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**Material Posted August 4, 2023**

+*Newly Received (Posted September 7)
+*** Newly Received (Received and Processed September 19; Posted September 29)
++*Newly Received (Received and Processed September 21-22; Posted October 5)
Resolution No. 201

Report: N/A

Date Submitted: July 2023

Submitted By: Council on Membership

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

Total Net Financial Implication: None

Net Dues Impact: None

Amount One-time None Amount On-going None

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

How does this resolution increase member value: See Background

RESCISSION OF POLICY, DIFFERENTIAL CHARGES ACCORDING TO MEMBERSHIP STATUS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (Trans. 2012:370), the Council reviewed the current ADA policy, Differential Charges According to Membership Status (Trans.1982:506; 2004:294; 2018:300) and determined that the policy should be rescinded. This policy is outdated and redundant with ADA policy, Nonmember Utilization of ADA Member Benefits (Trans.1990:532).

Accordingly, the Council recommends this policy be rescinded.

Resolution


BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.

Resolved, that those activities of the ADA that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association, except that membership applicants who are eligible to receive interim services under the ADA Governance and Organizational Manual may, during the interim period in which their applications are being processed, purchase items at a member rate through the ADA Catalog, receive complimentary copies of the Journal of the American Dental Association and the ADA News and have access to the ADA.org member-only areas, and be it further

Resolved, that all constituent societies of the Association be urged to adopt similar policy.
Resolution No. 202

Report: N/A

Date Submitted: July 2023

Submitted By: Council on Membership

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

Total Net Financial Implication: None

Net Dues Impact: 

Amount One-time 

Amount On-going 

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

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, NONMEMBER UTILIZATION OF ADA MEMBER BENEFITS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (Trans. 2012:370), the Council reviewed the current ADA policy, Nonmember Utilization of ADA Member Benefits (Trans.1990:532) and determined that the policy should be amended to simplify the wording surrounding the price differentials for members and nonmembers and to make it less extreme. The Council also recommends a grammatical change.

Accordingly, the Council recommends adoption of the following resolution.

Resolution

202. Resolved, that the ADA policy, Nonmember Utilization of ADA Member Benefits (Trans.1990:532), be amended as follows (additions are underscored; deletions are stricken):

Resolved, that the ADA Board of Trustees review the policies pertaining to nonmember utilization of ADA member benefits and take whatever action is necessary to insure that a nonmember cannot utilize ADA member benefits to imply membership and/or promote their practice to the public, and be it further

Resolved, that the pricing differential for ADA products and/or services between members and nonmembers be at the maximum the law will allow in order to increase the tangible benefits of being a member of the ADA. The member-nonmember price differential for ADA products and services should demonstrate and highlight the value of ADA membership.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
NOTES
Resolution No. 203  

Report: N/A  

Date Submitted: July 2023  

Submitted By: Council on Communications  

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

Total Net Financial Implication: None  

Net Dues Impact:  

Amount One-time  

Amount On-going  

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

How does this resolution increase member value: See Background

**AMENDMENT OF POLICY, CLARIFICATION OF DENTAL PROFESSIONAL CREDENTIALS**

**Background:** In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Communications reviewed the Association policy titled Clarification of Dental Professional Credentials (Trans.2003:354), with an emphasis on the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The Council’s review yielded a recommendation to provide necessary updates that will ensure the ongoing relevancy and accuracy of this 2003 policy, which aims to help educate and support consumers to make informed choices when selecting a dental practitioner.

Accordingly, the Council on Communications recommends adoption of the following resolution.

**Resolution**

203. Resolved, that the policy titled Clarification of Dental Professional Credentials (Trans.2003:354) be amended as follows (additions are underlined; deletions are stricken):

Resolved, that the ADA establish an area pages on the ADA web sites (ADA.org and MouthHealthy.org) to assist consumers in making an informed choice of a dental practitioner that includes, but is not limited to:

1. The names of the nine twelve (12) ADA recognized specialties;
2. The names, phone numbers and web sites of the ADA recognized specialty organizations;
3. Information from the ADA Principles of Ethics and Code of Professional Conduct about advertising by general dentists and specialists, guidelines for announcing limitation of practice and the use of other credentials;
4. Other appropriate information that would help consumers make an informed choice.

and be it further

Resolved, that constituent and component societies be encouraged to provide this information on their web sites and in yellow page ads.
1  BOARD RECOMMENDATION:  Vote Yes.
2  BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)
3  *Dr. Irani was not in attendance.
Resolution No. 204

Report: N/A Date Submitted: July 2023

Submitted By: Council on Communications

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

Total Net Financial Implication: None Net Dues Impact: ____________

Amount One-time ____________ Amount On-going ____________

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

How does this resolution increase member value: Not Applicable

RESCISSION OF THE POLICY, INSTITUTIONAL ADVERTISING

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans. 2012:370), the Council on Communications reviewed the Association policy titled Institutional Advertising (Trans. 1979:598), with an emphasis on the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s).

This policy was adopted in 1979 in the context of implementing an educational, national advertising campaign led by the ADA with a financial implication of up to two million dollars. Currently, the Association is engaging in strategic forecasting to determine future priorities, including public education campaigns. In light of the ever-changing landscape of public advertising channels and varying levels of investment required, this policy is vague, dormant and unlikely to be applicable to the ADA’s current and future initiatives with respect to marketing and public dental health education.

Accordingly, the Council on Communications recommends that the following resolution be adopted.

Resolution

204. Resolved, that the policy titled Institutional Advertising (Trans. 1979:598) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
WORKSHEET ADDENDUM
ADA POLICY TO BE RESCINDED

3 Institutional Advertising (Trans.1979:598)

4 Resolved, that the Association expand the concept of dental health education of the public by including institutional advertising.
Resolution No. 205

Report: N/A

Date Submitted: July 2023

Submitted By: Council on Membership

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

Total Net Financial Implication: None

Net Dues Impact: 

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

How does this resolution increase member value: See Background

RESCISSION OF POLICY, DIVERSITY IN ASSOCIATION MEMBERSHIP MARKETING AND CONSUMER-RELATED MATERIALS

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (Trans. 2012:370), the Council reviewed the current ADA policy, Diversity in Association Membership Marketing and Consumer-Related Materials (Trans.1995:606) and determined that the policy should be rescinded. This policy is redundant with the ADA’s Diversity and Inclusion policy (Resolution 69H-2021).

Accordingly, the Council recommends this policy be rescinded.

Resolution

205. Resolved, that the ADA policy, Diversity in Association Membership Marketing and Consumer-Related Materials (Trans.1995:606), be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
Diversity in Association Membership Marketing and Consumer-Related Materials

Resolved, that the American Dental Association is committed to promoting an inclusive environment that values and embraces the diversity of its membership, and be it further

Resolved, that the Association reflect this diversity in its membership marketing and consumer-related materials.
Resolution No. 206 ............................................. New

Report: N/A ......................................................... Date Submitted: July 2023

Submitted By: Council on Communications

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

Total Net Financial Implication: None Net Dues Impact: 

Amount One-time Amount On-going

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

How does this resolution increase member value: Not Applicable

RESCISSION OF POLICY, GUIDELINES FOR STATE BOARDS OF DENTAL EXAMINERS ON THE DEFINITION OF ROUTINE DENTAL SERVICES FOR THE PURPOSES OF DENTISTS’ ADVERTISEMENTS

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Communications reviewed the Association policy titled Guidelines for State Boards of Dental Examiners on the Definition of Routine Dental Services for Purposes of Dentists’ Advertisements (Trans.1977:616, 945), with an emphasis on redundancy, the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s). The policy was adopted in 1977. The ADA Code is regularly reviewed and maintained and includes the most current guidance on this topic in section “5.F. Advertising.”

The ADA Code further explains, in Section 5, Note 3:

“Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society’s code of ethics or other standard of dentist conduct relating to dentists’ or dental care delivery organizations’ advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.”

As such, the ADA Code serves as the most current, definitive guideline for ADA members with regard to the topic of advertising and is applicable as a resource for State Dental Boards.

State Boards of Dental Examiners can reference the ADA Code as applicable, in consideration with other factors like the State Dental Practice Act and guidelines from the Federal Trade Commission to aid their decision making on this subject matter.
Accordingly, the Council on Communications, without objection from the Council on Ethics, Bylaws and Judicial Affairs, recommends that the following resolution be adopted.

Resolution

206. **Resolved**, that the policy titled Guidelines for State Boards of Dental Examiners on the Definition of Routine Dental Services for Purposes of Dentists’ Advertisements (*Trans.*1977:616, 945) be rescinded.

