility of Assessing the Role of Dental Health in the Management of Diseases and Medical Conditions

> **21H-2020. Resolved,** that the following ADA policy statement on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatments be adopted (additions underscored; deletions ~~stricken~~):
> The ADA believes that optimizing dental health prior to the performance of complex medical and surgical procedures can be an important component of clinical care. Inter-professional communication and collaboration are crucial to identifying pre-existing or underlying oral health concerns that may impact post-medical/surgical complications or healing time, particularly for patients who are immunocompromised or otherwise at greater risk of adverse medical outcomes because of underlying health problems. Direct communication with patients and their medical teams regarding the need for, and ability to obtain, a dental examination, ~~and~~ and consultation and treatment, when appropriate, prior to initiation of complex surgical and medical treatments is especially recommended.

and be it further,

Resolved, that the appropriate ADA agency consider the feasibility of assessing the role of dental health in the management of diseases and medical conditions and report back to the 2021 House of Delegates.

With the adoption of Resolution 21H-2020, the House of Delegates established new Association policy on Optimizing Dental Health Prior to Surgical/Medical Procedures and Treatments, and requested a report on the feasibility of assessing the role of dental health in the management of diseases and medical conditions. The Council determined that at this time, while an important and clinically valuable area of study, there is insufficient high-quality research evidence to produce a viable evidence-based document or deliverable, including any type of review to support policy and inform practice. For more information, delegates are referred to a separate report on this topic that was submitted to the 2021 House of Delegates.

Resolution: 72H-2020: Modifying the Existing Medicare Dental Coverage: Statutory Dental Exclusion

72H-2020. Resolved, that the appropriate ADA agencies should consider conducting a review of the current scientific evidence that would support expanding the oral health services provided to medically frail recipients prior to major medical or surgical treatments available through Medicare in order to determine next steps for modifying the Medicare statutory exclusion, with the recommendation that the review include but not be limited to the following:

- head and neck radiation therapies
- osteoclast inhibitor therapy
- organ transplants
- cancer chemotherapy including hematopoietic cell transplantation
- joint replacement
- cardiac valve replacement

Following a review of the resolution, the Council concluded that the supporting research evidence on the above topic areas is sparse, and thus evidence-based reviews on the topic areas cited in the resolution would very likely lack the scientific basis to support any significant clinical conclusion or recommendation. For more information, delegates are referred to a separate report on this topic that was submitted to the 2021 House of Delegates.

Resolution: 75-2020: Elder Care Strategies on Research

75-2020. Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on research as priority projects, and be it further

Resolved, focus research by:

1. pursuing translatable research on the oral health treatment of geriatric populations including medically, functionally or cognitively impaired complex patients to establish the linkage between oral health care and overall health
2. leading in the collection and dissemination of evidence-based recommendations on the oral systemic health connection
3. studying states with dual eligible Medicare and Medicaid beneficiaries to determine the financial savings, health outcomes and costs of the programs
4. studying cost savings and health outcomes from dental benefit plans
5. promoting the implementation of new treatment approaches, such as Silver Diamine Fluoride or other minimally invasive interventions, and determining the beneficial effects of the treatments on older adult patients in terms of quality of life and cost effectiveness

In response to this request, the Council considered existing research priorities and resources, as well as an established lack of data to support the requested work. At this time, the Council recommends against pursuing development of any specific translatable research, as requested. For more information, delegates are referred to a separate report on this topic that was submitted to the 2021 House of Delegates.

Resolution: 109-2020: ADA Policy on Tooth Gems and Jewelry

> **109-2020. Resolved,** that the appropriate ADA agencies recommend a policy on tooth gems and jewelry to the 2021 House of Delegates.

This resolution was submitted by the Fourteenth District for consideration by the 2020 House of Delegates, and was ultimately included on the 2020 HOD referral consent calendar. The request for new policy related to tooth gems and jewelry was considered in tandem with existing resources, including existing ADA policy on intraoral piercings. The Council recommended a revision to Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (Trans.1998:743; 2000:481; 2004:309; 2012:469; 2016:300), which addresses the request in Resolution 109. For more information, delegates are referred to separate reports on this topic, including the proposed policy revision, which were submitted to the 2021 House of Delegates.

Self-Assessment

In spring 2021, the Council conducted a self-assessment of its programs, activities and effectiveness in accordance with Resolution 1H-2013. For this self-assessment, the Council commissioned a Self-Assessment Workgroup (Workgroup) to oversee the effort. This Workgroup was comprised of current CSA members representing each of the four term classes, the New Dentist member, and the two most recent past CSA Chairs (2018 and 2019). The anonymous survey was deployed current council members, as well as former CSA members whose terms of service ended in fall 2020.

Overall, CSA members expressed that the Council's current programs are well-aligned with the ADA core values, that the Council is effective in carrying out its Bylaws responsibilities and duties, and that those duties are "appropriate" within the context of CSA's role. It also believes that its programs support member value. Council members also expressed that CSA processes, composition, and meeting format are generally efficient. While COVID-19 presented logistical and technological challenges, electronic engagement was deemed to be an effective means of convening Council work. Overwhelmingly, the Council felt that it fostered a healthy environment for discussion, collaboration and dissent. Some Council members indicated a desire to see enhanced collaboration between councils, and continued engagement with dental students and new dentists.

Key takeaways from this assessment suggest a desire for continued alignment with "diversity" and "inclusivity" values, as well as consideration of the translatability of clinical resources for member dentists. Finally, there was a strong desire to see continued understanding and collaboration between the CSA and ADA Science and Research Institute, and a desire to continue to further define the relationship and scope of each entity.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the CSA reviewed three Association policies.

- **Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (Trans.1998:743; 2000:481; 2004:309; 2012:469; 2016:300).** The Council review the existing policy in tandem with its review of Resolution 109-2020, and recommended an amendment that addressed the underlying ask of the House request.

- **Research Funds (Trans.1984:519; 1999:974; 2016:302).** The Council reviewed the existing ADA policy recommended amendments related to diversification and support of the research pipeline and evidence-based dentistry.

- **Policy Statement of Comparative Effectiveness Research (Patient-Centered Outcomes Research) (Trans.2011:457; 2016:302).** The Council reviewed the existing policy and recommended rescission.

The above-listed policy recommendations were forwarded to the 2021 House of Delegates for consideration.

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

Maher, John, 2021, Wisconsin, chair
Doroshow, Susan, 2022, Illinois*
Samandari, Nafys, 2024, Arizona
Bulman, Bill, 2024, Illinois
Rosato, Richard, 2023, New Hampshire*
Allison Farey, 2025, California
O'Loughlin, Kathleen, Illinois (ADA Executive Director)

Doherty, Deborah, chief executive officer

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

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

In 2020, ADABEI Goals Included:

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

In 2020, despite the COVID-19 Pandemic, most goals for the year were met.

- Member Value & Increased Engagement:
  - Increased the number of leads sent to endorsed providers
  - Worked with providers to improve special member value
  - Improved customer service metrics with providers
  - Increased financial educational content and to critically lagging segments

- Financial Goals (See Tables 1-3):
  - 2020 total program revenue was $5,260,000, short of plan by (12.5%)
  - Focused on key providers to meet financial goals
  - Six provider reviews and renewals including:
    - Launched new business card (U.S. Bank)
    - Transitioned Student Loans (Laurel Road) to ADABEI (from ADA) and established new contract
    - GE: New endorsement for appliances
    - Best Card: New endorsement for credit card processing

- Organizational Effectiveness:
  - Collaborated with 50 state dental societies regarding co-endorsements
    - Renewed 50 state dental society license agreements with three-year terms
  - Collaborated with ADA and ADA subsidiaries
    - Pursued programs and efforts with Non-Dues Revenue Team, Council on Dental Practice and ADAPT

Total Program Financials

Through December, 2020, total program revenue of $5,260,000 was below budget of $6,013,000 by ($753,000) or (12.5%). The primary driver was COVID-19 and its impact on the dental community and economy as a whole. Expenses were held below budget by 8.6%.

Table 1. 2020 Total Program Financials

	2020 Actuals	2020 Budget	Variance ($)	Variance (%)
Revenue *(ADA and ADABEI)*	$5,260,000	$6,013,000	($753,000)	(12.5%)
Expenses	$3,216,000	$3,518,000	$302,000	8.6%
Net	$2,044,000	$2,495,000	($451,000)	(18.1%)

ADA Royalties

In 2020, the ADA earned royalties of $2,859,000 from endorsed providers in the program, below the budget by ($408,000) or (12.5%). The negative variance was driven by COVID and the impact to the dental industry and overall economy.

State dental societies may choose to co-endorse products and services and share in program revenue through a license agreement. In 2020, the ADA shared $1,018,000 in royalties with states, the fifth year in a row the state royalty share exceeded $1 million. States, through 2020, co-endorse 634 products.

Table 2. 2020 ADA Financials

	2020 Actuals	2020 Budget	Variance ($)	Variance (%)
ADA Royalties	$2,859,000	$3,267,000	($408,000)	(12.5%)
State Royalty Share	$1,018,000	$1,185,000	$167,000	14.1%

ADABEI Financials

In 2020, ADABEI earned $2,401,000 in revenue as a result of service fees to ADABEI from the program and finished 2020 with net income (pre-tax) of $210,000. ADABEI reallocated $350,000 to the ADA to help offset ADA royalty variances.

Table 3. 2020 ADABEI Financials

	2020 Actuals	2020 Budget	Variance ($)	Variance (%)
ADABEI Revenue	$2,401,000	$2,746,000	($345,000)	(12.6%)
Expenses	$2,198,000	$2,333,000	$135,000	5.8%
Net (Pre-Tax)	**$203,000**	**$413,000**	**($210,000)**	**(50.8%)**

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 2020, the program included 21 products and services from 18 providers:

- Credit Card—U.S. Bank
- Credit Card Processing—Chase Paymentech, LP
- Credit Card Processing—Best Card *(began May, 2020)*
- 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.
- Office Products—Office Depot
- Shipping—UPS
- Student Loan Refinancing—Laurel Road
- Appliances—GE
- Computers & Technology—Lenovo

2021 Outlook

ADABEI Board: Thank you to the ADABEI Board members, whose terms ended in 2020, for their dedicated service, professional expertise and strategic direction during their tenure.

Mercer, James, 2020, South Carolina, chair
McDougall, Kenneth 2020, North Dakota*
Meckler, Edward, 2020, Ohio
Kolman, Paul, 2020, Indiana

Summary: ADABEI finished 2020 well and in 2021, is projected to generate total program revenue of $5,544,000, growth of $284,000 and 5.4% versus 2020 actuals. The projected revenue increase is due to improved product performance, compared to 2020 activity.

Through June, 2021, total program revenue of $3,084,000 exceeded budget of $2,978,000 by $106,000 or 3.6%.

ADABEI, following the ADA's strategic plan, added programs that have the potential for greater engagement with younger dentists. In 2021, those new endorsements include a 'doctors' mortgage program with Laurel Road and a fitness/wellness pilot program with ClassPass.

**ADA Trustee*

ADA Business Innovation Group (ADABIG)

ADA Business Innovation Group Board of Directors

Crowley, Joseph, 2022, Ohio
Hanzelin, Rick, 2024, Illinois
Kim, Kija, 2022, Massachusetts
Kunkel, Ryan, 2023, Illinois
Liew, Roger, 2023, Illinois
MacIver, Carolyn, 2024, Wisconsin
Norbo, Kirk, 2023, Virginia*
O'Loughlin, Kathleen, Illinois, ADA executive director
Rosato, Richard, 2024, New Hampshire

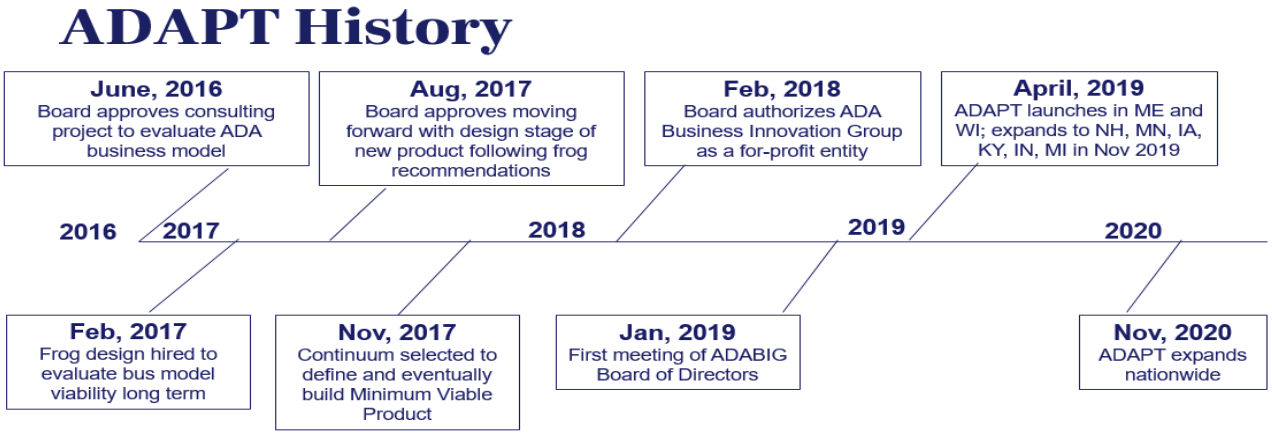
Board of Directors Discussion Participants**
Klemmedson, Dan, ADA president
Sholty, Paul, ADA chief financial officer

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, director, marketing & operations
Kaplan, Kenny, director, technology applications & projects

ADA Practice Transitions™

ADA Business Innovation Group (ADABIG) is a wholly-owned subsidiary of the American Dental Association (ADA) formed in 2018 to provide market solutions for dentists while also creating a source of non-dues revenue. In 2019, ADABIG released ADA Practice Transitions™ (ADAPT), its first service, a virtual platform dedicated to making the process of joining or leaving a dental practice more predictable and successful by matching dentists with compatible philosophies of care.