**BOARD RECOMMENDATION:** Vote Yes.

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
WORKSHEET ADDENDUM

ADA POLICY TO BE RESCINDED

Guidelines for State Boards of Dental Examiners on the Definition of Routine Dental Services for Purposes of Dentists’ Advertisements (Trans. 1977:616, 945)

1. **Definition of a Routine Dental Service**: A dental service may be considered routine for an individual practitioner if it has the following characteristics:

   a. It is performed frequently in his or her practice.
   b. It is usually provided at a set fee.
   c. It is provided with little or no variance in technique.
   d. It includes all professionally recognized components within generally accepted standards.

2. **General Test for Routine Service**: In general, a dental service advertised as available at a set fee may be considered a routine service if the dentist regularly performs and actually provides that service at the specified fee to substantially all patients receiving that service. Whenever the contents of a dentist’s advertisement are under scrutiny by the state board of dental examiners, the dentist should have the responsibility to submit proof that his or her advertisements meet this test.

3. **Disclosures to Accompany Advertising**: The U.S. Supreme Court, in its written opinion in the Bates case, suggested several types of restrictions that state regulatory agencies might validly impose or continue to impose upon professional advertising. The Court cited, for example, that “there may be reasonable restrictions upon time, place and manner of advertising.” Also emphasized were ‘the special problems of advertising on the electronic broadcast media.’ In discussing the content of professional advertisements, the Court also stressed the need to require disclosures, disclaimers and warnings even where the advertisement is truthful on its face. State dental boards might give attention to the development of “disclosure” requirements particularly. Disclosures may be in order where complications are likely to arise or where special classes of patients such as children are involved.

4. **Definition of Professionally Recognized Dental Services**: Announcing to the public that a particular dental service is available in a practitioner’s office at a set fee may be inherently deceptive without a professionally recognized definition of what must be included as one of his or her routine services, for example, that service should include local anesthesia and postoperative care where indicated. Or, if the dentist includes a prophylaxis as one of his or her advertised services, that should mean more than the application of a prophylaxis paste in a rubber cup. Likewise, if the dentist advertises denture care, that service should include a reasonable period of post-treatment care. The considerable difficulty in defining the professionally necessary components of all major dental procedures or services is recognized. But this task must be done to insure that the board’s monitoring of dentists’ advertising is designed precisely to protect the public; such protection will also guarantee fairness to all dentists. In fashioning definitions for major dental services, the state boards of dental examiners should rely upon the constituent dental associations as the prime resource for developing those definitions. If the expert resources of a dental school are available, the boards should consider using those resources jointly with the constituent dental association. Again, it is emphasized that a dentist who is not prepared to offer the essential elements of each dental service he or she advertises is deceiving the public. But, without official regulations promulgated by state dental boards to all licensed dentists defining the professionally recognized components of all major dental services, there can be no effective prevention of such deceptive advertisements.
5. **Other Recommendations to State Boards of Dental Examiners:** These suggested guides for state dental examining boards are intended to be fully responsive to the boards’ prime obligation to serve the public interest. In addition to the recommendations specifically treated in earlier portions of this report, it is suggested that the boards give careful scrutiny to the manner in which fees are represented in dentists’ advertising. It is especially recommended that fees contained in advertisements of routine dental services be specific and not expressed in ranges. If a service fits the indicia of “routine,” that routine service should be readily provided at a precise fee. In the *Bates* case, the U.S. Supreme Court emphasized that any fee that is advertised should extend for a reasonable period of time. That requirement is also endorsed.
Resolution No. 207  
Report: N/A  
Date Submitted: July 2023  
Submitted By: Council on Communications  
Reference Committee: A (Business, Membership and Administrative Matters)  
Total Net Financial Implication: None  
Net Dues Impact:  
Amount One-time  Amount On-going  
ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.  
How does this resolution increase member value: See Background

AMENDMENT OF THE POLICY, STANDARDS FOR DENTAL SOCIETY PUBLICATIONS

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Communications reviewed the Association policy titled Standards for Dental Society Publications (Trans.1997:303, 660; 2010:602), with an emphasis on the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s).

The Council thoroughly reviewed this policy, which outlines standards for creating, maintaining and distributing dental society publications that serve to inform members. The majority of the standards remain dutifully relevant, despite that the House of Delegates approved them in 1969, and they have periodically been updated since that time. The Council proposes removing a few brief sections of text to better represent the varied goals and capacities of today’s state and local dental societies and their diverse publication offerings.

Accordingly, the Council on Communications recommends adoption of the following resolution.

Resolution

207. Resolved, that the policy titled Standards for Dental Society Publications (Trans.1997:303, 660; 2010:602) be amended as follows (additions are underlined; deletions are struck):

Standards for Dental Society Publications has been edited to incorporate developments since the document was revised by the Council on Journalism in 1969 and approved by the House of Delegates. These Standards are for dental society published publications; other publications, such as those published by a for-profit subsidiary, may require different or additional considerations.

Objective: The dental society publication is both an educational tool and a channel of communication between the dental society and members. An increasing number of dental society publications are posted on the Internet and the content is potentially accessible by the general public. This fact should be taken into consideration during the editing process.

While emphasis in content may vary, the objectives of the publication should be (1) to broaden the dentist’s professional knowledge and improve their competence so they can provide better health service, and (2) to keep them informed on professional affairs. To accomplish these objectives, a society’s publication should:
1. inform the dentist on issues of concern to the profession;
2. communicate the dental society’s policies and actions on professional issues;
3. report the news and latest developments in the profession;
4. communicate government rules and regulations;
5. assist the dental society with membership recruitment and retention efforts;
6. inform and market to members available benefits and services;
7. provide a forum to address the needs and concerns of members, including the latest issues;
8. recognize the achievement and efforts of individuals who have worked hard for the advancement of the profession;
9. elicit the support and participation of the membership; and
10. maintain a balanced content with an attractive and interesting format.

The objectives of other dental publications, such as school, alumni, dental student, fraternity and commercial, should closely parallel those of dental society publications, namely education and communication, and the same standards should apply to all dental publications.

**Types of Publications:** Each dental society should first determine the type or types of publications that will best serve the needs of its members—newsletter, tabloid, bulletin, journal or a combination of newsletter and journal. The type(s) of publications selected by the dental society will depend on the purpose to be served, but the type(s) selected should be well designed, attractive and readable—the best the society can afford. When possible, a graphic arts designer should be employed to design a pleasing and practical format.

**Frequency of Publication:** To communicate adequately with members, journals and newsletters should be sent on a regular basis. The dental society should issue some form of publication, preferably monthly but no less than four times a year.

**Content:** The dental society’s publication is one of the few tangible items it has to offer members. It should be regarded as one of the chief architects of a dental society’s image. A dental society’s effectiveness is often perceived by how well the publication serves the needs and expectations of the members. The publication, in order to be relevant, must continually reflect the trends affecting the profession.

The format of the publication will, to some extent, determine its content. However, the following items are recommended: scientific articles; editorials; reports on current issues; national and local dental news; dental society actions and reports; information on dental programs, benefits and services; information on government rules and regulations; profiles of members with outstanding achievement; and a section where members can express their opinions.

**Dental Society Responsibilities:** The major responsibilities of the dental society, as owner of the publication, are selecting the editor, managing editor and/or business manager, either by election or appointment; determining the type, scope and frequency of the publication; establishing written editorial and advertising policies for the guidance of the editor; and determining how the publication will be financed. The governing body of the society may appoint a committee to act in an advisory capacity to the editor, yet permitting them necessary editorial freedom.

Editing a dental publication is not one person’s job, just as a dental publication does not belong to one person. The editor must be sensitive to the needs and concerns of dental society officials and the membership at large. Although the editor has the freedom to determine the content of a dental society’s publication, they should adhere to the standards of publication outlined in this document. Dental society officials have the obligation to restrict that freedom if the editor fails to abide by these standards. The editor may receive a stipend and should have adequate editorial and secretarial assistance. In addition, the editor's expenses should be paid to journalism conferences, where they can learn to produce a better journal, and to other meetings.
which should be reported to the members. The editor’s budget should also include funds to cover legal fees, including for consultation, as appropriate.

The dental society should subsidize the cost of its publication as it does other services to its members. The publication should not be required to be self-supporting. Additional revenue may be obtained from subscription fees and from the sale of appropriate advertising.

**Selection of the Editor:** The editor should be selected for their ability and appointed or elected for a term of from three to five years, with the option to reappoint for additional terms. The dental society that changes editors every year or two is doing itself a disservice, as training and experience make the editor more valuable to their society. Similarly, the dental society that retains an editor for too long will stagnate, preventing the expression of new ideas and depriving other individuals from the opportunity to hold the office of editor.

**Duties of the Editor:** The editor should attend meetings of the administrative body of the dental society. They should understand that it is their chief job to communicate rather than make policy. By having direct access to discussions and to all information pertaining to issues being considered by the society, they will be better prepared to report on those issues to the members. The editor should be mindful of legal and other publishing considerations that could affect the society.

**Editorial Staff:** The size of the editorial staff will depend on the size and frequency of the publication. The staff of the larger publication may include a managing editor, business manager, advertising manager, art director, assistant editors, associate editors, manuscript editors, district editors or correspondents and a secretary. The minimum staff should include district correspondents and a part-time secretary to prepare copy for the printer. The staff should be well trained. This can be done by the editor, by distributing a manual of instruction and by staff journalism conferences.

A manual for district editors or correspondents should contain the following information: the type of material to be submitted for publication (news—personal or dental society, editorials, reports or features), guidelines on preferred style, instructions on how to prepare the copy, length of copy and a schedule for submission of material. The manual may also contain aids to better writing.

**Publication Policies:** The following policies are recommended for maintaining the standards of professional journalism:

1. **Ownership.** The dental society should control both the editorial and advertising content of its publications.

2. **Content and Format.** The content and format of the publication should be in keeping with professional ideals and be representative of the strength and vision of its sponsor. The editor should frequently monitor the readership to determine whether the content of the communication is relevant to the interests of the readership and is effectively presented. This may be accomplished through periodic readership surveys and analysis of remarks, letters and editorials. The editor should encourage dentists who submit articles to dental society publications to be ADA members.

3. **Scientific Articles.** Scientific articles should be supported by adequate scientific evidence. It is advisable for editors to have scientific articles peer reviewed by experts in the appropriate fields of research or clinical practice to ensure that articles are scientifically, structurally and ethically sound. Statistical analysis in scientific papers should be reviewed by experts to avoid publishing intentional or unintentional distortions that would...
support a paper’s theories. Articles that have been peer reviewed should be labeled as such. Scientific information must also be clearly distinguishable from advertisements.

4. **News.** News sources should be examined for reliability, potential bias and conflict of interest. These sources should be identified whenever possible. The publishing of hearsay or information given by sources that wish to remain anonymous or offer favors in exchange for publication should be avoided. Care should be taken that advocacy is not inadvertently published as news. Facts for news or any other articles should never be deliberately distorted.

5. **Editorials.** Opinion should be clearly identified to avoid confusion with fact. Editorials and commentaries should be clearly labeled as such.

6. **Advertising.** If the publication carries advertising, the sponsoring dental society should control it. Ideally, advertising should be placed in the publication so that it does not interfere with the continuity of the scientific or editorial material. The publication should have a written advertising code to assist the editor, managing editor or business manager in evaluating the advertising. Where practical, this code should include guidelines for the acceptance of:

   a. **Ads for Products and Services.** Ads should be included only for those products that have been found safe, effective and scientifically sound; and for those services that have been found to be reputable and of value.

   b. **Classified Advertisements.**

   The code should also include guidelines for nonacceptance of advertisements. No advertising claims should be permitted which are false, misleading or deceptive.

7. **Photographs and Illustrations.** Photographs should not be altered through darkroom techniques or digitized manipulation. Altered photographs are as misleading as falsified statistics. Photographs and illustrations should not be used—either overtly or by implication—to negatively portray individuals or the dental society.

8. **Protection.** The publication should be copyrighted to protect the rights of the publisher and authors and to prevent unethical and unauthorized use of the material. The editor must operate within the limits of copyright laws. In addition, the editor should take appropriate steps, including the placement of appropriate disclaimers to protect the society and those involved in the publication from other legal risk, including antitrust, libel and anything that would affect the society’s tax status. Mistakes should be rectified in print as soon as possible.

9. **Reprint Policy.** Occasionally, the editor receives a request from another publication for an article or for permission to reprint articles from publications. Evaluation of such a request should be based primarily on the standards, not solely the ownership, of the publication making the request. A written policy should be established to serve as a guide in acting on requests for permission to reprint articles and to guard against the inappropriate use of reprinted material.

**Standards for Evaluation:** The following standards can be used for evaluating all dental publications, both professional and commercial:

1. **Worthwhile Content.** The content of the publication, both editorial and advertising, should be in accord with the objectives of the American Dental Association—to encourage the
improvement of the oral health of the public, to promote the art and science of dentistry
and to represent the interests of the members of the dental profession and the public it
serves.

2. **Appropriate Advertising Standards.** The publication should have advertising standards
which prohibit the acceptance of advertising for products whose safety and effectiveness
have not been demonstrated. The claims for the products, particularly those affecting oral
health, should be supported by scientific evidence.

3. **Sound, Appropriately Intended Articles.** Scientific articles appearing in the publication
should be supported by adequate scientific evidence; nonscientific articles should be in
keeping with the purposes of the profession. Quoted authors must be given due credit.
The publishing of papers by authors with conflicts of interest or hidden agendas should
be identified and avoided. The publication of papers with questionable coauthorship
should also be avoided.

4. **Protection of Members.** The publication staff and the officers of the dental society must
take care that individuals, all levels of organized dentistry and the public are not harmed
through unfair and damaging statements or through appearing to endorse potentially
injurious goods and services. Stereotypical views of persons based on racial, ethnic,
religious, political, cultural or occupational identification, gender or sexual preference are
to be avoided. The publication should be judicious about naming colleagues who may be
accused of violations of the dental practice act, insurance fraud, criminal activity or
malpractice until due process has run its course.

5. **Honesty.** The publication may report controversy, but it should never create it. Distortion
of facts, unbalanced management of issues, and managed information may self-serve
the short-term goals of the governance of the parent organization, but such practices
eventually undermine the integrity of the dental society and its publications.

6. **Lawful Conduct.** The publication should avoid inclusion of materials that may lead to legal
prosecution, including with respect to laws on copyright and trademark, libel and antitrust.

**BOARD RECOMMENDATION:** Vote Yes.

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
MEMBERSHIP CATEGORY REFORM

The following resolution was submitted by the Seventh Trustee District and transmitted on June 22, 2023, by Michelle Blackman, executive assistant and director of governance and operations, Ohio Dental Association.

Background: Over the past several years, the ADA has spent an enormous amount of time and resources studying different membership models for the association. This has included a pilot study addressing the simplification of dues collection for large group practices, a pilot study that created a flat rate dues structure for large group practices to remove administrative hurdles to joining the tripartite, and a study of alternative association models to align our membership model with the current landscape of how dentists choose to practice dentistry. Unfortunately, little has been accomplished to move the needle forward to create actual change in the association. As a result, the ADA continues forward with a membership model that represents a “one size fits all” approach to membership that was relevant when the majority of dentists chose to operate as solo private practitioners. The result of this approach has been an ever accelerating decrease in market share compared to previous years.

A key driver of the evolution of dental practice models is consolidation. Multi-site large group practices (LGPs), inclusive of dental support organizations (DSOs), continue to grow. According to the ADA Health Policy Institute research published in 2020 (ADA Health Policy Institute, How Big are Dental Service Organizations? (July 2020), 10.4% of all U.S. dentists were affiliated with a DSO (up from 7.4% in 2015), including about one in five dentists under the age of 35 (20.4%, up from 16.3% in 2015). ADA Health Policy Institute (HPI) research (ADA Health Policy Institute, Dentists’ Practice Ownership is Declining (March 2022) also shows that dental practice ownership is declining, especially among early career dentists. Dentists under the age of 30 saw a drop in practice ownership from 25.4% in 2005 to 9% in 2021, while dentists ages 30-34 saw a drop in practice ownership from 55% in 2005 to 34.2% in 2021.

Within these current trends of consolidation, solo practices are projected to continue a gradual decline, small group practices (2-10 dentists) are projected to decline more quickly, medium group practices (11-50 dentists) are projected to grow gradually, and large group practices (50+ dentists) are projected to grow more rapidly.

The ADA’s research on value and values during 2022 showed that both equally influence a member’s decision to join, stay, or recommend the ADA. To increase membership market share, the ADA (national, state, and local) must embrace a value and values shift to align with the evolving needs of the customer, both current and future. Both value and values must be explored in tandem with any enhanced...
membership structure especially as it relates to building affinity for the ADA among early career dentists, many of whom work in DSO settings. This research speaks to the importance of offering our members the choice of how and at what level they want to participate in membership with our association. Ultimately, the ADA tripartite is facing a reality of decreasing market share along with decreasing revenue as many early career dentists find a membership in the ADA does not align with their professional needs. As we determine the amount of revenue based risk we as an association are prepared to take on as we modernize our membership models, we should have our eyes open to the fact that membership revenue is already declining at an alarming rate as our membership numbers continue to decline. Addressing our market share decline through a new membership model in order for us to continue to be the voice for dentistry justifies the needed risk in revenue.