* *Chair*
** *Non-voting*

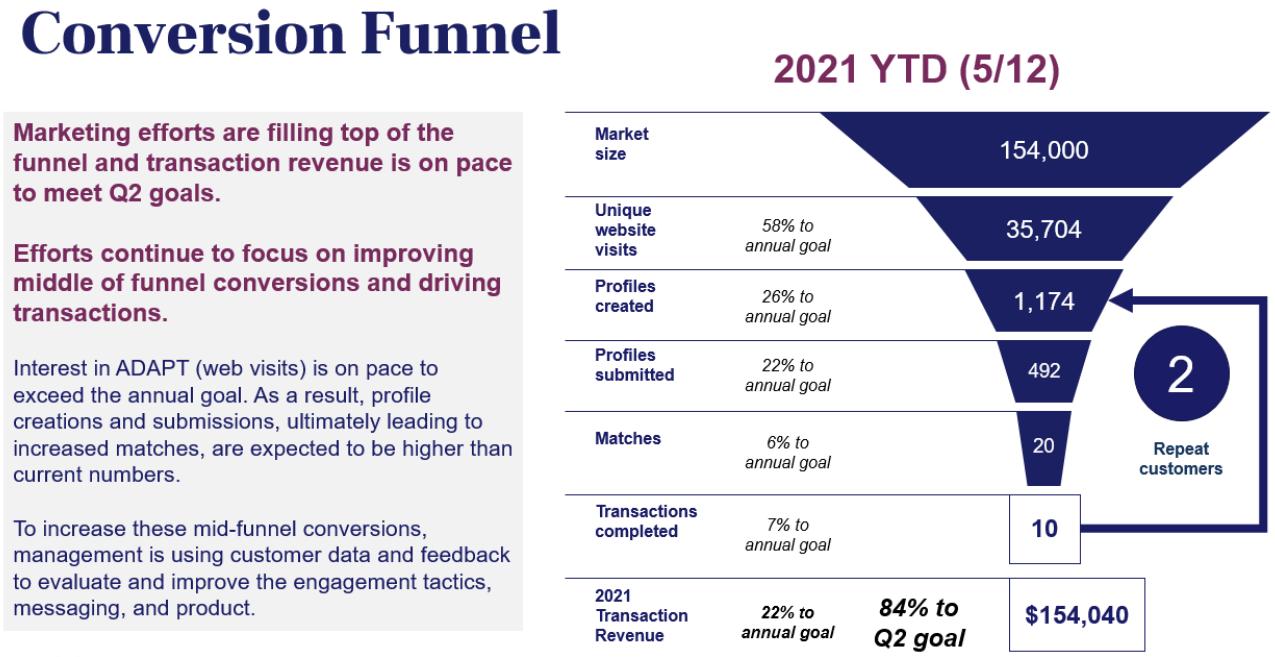
Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures

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. In 2020, the ADAPT management team had planned on expanding into two additional states with large populations; by the end of the year, ADAPT was available nationwide. Prior to the pandemic, ADAPT was focusing on associate matches because practice sales had a much longer sales cycle; the pandemic seemed to spur increased activity in dentists eager to sell as well as younger dentists seeking to buy leading to a focus on practice sales. In response to customer demand, ADAPT streamlined its platform, offered additional transaction support and increased its price to support the new offerings. Combined with a robust and comprehensive marketing plan, ADAPT saw a dramatic increase in participation, quickly gaining customers in every state. The company began closing both practice sales and associate contracts and continues to build a robust pipeline of dentists in discussion around various transitions.

The pandemic had a dramatic impact on ADAPT as it did on every other business. While ADABIG successfully reduced expenses, the company did not meet its revenue and transaction goals in 2020. ADAPT used its experience from the original two and additional six pilot states to project performance over the next three years. The charts below show the dramatic increase in participation and status of transactions as of the submission of this report. Table 4 shows the projected break-even point in 2024 eventually managing more than 250 practice sales and 400 associate matches each year to achieve profitability.



ADAPT anticipates that revenue and participation will continue to grow with more exposure in the market. At the submission of this report, ADAPT has been available nationwide for less than six months. Market experience suggests that associate matches generally take six months and practice sales generally take 12 – 18 months to complete. ADAPT is committed to reducing the sales cycle in both cases.

Table 1. Platform Participation in Pilot States as of 05/12/2021

Profile Submitted

State	Incoming	Owner	Total
Indiana	16	8	24
Iowa	10	12	22
Kentucky	11	7	18
Maine	15	8	23
Michigan	45	32	77
Minnesota	27	7	34
New Hampshire	6	9	15
Wisconsin	30	42	72
Other	492	377	869
TOTAL	652	502	1,154

Profile in Process

State	Incoming	Owner	Total
Indiana	40	48	88
Iowa	35	29	64
Kentucky	38	24	62
Maine	36	35	71
Michigan	72	85	157
Minnesota	43	25	68
New Hampshire	11	28	39
Wisconsin	93	84	177
Other	955	981	1,936
TOTAL	1,323	1,339	2,662

Table 2. Platform participation in other states as of May 12, 2021

Profile Submitted

State	Incoming	Owner	Total
California	61	37	98
New York	24	42	66
Florida	46	22	68
Illinois	31	28	59
Texas	38	11	49
Massachusetts	32	15	47
Pennsylvania	13	24	37
New Jersey	18	15	33

Profile in Process

State	Incoming	Owner	Total
California	105	127	232
New York	72	65	137
Florida	68	56	124
Illinois	57	39	96
Texas	58	34	92
Massachusetts	47	24	71
Pennsylvania	29	45	74
New Jersey	34	44	78

Table 3. Platform Participation by Status

	7/01/2020	10/01/2020	01/01/2021	04/01/2021	05/12/2021
Owner	89	133	421	469	**509**
Incoming	89	154	441	558	**658**
Matchable	169	293	859	1,021	**1,167**
Suggested	128	188	581	891	**993**
Connected	74	92	224	464	**529**
Matched	12	16	29	51	**71**
Submitted Profile	286	433	1,032	1,403	**1,550**
Profile in process	540	726	1,917	2,263	**2,594**

Illustration 1. Associate Match and Practice Sale Transactions

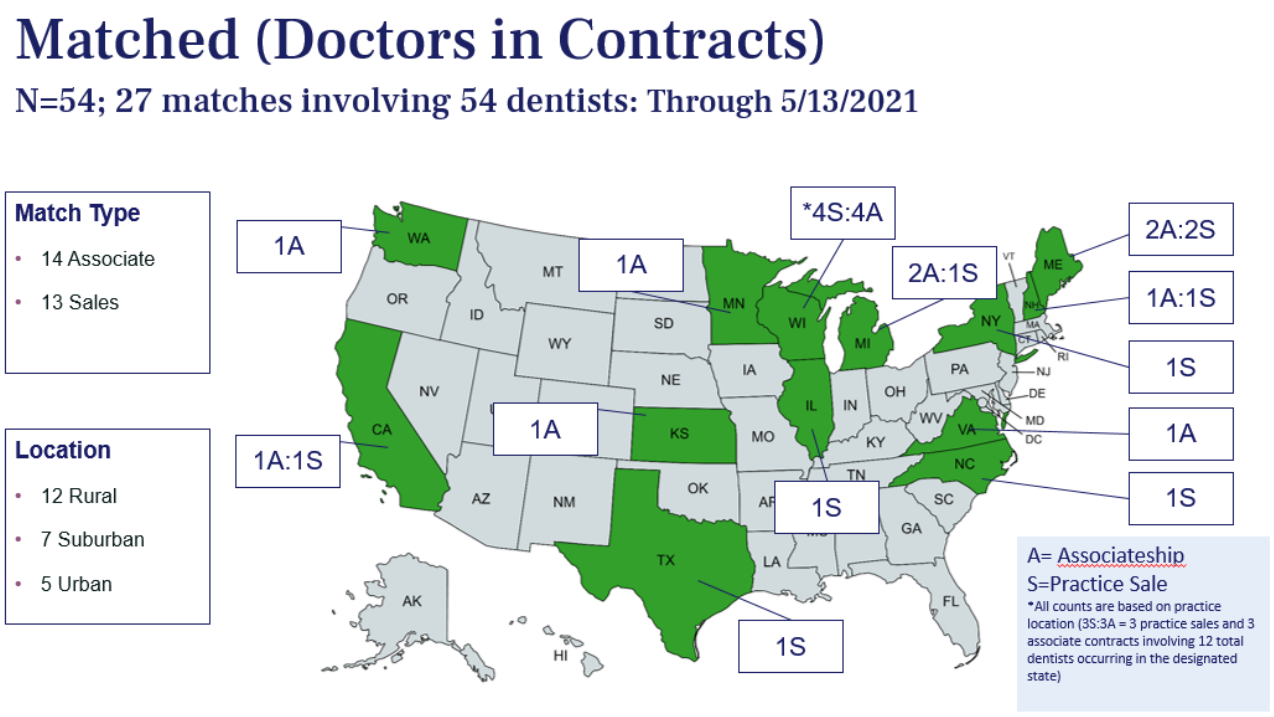


Table 4. ADABIG Operating Revenues And Expenses (actuals thru 2020 – projections thru 2024)

Source	2019	2020	2021	2022	2023	2024
Unsubmitted Profiles	338	1,681	5,000	6,000	6,000	6,000
Active Users	99	816	1,500	2,000	3,000	3,000
Associate Matches	0	6	40	100	200	400
Assoc Match Revenue	0	$19	$160	$400	$800	$1,600
Practice Sales	0	2	33	75	150	250
Transition Revenue	$0	$32	$528	$1,200	$2,400	$4,000
Total Revenue	**$0**	**$68**	**$688**	**$1,600**	**$3,200**	**$5,600**
Operating Expense	**($1,152)**	**($2,275)**	**($3,096)**	**($3,200)**	**($3,500)**	**($4,000)**
Operating Gain (Loss)	**($1,152)**	**($2,207)**	**($2,408)**	**($1,600)**	**($300)**	**$1,600**

Table 5. Funding

Resolution	Amount	Spending to date	Status
B-67-2018	Up to $3.5M	$2,969,422	Closed
B-35-2019 (post Launch)	Up to $5M	$3,478,866 – previous spend $593,560 – 2021 spend thru 4/30/21 $927,574 remaining for 2021	Active
B-14-2021	Up to $5M	To be accessed when previous tranche of funding is exhausted	Not yet active
Expenses YTD thru April 2021	$593,360	**$927,574 remaining in B-35-2019**	YTD spending

Pilot Learnings

- ADAPT mission and message resonates with dentists
  - Competitors are “borrowing” ADAPT value proposition around Philosophy of Care
  - Unscripted customer responses follow ADAPT branding statements

- ADAPT is attracting and serving rural and small town practices in addition to urban and suburban
  - Confirmation that the service is needed across the country
  - Provides service particularly to underserved areas where buyers and associates are scarce

- ADA connection and sponsorship is valued by dentists; some complications
  - Trust the ADA to work in their best interests; some want it “included” with dues
  - Tremendous resources available in ADA organization; process can be slow to access

Market Challenges and Responses

Challenge	Response
Sales cycle longer than anticipated Practice sale: 12 – 18 months Associate Match: 6 – 9 months	Partnering with M&A firm to manage transactions Pushing content to make sure dentists “ready” Building volume to provide more potential matches
Traditional broker model deeply engrained Broker response dramatic and disappointing	Major PR efforts through blog and social media Responding to broker “rumors” when necessary Secured opinion confirming state legal compliance
Rural practices difficult to sell and staff New dentists want urban; owners in rural Financing can take longer in 2020 financial market	Coaching owners on what makes practice attractive Education campaign with dental schools and ASDA Exploring alternative funding schemes
Level of engagement varies Not all dentists respond in timely manner Gathering required materials is a roadblock	Building prompts, reminders, coaching into platform Utilizing texting (when permitted) to prompt action Integrating “Smartsheet” as project management

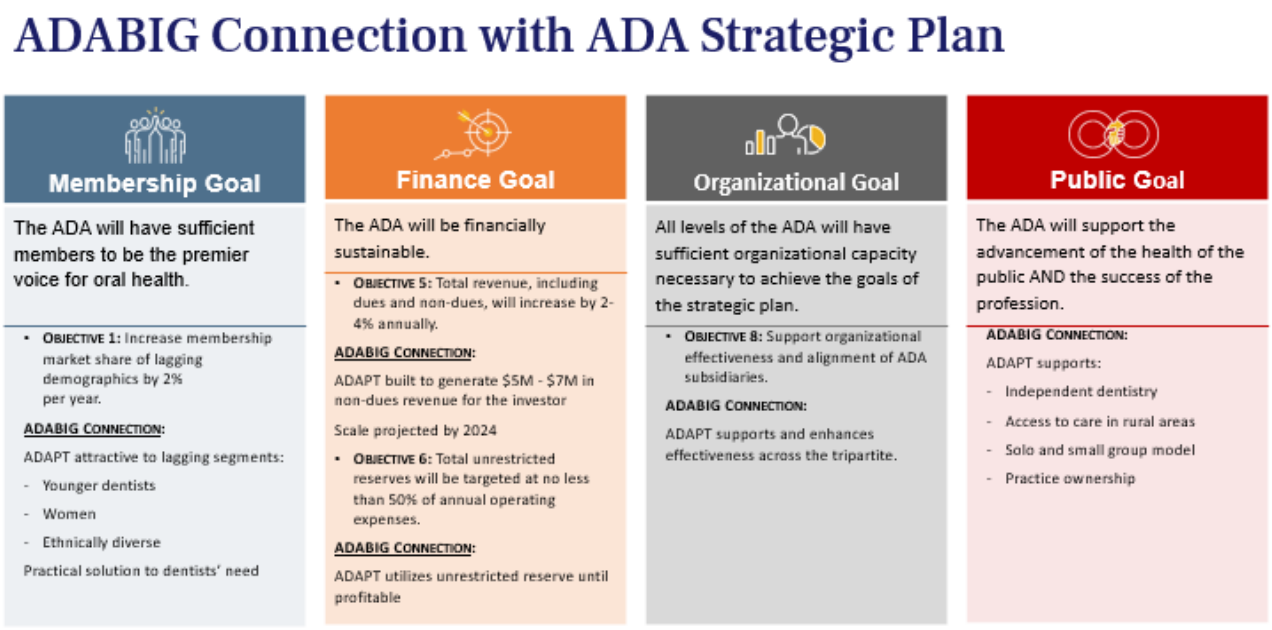
Staffing

At the submission of this report, current staff stands at nine people. Additional staff will be hired as needed to support growth. Automation and platform efficiencies have streamlined the service – only one additional hire is anticipated for 2021, but more support staff could be necessary with continued success.

ADABIG Board Summary

The ADABIG board continues to support ADAPT. It has been a challenging year as the ADABIG board and management team continually adjusted to the challenges of the pandemic. During the three months that dentistry was shut down, the company laid the groundwork for its national expansion by streamlining the platform to increase efficiency. Expenses increased in the latter half of the year as ADAPT began to utilize national marketing channels to gain awareness. The fact that there are already more than 1,500 customers with submitted and approved profiles and another 2,500+ profiles in process attests to the interest and value of this service in the dental marketplace. In spite of the pandemic, it is clear that the platform works and is engaging for dentists as it actively addresses a significant market need. The ADABIG Board views the intense and dramatic competitive response of some current established brokers as a strong indication that the service is having a positive impact on the market driving up service levels and driving down prices. The testimonials from customers who have completed transactions indicate that the company is meeting its mission of providing a new and innovative service at a competitive cost for ADA members.

The ADABIG board wants to highlight all of the ways that ADAPT supports the ADA’s strategic plan.



So far, the investment in the company has been focused on building the foundation; proving that the platform can successfully drive matches and the service can bring those matches to completed transactions. It is now time to leverage that foundation for growth all across the country. The ADABIG board believes in the mission of this company and enthusiastically recommends continued financial support of the company to allow it to grow and serve the dental community for years to come.