In order to achieve our membership goals as defined in Common Ground 2025: ADA Strategic Plan, the ADA Seventh District recommends that the following resolution be adopted:

**Resolution**

208. Resolved, with priority, that the appropriate ADA agencies work collaboratively to develop Bylaws language that creates a tripartite membership model that includes individual-based membership and practice-based membership as an alternative option, and be it further Resolved, that the appropriate agency report back to the 2024 House of Delegates, including any necessary Bylaws and Governance Manual language for proposed recommendations to be considered.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.
Resolution No. 209

Report: N/A

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

Total Net Financial Implication: None

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

How does this resolution increase member value: See Background

AMENDMENT OF POLICY, APPLICATION PROCESS FOR DIRECT ADA MEMBERSHIP

Background: In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (Trans. 2012:370), the Council on Membership reviewed the current ADA policy, Application Process for Direct ADA Membership (Trans.1989:539) and determined that the policy should be amended to include component societies and replace “federally employed” with “ADA direct member” to make it all encompassing. The Council firmly believes that tripartite membership should be emphasized and encouraged at all times as the default membership option unless otherwise ineligible. Direct membership should only be presented as an exception when all other tripartite membership paths are not viable.

An “ADA direct member” is defined in the ADA Bylaws, Chapter I. MEMBERSHIP, Section 20.A., subsection c.

A. ACTIVE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree* shall be eligible to be an active member of this Association if they meet the following qualifications:

a. Maintains membership in good standing in this Association as that term is defined in these Bylaws; and

b. Is licensed and/or registered to practice dentistry where the laws and regulations of a constituent’s jurisdiction require licensure and/or registration in order to be a member of the constituent**; and

c. Is a member in good standing of the constituent and component where the member either resides, or is employed or practices; or if not a member of such constituent and component is:

1. employed by or is serving on active duty in one of the federal dental services*** on a full time basis and is not otherwise employed or practicing dentistry within the jurisdiction of a constituent or component; or

2. employed or practicing dentistry in a country other than the United States and is a graduate of a dental school or a graduate of a training program accredited by the Commission on Dental Accreditation; or

3. otherwise ineligible for active membership in a constituent or component where the individual resides, is employed, or practices.
An individual qualifying pursuant to subsections c.1 through 3 shall be referred to as a “direct member.”

* As used in these Bylaws, the term “equivalent degree” means a degree that the jurisdiction involved deems sufficient to allow the degree holder to sit for a full and complete dentist’s licensure examination in the jurisdiction without any additional training.

** As used herein, the term “constituent” means a dental association organized in a state or territory of the United States or in Washington, D.C. that is chartered by the ADA House of Delegates. The term “component” means a local dental association that may be created within the boundaries of a constituent by the constituent.

*** The term “federal dental services” as used herein shall mean the dental departments of the Air Force, the Army, the Navy, the Public Health Service, the department of Veterans Affairs and other federal agencies.

Accordingly, the Council recommends adoption of the following resolution.

Resolution

209. Resolved, that the ADA policy, Application Process for Direct ADA Membership (Trans.1989:539), be amended as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association verify eligibility of direct members on an annual basis and urge constituent societies to assist in the verification of employment status of direct members, and be it further

Resolved, that the American Dental Association strongly encourage constituent and component societies to promote tripartite membership to ADA direct member federally employed dentists when appropriate.

BOARD COMMENT: The Board supports the Council on Membership’s effort to strengthen the Direct ADA Membership policy, as a part of its standard review, and offers clarifying language in its substitute resolution.

209B. Resolved, that the ADA policy, Application Process for Direct ADA Membership (Trans.1989:539), be amended as follows (additions are underscored; deletions are stricken):

Resolved, that the American Dental Association verify eligibility of direct members on an annual basis and urge constituent societies to assist in the verification of employment status of direct members, and be it further

Resolved, that the American Dental Association encourage constituent and component societies to promote tripartite membership to ADA direct member federally employed dentists consistent with the ADA Bylaws.

BOARD RECOMMENDATION: Vote Yes on the Substitute.

BOARD VOTE: UNANIMOUS.
REPORT OF THE TASK FORCE TO ELIMINATE BARRIERS FOR UNDERREPRESENTED MINORITIES INTO THE DENTAL PROFESSION: PROPOSED RESOLUTION TO REAUTHORIZE TASK FORCE

Background: The 2021 ADA House of Delegates adopted Resolution 90H-2021 to create The Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession (Trans.2021:277) to explore the current barriers to entry into the dental profession by underrepresented populations and develop broad-reaching strategies and action plans that will strengthen and support a workforce that is more representative of the population.

The Task Force agreed that creating a central repository of programs and resources would help build awareness, increase equitable opportunities for historically underrepresented racial and ethnic (HURE) applicants to dental school, and ultimately increase the enrollment rates in dental schools among the HURE population. There was also agreement that subsequent to the creation of the comprehensive listing, providing additional support for existing pathway programs that have demonstrated success could also be a viable opportunity.

The Task Force reported its findings to the 2022 House of Delegates, and the House adopted Resolution 208H-2022 that reauthorized the Task Force to facilitate the remaining work, which includes the development of an implementation plan, identification of metrics and milestones, and development of a maintenance cycle and communications approach. The resolution also charged the Task Force to investigate the establishment of a grant program to help support the expansion of current pathway programs that have demonstrated impact and success in increasing the pool of HURE applicants to dental school and report its findings to the 2023 House of Delegates.

Online Resource: An online resource is currently under development, which will include a comprehensive list of searchable pathway programs. This will be a microsite within the main ADA website, which is an effective way to provide targeted information, and is expected to be available in the fourth quarter of 2023. Users will be able to explore pathway programs utilizing search criteria such as city, state, region, and the student's educational stage. They will be able to navigate through the website and obtain information on why to become a dentist, steps to enter dental school, and many other resources. The site will be optimized for PC and mobile devices.
Grant Program: Supporting the advancement of pathway programs that assist HURE students in matriculating into dental school and the dental profession is of paramount importance. The goal of the anticipated grant program is to distribute funds across different geographical locations to private, sustainable, standalone programs not associated with university-funded programs. Funding will support the expansion of established programs and the further development of new programs. As a part of the exploration process, the Task Force will consider seeding both proven programs and novel programs with significant potential.

In the interim, the Task Force seeks to actively support programs that have demonstrated their efficacy and impact with financial gifts for the remainder of the 2023 fiscal year. Criteria for such gifts include, but are not limited to:

- Alignment with the Task Force's overarching intent.
- Confirmation that the organization has a valid 501(c)(3) tax-exempt status granted by the Internal Revenue Service (IRS).
- Targeted to HURE students, has geographical reach, and established metrics from the prior year.
- Established priorities and metrics.
- Proven impact and success within the community it serves.
- Demonstration of funding needs that would impact metrics.

Looking ahead, the Task Force is also exploring sponsorship opportunities to provide more funding for dental pathway programs, greatly benefiting the HURE student population. As discussions evolved within the Task Force related to its current scope and work, it became clear that there are a variety of complexities and interconnected issues that contribute to gaps in the representation of historically underrepresented racial and ethnic dental students. One issue that emerged as a key opportunity is Dental Admission Testing (DAT). The Task Force unanimously agreed that in order to round out its efforts to garner the biggest impact on increasing equitable opportunities for HURE applicants to dental school, it should seek to optimize opportunities related to the current DAT Fee Waiver Program.

Dental Admission Testing (DAT) Fee Waivers for HURE Students: In April 2023, the Task Force approached the Council on Dental Education and Licensure (CDEL) with the below-noted requests:

200 Additional DAT Fee Waivers for HURE Students:
To address the historical and ongoing disparities in access to education and healthcare that have disproportionately affected HURE students and communities, providing fee waivers specifically for HURE students can help increase the representation of diverse dentists and in the dental profession. In addition, this can help better reflect the diversity of the patient population, leading to improved outcomes and better access to care. Overall, providing fee waivers for HURE students for dental admissions testing promotes diversity in the dental profession, addresses financial barriers to education, supports the goal of achieving health equity, and addresses systemic racism.

Strategic Release of Funds:
Through historical examination, it was found that these resources were swiftly exhausted immediately upon their availability. Many students in specific communities that have historically been disadvantaged or marginalized are unable to take advantage of the fee waivers at the beginning of the year. Releasing funding in stages would address the issue of students needing more time to prepare for postsecondary education. This issue is often called the "college readiness gap" and is a significant barrier to educational attainment for many students, particularly those from low-income backgrounds or historically marginalized groups.
Include One (1) Free ADA Practice Exam for all HURE DAT Fee Waiver Recipients:

The Task Force shared a similar sentiment that adding a free practice exam to help HURE students can be invaluable in supporting their academic success and preparing them for dental school applications. It has been documented that students who take the ADA-administered practice exam do significantly better than those who do not. This request is grounded in the understanding that practice exams can help students to assess their knowledge, enhance familiarity and identify areas where they need to improve, which can be particularly helpful for students from underrepresented backgrounds who may face additional barriers in accessing preparatory resources and support.

Granting HURE Students One (1) Additional DAT Fee Waiver, if Needed:

The cost of exam preparation can be prohibitive for many HURE students due to financial constraints, cultural barriers, and limited access to resources. These obstacles make it more difficult for minority students to prepare adequately for exams, can contribute to disparities in academic performance, and may discourage a student from seeking higher education. Considering this, the Task Force requested that students have an opportunity to request an additional fee waiver if necessary. The rationale is that it can help ensure they have access to the resources they need to pursue their academic and career goals. In addition, this concept acknowledges the systemic barriers and inequalities that many minority students face and seek to address them.

Begin Collecting Data on Demographics:

Lastly, what cannot be measured, cannot be improved. It is widely recognized that demographics are crucial in promoting diversity, equity, and inclusion in education. Moreover, collecting data on race, ethnicity, gender, and socioeconomic backgrounds will provide the ADA with a better understanding of the diversity of all applicants, identify areas for improvement, and gauge additional targeted strategies.

At its recent meeting, CDEL acted on the above requests from the Task Force. It approved and directed that the number of DAT partial fee waivers for first attempts be increased from 200 to 400, with the additional partial fee waivers (200) designated specifically for HURE candidates and available in 2024. Additionally, the Council directed that the partial fee waivers be released at strategic intervals throughout the calendar year. The Council also directed that all candidates who receive a partial fee waiver on their first attempt receive a partial fee waiver on the first retest attempt and a full fee waiver on their first DAT practice test. The Council has approved most of the requests, and the Task Force is awaiting a response regarding the demographic data collection.

Continuation of The Task Force: There are outstanding charges requiring the attention of the Task Force. These include finalizing the website, establishing criteria for pathway program grants, monitoring the success and implementation of the HURE DAT fee waivers, and assessing any additional requirements or needs arising from the HURE programs.

Incoming President Dr. Linda Edgar by virtue of her office, has expressed a strong desire to extend the Task Force. Effective implementation and completion of all the work noted above necessitates diligent monitoring. This extension will allow the Task Force to continue its vital work and ensure that the plans and programs are implemented with a comprehensive perspective and cultural competence. Dr. Edgar believes in the significance of the Task Force’s efforts and its positive impact on the organization and its stakeholders. Lastly, these initiatives will significantly assist historically underrepresented students in successfully matriculating through dental school and becoming valued members of the dental community.
Resolution

210. Resolved, that the Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession be reauthorized to continue building and finalizing the online resource/website, establishing criteria for pathway program grants, monitoring the success and implementation of the historically underrepresented racial and ethnic (HURE) DAT fee waivers, and assessing any additional requirements or needs arising from the HURE programs, and be it further

Resolved, that the president consider continuity in the composition of the Task Force in her appointments, and be it further

Resolved, that the ADA reinvite diverse dental groups, including but not limited to American Association of Women Dentists, American Dental Education Association, National Dental Association, Society of American Indian Dentists, Hispanic Dental Association and Korean American Dental Association, to continue collaborating on the online resource, pathways programs grants, DAT fee waivers and any additional or needs arising from the HURE programs, and be it further

Resolved, that the Task Force provide a report on its work to the 2024 House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
Resolution No.  210S-1  
Amendment  
Report:  N/A  
Date Submitted:  September 2023  
Submitted By:  Seventeenth Trustee District  
Reference Committee:  A (Business, Membership and Administrative Matters)  
Total Net Financial Implication:  Up to $400,000.00  
Net Dues Impact:  $4  
Amount One-time  
Amount On-going  Up to $400,000.00  
ADA Strategic Plan Objective: Membership Obj-1: Increase membership market share of lagging demographics by 2% per year.

How does this resolution increase member value: See Background

REPORT OF THE TASK FORCE TO ELIMINATE BARRIERS FOR UNDERREPRESENTED MINORITIES INTO THE DENTAL PROFESSION: PROPOSED RESOLUTION TO REAUTHORIZE TASK FORCE

The following resolution was submitted by the Seventeenth Trustee District and transmitted by Ms. Lianne Bell, leadership affairs manager, Florida Dental Association on September 21, 2023.

Background: Diversity and Inclusion Officer: The Seventeenth District supports Resolution 210 and the rational produced by the Task Force. The ADA needs a diversity officer to help ensure better focus on inclusiveness within its membership, membership related activities and initiatives, and its work-place setting. This will not only lead to members and employees feeling more valued and trusted, but also create a level of inclusiveness such that all interested parties have an opportunity to be heard, irrespective of their differences. This type of engagement is known to lead to better productivity, a happier cohort of employees and members, and a more engaging membership proposition. While it is well stated about the many benefits of having diversity and an inclusive environment in the workplace, the benefits for the ADA will have lasting effects for decades, if not centuries, to come.

While a good D&I leader will exemplify self-awareness and humility, the training has become much more formal. Many universities are graduating master’s level educated candidates to fill these roles at Fortune 500 companies, major universities and colleges and for many businesses and institutions that understand the necessity of diversity and inclusion in the workplace, or among its members or students. As the ADA looks to increase market share among dentists, it must be understood that a clear and focused agenda surrounding diversity and inclusion is a must with the current early career dentists and those newly entering the dental profession. The training and role of a well-qualified D&I officer will help lead this task force and others alike in helping the ADA truly create an environment so that all dentists can succeed.

The following amendment is proposed. Additions are underlined.

Resolution

210S-1. Resolved, that the Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession be reauthorized to continue building and finalizing the online resource/website, establishing criteria for pathway program grants, monitoring the success and implementation of the historically underrepresented racial and ethnic (HURE) DAT fee waivers, and assessing any
additional requirements or needs arising from the HURE programs, and be it further.

Resolved, that the president consider continuity in the composition of the Task Force in her appointments, and be it further.

Resolved, that the ADA reinvite diverse dental groups, including but not limited to American Association of Women Dentists, American Dental Education Association, National Dental Association, Society of American Indian Dentists, Hispanic Dental Association and Korean American Dental Association, to continue collaborating on the online resource, pathways programs grants, DAT fee waivers and any additional or needs arising from the HURE programs, and be it further

Resolved, that the Executive Director be urged to consider hiring a vice president level D&I officer to provide oversight of this Task Force to Eliminate Barriers for Underrepresented Minorities into the Dental Profession, and be it further

Resolved, that the Task Force provide a report on its work to the 2024 House of Delegates.

BOARD COMMENT: Received after the July-August 2023 Board of Trustees meeting.
Resolution No. 211  

Report: N/A  Date Submitted: July 2023  

Submitted By: Council on Communications  

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

Total Net Financial Implication: None Net Dues Impact: 

Amount One-time  Amount On-going  

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

How does this resolution increase member value: See Background 

AMENDMENT OF THE POLICY, MECHANISM FOR COMPLAINTS AND REFERRALS 

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Communications reviewed the Association policy titled Mechanism for Complaints and Referrals (Trans.1972:669), with an emphasis on the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s). 

The Council thoroughly reviewed this policy and finds meaningful value in its intent to provide an actionable way for the public to provide feedback in the interest of transparency. The Council proposes minor adjustments to alleviate any potential strain on the capacity of each dental society at the state and local level, as well as mitigate any potential financial implications. 

Following review, and without objection from the Council on Membership, the Council on Communications recommends adoption of the resolution below. It is noted that the Council on Advocacy for Access and Prevention also served as a secondary reviewer of this policy and proposed modifications to the third resolving clause; however, as noted above, the Council on Communications, without objection from the Council on Membership, recommends that the clause be removed rather than edited. 

Resolution 

211. Resolved, that the policy titled Mechanism for Complaints and Referrals (Trans.1972:669) be amended as follows (additions are underlined; deletions are stricken): 

Resolved, that in the interest of the public and the profession, dental societies at the appropriate level should establish a mechanism to give attention to complaints, including fee complaints, and the existence of the mechanism should be made known to the public, and be it further 

Resolved, that in the interest of the public, dental societies at the appropriate level should establish a mechanism to respond to patient requests for referral to dentists, and be it further 

Resolved, that local dental societies should continue to operate and publicize emergency dental referral services that provide ready accessibility of professional services in emergencies or take prompt action to establish an emergency referral service.
1 BOARD RECOMMENDATION: Vote Yes.