ADA Board Response

At the February 2021 ADA board meeting, the board reviewed the market results generated over the course of the pilot and the first two months of the nationwide expansion. The ADABIG team presented revised pricing, a comprehensive marketing plan, and a revised business model that projects the company could break-even as early as 2024. Projections support the potential to provide more than $5 million in non-dues revenue annually to the ADA when fully established nationwide. The ADABIG board reviewed all of the material extensively prior to the meeting and unanimously recommended that the ADA Board continue to fund ADABIG in its nationwide expansion. The ADA board elected to commit up to $5 million in additional funding to continue to support the growth and national expansion of ADAPT, passing Resolution B-14-2021. ADABIG management will provide bi-annual financial updates to the Budget & Finance Committee with financials prepared by ADA Finance Department.

ADA Foundation

Armstrong, Craig, 2023, Texas, chair*
Graves, Dana, 2022, Pennsylvania
Harrington, Jay, 2021, Georgia*
O'Loughlin, Kathleen, Illinois, ADA executive director

Roberts, Elizabeth, interim executive director

Refocusing the ADA Foundation: Background and Philanthropy Obligations Update

Background

The ADA Foundation (ADAF) has been in a transition since June 2019 when the ADA Board of Trustees (BOT), acting as the sole member of the ADAF, decided to refocus the work of the Foundation.

In response to the issues presented by the ADAF, the BOT

- reduced the size of the ADAF Board to just four Directors and reduced its staff,
- separated its research purpose from its philanthropic purpose, and
- planned to establish a new 501(c)(3) foundation focused on scientific research.

Not quite four months into the transition, it was determined that the new research-focused entity would have to become an LLC to meet the legal requirements to pursue the desired research agenda. With that new understanding, in October, 2019, the ADA Science Research Institute, LLC (ADASRI) was established. In December 2019, the ADA BOT appointed Dr. Marcelo Araujo as chief executive officer of ADASRI and he continued in his role as chief executive officer of ADAF. (Reference: *ADA Annual Reports and Resolutions* 2020:115)

In keeping with simplifying ADAF's obligations, the Give Kids A Smile (GKAS), Tiny Smiles, and the international outreach programs were uncoupled from the Foundation and became the programs for a newly established department, the Department of Corporate, Social Responsibility and Philanthropy, (DCSRP) within the parent organization, the ADA. What remained was the original 501(c)(3) foundation, ADAF, reduced to a philanthropic focus.

Through December 2020, the ADAF board continued overseeing the goal set by the BOT in June 2019: "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." (Reference: *ADA Annual Reports and Resolutions* 2020:111)

As ADASRI was becoming more established and management demands increased, and as the ADAF fund depletion activities were slowing down, Dr. Araujo advised the ADAF Board of his intent to transition out of his current position as CEO and executive director of the ADAF.

The ADAF Board, in its desire to consider the next phase in the ADAF transition, appointed a new interim executive director, Dr. Elizabeth Roberts, effective January 1, 2021, allowing Dr. Araujo to dedicate his efforts to ADASRI.

To transition from the "fund-depleting" focus of the past two years to an organization that could maintain obligations while providing operational efficiency and financial accountability, much work lay ahead. The ADAF Board approved 2021 strategic goals and they are discussed in detail later in this report, along with progress toward their achievement.

**ADA trustee*

Philanthropy Obligations Update

Philanthropy Funds

As of December 31, 2020, the ADAF philanthropy funds totaled $14,236,865. They are comprised of:

Two endowment funds:

- The Charitable Assistance Fund ($8,116,410): the investment proceeds of this fund assists dentists and their qualifying dependents with meeting essential daily living expenses and emergency living needs.
- The Samuel Harris Fund ($3,889,828): the investment proceeds of this fund are dedicated "to improve the oral health status of American children." (Reference: Agreement establishing the endowment signed by Dr. Samuel Harris and the ADA Health Foundation (now, the ADAF) dated 2/11/1998)

Two restricted philanthropy funds: ($148,250)

- Give Kids a Smile and International Volunteer Dental Projects

Three restricted award funds: ($280,169)

Unrestricted philanthropy funds: ($1,802,209)

Philanthropy Grants: $1,240,153 in grants and awards were made from May 1, 2020 – April 30, 2021.

- $599,341 grant to the ADA DCSRP for grant administration and for GKAS, Tiny Smiles and international outreach activities. Despite the interruption of events due to the COVID-19 pandemic, great progress was made toward non-clinical objectives including training webinars, GKAS website and program planning toolbox enhancements, a special COVID-related GKAS guidance document and many others.

- $334,492 in charitable assistance grants to 17 individual dentists and/or their dependents to help them overcome grave hardships by assisting them in their essential daily living expenses and their emergency living needs.

- $125,000 grant to Illinois Masonic Medical Center for year two of a three-year grant to improve the oral health status of children with special needs. Clinical mitigation procedures were developed and educational programs for residents were retooled to accommodate remote learning to address the impact of the COVID-19 pandemic. Despite the temporary clinic closures due to the pandemic, 34 special-needs children received treatment.

- $121,800 grant to ADASRI for the development and distribution of the *Journal of the American Dental Association* supplement*:* "Tips for Caring for Your Teeth and Mouth: For the Patient Pages". Nearly 155,000 copies were distributed to ADA members, individuals and institutions including 5,000 copies distributed through the GKAS program, facilitating patient education throughout the US and extending into Canada and abroad.

- $39,520 in dental student scholarships to three individuals.

- $10,000 Dentsply-Sirona Research Award for Dual Degree Candidates to one individual.

- $10,000 for the Dr. David Whiston Leadership Awards of $5,000 each to two individuals.

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

The ADAF's goals support the Common Ground 2025 ADA Strategic Goal's Organizational Goal Objective 8, which concerns supporting organizational effectiveness and alignment of ADA subsidiaries. The Foundation's goals also align with the ADA's "Finance" and "Public" Goals, as they concern the Foundation's financial sustainability and its role in supporting the advancement of the health of the public through its focus on philanthropy.

The ADAF Board adopted the following strategic goals for 2021 on April 6, 2021:

> **ADAF-B-11-2021. Resolved,** that the ADA Foundation's strategic plan for 2021 shall focus on stabilizing current operations and positioning the ADA Foundation ("ADAF") for future growth; and be it further
>
> **Resolved,** that ADAF activities in 2021 shall align with the following four strategic goals:
> - maintain and deliver on current ADAF obligations;
> - develop ADAF organizational structure and processes;
> - assess and manage ADAF resources; and
> - initiate ADAF strategic planning efforts.

The following section reports on the ADAF's progress with respect to the above-referenced goals.

1. Maintain and deliver on current ADAF obligations

PROGRESS

- Charitable Grants
  Outcome: Seven grant applications reviewed and awarded. On track for responding to all grant applications by December 31, 2021.

- Whiston Award
  Outcome: Committee established; Call for Candidates May 28th which met the timeline directed by the ADAF Board. On track for candidate selection and award announcement targeted for September 1, 2021.

- Crest-Oral B Award
  Outcome: On track for revamping award with Crest-Oral B representative to increase the number of qualified candidates.

- Dentsply-Sirona Award
  Outcome: On track with Dentsply-Sirona representative's plan to reassign funds to another 501(c)(3) entity.

- 2021 Grant Reports
  Outcome: On track for following with 18 grantees on their timely submission of their annual or final grant reports.

- Grant Extensions:
  Outcome: Reviewed and responded to five requests by grantees for grant extensions to complete the work that was disrupted due to the COVID-19 pandemic closures and travel lockdowns.

2. Develop ADAF organizational structure and processes

PROGRESS

- **Outcome:** A process is now in place for regular, periodic budget management.
  - The first Budget and Financial Report package was developed and completed for ADAF Board – April 6, 2021.
  - ADAF will now become part of the ADA Budget Status Report process, reviving the practice of the ADAF executive director with Finance monthly review and management that had not occurred for many years.

- **Outcome:** A process is now in place to optimally and efficiently manage operations workflow.
  - The ADAF master calendar has been completed. A master calendar is a critical business tool for managing time, productivity and efficiency, so that work can be sequenced optimally and deadlines are not missed.

- **Outcome:** A process is being built to facilitate locating critical documents for operations.
  - A centralized document repository for ADAF standard operating procedures (SOPs), reports and project work is now established on Knowledge Center (KC), ADA's online document management system.
  - The pilot with the KC repository was completed with the patent portfolio project.
  - KC initial roll-out to team is on track for June, 2021, with training to follow.

- **Outcome:** Documented processes are being completed to facilitate operations performance to established standards and to provide for cross-training, and the transition of responsibilities.
  - ADAF's top 10 processes were prioritized and outlines drafted for an SOP manual.
  - On track for completion and posting to KC by December 31, 2021.

- **Outcome:** Board governance review is underway.
  - Consideration includes proposed edits to ADAF Bylaws (last revised April 2021) and the Standing Rules and Policies for the ADA Foundation (last revised December 2015).
  - A red-lined bylaws document is in development.
  - Activities are on track for ADAF board review September 2021 and submission to ADA BOT for approval at a Meeting of the Member held in connection with a mid-year 2022 BOT meeting.

3. Assess and Manage ADAF Resources

PROGRESS

- **Outcome:** Capability is now established to manage operations output in alignment with operating expenses.
  - Operations staff capacity for work has been determined.
  - Understanding staff capacity is critical to managing operations output, staff burnout and operating expenses. Importantly, it also allows for managing the acceptance of new assignments and projecting the need for staff expansion based on potential future operations demands.

- **Outcome:** ADAF fixed assets evaluation by a third party was completed. Agreement and transfer to ADASRI is on track for completion: 3rd Quarter 2021.

- **Outcome:** ADAF patent portfolio clean-up, organization and preparation for transfer is on track for completion 3rd Quarter 2021. Identification of a third-party firm for evaluation is underway. Transfer to follow.

- **Outcome:** Funds balance line item was identified that requires forensic analysis to understand any restrictions on the use of those funds. Analysis is on track for completion 3rd Quarter 2021.

- **Outcome:** The *ADAF Investment Policy* was updated effective April 2021, per ADAF Board approval.
    - Updates were needed to accommodate for greater flexibility while still meeting conservative requirements for managing Foundation funds.
    - The Ellwood Investment firm is now engaged in participating regularly with the ADAF Board on investment management matters.

4. Initiate ADAF Strategic Planning Efforts
PROGRESS

- **Outcome:** Mission / Vision definition phase has been initiated, with budget, analysis and scenario development. A report was completed and submitted in preparation for presentation at the ADA Meeting of the Member, July 2021. The meeting outcome will inform the next steps.

- **Outcome:** Five potential advisors to the ADAF Board have been identified and introductions will continue.

- **Outcome:** On track for proposal of 2022 strategic goals at the ADAF Board meeting in December 2021, the last board meeting of the year.

The ADAF Board continues to work in collaboration with the ADA BOT in determining the next phase in the ADAF's transition.

ADA Science and Research Institute LLC

Cohlmia, Raymond, Dean, University of Oklahoma College of Dentistry, Chair
Armstrong, Craig, 2023, Texas
Bedran-Russo, Ana, Professor and Chair, Marquette University School of Dentistry
Dolan, Teresa, Vice President and Chief Clinical Officer, Dentsply Sirona
Featherstone, John, Professor Emeritus and Dean Emeritus, University of California-San Francisco School of Dentistry
Kessler, Brett, 2023, Colorado
Nelson, Karen, President, J. Craig Venter Institute
O'Loughlin, Kathleen, ADA Executive Director

Araujo, Marcelo, Chief Executive Officer
Lyznicki, James, Director, Science Governance

BACKGROUND

In October 2019, the ADA Board of Trustees (BOT) created a new wholly owned ADA subsidiary, in the form of a single member limited liability company, called the ADA Science and Research Institute LLC (ADASRI). In December 2019, the BOT appointed Dr. Marcelo Araujo as chief executive officer (CEO) 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*. As an ADA subsidiary, the BOT deemed that ADASRI allowed greater flexibility for science and scientific research activities, staffing, and resources than could be provided under the existing or alternative organizational structures.

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

An overview document, entitled "ADASRI Purpose, Function, and Organizational Structure" was approved by the ADASRI Board of Directors in May 2021 and is provided as Appendix 1 of this report. Note that a key function of the ADASRI is to support the ADA Council on Scientific Affairs (CSA). Please refer to the CSA's Annual Report for information on ADASRI/CSA accomplishments and outcomes.

ADVANCING ADA STRATEGIC GOALS AND OBJECTIVES: ADA PROGRAMS, PROJECTS, RESULTS AND SUCCESS MEASURES

[This section presents ADASRI key accomplishments and outcomes from May 2020 to June 2021.]

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

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

Outcome: The leadership role of the ADASRI in supporting the ADA strategic plan, specifically the Public goal, is a key focus of ADASRI. "Science and evidence based" is a core value of the ADA and the subsidiary

continues to show commitment to the tasks presented by the parent organization. As the ADA chief science officer and ADASRI CEO, Dr. Marcelo Araujo plays an important role as a member of the senior staff executive team aiming to set up the strategy that allows the ADA meet the goals for the strategic plan. More specifically, he became a key contributor to the group focused on the public goal in partnership with the Government Affairs team and the Dental Practice and Health Policy institute leaders. The team has determined areas of focus for the organization and ADASRI is providing scientific support to advocacy and policy development by the ADA. In addition, ADASRI provides staff expertise and effort to:

- *Support the CSA*. ADASRI staff continue to focus on specific deliverables for the ADA, including the ADA Seal of Acceptance program, scientific support for dental standards development, and the ADA Clinical Evaluators (ACE) Panel program, in addition to other business related to the Council on Scientific Affairs. ADASRI staff provided ongoing and active participation in the development of ANSI/ADA and ISO standards, including a technical report regarding the cleanliness of dental instruments and laboratory methods assessing the safety of orthodontic aligner materials. The ADA Seal of Acceptance Program contributes considerable non-dues revenue for the ADA and continues to help dentists and consumers distinguish safe and effective products from unproven trends. Please refer to the CSA's Annual Report for more information on these programs.

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

- *Help Lead ADA Covid-19 Response*. ADASRI staff responded rapidly and efficiently in 2020 with the increased numbers of cases of COVID-19 and the need to support the ADA strategy implemented during the pandemic. During this time, ADASRI resources were redistributed and scientists were appointed to the COVID-19 primary and secondary teams to manage related issues. Key deliverables included a response to the need for information on COVID-19 with a summary of ADA guidance during the COVID-19 crisis:

    - "ADA Interim Guidance for Management of Emergency and Urgent Dental Care" (April 2020) *Published in the ADA Coronavirus Center for Dentists*
    - "ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission" (April 2020) *Published in the ADA Coronavirus Center for Dentists*

ADASRI staff also provided direct member support by helping dentists navigate the triage of patients when only emergency dental care was recommended, supporting efforts to assist states on the development of their own COVID response strategies and answering questions from ADA members. In a video message to dentists, ADA President Daniel Klemmedson, D.D.S., M.D., highlighted the important contributions of the science team in helping to inform CDC guidance for dentists and their patients as well as recent regulations from the Occupational Safety and Health Administration.

Finally, for digital events specifically, data show there were approximately 118,000 live or virtual attendees for COVID-19 related webinars in 2020, with major contribution from ADASRI, including the most attended CE course at the 2020 ADA Annual meeting, where Dr. Araujo presented results of an epidemiologic study (defined under ADASRI Strategic Goal 2) in a course with Dr. Mia Geisinger, University of Alabama-Birmingham and Mr. Casey Hannan, CDC Director of Oral Health.

ADVANCING ADASRI STRATEGIC GOALS AND OBJECTIVES: ADASRI PROGRAMS, PROJECTS, RESULTS AND SUCCESS MEASURES

[Note: this section presents ADASRI key accomplishments and outcomes from May 2020 to June 2021.]

The ADASRI Board adheres to and promotes the following Purpose Statement:

Improving lives through oral health, science and research

In June 2020, the ADASRI Board adopted a three-year Strategic Plan, aligned with its Purpose Statement, that was completed in about three months despite the constraints and challenges associated with the COVID pandemic. The ADASRI Strategic Plan 2020-2023, provided as Appendix 2 to this report, serves as the basis for the ADASRI Operating Plan, which is approved each year by the ADASRI Board of Directors.

ADASRI Strategic Goal 1: The ADASRI will operate under a governance and organizational structure that is nimble, well understood, and will allow Board members and staff to do their work effectively and efficiently to support the ADASRI Purpose Statement.

Objectives:

1. Define the purpose and function of the ADASRI to more clearly articulate the purview of the ADASRI with respect to science and research.
2. Define the authorities, roles and relationships of the ADASRI Board and its oversight of all ADASRI departments.
3. Develop a structural diagram and RACI matrix for the ADASRI Board and all entities supporting the ADASRI (e.g. ADA BOT, CSA, HOD, ADASRI Committees, ADASRI CEO, NIST) for implementation by the ADASRI Board.

Success Measure (2020): Complete the establishment of the ADASRI as the new ADA subsidiary.

Outcomes: Key accomplishments of the ADASARI Board related to setting up the organization's governance structure included:

- Approval of the ADASRI Board's first Strategic Plan (June 2020).
- Approval of intramural and extramural research priorities in collaboration with the CSA (April and August 2020)
- Approval of charters for three standing committees (August 2020)
- Approval of the CEO's 2020 performance goals and metrics (August 2020)
- Achieved ADA Board of Trustees approval for the addition of the CSA chair to the ADASRI Board of Directors as a full voting member (October 2020)
- Approval of Intellectual Property policy (January 2021)
- Approval of Research Misconduct policy (January 2021)
- Approval of a detailed responsibility assignment (RACI) Matrix to guide organizational decision-making (January 2021)
- Approval of an Annual External Review Process for ADASRI Research Units (January 2021)
- Approval of the CEO's 2021 performance goals and metrics (January 2021)
- Approval of an overview document, entitled "ADASRI Purpose, Function, and Organizational Structure" (May 2021)
- Approval of Financial Conflict of Interest policy to facilitate grant submission process (May 2021)

ADASRI is now developing a set of policies, rules, processes and procedures that will help guide the Board and staff when making decisions related to strategy and operations.

ADASRI Strategic Goal 2: To be a "research center of excellence" that advances dentistry, improves oral health and provides an evidence base for use by health care professionals, the public, policy makers and professional organizations.

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

Success Measure (2020): Produce publications to disseminate research outcomes, including publication in peer review journals, as abstracts to scientific conference and other resources accessible to dental professionals and external stakeholders

Target: 50 (2020)
75 (2021)

Range: 40-60 (2020)
65-85 (2021)

Outcome: Development and dissemination of science and research is the core of ADASRI. Staff continue to produce peer reviewed manuscripts, abstracts and other resources for our members. Despite challenges imposed by the pandemic, ADASRI staff delivered 67 publications overall in 2020, based on the work done by the three content development departments of the organization. ADASRI also had the strongest presence at an AADR meeting in the history of the ADA science group, with 30 abstracts accepted for the 2020 meeting. These exceeded the 50 publications goal set by the ADASRI Board for the entire year.

Important contributions to this goal occurred with *JADA* publication of the first study that estimated the number of infections in the dental community and assessed the dental-related infection prevention and control efforts of dentists. (see Estrich CG, Mikkelsen M, Morrissey R, Geisinger ML, Ioannidou E, Vujicic M, Araujo MWB. Estimating COVID-19 prevalence and infection control practices among US dentists. J Am Dent Assoc. 2020 Nov;151(11):815-824.) The study supports the safety of returning to the dental office with increased infection control procedures, made a huge impact on the ADA pandemic strategy in 2020 and 2021, and was among the most downloaded and cited *JADA* papers in 2020.

This work has continued and other peer reviewed publications will be available in 2021, including data on dental hygienists and a longitudinal study determining monthly incidence of COVID-19 disease among dentists. (see Araujo MWB, Estrich CG, Mikkelsen M, Morrissey R, Harrison B, et al. COVID-19 among dentists in the US and associated infection control: a six-month longitudinal study. *J Am Dent Assoc. 2021 [in press].)*

For more information, review the ADASRI Publications List, located on the ADA.org website.

Success Measure: Apply for external grants based on the needs of the ADASRI to supplement the annual funding provided by the ADA.

Target*:* 5 (2020)
12 (2021)

Range: 4-6 (2020)
10-14 (2021)

Outcome*:* In terms of grants applications, the team submitted six new grant applications in 2020; ADASRI researchers were awarded more than $2 million in grants, including:

- A $1.5 million cooperative agreement with the US Food and Drug Administration (FDA) to develop, disseminate, implement and evaluate a national clinical practice guideline for the management of acute pain in dentistry to further define the role of opioids in dentistry, including drug indications and

contraindications across all dental specialties. The research will be conducted in collaboration with the University of Pittsburgh.
- A $459K R21 grant from the National Institutes of Health (NIH) to develop pH-sensitive antifouling materials that respond to metabolic activities of cariogenic plaque and prevent biofilm formation, reducing infection and pain for dental patients. These materials may find utility in dental resin-restoratives, dentures, and implants.
- A $358K R21 grant from the NIH to develop a robust preclinical screening model for Osteogenesis Imperfecta (OI), a rare disease characterized by low bone formation, resulting in bone fragility. The project involves engineering 3D biomimetic OI models to dissect mechanisms of N-cadherin mediated osteoblast-endothelial function. Research will be conducted in collaboration with the Kennedy Krieger Institute (Baltimore, Maryland).

This work has benefited by the hiring of a manager of grants applications, who not only assists the ADASRI researchers on the application processes but also sets rules and procedures for future applications.

Other Key Accomplishments:

- Research Facilities. Two external wet laboratory facilities with office space were successfully leased to allow ADASRI scientists in Maryland to conduct research and apply for grants without the need to include scientists from the National Institute on Standards and Technology (NIST). This provides ADASRI researchers the autonomy to develop intellectual property (IP) that is owned completely by ADASRI. An extensive renovation of the laboratory facilities in Chicago also was completed successfully in March 2021.

- ADASRI Research Collaborations. Several collaborations were established in 2020:

    - Collaboration with the National Institute on Occupational Safety and Health to evaluate the incidence of idiopathic pulmonary fibrosis (IPF) as a cause of death among dentists to develop a more comprehensive estimate of IPF among dentists.
    - Collaboration with the American Dental Hygienist Association (ADHA) to collect data and determine prevalence of COVID-19 among RDHs.
    - Collaboration with the American College of Emergency Physicians (ACEP) for the production of a translational piece of dental recommendations for antibiotic use for healthcare professionals, in the context of the endorsement by ACEP of the ADA 2019 guideline for the use of antibiotics for dental and pulpal conditions.
    - Collaboration with the Cochrane Oral health Group providing input for the creation of four Cochrane systematic reviews on caries diagnosis that will inform the final chapter of the caries management guideline series.
    - Development of novel protocol to determine specific performance of zirconia as a restorative dental material at the Argonne National Laboratory in Chicago, IL.
    - Grant awarded in collaboration with the Forsyth Institute (Cambridge, Massachusetts) to determine the antimicrobial activities of a new composite material.
    - Initial collaboration with University of Maryland School of Dentistry aiming to establish a path for future clinical testing of new technology.

ADASRI Strategic Goal 3: The ADASRI will be well-focused and agile to best utilize funds from the ADA and other agencies to support research and the advancement of science in oral health aligned with the ADASRI Purpose Statement.

Objective: Develop and enact strategies to effectively and efficiently utilize available financial resources based on approved ADASRI research priorities.

Metrics:

1. Manage approved budgets within a tolerance of ± 5% (2020) and ± 3% (2021) by the end of Q4.

2. Submit draft budgets to the ADASRI Board prior to submission to the ADA, in accordance with the ADA organizational process, by the end of Q2.

Outcome: In 2020, the ADASRI achieved these metrics and is expected to achieve these as well for 2021. The 2022 budget request was approved by the ADASRI Board in May 2022 and submitted to the ADA Board of Trustees. More information can be found in Board Report 2 at this meeting.

EMERGING ISSUES AND TRENDS

ADASRI researchers study and report on critical and emerging oral health issues that are relevant to the practice of dentistry and improvement of oral health. In August 2020, a list of high priority research areas was approved by the ADASRI Board with input from the CSA; these priorities will be reviewed each year by the ADASRI Research Committee. To help ensure alignment with these priorities, a review of research conducted within each of the ADASRI departments will be conducted annually by external review panels under the oversight of the Research Committee, with a report back to the ADASRI Board.

For the next two years, ADASRI staff activities and projects will be directed primarily to caries, periodontal disease, and novel technologies and methods. Specific research projects in the Maryland and Chicago laboratories are focused on the following distinct areas:

- Ether-based monomers for dental composite restoratives
- Antimicrobial and remineralizing composites for Class V restorations
- Carbonated hydroxyapatite-based dosimetry
- Electrochemical biosensors for oral environments
- 3D biomimetic model for Osteogenesis Imperfecta
- Microscale periodontal sensors
- Evaluation of oral impacts of electronic cigarettes
- Cellular and molecular periodontal research
- Dental zirconia (fracture toughness; degradation via accelerated aging; adjustment, finishing, and polishing; multi-layer yttria-stablized zirconia; biofilm growth)
- Multi species oral biofilm model
- Charcoal toothpastes and tooth powders
- Standards development (oral rinses, toothbrushes, sequential orthodontic aligners)

BOARD MINUTES

For more information on recent ADASRI activities, see the minutes of the ADASRI Board of Directors, which are posted on the House of Delegates ADA Connect site, or the minutes of the CSA as posted on ADA.org.

Appendix 1

The ADA Science and Research Institute

Purpose, Function, and Organizational Structure
(Adopted by the ADASRI Board of Directors; May 27, 2021)

The ADA Science and Research Institute LLC (ADASRI) is a recognized leader in the oral health sciences, basic and applied research, and technological innovation. A primary goal of the ADASRI is to be a "research center of excellence" that advances dentistry, improves oral health, and provides the evidence base for use by health care professionals, the public, policy makers and professional organizations.

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). In December 2019, the BOT appointed a chief executive officer (CEO) 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*. As an ADA subsidiary, the BOT deemed that ADASRI allowed greater flexibility for science and scientific research activities, staffing, and resources than could be provided under the existing or alternative organizational structures.

The objective of the BOT in creating the ADASRI was to provide for centralized, coordinated leadership of all ADA science and research activities. This was accomplished by combining the operations of the research laboratories, based in Maryland (the 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 dental products and technology, and the enhancement of clinical care outcomes through scientific research, innovation, and collaboration.

ADASRI Governance

The ADASRI *Operating Agreement* was approved by the BOT in December 2019. At that meeting, the BOT 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. In October 2020, the BOT approved an amendment to the ADASRI *Operating Agreement* to add the chair of the Council on Scientific Affairs (CSA) as a full voting member of the Board. The ADASRI Board adheres to and promotes a 3-year Strategic Plan, guided by the following purpose statement:

> *Improving lives through oral health, science and research*

The ADASRI Board of Directors has the requisite expertise and perspective to provide strategic leadership and direction for ADASRI. Much of the work of the Board is conducted through three committees: Budget and Finance, Governance, and Research.

Core Functions

1. Operate as an independent Center of Excellence through original research and the translation and dissemination of scientific knowledge to improve oral health outcomes and advance the dental profession:

    - Conduct innovative scientific research, focused on select high priority oral health topics;
    - Maximize the ability to develop patents through innovative scientific research;
    - Apply for and receive government and private sector funding to support basic, applied, and translational scientific research;

- Work with government agencies, universities, industry and other groups on scientific research programs and activities; and
- Provide a mechanism to build a designated science and research reserve fund for investment in future projects/capital.

2. Provide support and expert advice to the ADA on science and research matters, according to the specifications in the ADA/ADASRI Services Agreement:

    - Provide scientific expertise to ADA agencies and leadership for achieving public health goals and objectives specified in the ADA strategic plan; and
    - Provide infrastructure and capacity to support the operations of the CSA to ensure the optimal conduct of the Council's assigned duties and responsibilities.

ADASRI Research Priorities

ADASRI researchers study and report on critical and emerging oral health issues that are relevant to the practice of dentistry and improvement of oral health. In 2020, a list of high priority research areas was developed by the ADASRI Research Committee with input from the CSA and approved by the ADASRI Board; the priorities will be reviewed each year by the Research Committee. To help ensure alignment with these priorities, a review of research conducted within each of the ADASRI departments will be conducted annually by external review panels under the oversight of the Research Committee, with report back to the ADASRI Board.