2 BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

3 *Dr. Irani was not in attendance.
Resolution No. 212 New
Report: Council on Membership Report 1 Date Submitted: July 2023
Submitted By: Council on Membership
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: None Net Dues Impact: 
Amount One-time Amount On-going 
ADA Strategic Plan Objective: Membership Obj-3: Maintain an overall retention rate of 94%.
How does this resolution increase member value: See Background

COUNCIL ON MEMBERSHIP REPORT 1 TO THE HOUSE OF DELEGATES: AMENDMENTS TO THE ADA BYLAWS AND GOVERNANCE MANUAL REGARDING FACULTY MEMBERSHIP

Background: Dental school faculty are the #1 influencer for dental students, including shaping their opinions about the ADA, per a survey to 1,385 students in 2021. Research also shows that dental schools with a high ADA student membership market share and effective engagement from all levels of the Tripartite generate higher and longer-term ADA member market share when they graduate. However, dental school faculty are increasingly under-represented within ADA membership. They represent a valuable area of potential membership growth as individual members, as well as vital influencers of numerous future cohorts of ADA members. One significant barrier to faculty membership growth is that up to 30% of all full-time faculty are foreign-trained, non-U.S. licensed dentists, for whom there is currently a difficult and inconsistent path to ADA membership. In 2019, the ADA revised its Bylaws to eliminate a membership tier for non-practicing dentists as part of a Dues Streamlining resolution. That change took effect in 2021. Two significant implications stem from these changes:

- Membership barriers in an influential market. Market share for full-time faculty has steadily declined over the past few years and was just 47% at year-end 2022. Additionally, dental schools are increasingly hiring foreign-trained non-U.S. licensed faculty, who have a difficult and inconsistent path to membership. As a result, faculty advocates for organized dentistry (and the ADA) are critically under-represented for students at a very impressionable point in their careers.
- Impact on ADA Volunteer Leadership. The Council on Scientific Affairs, and other volunteer agencies, rely heavily on unique areas of expertise to guide their work. Many sources of this expertise lie in foreign-trained, non-U.S. licensed faculty who are not eligible to serve as a full voting member of these agencies because they do not currently qualify for ADA membership.

Exploration of Faculty Membership Challenges and Opportunities

In January 2023, the Council on Membership, Council on Scientific Affairs, and Council on Dental Education and Licensure formed a Faculty Joint Action Team (JAT) to address key membership challenges and opportunities, including exploring ADA member value with respect to dues structure and pricing for foreign-trained non-U.S. licensed dental faculty who are currently ineligible for membership.

To effectively address the current challenges and potential solutions for ADA faculty membership, the JAT implemented a survey to all known full-time faculty in the ADA database. 954 faculty responded to the survey. Key highlights include:
61% of respondents find ADA membership relevant.
The three member benefits they rank the highest are: 1) Advocacy, 2) Scientific research and information, and 3) JADA/library resources.

Recommendation for Amendment to the Bylaws Regarding Faculty Membership

Following a discussion of the research and additional data, the JAT explored a holistic solution for faculty membership that not only addresses the barriers for foreign-trained, non-U.S. licensed faculty – but for all faculty. With that goal in mind, the Joint Action Team proposed that all dentists who are currently employed faculty at U.S. dental schools, whether U.S. licensed or non-licensed dentists, be eligible for ADA Tripartite membership.

Financial Implications of a New Faculty Dues Rate

At its meeting in June 2023, the Council on Membership carefully considered the recommendations of the JAT to provide a consistent pathway to ADA membership for all full-time faculty. See Table A for current faculty market share. To continue the status quo, the ADA risks market share continuing to fall, considering up to 30% of faculty are currently ineligible for ADA membership.

Table A: Full-Time Faculty Market Share

<table>
<thead>
<tr>
<th>Year</th>
<th>ADA Market Share</th>
<th>Faculty Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>64.2%</td>
<td>64.2%</td>
</tr>
<tr>
<td>2018</td>
<td>62.9%</td>
<td>62.9%</td>
</tr>
<tr>
<td>2019</td>
<td>62.6%</td>
<td>62.6%</td>
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<tr>
<td>2020</td>
<td>60.7%</td>
<td>60.7%</td>
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The Council also recognizes the need for the ADA to make bold changes to reverse the negative trend for early career membership, which has fallen to less than 50% market share for all grad classes 3-9 years out of dental school. See Table B. Research shows that faculty are the #1 influencer for students, and the Council believes that an increase in faculty membership would create more and stronger advocates for ADA membership in academic environments.
In light of the foregoing, the Council on Membership proposes the following resolution for consideration of the House of Delegates. The Council on Scientific Affairs supports the resolution and recommends a vote of "yes." The Council on Dental Education and Licensure provided input into the scope of the resolution, but review of the final resolution is pending as of the writing of this report.

Resolution

212. Resolved, that Chapter I. MEMBERSHIP, Section 20. MEMBERSHIP ELIGIBILITY, Subsection A. ACTIVE MEMBER, of the ADA Bylaws be amended to read as follows (new language underscored, deletions stricken):

A. ACTIVE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree* or qualified faculty member** shall be eligible to be an active member of this Association if they meet the following qualifications:

a. Maintains membership in good standing in this Association as that term is defined in these Bylaws; and

b. Is licensed and/or registered to practice dentistry where the laws and regulations of a constituent’s jurisdiction require licensure and/or registration in order to be a member of the constituent***; and

Bylaws footnotes

* As used in these Bylaws, the term “equivalent degree” means a degree that the jurisdiction involved deems sufficient to allow the degree holder to sit for a full and complete dentist’s licensure examination in the jurisdiction without any additional training.
** As used herein, the term “qualified faculty member” means a dentist holding a D.D.S., D.M.D. or a degree in dentistry conferred by a school outside of the United States and who submits annually an affidavit attesting that they are employed by a dental school located in the United States on at least sixty percent (60%) of a full-time equivalent basis.
*** As used herein, the term “constituent” means a dental association organized in a state or territory of the United States or in Washington, D.C. that is chartered by the ADA House of Delegates. The term “component” means a local dental association that
c. Is a member in good standing of the constituent and component where the member either resides, or is employed or practices; or if not a member of such constituent and component is:

1. employed by or is serving on active duty in one of the federal dental services on a full-time basis and is not otherwise employed or practicing dentistry within the jurisdiction of a constituent or component; or

2. employed or practicing dentistry in a country other than the United States and is a graduate of a dental school or a graduate of a training program accredited by the Commission on Dental Accreditation; or

3. otherwise ineligible for active membership in a constituent or component where the individual resides, is employed, or practices.

An individual qualifying pursuant to subsections c.1 through 3 shall be referred to as a “direct member.”

**BOARD RECOMMENDATION:** Vote Yes.

**BOARD VOTE:** UNANIMOUS.
Resolution No. 213

Report: N/A Date Submitted: July 2023

Submitted By: Second Trustee District

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

Total Net Financial Implication: None Net Dues Impact: 

Amount One-time _____________ Amount On-going _____________

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

How does this resolution increase member value: See Background

ADDRESSING NON-MEMBERS ADVERTISING AS TRIPARTITE MEMBERS ON SOCIAL MEDIA WEBSITES

The following resolution was submitted by the Second Trustee District and transmitted on July 10, 2023, by Anthony Cuomo, Caucus Chair of the Second District.

Background: According to our research, approximately 15% of non-member dentists in Suffolk County, New York, advertise on their social media sites that they belong to the ADA, New York State Dental Association and/or the Suffolk County Dental Society. This misrepresentation is extremely unethical and should not be tolerated. It is unfair to those dentists who pay their dues annually. These non-members realize the benefit when their patients recognize that their dentist belongs to these professional organizations. However, the non-members that misrepresent themselves do not pay for that benefit. This minimizes the benefit to the paying members. Under the current ADA protocol, offending members receive a phone call and a follow up letter from the ADA staff as well as a cease and desist letter if they fail to join or remove the statement. The script and letter include an invitation to join (or re-join) our organizations and an indication that the ADA will follow up in ten days. Suffolk has been following the progression of our local offenders. We have found that our local and national efforts to have these offenders join (or re-join) and if not, remove the ADA, NYSDA and/or Suffolk references from their social media sites, did not have any effect. We believe that the appropriate ADA agencies should be responsible for oversight and implementation of the protocols when necessary and where legally appropriate. In addition, we recommend that the appropriate ADA agency report annually on the status of offending non-members. The report should include the number of offenders reported, the number that renewed, how many were issued a 'cease and desist' letter and how many removed the inappropriate references.

Therefore, the Second Trustee District presents the following resolution to address this problem.

Resolution

213. Resolved, that the appropriate ADA agency report annually to the ADA House of Delegates on the status of complaints received of non-members who falsely advertise ADA, state or local dental society membership on social media websites, and be it further

Resolved, that this annual report include the number of non-members that renewed, how many were issued a 'cease and desist' letter and how many removed the inappropriate references.
BOARD COMMENT: The ADA supports members’ sentiments regarding nonmembers advertising as ADA members. To optimize opportunities to facilitate routine scans of nonmember websites most efficiently, a technology solution will need to be implemented. The ADA Board of Trustees proposes that this initiative be referred. This will allow ADA to complete its transition to Salesforce and Fonteva and assess how to optimize technology to facilitate this work. It would also allow time to better assess the financial implications. It should also be noted that the primary goal for putting this process in place is not to automatically send a cease-and-desist letter, but to integrate the findings into existing retention efforts. The secondary goal is to appropriately address individuals who intentionally false advertise. For these reasons, the Board of Trustees recommends referral to the appropriate agencies for review and report in 2024.