Organizational Structure

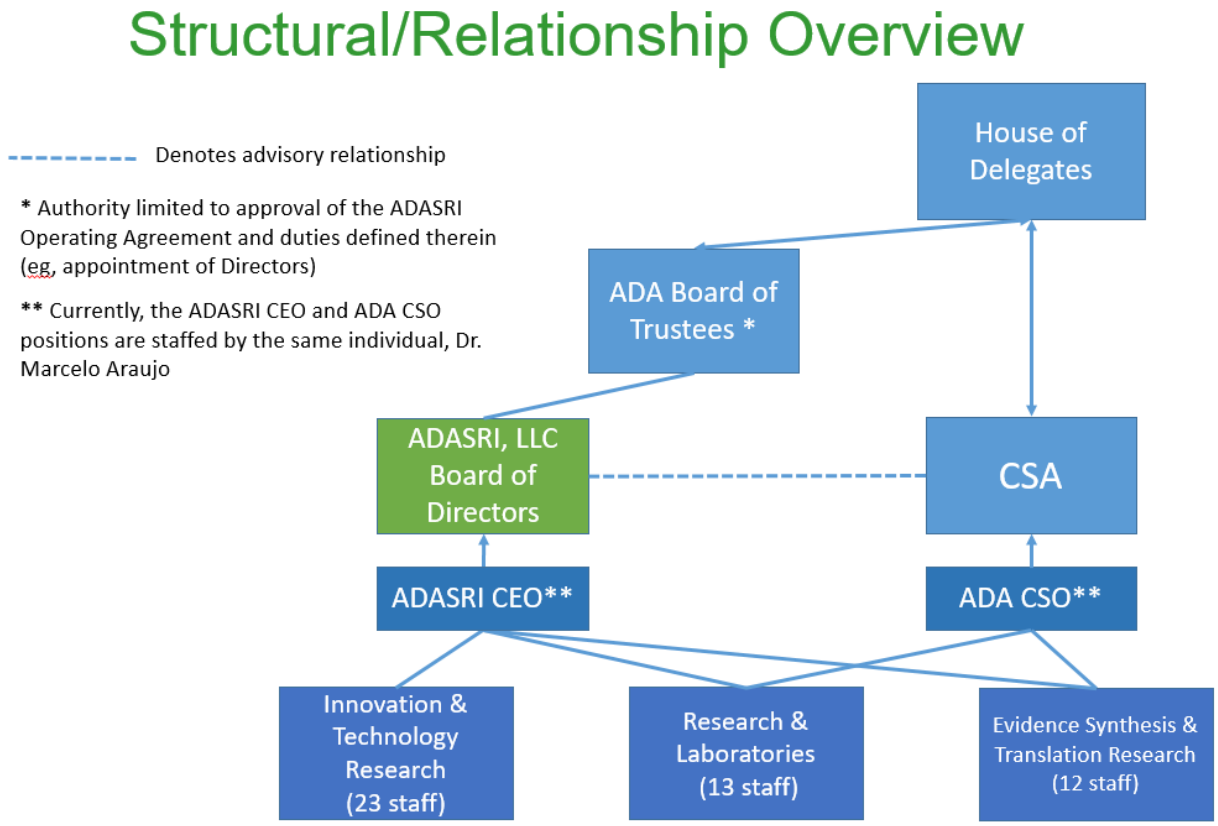
The ADASRI CEO provides day-to-day leadership to ADASRI staff located in Chicago and Maryland for meeting the expectations of the ADASRI Board. To date, key emphasis has been placed on the following areas:

- Effective and efficient utilization of existing expertise, facilities, and resources to implement the ADASRI Board's strategic plan and research agenda;
- Development and dissemination of scientific information for the profession (including the development of clinical practice guidelines) through the Department of Evidence Synthesis and Translation Research (ESTR);
- Delivery of consumer value via the ADA Seal of Acceptance Program;
- Applied research, evaluation, and testing; and ADA/American National Standards Institute (ANSI) standards-related research in its Chicago laboratory through the Department of Research and Laboratories (R&L);
- Basic research and development of new products and technology to support the profession and patients in its Maryland laboratories through the Department of Innovation and Technology Research (ITR); and
- Implementation of a Shared Services Agreement that defines the business relationship between the ADA and ADASRI; this includes consideration of the CSA's roles and responsibilities as defined in the ADA *Bylaws* and the ADA *Governance and Organizational Manual.*

Collectively, as of May 2021, the ADASRI is comprised of 53 employees:

- 4 dual degree BDS, DDS, DMD/PhD dental professionals
- 22 PhD level (scientists and engineers)
- 1 JD level
- 16 Masters level (scientists, engineers, other)
- 7 Bachelors level (scientists, engineers, other)
- 3 Support staff

The following organizational chart depicts the relationship between various ADA and ADASRI entities:



Department of Innovation and Technology Research (ITR) – Maryland Laboratories. ITR scientists bring an entrepreneurial spirit for the development of novel oral health technologies while partnering with federal, university and industry laboratories. The National Institute of Standards and Technology (NIST) recently renewed an almost century-long partnership established in 1928. Through this partnership, the ADA and NIST work together toward common goals that address measurement challenges in dental research. ITR scientists also work outside the realm of this federal partnership to further emerging technologies and work to translate discoveries into real world impacts. Emerging areas of research currently include diagnostics, dental materials and devices, additive manufacturing, and integrated oral sensors. The ITR focus on early product development represents an avenue of dental research that has the potential for significant clinical impact and public benefit.

Department of Research and Laboratories (R&L) - Chicago Laboratories. R&L staff deliver consumer value via the ADA Seal of Acceptance Program, as well as professional value by conducting dental product evaluation and ANSI/ADA standards-related research in its Chicago laboratories.

A major goal of the R&L Department is to answer research and clinical questions that member dentists and the public have about dental products through laboratory studies, as well as translate the results in a useable and clinician-friendly format. This includes laboratory testing of dental materials and devices, as well as for ADA Seal of Acceptance certification of over-the-counter (OTC) oral health products. In general, the science developed by this group benefits ADA members and non-members, in addition to other stakeholder groups, including national and international dental researchers and faculty, governmental entities, and the public.

An important mission of the R&L Department is to foster relationships with dental and post-graduate students, as well as with ITR colleagues. Collaborations with dental schools and other research centers provide opportunities to evaluate dental products and examine new and emerging technologies.

Department of Evidence Synthesis and Translation Research (ESTR) – Chicago. ESTR staff are dedicated to the creation, synthesis, and translation of scientific information to enhance dental practice and health policy with the goal. The ESTR team works closely with expert volunteers and stakeholder organizations selected by the CSA and other ADA councils to develop evidence-based resources for use in clinical practice; assists patients and practitioners to improve the oral health of the public by collaborating with other interested parties to enhance the evidence base and its integration in clinical practice; appraising and disseminating the available scientific evidence on oral health care; and helping practitioners understand and apply the best available evidence in their clinical decision-making. Using this structure, the main focus is to evidence-based clinical practice guidelines on topics of interest to ADA members that adhere to the "Clinical Practice Guidelines We Can Trust" methodological guidance developed by the National Academy of Medicine, and the principles for guideline development from the GRADE Working Group.

In addition, the group:

- Works with an extensive network of EBD leaders and built collaborations with dental schools, research institutes and government organizations; and
- Creates multiple education formats, including a week-long intensive EBD course and introductory EBD programs at ADA Annual Meetings.

Appendix 2

2020-2022 Strategic Plan

Governance	Research	Budget/Finance
The ADASRI will operate under a governance and organizational structure that is nimble, well understood, and will allow Board members and staff to do their work effectively and efficiently to support the ADASRI Purpose Statement.	To be a "research center of excellence" that advances dentistry, improves oral health and provides an evidence base for use by health care professionals, the public, policy makers and professional organizations.	The ADASRI will be well-focused and agile to best utilize funds from the ADA and other agencies to support research and the advancement of science in oral health aligned with the ADASRI Purpose Statement.
4. Define the purpose and function of the ADASRI to more clearly articulate the purview of the ADASRI with respect to science and research. 5. Define the authorities, roles and relationships of the ADASRI Board and its oversight of all ADASRI departments. 6. Develop a structural diagram and RACI matrix for the ADASRI Board and all entities supporting the ADASRI (e.g. ADA BOT, CSA, HOD, ADASRI Committees, ADASRI CEO, NIST) for implementation by the ADASRI Board. 7. Oversee the development of a communication plan to support key stakeholder understanding of ADASRI roles, responsibilities, structure and governance. 8. Conduct an annual review of ADASRI Governance policy, with a report back to the ADASRI Board. 9. Conduct an annual assessment of the Governance Committee utilizing relevant metrics to address efficiency and effectiveness, with a report back to the ADASRI Board. 10. Develop an ADASRI Board development plan and performance review process, which can help identify areas in need of improvement, for consideration by the ADASRI Board.	1. Conduct innovative research, focused on select high priority topics, that most effectively and efficiently utilizes the existing personnel strengths, facilities and financial resources at all ADASRI locations. 2. Maximize the existing expertise, facilities, and resources to enhance the work on select high priority topics and optimize resources for internal collaborations. 3. Leverage the existing expertise, facilities and resources to attract funding focused on select high priority topics, including funding through external collaborations. 4. Determine research directions and priorities over time to most effectively build upon the available facilities, personnel and resources and to best address the future needs of dentistry. 5. Ensure transparent communication with the parent organization and the dissemination of ADASRI work to healthcare professionals, the public and other stakeholders. 6. Identify and protect intellectual property of the ADASRI. 7. Conduct an annual assessment of the Research Committee utilizing relevant metrics to address efficiency and effectiveness, with report back to the ADASRI Board.	1. Develop an annual funding strategy, based on ADASRI research goals and priorities that is contingent upon continued funding from the ADA. - Develop a process that provides budget flexibility to fund pilot work - Develop a process for the approval of ADASRI management and operational funding 2. Collaborate with the Research Committee to identify external funding support and a plan to secure this funding 3. Conduct an annual review of ADASRI Budget & Finance policy, with report back to the ADASRI Board. 4. Conduct an annual assessment of the Budget and Finance Committee utilizing relevant metrics to address efficiency and effectiveness, with report back to the ADASRI Board.

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Consolidated Financial Statements and Supplemental Schedules

December 31, 2020 and 2019

(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, 2020 and 2019, 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 auditor considers 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, 2020 and 2019, and the results of their activities and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

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 23, 2021

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Financial Position

December 31, 2020 and 2019

Assets		2020	2019
Cash and cash equivalents	$	7,399,931	9,631,786
Receivables		14,556,013	11,341,334
Deferred tax asset, net		—	7,142
Income taxes receivable		566,044	560,884
Prepaid expenses and other assets		4,439,156	5,423,143
Inventories, net		910,368	969,435
Marketable securities and alternative investments		183,142,483	169,959,054
Property and equipment, net		38,273,154	38,894,891
Funds held for deferred compensation		7,749,299	6,839,093
Total assets	$	257,036,448	243,626,762
Liabilities and Net Assets			
Accounts payable and accrued liabilities	$	13,183,461	13,764,499
Paycheck protection program loan		549,980	—
Deferred revenue		15,064,393	15,043,722
Deferred tax liability, net		47,464	—
Liability for deferred compensation		7,749,299	6,839,093
Postretirement benefit obligation		13,918,951	13,247,050
Pension liability		47,697,020	54,660,936
Total liabilities		98,210,568	103,555,300
Net assets:			
Without donor restrictions		144,130,161	124,358,417
With donor restrictions		14,695,719	15,713,045
Total net assets		158,825,880	140,071,462
Total liabilities and net assets	$	257,036,448	243,626,762

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Activities

Years ended December 31, 2020 and 2019

	2020			2019		
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Revenue:						
Membership dues	$ 55,541,960	—	55,541,960	55,822,190	—	55,822,190
Advertising	4,909,633	—	4,909,633	5,823,587	—	5,823,587
Rental income	6,598,809	—	6,598,809	6,627,951	—	6,627,951
Publication and product sales	5,286,882	—	5,286,882	6,631,135	—	6,631,135
Testing and accreditation fees	25,002,010	—	25,002,010	27,839,329	—	27,839,329
Meeting and seminar income	1,607,081	—	1,607,081	10,414,739	—	10,414,739
Grants, contributions, and sponsorships	1,521,487	1,705,942	3,227,429	3,173,710	3,710,970	6,884,680
Royalties and service fees	17,512,711	—	17,512,711	18,757,326	—	18,757,326
Investment return, net	17,884,302	1,413,508	19,297,810	22,401,811	2,166,563	24,568,374
Other income	6,692,175	14,204	6,706,379	3,708,255	86,130	3,794,385
Net assets released from restrictions	4,150,980	(4,150,980)	—	5,293,133	(5,293,133)	—
Total revenue	146,708,030	(1,017,326)	145,690,704	166,493,166	670,530	167,163,696
Expenses:						
Staff compensation, taxes, and benefits	67,721,900	—	67,721,900	65,728,642	—	65,728,642
Printing, publication, and marketing	7,941,846	—	7,941,846	11,696,459	—	11,696,459
Meeting expenses	874,333	—	874,333	4,630,354	—	4,630,354
Travel expenses	1,350,865	—	1,350,865	7,721,282	—	7,721,282
Consulting fees and outside services	15,553,129	—	15,553,129	16,674,773	—	16,674,773
Professional services	8,692,670	—	8,692,670	10,507,751	—	10,507,751
Office expenses	3,875,571	—	3,875,571	5,937,487	—	5,937,487
Facility and utility expenses	6,786,536	—	6,786,536	7,054,014	—	7,054,014
Grants and awards	4,222,766	—	4,222,766	6,239,018	—	6,239,018
Endorsement expenses	1,344,919	—	1,344,919	1,597,786	—	1,597,786
Depreciation and amortization	6,513,825	—	6,513,825	7,066,955	—	7,066,955
Bank and credit card fees	1,854,366	—	1,854,366	1,869,338	—	1,869,338
Other expenses	1,493,199	—	1,493,199	1,164,167	—	1,164,167
Pension and postretirement health plan – net periodic benefit cost other than service cost	1,917,496	—	1,917,496	3,806,979	—	3,806,979
Total expenses	130,143,421	—	130,143,421	151,695,005	—	151,695,005
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic benefit cost	16,564,609	(1,017,326)	15,547,283	14,798,161	670,530	15,468,691
Income tax expense	654,513	—	654,513	925,411	—	925,411
Pension and postretirement health plan – related changes other than net periodic benefit cost	(3,861,648)	—	(3,861,648)	7,326,069	—	7,326,069
Change in net assets	19,771,744	(1,017,326)	18,754,418	6,546,681	670,530	7,217,211
Net assets at beginning of year	124,358,417	15,713,045	140,071,462	117,811,736	15,042,515	132,854,251
Net assets at end of year	$ 144,130,161	14,695,719	158,825,880	124,358,417	15,713,045	140,071,462

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2020 and 2019

	2020	2019
Cash flows from operating activities:		
Change in net assets	$ 18,754,418	7,217,211
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Pension and postretirement health plan changes	(1,944,152)	11,133,048
Depreciation and amortization	6,513,825	7,066,955
Deferred income taxes, net	54,606	34,855
Change in unrealized gains and losses in fair value of marketable securities and alternative investments	(12,530,767)	(18,913,949)
Net realized gain on sale of marketable securities and alternative investments	(4,638,514)	(2,148,046)
Net assets released from restrictions and used for operations	4,150,980	5,293,133
Restricted contributions	(1,705,942)	(3,710,970)
Changes in assets and liabilities:		
Receivables	(3,214,679)	761,569
Income taxes receivable, net	(5,160)	(349,573)
Prepaid expenses and other assets	983,987	245,268
Inventories, net	59,067	(199,086)
Accounts payable, accrued liabilities, and other liabilities	(581,038)	(1,020,083)
Deferred revenue	20,671	1,157,999
Pension liability and postretirement benefit obligation	(4,347,863)	(4,339,727)
Net cash provided by operating activities	1,569,439	2,228,604
Cash flows from investing activities:		
Purchases of marketable securities and alternative investments	(30,135,119)	(41,613,222)
Sales and maturities of marketable securities and alternative investments	34,120,971	47,677,542
Acquisitions of property and equipment	(5,892,088)	(6,409,561)
Net cash used in investing activities	(1,906,236)	(345,241)
Cash flows from financing activities:		
Proceeds from Paycheck Protection Program loan	549,980	—
Net assets released from restrictions and used for operations	(4,150,980)	(5,293,133)
Restricted contributions	1,705,942	3,710,970
Net cash used in financing activities	(1,895,058)	(1,582,163)
Net (decrease) increase in cash and cash equivalents	(2,231,855)	301,200
Cash and equivalents at beginning of year	9,631,786	9,330,586
Cash and cash equivalents at end of year	$ 7,399,931	9,631,786
Supplemental disclosure of cash flow information:		
Cash paid for income taxes	$ 614,273	1,150,242

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(1) Summary of Significant Accounting Policies

(a) Organization and Purpose

The American Dental Association (the Association) is organized as an association of members of the dental profession, residing primarily in the United States of America, and is designed "to encourage the improvement of the health of the public and to promote the art and science of dentistry."