BOARD RECOMMENDATION: Vote Yes on Referral.

Vote: Resolution 213

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Resolution No. 214

Report: N/A

Date Submitted: July 2023

Submitted By: Council on Communications

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

Total Net Financial Implication: None

Net Dues Impact: None

Amount One-time: None

Amount On-going: None

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

How does this resolution increase member value: Not Applicable

RESCISSION OF THE POLICY, GUIDELINES FOR AN ADVERTISING CODE

Background: In accordance with the policy titled Regular Comprehensive Policy Review (Trans.2012:370), the Council on Communications reviewed the Association policy titled Guidelines for an Advertising Code (Trans.1971:108, 563; 1997:659), with an emphasis on redundancy, the continued need for the policy, its adequacy (or obsolescence) in modern times, and the merits of any revision(s). The policy was adopted in 1971 and updated in 1997. In contrast, the ADA Principles of Ethics and Code of Professional Conduct (“ADA Code”) is regularly reviewed and maintained. The ADA Code represents the most current and applicable guidance includes the most current guidance on this topic in section “5.F. Advertising.”

The ADA Code further explains, in Section 5, Note 3:

“Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society’s code of ethics or other standard of dentist conduct relating to dentists’ or dental care delivery organizations’ advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.”

As such, the ADA Code is the current, definitive guideline about the topic of advertising.

Accordingly, the Council on Communications, without objection from the Council on Ethics, Bylaws and Judicial Affairs, recommends that the following resolution be adopted.

Resolution


BOARD RECOMMENDATION: Vote Yes.
1 BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

2 *Dr. Irani was not in attendance.

The Council on Communications of the American Dental Association recommends the following guidelines to dental societies wishing to establish advertising codes or to revise their present ones:

1. The advertising code should provide that advertising uphold the dignity of the profession. Advertising text or illustrations, whether for dental or nondental products or services, should not be blatant, in bad taste or derogatory of other products or services, and should not make exaggerated claims or misleading statements.

2. The advertising code should protect the health and welfare of the public by demanding evidence of the safety and effectiveness of the products advertised.

3. The advertising code should provide that no advertising be accepted which might encourage a dentist to neglect or abrogate his or her professional responsibility.

4. The advertising code should provide that no advertising be accepted which might encourage a dentist to violate the professional code of ethics.

5. The advertising code should provide that no advertising should relate to any professional course of study, clinic, lecture or demonstration unless presented under the auspices of the American Dental Association, a constituent or component dental society, one of the eight recognized specialty groups or other dental society, a hospital approved by the American Dental Association or an accredited college, university or other institution of higher learning.

6. The advertising code should not conflict with federal and state laws, including antitrust statutes and dental practice acts, and should provide that all advertisements comply with these laws.
Resolution No. 215

Report: Board Report 9

Date Submitted: July 2023

Submitted By: Board of Trustees

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

Total Net Financial Implication: None

Net Dues Impact: 

Amount One-time 
Amount On-going 

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

How does this resolution increase member value: See Background

REPORT 9 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DElegates: NOMINATIONS TO THE STRATEGIC FORECASTING COMMITTEE

Background: In accordance with the Manual of the House of Delegates and Supplemental Information, as amended by the adoption of Resolution 206H-2022, Establishment of the Standing Committee of the House of Delegates: Strategic Forecasting Committee, the four (4) Geographic Trustee District Regions (North, East, West and South) enumerated in the language of the resolution shall each select two eligible members of the House of Delegates from different constituents within their districts for nomination to the Strategic Forecasting Committee (SFC) and shall forward those nominations to the Board of Trustees, together with information that summarizes the experience of each nominee. The four Geographic Trustee District Regions are as follows:

i. North Geographic Trustee District Region: Districts Six, Seven, Eight and Nine (“North Region”);

ii. East Geographic Trustee District Region: Districts One, Two, Three, Four and Sixteen (“East Region”);

iii. West Geographic Trustee District Region: Districts Ten, Eleven, Thirteen and Fourteen (“West Region”); and

iv. South Geographic Trustee District Region: Districts Five, Twelve, Fifteen and Seventeen (“South Region”).

The Board of Trustees shall review the nominations and shall vote on the appointment of each House of Delegates Strategic Forecasting Committee nominee. Subsequently, the slate of House of Delegates SFC members shall be forwarded to the House of Delegates for ratification.

Resolution 206H-2022 further noted that the 2023 House of Delegates appointees to the SFC be appointed to staggered terms such that fifty percent (50%) of the members turn over each year, with the initial term of one Committee member from each Geographic Trustee District Region being three years and one initial term of the other Committee member from that same Geographic Trustee District Region being two years. At the adjournment sine die of the 2025 House, all terms will revert to the two (2) year term specified in the language of the resolution.

In accordance with naming the next representatives to the SFC, each Geographic Trustee District Region submitted names for consideration. A curriculum vitae for each nominee is found in Appendix 1.
At their July 13-14, 2023 meeting, the current members of the SFC observed the use of a digital randomized selection tool to identify the nominees’ proposed term lengths—either two or three years, as described above. The results of this selection are found in the body of the proposed resolution below, as indicated by the term of service accompanying each name submitted.

Resolution

215. Resolved, that the following individuals’ appointments by the ADA Board of Trustees to the Strategic Forecasting Committee for the respective terms as indicated are hereby ratified.

North Geographic Trustee District Region:
  Dr. Cissy K. Furusho, Illinois, 8th District, 2023-2026
  Dr. Thomas M. Paumier, Ohio, 7th District, 2023-2025

East Geographic Trustee District Region:
  Dr. James E. Galati, New York, 2nd District, 2023-2026
  Dr. Christopher G. Liang, Maryland, 4th District, 2023-2025

West Geographic Trustee District Region:
  Dr. Kurt S. Lindemann, Montana, 11th District, 2023-2025
  Dr. Michael R. Varley, Colorado, 14th District, 2023-2026

South Geographic Trustee District Region:
  Dr. Deborah S. Bishop, Alabama, 5th District, 2023-2025
  Dr. Mark Chaney, Louisiana, 12th District, 2023-2026

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
NOTES
July-August 2023-H  Page 2039
SFC Report 1  Reference Committee A

Resolution No. N/A ____________________________ New
Report: Strategic Forecasting Committee Report 1 Date Submitted: July 2023
Submitted By: Strategic Forecasting Committee
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: None Net Dues Impact: ________________
Amount One-time ________________ Amount On-going ________________

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

How does this resolution increase member value: See Background

REPORT OF THE STRATEGIC FORECASTING COMMITTEE

Background: The 2022 House of Delegates ("HOD" or "House") adopted Resolution 205H-2022—Amendment of the ADA Bylaws Regarding Establishment of the Strategic Forecasting Committee and its Corresponding Duties and Responsibilities and Resolution 206H-2022—Establishment of the Standing Committee of the House of Delegates: Strategic Forecasting Committee ("SFC" or "Committee").

As part of Resolution 206H-2022, the inaugural members were appointed to serve on the SFC through the close sine die of the 2023 House of Delegates:

Lemmo, Ronald, P., 2023, Ohio, chair
Boyle, James, M., III, 2023, Pennsylvania
Brown, Thomas, A., Jr., 2023, Florida
Edgar, Linda, J., 2023, Washington, vice chair
Fiddler, Terry, L., 2023, Arkansas
Furusho, Cissy, K., 2023, Illinois
Galati, James, E., 2023, New York
Graves, Cody, C., 2023, Texas
Hall, Daniel, W., 2025, South Carolina
Liang, Christopher, G., 2023, Maryland
Lindemann, Kurt, S., 2023, Montana
Morrison, Scott, L., 2023, Nebraska
Paumier, Thomas, M., 2023, Ohio
Shepley, George, R., 2023, Maryland, non-voting member
Sherwin, Ted, 2023, Virginia, non-voting member
Tulak-Gorecki, Michele, M., 2023, Michigan
Varley, Michael, R., 2023, Colorado
Cohlmia, Raymond, A., 2023, Oklahoma, non-voting member

1 Dr. Galati fills the vacancy left by the resignation of Dr. Justin Norbo, 2023, Virginia.
2 Dr. Lindemann fills the vacancy left by the resignation of Dr. Steven J. Kend, 2023, California.
3 Dr. Paumier fills the vacancy left by the resignation of Dr. Rachel T. Hymes, 2023, Tennessee.
The work of these volunteers was directed by the adoption of these resolutions, in which certain areas of responsibility were set forth. In Chapter III. HOUSE OF DELEGATES, Section 50 DUTIES, of the American Dental Association’s Constitution and Bylaws the Committee’s duties are outlined as such:

Section 50. DUTIES: It shall be the duty of the House of Delegates to:

   * * *

E. Establish, in collaboration with the Board of Trustees, the strategic direction of the Association in alignment with the mission and vision of the Association.