The accompanying consolidated financial statements include the accounts of the Operating and Reserve Divisions of the Association, the American Dental Political Action Committee (ADPAC), ADA Foundation (ADAF), ADA Science and Research Institute (ADASRI), and the Association's wholly owned for-profit subsidiaries, ADA Business Enterprises, Inc. (ADABEI) and ADA Business Innovation Group (ADABIG).

ADPAC promotes the Association's political and legislative agenda.

ADAF was organized to operate exclusively for charitable, scientific, and educational purposes.

ADABEI manages the for-profit activities organized by the Association, offering a range of products and services to Association members in conjunction with various service providers under the title of ADA Business Resources.

ADABIG was formally incorporated as of June 14, 2018. The initial services offered by ADABIG are ADA Practice Transitions whose purpose is to match dentists with practice owners who are seeking a partner, associate, or someone to purchase their practice.

In 2020, the Associated formed a new limited liability company organized as ADASRI. ADASRI was formally organized on January 7, 2020. ADASRI was organized to operate exclusively for scientific research purposes.

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

(Continued)

functioning as endowment, which represent funds that have been appropriated by the board, the income from which is used in support of the purposes and mission of the Association.

- *With donor restrictions* – Net assets subject to donor-imposed restriction for use for a particular purpose. The Association's unspent contributions are included in this class if the donor limited their use. The Association's donor-restricted endowment funds, which must be maintained in perpetuity with the income from which used in support of the purposes and mission of the Association, are included in net assets with donor restrictions.

  When a donor's restriction is satisfied, either by using the resources in a manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the consolidated financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

All revenue and net gains are reported as increases in net assets without donor restrictions in the consolidated statement of activities unless the donor specified the use of the related resources for a particular purpose or in a future period. All expenses and net losses other than losses on endowment investments are reported as decreases in net assets without donor restrictions. Net gains on endowment investments increase net assets with donor restrictions, and net losses on endowment investments reduce that net asset class.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue, expenses, gains, and losses during the reporting period. Actual results could differ from those estimates.

(d) Cash and Cash Equivalents

Cash equivalents at December 31, 2020 and 2019 consist primarily of interest-bearing deposits under overnight repurchase agreements. The Association, ADPAC, ADAF, ADABIG, ADASRI, and ADABEI each maintains its cash balances in financial institutions, which at times may exceed federally insured limits. The Association, 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.

(Continued)

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(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 $216,193 and $256,019 in 2020 and 2019, 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.

(Continued)

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(j) Contributed Facilities

The research activities of the ADAF are conducted on the campus of the National Institutes of Standards and Technology (NIST) in Gaithersburg, Maryland. The ADAF receives laboratory and office space contributed from NIST. The estimated value of this in-kind contribution is based on comparable space in the Gaithersburg real estate market. The ADAF recognized this contribution in the amount of $354,153 for the year ended December 31, 2020 and is recorded as other grants and contributions revenue and a component of laboratory and office expenses in the accompanying statements of activities.

(k) Deferred Compensation

The Association has a deferred compensation plan. Participation is limited to ADA officers, trustees, and certain upper management employees whose compensation rate is at least $100,000 per year. This is a nonqualified plan governed by Section 457 of the Internal Revenue Code (the Code). Investments held for deferred compensation are carried at fair value and are not available for current use.

(l) Revenue and Expense Recognition

The Association applies the provisions of ASC Topic 606, *Revenue from Contracts with Customers (Topic 606)*. Topic 606 establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. Topic 606 requires that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

Membership dues and assessments have their performance obligations satisfied and the Association recognizes revenue as members 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 $5,569,986 and $5,828,734 at December 31, 2020 and 2019, respectively.

Periodical subscriptions are recognized as revenue over the terms of the subscriptions. Subscriptions paid in advance are recorded as deferred revenue. Advertising revenue and direct publication costs are recognized in the period the related publication is issued. Management has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations as these contracts have original terms that are one year or less.

Rental income from the Association's headquarters building and Washington, DC office building is recorded as revenue in the period in which the rental services are provided at established rates. Testing fees are recognized as revenue when the related examinations are scored, which is the completion of the testing performance obligation. Accreditation fees have their performance obligations satisfied and the Association recognizes revenue simultaneously as an applicant receive and consume benefits during the year of accreditation, which ends on December 31.

(Continued)

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. Amounts required to be maintained in perpetuity by the donor are also reported as net assets with donor restrictions. Contributions, including unconditional pledges, are recognized in the period received. Conditional pledges are not recognized until the conditions on which they depend are substantially met. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is attained. Net assets with donor restrictions are reclassified to net assets without donor restrictions upon expiration of donor restrictions and are reported in the consolidated statements of activities as net assets released from restrictions. Unconditional promises are recognized at the estimated present value of expected future cash flows, net of allowances.

Revenue from government and private grant and contract agreements, which are generally considered nonexchange transactions, is recognized when qualifying expenditures are incurred and conditions under the agreements are met. Corporate grants that do not constitute contributions are recognized as revenue when costs of the related programs or projects are incurred. Corporate grants received but not yet expended are reported as deferred revenue. Grants to other organizations are recorded as expense when authorized by the Board of Trustees.

Royalties and service fees are recognized when the Association's performance obligations are satisfied. This includes recognizing revenue ratably over the contract term for fixed fee royalties and recognizing revenue when a member purchases a good or service from an ADA-branded third-party provider. For royalty agreements, the Association has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations.

(m) Pension and Other Postretirement Benefits

Pension costs are determined under the projected unit credit cost method. This method determines the present value of benefits projected to retirement with increases in salary and service and allocates (attributes) pension costs to prior and current periods based upon the relationship of service to date versus service projected to retirement. Pursuant to ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*, the Association is required to fully recognize and disclose an asset or liability for the overfunded or underfunded status of its benefit plans in its consolidated financial statements and to recognize changes in that funded status as a change in net assets without donor restrictions in the year in which the changes occur.

The Association applies the provisions of Accounting Standards Update (ASU) No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. This guidance requires companies to present the service cost component of net benefit cost in the income statement line items where they report compensation cost and all other components of net benefit cost in the income statement separately from the service cost component and outside of operating income if this subtotal is presented. As such, the service cost component is included as part of staff compensation, taxes, and benefits in the accompanying consolidated statements of activities. The other components of net periodic benefit cost, such as interest, expected return on plan assets, and amortization of other actuarially determined amounts, are required to be presented as a separate change in net assets without restrictions.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(n) Income Taxes

Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply during the period in which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate.

The Association accounts for unrecognized tax benefits in accordance with ASC Topic 740, *Income Taxes*. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an unrecognized tax benefit only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and requires increased disclosures.

(o) Fair Value Measurements

The Association applies the provisions of ASC Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (note 5).

The Association applies the provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*. ASC Subtopic 825-10 provides the Association with an option to elect fair value as the initial and subsequent measurement attribute for most financial assets and liabilities and certain other items. The fair value option election is applied on an instrument-by-instrument basis (with some exceptions), is irrevocable, and is applied to an entire instrument. The fair value option election may be made as of the date of initial adoption for existing eligible items. Subsequent to initial adoption, the Association may elect the fair value option at initial recognition of eligible items, on entering into an eligible firm commitment, or when certain specified reconsideration events occur. Unrealized gains and losses on items for which the fair value option has been elected will be reported in the consolidated statements of activities. The Association did not elect any changes to fair value measurements in 2020 or 2019.

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.

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(p) New Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board (FASB) issued ASU No. 2016-02, *Leases (ASC Topic 842)*. Topic 842 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 regarding the nature and extent of leasing activities. In November 2019, the FASB issued ASU 2019-10, *Financial Instruments – Credit Losses (Topic 326), Derivatives and Hedging (Topic 815), and Leases (Topic 842),* which deferred the effective date of the adoption of Topic 842 to the year ending December 31, 2021. In June 2020, the FASB issued ASU No. 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*, which permitted the Association to defer the effective date of Topic 842 for the year ending December 31, 2022. The Association is evaluating the impact of this standard on the accompanying statements of financial position and statements of activities.

(2) COVID-19 Reporting

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Revenue was impacted starting in mid-March as various policies were implemented by Federal, state, and local governments in response to the COVID-19 pandemic that caused many people to remain at home and forced the closure of or limitations on certain businesses.

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law providing temporary and limited relief to businesses during the COVID-19 outbreak. On March 27, 2020, the CARES Act established the Paycheck Protection Program (PPP), which is administered by the Small Business Administration (SBA). Under the PPP, eligible businesses may receive loans from participating financial institutions that are guaranteed by the SBA, and the loans may be forgiven to the extent the proceeds are used to make payroll, payroll-related, and other eligible payments. Participation in the PPP requires an entity to certify to the federal government (a) its eligibility to receive funds and (b) its eligibility to receive loan forgiveness, if applicable.

On May 20, 2020, ADAF qualified for and received a loan pursuant to the PPP from a qualified lender (the PPP Lender), for an aggregate principal amount of approximately $549,980 (the PPP Loan). The PPP Loan bears interest at a fixed rate of 1.0% per annum, with the first six months of interest deferred, has a term of two years, and is unsecured and guaranteed by the SBA. The principal amount of the PPP Loan is subject to forgiveness under the PPP upon the ADAF's request to the extent that the PPP Loan proceeds are used to pay expenses permitted by the PPP, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the ADAF. Subsequent to year-end, the ADAF applied for and received approval for forgiveness of the PPP loan. This forgiveness is noted as a non-recognized subsequent event. The ADAF will recognize the income as a gain on extinguishment in 2021.

The extent of the COVID-19 pandemic's adverse impact on operating results and financial condition of the Association has been and will continue to be driven by many factors, most of which are beyond the Association's control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, or other government-imposed or recommended restrictions, and incremental expenses required for supplies and personal protective equipment. Because of these and other uncertainties, the Association cannot estimate the length or severity of the impact of the pandemic on the business and the results of its operations.

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(3) Receivables

Receivables at December 31, 2020 and 2019 consist of the following:

	2020	2019
Trade receivables	$ 8,742,677	4,573,197
Royalties receivable	1,392,281	2,244,826
Grants and contracts receivable	27,363	119,329
Tenant receivables	4,431,099	4,473,847
Pledges receivable	—	1,332
Other	114,410	44,364
Total	14,707,830	11,456,895
Less allowance for doubtful receivables	(151,817)	(115,561)
Net receivables	$ 14,556,013	11,341,334

Unconditional promises for which payment has not been received are recorded in the consolidated financial statements as pledges receivable and revenue of the appropriate net asset category.

(4) Marketable Securities and Alternative Investments

Marketable securities and alternative investments at December 31, 2020 and 2019 consisted of the following:

	2020	
	Cost	Fair value
Money market funds	$ 19,951	19,951
Bonds and bond funds	49,785,112	49,232,760
Equities and equity funds	87,497,703	112,558,848
Alternative investment funds	14,199,956	21,330,924
	$ 151,502,722	183,142,483

	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

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Investment return, net is included in the accompanying consolidated statements of activities for the years ended December 31, 2020 and 2019 as follows:

		2020	2019
Interest and dividends	$	2,344,722	3,762,398
Change in unrealized gains and losses in fair value of marketable securities and alternative investments		12,530,767	18,913,949
Net realized gain on sale of marketable securities and alternative investments		4,638,514	2,148,046
Investment management fees		(216,193)	(256,019)
Total investment return, net	$	19,297,810	24,568,374

(5) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Association in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, receivables, accounts payable, and accrued liabilities.
- Fair values of the Association's investments held as marketable securities are estimated based on prices provided by its investment managers and its custodian bank. Fair value for money market funds, equity mutual funds, and fixed-income mutual funds are measured using quoted market prices at the reporting date multiplied by the quantity 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.

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- 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 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.

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The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2020 and 2019:

	2020				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	$ 7,399,931	—	—	7,399,931	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	19,951	—	—	19,951	Daily	One
Fixed-income mutual funds	49,232,760	—	—	49,232,760	Daily	One
Equity mutual funds	112,558,848	—	—	112,558,848	Daily	One
Alternative investment funds:						
Blackstone Partners Offshore Fund (1)	—	—	—	10,521,007	Semiannual	95
Wellington Archipelago Fund (1)	—	—	—	10,809,917	Quarterly	45
Total alternative investment funds	—	—	—	21,330,924		
Total marketable securities and alternative investment funds	161,811,559	—	—	183,142,483		
Funds held for deferred compensation:						
Money market funds	1,132,974	—	—	1,132,974	Daily	One
Equity mutual funds	5,906,400	—	—	5,906,400	Daily	One
Fixed-income mutual funds	709,925	—	—	709,925	Daily	One
Total funds held for deferred compensation	7,749,299	—	—	7,749,299		
Total assets at fair value	$ 176,960,789	—	—	198,291,713		

(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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	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.

There were no transfers between levels during the year ended December 31, 2020 or 2019.

The Association is invested in alternative investment funds at December 31, 2020 and 2019 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 $21,330,924 and $20,048,219 at December 31, 2020 and 2019, respectively.

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(6) Property and Equipment

Property and equipment at December 31, 2020 and 2019 consisted of the following:

	2020		
	Chicago, IL	Washington, D.C.	Total
Land	$ 712,113	3,030,000	3,742,113
Building	12,381,169	14,264,074	26,645,243
Building improvements	70,137,444	6,564,575	76,702,019
Furniture and equipment	46,353,141	3,485,924	49,839,065
Tenant leasehold improvements	10,148,384	2,889,353	13,037,737
	139,732,251	30,233,926	169,966,177
Less accumulated depreciation and amortization	113,254,155	18,438,868	131,693,023
	$ 26,478,096	11,795,058	38,273,154

	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

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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, 2020 are as follows:

2021	$ 6,041,430
2022	5,663,450
2023	5,638,051
2024	5,523,169
2025	5,614,490
Thereafter	28,428,819
	$ 56,909,409

Building expenses include the cost of facilities occupied by the Association, as well as those costs related to other tenants.

(7) Deferred Compensation

Pursuant to agreements between the Association and certain officers and employees of the Association and its affiliates, portions of their compensation have been retained by the Association and invested as directed by those participants. The assets are owned by the Association until distributed to the participants after termination of employment or services.

(8) Income Taxes

The Association and ADAF have received favorable determination letters from the Internal Revenue Service (IRS) stating that they are exempt from taxation on income related to their exempt purposes under Section 501(a) of the Code as organizations described in Sections 501(c)(6) and 501(c)(3), respectively. As exempt organizations, the Association and ADAF are subject to federal and state income taxes on income determined to be unrelated business taxable income. ADPAC is exempt from federal income taxes under Section 527 of the Code, except on net investment income. The income of the Association's for-profit subsidiaries, ADABEI and ADABIG, determined separately, are also subject to federal and state income taxes. ADASRI is treated as a disregarded entity and is included in the Association's tax calculation.

The Association accounts for income taxes using the provisions of ASC Topic 740. Under ASC Topic 740, deferred tax assets and liabilities are recognized for future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates and laws expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is provided when it is more likely than not that some portion of deferred tax assets will not be realized. A net deferred tax liability as of December 31, 2020 and deferred tax asset as of December 31, 2019 of $47,464 and $7,142, respectively, is attributable primarily to unrealized gains from marketable securities and postretirement benefits and other timing differences.

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ADABIG has generated a taxable loss through December 31, 2020 as a result of incurring start-up costs. Deferred tax assets were generated by ADABIG related to these losses from the start-up costs incurred. As ADABIG is a start-up entity, it has recognized a valuation allowance equal to these net operating loss carryforwards due to the uncertainty of ADABIG being able to realize the expected benefits in future periods of these net operating loss carryforwards.

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, 2020 and 2019. Income tax expense for the years ended December 31, 2020 and 2019 is as follows:

		2020	2019
Current:			
Federal	$	399,335	596,188
State		200,572	294,367
Current income tax expense		599,907	890,555
Deferred:			
Federal		(1,264,786)	25,679
State		(280,548)	9,177
Change in valuation allowance		1,599,940	—
Deferred income tax expense		54,606	34,856
Income tax expense	$	654,513	925,411

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Net deferred tax assets at December 31, 2020 and 2019 consisted of the following:

	2020	2019
Deferred tax assets (liabilities) resulting from:		
Net operating loss carryforward	$ 1,518,842	—
Organization start-up costs carryforward	305,238	—
Postretirement health benefits	31,192	39,497
Timing of payment of payroll-related accruals	13,960	15,176
Depreciation	(224,961)	1,494
Unrealized gains and losses in fair value of marketable securities	(91,795)	(49,025)
Total deferred tax assets, net	1,552,476	7,142
Valuation allowance	(1,599,940)	—
Total deferred tax (liabilities) assets, net of valuation allowance	$ (47,464)	7,142

(9) Employee Benefit Plans

(a) Defined-Benefit Plan and Supplemental Plan

The Association sponsors a noncontributory defined-benefit pension plan (the Plan) covering substantially all employees of the Association, its subsidiaries, and its affiliates meeting certain eligibility requirements. Generally, the Association's funding policy is to make annual contributions to the Plan equal to an amount calculated by an outside consulting actuary in accordance with the funding requirements of the Employee Retirement Income Security Act of 1974. Retirement benefit payments are based on years of credited service, average compensation during the five years of employment that produce the highest average, and the average Social Security limit at employment termination date.

The Association recognizes the cost related to employee service using the unit credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, and prior service costs are amortized over the expected future service period.

The Association accounts for the defined-benefit pension plan in accordance with ASC Topic 715, *Compensation – Retirement Benefits*. ASC Topic 715 requires recognition in the consolidated statements of financial position of the funded status of defined-benefit pension plans and other postretirement benefit plans, including all previously unrecognized actuarial gains and losses and unamortized prior service cost, as a component of net assets without donor restrictions.

Pursuant to agreements between the Association and a certain prior employee, the Association also maintains a frozen unfunded supplemental retirement income plan funded through Association general assets. There are no investments designated for the supplemental plan for 2020 or 2019.

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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.

The following tables set forth the Plan's funded status and amounts recognized in the Association's consolidated financial statements:

	2020		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	$ 235,380,556	1,452,859	236,833,415
Service cost	3,129,304	—	3,129,304
Interest cost	8,244,245	50,489	8,294,734
Actuarial loss	19,636,721	107,144	19,743,865
Benefits paid	(11,931,683)	(92,796)	(12,024,479)
	27,702	—	27,702
Projected benefit obligation, end of year	$ 254,486,845	1,517,696	255,976,839
Change in plan assets:			
Fair value of plan assets, beginning of year	$ 182,172,479	—	182,172,479
Actual return on plan assets	30,583,536	—	30,583,536
Employer contributions	7,483,189	92,796	7,575,985
Benefits paid	(11,931,683)	(92,796)	(12,024,479)
Fair value of plan assets, end of year	$ 208,307,521	—	208,307,521
Funded status, end of year:			
Fair value of plan assets	$ 208,307,521	—	208,307,521
Benefit obligation	254,486,845	1,517,696	256,004,541
Funded status	$ (46,179,324)	(1,517,696)	(47,697,020)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	$ 46,179,324	1,517,696	47,697,020
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	$ 71,798,868	—	71,798,868
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 71,798,868	—	71,798,868

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	2020		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	$ 3,129,304	—	3,129,304
Other components of net periodic benefit cost:			
Interest cost	8,244,245	50,489	8,294,734
Expected return on plan assets	(11,058,773)	—	(11,058,773)
Prior service cost	(969,727)	—	(969,727)
Cost recognized due to curtailment	27,702	—	27,702
Recognized net loss	6,336,144	107,144	6,443,288
Net periodic benefit cost other than service cost	2,579,591	157,633	2,737,224
Net periodic benefit cost	$ 5,708,895	157,633	5,866,528
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$ 71,798,868	—	71,798,868
Reversal of accumulated net assets without donor restrictions	(77,053,327)	—	(77,053,327)
Change in net assets without donor restrictions	$ (5,254,459)	—	(5,254,459)
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$ 219,102	—	219,102
Amortization of prior service cost due to plan amendments	969,727	—	969,727
Amortization of unrecognized net loss	(6,443,288)	—	(6,443,288)
Net amounts recognized in net assets without donor restrictions	$ (5,254,459)	—	(5,254,459)
Estimate of amounts that will be amortized out of net assets without donor restrictions into net pension expense in 2021:			
Net loss	$ 3,686,374		3,686,374
Weighted average assumptions as of December 31:			
Discount rate	2.97 %	2.97 %	
Expected return on plan assets	6.10	N/A	
Rate of compensation increase	3.00	N/A	

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	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	N/A	
Rate of compensation increase	3.00	N/A	

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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 $7,483,189 to the Plan in 2020. The minimum funding contributions for the Plan years 2020 and 2019 were $6,092,315 and $5,802,889, 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:

2021	$ 12,245,786
2022	12,355,803
2023	12,867,924
2024	13,212,594
2025	13,334,013
Thereafter	70,315,850
	$ 134,331,970

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, 2020 and 2019, and target allocations by asset category, are as follows:

	2020	
Asset category	**Actual allocation**	**Target allocation**
Fixed income	46 %	50 %
Equity:		
Domestic small-cap	13	12
Domestic large-cap value	7	6
Domestic large-cap growth	6	6
International	28	26
	100 %	100 %

	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 %

Pension assets are allocated with a goal to achieve diversification between and within various asset classes. The target asset allocations are expected to earn an average annual rate of return of approximately 5.9% 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, 2020 or 2019.

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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, 2020 or 2019.

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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, 2020 and 2019:

	2020				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	$ 1,027,422	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	7,124,768	7,124,768	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	13,835,869	13,835,869	—	—	Daily	One
PIMCO Investment Grade Credit Fund	22,058,345	22,058,345	—	—	Daily	One
Vanguard Institutional Index Fund	13,023,531	13,023,531	—	—	Daily	One
T. Rowe Price Growth Fund	13,312,864	13,312,864	—	—	Daily	One
LSV Institutional Small Cap Value Fund	6,258,507	6,258,507	—	—	Daily	One
Harding Loevner International Equity Fund	14,247,607	14,247,607	—	—		
Polaris Global Value Fund	13,762,393	13,762,393	—	—	Daily	One
Vanguard – International Stock Index Fund	31,844,010	31,844,010	—	—	Daily	One
Total equity mutual funds	128,343,126	128,343,126	—	—		
Fixed-income mutual funds:						
Vanguard Long-Term Bond Index Fund	22,794,676	22,794,676	—	—		
Vanguard Long-Term Corporate Bond Fund	49,046,283	49,046,283	—	—	Daily	One
Total fixed-income mutual funds	71,840,959	71,840,959	—	—		
Accrued fees	(28,754)	—	—	—		
Total	$ 208,307,521	207,308,853	—	—		

(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 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

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	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 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

(d) 401(k) Plan

The Association has a savings and retirement plan for all eligible employees (the Savings Plan). The Association, at its discretion, contributes a predetermined amount to the plan. The Association may contribute to the accounts of eligible employees in lieu of the matching contributions provisions, which are suspended. For 2020 and 2019, the Association contributed 2% and 4% respectively per year of each eligible employee's base salary. The Association's contributions under the Savings Plan were $887,355 and $1,762,301 in 2020 and 2019, 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 2020 and 2019, the medical plan annual reimbursement limit for retirees at retirement and for ages 65–75 is $1,500 and increases up to $1,800 from age 76 for life. For 2020 and 2019, 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:

		2020	2019
Change in benefit obligation:			
Benefit obligation, beginning of year	$	13,247,050	11,368,157
Service cost		394,775	320,205
Interest cost		447,570	518,408
Actuarial loss		466,433	1,377,408
Benefits paid		(295,957)	(337,128)
Curtailments		(340,920)	—
Benefit obligation, end of year	$	13,918,951	13,247,050
Change in plan assets:			
Employer contributions	$	295,957	337,128
Benefits paid		(295,957)	(337,128)
Plan assets, end of year	$	—	—
Funded status, end of year:			
Benefit obligation	$	13,918,951	13,247,050
Accumulated benefit obligation		13,918,951	13,247,050
Components of net periodic benefit cost:			
Service cost	$	394,775	320,205
Other components of net periodic benefit cost:			
Interest cost		447,570	518,408
Costs recognized due to curtailment		(33,916)	—
Amortization of prior service cost		(1,459,910)	(1,459,910)
Recognized net loss		226,528	155,703
Net periodic benefit cost other than service cost		(819,728)	(785,799)
Net periodic benefit cost	$	(424,953)	(465,594)

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		2020	2019
Amounts recognized in the accompanying consolidated statements of financial position:			
Postretirement benefit obligation	$	13,918,951	13,247,050
Amounts not yet reflected in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	$	3,979,739	4,080,754
Prior service cost		(345,657)	(1,839,483)
Net amounts included as an accumulated charge to net assets without donor restrictions	$	3,634,082	2,241,271
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$	3,634,082	2,241,271
Reversal of accumulated net assets without donor restrictions, prior year		(2,241,271)	440,344
Change in net assets without donor restrictions	$	1,392,811	2,681,615
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$	466,433	1,377,408
Curtailments net loss		(307,004)	—
Amortization of net loss		(226,528)	(155,703)
Amortization of prior service cost		1,459,910	1,459,910
Net amounts recognized in net assets without donor restrictions	$	1,392,811	2,681,615
Estimate of amounts that will be amortized out of net assets without donor restrictions into net postretirement benefit expense in 2020 and 2019:			
Net gain	$	(424,953)	(465,594)
Prior service cost		(1,459,910)	(1,459,910)
Weighted average assumptions used to determine obligations at December 31:			
Discount rate		2.97 %	3.55 %
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:			
Discount rate		3.55 %	4.72 %
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
2021	$ 493,805
2022	521,955
2023	546,502
2024	579,130
2025	614,045
Thereafter	3,402,388

(10) Net Assets

Net assets at December 31 consisted of the following:

	2020	2019
Net assets:		
Without donor restrictions:		
Designated by the board:		
Strategic projects	$ 24,426,245	21,158,118
Scientific research fund	578,566	217,738
Capital expenditures	8,662,496	6,245,189
Designated for saving	73,504,073	57,958,824
Undesignated	36,958,781	38,778,548
Total net assets without donor restrictions	144,130,161	124,358,417
With donor restrictions:		
Donor-restricted endowments	12,006,238	11,098,857
Purpose restricted	2,689,481	4,614,188
Total net assets with donor restrictions	14,695,719	15,713,045
Total net assets	$ 158,825,880	140,071,462

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Net assets with donor restrictions are restricted for the following purposes:

	2020	2019
Donor-restricted endowments subject to spending policy and appropriation to support the following purposes:		
Charitable financial assistance	$ 8,116,410	7,549,977
Access to care and educational activities	3,889,828	3,548,880
Total donor-restricted endowments	12,006,238	11,098,857
Donor-restricted subject to expenditure for specified purposes:		
Research	1,540,498	2,494,764
Access programs	340,800	677,128
Trusts	—	295,021
Education programs	149,463	197,553
Political and legislative	658,720	949,722
Total donor-restricted subject to expenditure for specified purposes	2,689,481	4,614,188
Total net assets with donor restrictions	$ 14,695,719	15,713,045

Net assets with donor restrictions associated with donor-restricted endowments totaled 12,006,238 and $11,098,857 at December 31, 2020 and 2019, respectively. Earnings on these net assets are restricted by donors for charitable financial assistance, access to care, and children's oral health and education in dental entrepreneurship and leadership. Board-designated endowment net assets in the amount of $578,566 and $217,738 at December 31, 2020 and 2019 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:

	2020	2019
Research	$ 983,516	364,071
Access	658,419	2,644,455
Awards	—	125,610
Trusts	295,021	—
Education	39,521	70,000
Political and legislative	1,791,258	1,674,544
Relief program	382,851	414,453
	$ 4,150,586	5,293,133

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(11) Endowment Funds

The Association's endowments consist of various individual funds to support access to care and educational activities within the ADAF. Net assets related to the ADAF endowments are donor-restricted endowment funds, classified and reported based upon the donor-imposed restrictions.

The Uniform Prudent Management of Institutional Funds Act (UPMIFA), which was enacted in the state of Illinois in 2009, does not preclude the Association from spending below the original gift value of donor-restricted endowment funds.

For accounting and reporting purposes, the Association classifies as net assets with donor restrictions, the historical value of donor-restricted endowment funds, which includes (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) changes to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Also included in net assets with donor restrictions is accumulated appreciation (depreciation) on donor-restricted endowment funds, which are available for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA, and deficiencies associated with funds where the value of the fund has fallen below the original value of the gift.

To make a determination to expend or accumulate donor-restricted endowment funds, the ADAF considers a number of factors, including the duration and preservation of the fund, purposes of the donor-restricted fund, general economic conditions, the possible effects of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the ADAF, and the investment policies of the ADAF.

(a) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires ADAF to retain permanently. Deficiencies of this nature did not exist in any fund as of December 31, 2020.

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 2020, the governing board approved for appropriation for expenditures of $444,751 for the charitable financial assistance fund and $151,389 for the access to care and educational activities fund, which represents 5.5%% and 4.0%% of the 12-quarter moving average, respectively.

During 2019, the governing board approved for appropriation for expenditures of $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.

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There were no endowments in an underwater position at December 31, 2020. The table below represents a summary of the ADAF's endowments at December 31, 2020:

	Without donor restrictions	With donor restrictions			Total endowment funds as of December 31, 2020
		Original gift	Accumulated gains	Total with donor restrictions	
Board-designated funds	$ 578,566	—	—	—	578,566
Donor-restricted funds:					
Charitable financial assistance	—	7,176,711	939,699	8,116,410	8,116,410
Access to care and educational activities fund	—	2,138,842	1,750,986	3,889,828	3,889,828
Total endowment funds	$ 578,566	9,315,553	2,690,685	12,006,238	12,584,804

The table below represents a summary of the ADAF's endowments including a summary of the underwater endowment 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

(b) Return Objectives and Risk Parameters

ADAF has adopted investment and spending policies for endowment assets that attempt to enhance its ability to support activities; provide long-term real, inflation-adjusted growth in assets; and support financial flexibility and liquidity. Under this policy, as approved by the Board, the ADAF's assets are to be adequately diversified to provide a high degree of stability of principal in order to maintain the ability to provide financial assistance to support education and access to care programs. The assets are to be invested in a manner that is intended to grow in real, inflation-adjusted terms and maintain its ability to support spending needs. In addition, the assets are to be efficiently structured to provide the highest level of return within the risk parameters established by the Board.

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(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 ADAF investments and meets regularly to ensure the objectives of the investment policy are being met and the strategies used to meet the objectives are in accordance with the investment policy.

During 2020, 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	$ 217,738	11,098,857	11,316,595
Board designations	412,274	—	412,274
Investment return, net	—	1,413,508	1,413,508
Contributions	—	200	200
Appropriation of endowment assets for expenditures	(51,446)	(506,327)	(557,773)
Total change in endowment net assets	360,828	907,381	1,268,209
Endowment net assets, end of year	$ 578,566	12,006,238	12,584,804

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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

(12) Functional Expenses

The costs of providing the program and support services are reported below on a functional basis. The Association's main programs are membership/professional advancement, research, the ADA business group, philanthropy, and advocacy. The financial statements contain certain categories of ADAF expenses attributable to one or more programs or supporting programs of the ADAF. These ADAF-allocated expenses include salaries and benefits that are allocated on the basis of estimates of time and effort.

Expenses by functional classification for the year ended December 31, 2020 are as follows:

	Program activities						Supporting activities			
	Membership/ professional advancement	Research (including ADAF and ADASRI)	ADA Business group (including ADABEI)	Philanthropy (including ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	$ 21,456,566	7,116,504	10,287,019	516,474	4,147,883	43,524,446	24,191,240	—	24,191,240	67,715,686
Outside services	8,095,435	828,378	3,243,353	5,100	1,778,969	13,951,235	10,294,564	—	10,294,564	24,245,799
Printing, publication, and marketing	474,245	138,743	5,784,428	31,447	230,609	6,659,472	1,282,374	—	1,282,374	7,941,846
Meeting and travel expenses	686,432	110,672	788,226	12,983	271,849	1,870,162	355,036	—	355,036	2,225,198
Office and facility expenses	672,838	567,722	406,259	5,337	304,741	1,956,897	8,705,180	30	8,705,210	10,662,107
Grants and awards	182,264	58,500	25,000	520,462	3,379,682	4,165,908	56,858	—	56,858	4,222,766
Depreciation and amortization	4,183	420,236	612,155	—	163,898	1,200,472	5,313,353	—	5,313,353	6,513,825
Other expenses	2,564,299	65,586	1,689,107	6,628	34,836	4,360,456	2,910,251	—	2,910,251	7,270,707
Total expenses	$ 34,136,262	9,306,341	22,835,547	1,098,431	10,312,467	77,689,048	53,108,856	30	53,108,886	130,797,934

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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

(13) Financial Assets and Liquidity Resources

The Association's cash flows have seasonal variations through the year related to receipt of the membership dues, donation receipts at the ADAF, testing and accreditation fees, annual meeting revenue, product and publication sales, and grants. The Association has approximately $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. The Association has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, the Association invests cash in excess of daily requirements in various short-term investments, including short-term treasury instruments, as described in note 4.

Financial assets at year-end	2020	2019
Cash and cash equivalents	$ 7,399,931	9,631,786
Receivables	14,556,013	11,341,334
Less straight line rental income adjustment (DC building and headquarters building) (not receivable within one year)	4,400,681	4,445,885
Net receivables available for operations	10,155,332	6,895,449
Marketable securities and alternative investments at fair market value	183,142,483	169,959,054
Less donor-restricted net assets	2,689,481	4,614,188
Less board-designated reserve commitments	98,508,884	79,334,680
Less board-designated capital replacement fund commitments	8,662,496	6,245,190
Less donor-restricted permanent endowments	12,006,238	11,098,857
Marketable securities less board designed commitments and donor restrictions	61,275,384	68,666,139
Financial assets available to meet cash needs for general expenditures within one year	$ 78,830,647	85,193,374

(Continued)

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

(14) Commitments and Contingencies

Although management is not aware of any pending or threatened litigation, the Association may be subject to legal actions, claims, and proceedings arising in the ordinary course of business. The ultimate resolution of these matters, including any related financial effects on the Association, would be addressed if and when they are known. The Association has not provided for any potential future losses arising from the resolution of these matters in the accompanying consolidated financial statements. Despite the inherent uncertainties of litigation, management does not believe that the lawsuits would have a material adverse impact on the financial condition of the Association at this time.

(15) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, the Association evaluated subsequent events after the consolidated statement of financial position date of December 31, 2020 through June 23, 2021, which was the date the consolidated financial statements were available to be issued, noting no events requiring recording or disclosure, other than previously disclosed.

Schedule 1

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statement of Financial Position with Supplementary Consolidating Information

December 31, 2020

	General fund												
	Operating division	Reserve division											
Assets	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
Cash and cash equivalents	$ 2,632,476	—	—	—	—	2,632,476	656,401	724,454	2,210,020	696,303	480,277	—	7,399,931
Receivables	13,710,884	—	—	—	—	13,710,884	—	128,787	99,048	609,911	7,383	—	14,556,013
Due from affiliates	(3,708,969)	—	—	—	4,441,729	732,760	—	(252,556)	(125,752)	(107,480)	(246,972)	—	—
Deferred tax assets, net	—	—	—	—	—	—	—	—	—	—	—	—	—
Income taxes receivable	426,257	—	—	—	—	426,257	(500)	—	—	140,287	—	—	566,044
Prepaid expenses and other assets	4,371,500	—	—	—	—	4,371,500	4,219	—	63,437	—	—	—	4,439,156
Inventories, net	910,368	—	—	—	—	910,368	—	—	—	—	—	—	910,368
Marketable securities and alternative investments	640,991	—	8,662,496	73,504,073	78,916,152	161,723,712	—	18,543,226	—	2,875,545	—	—	183,142,483
Investment in subsidiaries	—	4,815,584	—	—	—	4,815,584	—	—	—	—	—	(4,815,584)	—
Property and equipment, net	36,897,314	—	—	—	—	36,897,314	—	450,129	115,497	14,033	796,181	—	38,273,154
Funds held for deferred compensation	7,749,299	—	—	—	—	7,749,299	—	—	—	—	—	—	7,749,299
Total assets	$ 63,630,120	4,815,584	8,662,496	73,504,073	83,357,881	233,970,154	660,120	19,594,040	2,362,250	4,228,599	1,036,869	(4,815,584)	257,036,448
Liabilities and Net Assets													
Accounts payable and accrued liabilities	$ 12,180,582	—	—	—	—	12,180,582	1,400	435,238	163,819	256,480	145,942	—	13,183,461
Paycheck protection program loan	—	—	—	—	—	—	—	549,980	—	—	—	—	549,980
Deferred revenue	15,064,393	—	—	—	—	15,064,393	—	—	—	—	—	—	15,064,393
Deferred tax liabilities, net	—	—	—	—	—	—	—	—	—	47,464	—	—	47,464
Liability for deferred compensation	7,749,299	—	—	—	—	7,749,299	—	—	—	—	—	—	7,749,299
Postretirement benefit obligation	—	—	—	—	13,918,951	13,918,951	—	—	—	—	—	—	13,918,951
Pension liability	47,697,020	—	—	—	—	47,697,020	—	—	—	—	—	—	47,697,020
Total liabilities	82,691,294	—	—	—	13,918,951	96,610,245	1,400	985,218	163,819	303,944	145,942	—	98,210,568
Net assets (deficit):													
Without donor restrictions:													
Common stock	—	—	—	—	—	—	—	—	—	100,100	1,000	(101,100)	—
Additional paid-in capital	—	—	—	—	—	—	—	—	—	500,000	6,528,525	(7,028,525)	—
Other net assets without donor restrictions	(19,253,724)	4,815,584	8,662,496	73,504,073	69,438,930	137,167,359	—	4,764,373	2,198,431	3,324,555	(5,638,598)	2,314,041	144,130,161
With donor restrictions	192,550	—	—	—	—	192,550	658,720	13,844,449	—	—	—	—	14,695,719
Total net assets (deficit)	(19,061,174)	4,815,584	8,662,496	73,504,073	69,438,930	137,359,909	658,720	18,608,822	2,198,431	3,924,655	890,927	(4,815,584)	158,825,880
Total liabilities and net assets	$ 63,630,120	4,815,584	8,662,496	73,504,073	83,357,881	233,970,154	660,120	19,594,040	2,362,250	4,228,599	1,036,869	(4,815,584)	257,036,448

See accompanying independent auditors' report.

Schedule 2

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statement of Activities with Supplementary Consolidating Information

Year ended December 31, 2020

	General fund												
	Operating division	Reserve division											
	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
Revenue:													
Membership dues	$ 55,541,960	—	—	—	—	55,541,960	—	—	—	—	—	—	55,541,960
Advertising	5,193,110	—	—	—	—	5,193,110	—	—	—	—	—	(283,477)	4,909,633
Rental income	6,773,389	—	—	—	—	6,773,389	—	—	—	—	—	(174,580)	6,598,809
Publication and product sales	5,286,882	—	—	—	—	5,286,882	—	—	—	—	—	—	5,286,882
Testing and accreditation fees	25,002,010	—	—	—	—	25,002,010	—	—	—	—	—	—	25,002,010
Meeting and seminar income	1,607,081	—	—	—	—	1,607,081	—	—	—	—	—	—	1,607,081
Grants, contributions, and sponsorships	1,005,693	—	—	—	—	1,005,693	1,486,052	771,636	109,048	—	—	(145,000)	3,227,429
Grant from ADA	576,973	—	—	—	—	576,973	—	—	2,200,000	—	—	(2,776,973)	—
Royalties and service fees	8,813,845	—	—	6,345,460	—	15,159,305	—	—	—	2,353,406	—	—	17,512,711
Investment return, net	970,426	(2,617,084)	—	9,199,789	7,056,812	14,609,943	395	1,860,727	—	209,951	(292)	2,617,086	19,297,810
Other income	6,956,552	—	—	—	—	6,956,552	13,809	6,958	—	32	63,412	(334,384)	6,706,379
In-kind services	—	—	—	—	—	—	723,065	578,011	—	—	—	(1,301,076)	—
Total revenue	117,727,921	(2,617,084)	—	15,545,249	7,056,812	137,712,898	2,223,321	3,217,332	2,309,048	2,563,389	63,120	(2,398,404)	145,690,704
Expenses:													
Staff compensation, taxes, and benefits	64,549,881	—	—	—	(1,616,029)	62,933,852	—	3,055,499	61,539	853,101	1,395,920	(578,011)	67,721,900
Printing, publication, and marketing	6,987,598	—	—	—	—	6,987,598	191,067	125,968	—	768,753	271,937	(403,477)	7,941,846
Meeting expenses	848,441	—	—	—	—	848,441	607	17,754	—	7,531	—	—	874,333
Travel expenses	1,320,839	—	—	—	—	1,320,839	—	2,303	—	15,480	12,243	—	1,350,865
Consulting fees and outside services	14,573,141	—	—	—	—	14,573,141	236,743	265,651	33,527	58,572	385,495	—	15,553,129
Professional services	8,103,660	—	—	—	—	8,103,660	1,463	433,990	14,795	136,799	53,711	(51,748)	8,692,670
Office expenses	3,395,635	—	—	—	—	3,395,635	44,426	363,653	756	10,323	60,778	—	3,875,571
Facility and utility expenses	6,396,383	—	—	—	—	6,396,383	—	432,072	—	113,286	19,375	(174,580)	6,786,536
Grants and awards	2,374,406	—	—	—	—	2,374,406	1,282,483	565,877	—	25,000	—	(25,000)	4,222,766
Grant to ADA Foundation	2,200,000	—	—	—	—	2,200,000	—	576,973	—	—	—	(2,776,973)	—
Endorsement expenses	1,344,919	—	—	—	—	1,344,919	—	—	—	—	—	—	1,344,919
Depreciation and amortization	5,713,944	—	—	—	—	5,713,944	—	218,694	—	2,339	578,848	—	6,513,825
Bank and credit card fees	1,819,616	—	—	—	—	1,819,616	33,969	—	—	—	781	—	1,854,366
Other expenses	1,355,812	—	—	—	—	1,355,812	—	46,319	—	210,637	163,067	(282,636)	1,493,199
Pension – and postretirement health plan – net periodic benefit cost other than service cost	2,737,224	—	—	—	(819,728)	1,917,496	—	—	—	—	—	—	1,917,496
In-kind administrative expenses	—	—	—	—	—	—	723,065	—	—	—	—	(723,065)	—
Total expenses	123,721,499	—	—	—	(2,435,757)	121,285,742	2,513,823	6,104,753	110,617	2,201,821	2,942,155	(5,015,490)	130,143,421
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic pension cost	(5,993,578)	(2,617,084)	—	15,545,249	9,492,569	16,427,156	(290,502)	(2,887,421)	2,198,431	361,568	(2,879,035)	2,617,086	15,547,283
Income tax expense	556,802	—	—	—	—	556,802	500	(2,408)	—	99,619	—	—	654,513
Pension and postretirement health plan – related changes other periodic benefit cost	(5,254,459)	—	—	—	1,392,811	(3,861,648)	—	—	—	—	—	—	(3,861,648)
Change in net assets	(1,295,921)	(2,617,084)	—	15,545,249	8,099,758	19,732,002	(291,002)	(2,885,013)	2,198,431	261,949	(2,879,035)	2,617,086	18,754,418
Net assets (deficit) at beginning 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
Equity transfers / transactions	4,205,403	2,515,540	2,417,306	—	(9,138,249)	—	—	—	—	—	2,515,542	(2,515,542)	—
Net assets (deficit) at end of year	$ (19,061,174)	4,815,584	8,662,496	73,504,073	69,438,930	137,359,909	658,720	18,608,822	2,198,431	3,924,655	890,927	(4,815,584)	158,825,880

See accompanying independent auditors' report.