F. Establish a mechanism by which the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision, is reported on, amended if necessary, and adopted by majority vote, at least annually.

And, as additionally delineated in Section I.G. of the Manual of the House of Delegates and Supplemental Information, the duties of the SFC are as follows:

G. Duties. The duties of the Strategic Forecasting Committee shall be:

1. Periodically review and propose revisions to the mission and vision statements of the American Dental Association.

2. Collaborate with the Board of Trustees in setting the strategic direction of the Association in alignment with the Association’s vision and mission statements.

3. Elect a chair of the Strategic Forecasting Committee.

4. Annually provide to the House of Delegates a report on the Strategic Forecasting Plan, including the progress of each of the strategic initiatives of the American Dental Association to achieve and confirm the progress for the current five-year vision.

Taken together the two directives combined create the SFC, an entity generally charged with the ongoing provision of strategic plan review and guidance for the Association.

“Why pursue changes to the way the ADA has been managing the strategic planning process?” asked 2022’s Report 3 of the Board of Trustees to the House of Delegates: Strategic Forecasting Activity, the document that provided background for these Resolutions. The answer set forth in Board Report 3 provides context for why the Committee invested much of the inaugural year efforts into building the infrastructure necessary to fulfill the SFC’s purpose:

The core of the Strategic Forecasting concept is … establishing a structure and method of operation that would use available technological platforms to virtually engage a very broad body of dentists to help shape the future of the Association. The desire was to have this structure do more than report back to the House on an annual basis, but to be able to provide feedback throughout the year; to be consistently receiving and reviewing relevant environmental information and exchanging ideas and building consensus regarding potential shifts in direction; to be able to be agile in flexing the Strategic Plan; and to react financially more fluidly than in the past. In short, the overarching goals identified were to define a path that would:

- Establish a meaningful long-term focus on mission critical goals;
Utilize a structure that fosters collaboration between the ADA House of Delegates and the Board; invite and make broadly accessible meaningful participation for many levels of participants in roles appropriate for relevant Bylaws authority; and possess the capability to respond more quickly to member needs, customer needs, environmental or financial challenges or any other circumstances that call for more nimble reactions than are supported by current processes.

Activities to Date:

Populating the SFC with Volunteers: The structure and composition of this new three-tiered standing committee of the House is as follows (Graph 1):

1. The SFC itself,
2. Four Subcommittees, each focused on a single category of ADA customers (Direct to Dentist, Tripartite, Public/Profession, and Enterprise), and
3. Action Groups, which are geographically designated (“NEWS”: North, East, West, and South) and report up to the Subcommittees.
   o Three of the Subcommittees—Direct to Dentist, Tripartite and Public/Profession Subcommittees—each have four Action Groups, one from each geographic region.
   o The Enterprise Subcommittee functions as its own Action Group.

Graph 1: Structure of the SFC

The inaugural members of the SFC, each appointed for a one-year (2022-2023) term, were named in Resolution 206H-2022. The SFC elected Dr. Ron Lemmo as its chair and, with respect to the Subcommittees, named chairpersons and seated members. This left the task of establishing the most robust level of volunteer insight and input: the Action Groups. Each Geographic Trustee District Region needed to self-organize, setting up their own governance structure through which to select nominees for the various Action Group positions delineated by Resolution 206H-2022. The regions worked through the first two quarters of 2023 to solicit nominations for the categories. By the end of June 2023, all regions had delivered to the SFC the candidates’ names and other relevant nomination information. The Subcommittees promptly appointed the Action Group members, who were then approved by the SFC at its July 13-14, 2023 meeting. The Action Group members’ terms were staggered consistent with Resolution 206H-2022 and with the use of a randomized selection tool.

A complete roster of the volunteers in the sublayers of SFC may be found in Appendix 1.

Now that the Action Group members are seated, a cornerstone of their onboarding will be equipping them with the technology needed to facilitate their work. Office 365 collaboration tools will enable virtual meetings of the Action Groups as well as real-time commenting on myriad types of internal- and external-facing materials. Until such time as all Action Group members are able to be onboarded, workflow shall be supported using more traditional channels such as ADAConnect, email, and Zoom meetings.
Laying the Groundwork for the Five-Year Strategic Forecasting Plan: The overarching charge of the SFC is to plan for the ADA’s future by establishing, and then continuously curating, an ever-evolving strategically forecasted plan. Generally speaking, a strategic forecast encompasses five elements:

1) Summarizes why an organization exists (mission statement).
2) Describes what will happen if the plan succeeds (vision statement).
3) Identifies what it will accomplish within a given time frame to meet the challenges and changes in its environment (goals).
4) Explains how it will go about doing so (objectives) and includes success measures to be monitored over time.
5) Forecasts, using all available resources, the highest priorities and timeline for aligning financial and human resources necessary to achieve the vision (prioritization).

Below is a brief summary of the SFC’s work to date on more substantive issues. Now that the Action Groups have been seated, activities will begin to guide those groups as they engage substantively on, and make recommendations about, these and other relevant topics.

Assessing the Mission & Vision: The SFC reviewed the current ADA Mission and Vision statements:

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

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

The SFC moved to support the current statements as they stand, with the caveat that the Action Group structure should review and provide any comment as well. A formal recommendation to the House of Delegates shall follow when that review has occurred.

Also relevant to the ADA’s Mission and Vision is a “Why” statement adopted by the ADA Board of Trustees (“Board”) at its December 12, 2022 meeting, via Resolution B-45-2022:

Resolved, that the following why statement of the Board of Trustees be adopted:

“We Make People Healthy”

and be it further

Resolved, that this statement be communicated to the Strategic Forecasting Committee for its consideration as it reviews the mission and vision statements of the American Dental Association.

The Board then provided the “Why” statement to the SFC, and the SFC subsequently endorsed it as well, with the same consideration placed on the Mission and Vision statements that the Action Group structure should be allowed the opportunity to comment before any formal recommendation is made to the House.

Forecasting Resource Needs: The work of the SFC (and its constituent parts), and the direction in which the SFC guides the ADA, will serve to inform the budget priorities of the Association. The House will set the strategic plan using a continuous feedback loop structure to respond to short or long-term forecast implications. Consistent with the direction found within the duties of Resolution 205H-2022 (excerpted below), the alignment of the financial resources with the Strategic Forecasting Plan is to be accomplished through the adoption of a budget, by the Board that recognizes the SFC proposed/House adopted priorities:

Resolved, that Chapter V. BOARD OF TRUSTEES, Section 80. DUTIES, of the ADA Bylaws be amended as follows:

Section 80. DUTIES: It shall be the duty of the Board of Trustees to:
G. Adopt a budget for each ensuing fiscal year, consistent with the Strategic Forecasting Plan.

In this way, the budget is simply a tool to be employed by the Board to meet the goals and objectives of the Strategic Plan.

Additionally, the House will also continue to approve the annual dues of the membership as part of its fiscal responsibilities. To this end, and consistent with the amendments to the ADA Bylaws made by Resolution 205H-2022, the Board will submit to the House a report with a dues request that includes projected total revenues, total expenses, and a net surplus or deficit, and preliminary operating assumptions that support the proposed dues for the next fiscal year. Such assumptions will follow the lead priorities set by the Strategic Forecast that the Board will use to determine and approve the actual annual budget.

Establishing Priorities: The SFC began the foundational work necessary to provide the House of Delegates with recommendations for an overarching five-year Strategic Forecasting Plan. The first steps in this process were to meet with appropriate ADA senior staff members for each of the Subcommittee topical areas named in Resolution 206H-2022. As they met to consider Direct to Dentist, Tripartite, Public/Profession and Enterprise support staff, the Committee members were presented with a large volume of information, as well as the opportunity to request more data or other necessary information to become as informed as possible.

The SFC next worked to identify and prioritize the first set of outcomes (and any related focus areas) for discussion, and recommendations as appropriate, by the Action Groups. These outcomes, which will serve as the lenses through which the Strategic Forecasting Plan is to be shaped, are as follows:

1. Increase engagement, conversion and membership with dental students and early-career dentists.
2. Achieve a true dental benefit.
3. Ensure organizational effectiveness and sustainability, including:
   - ADA Mission and Vision recommendations
   - Governance meeting recommendations
   - High level strategies for 2024 and 2025

Note: the SFC expects that these may be refined by the work of the Action Groups before becoming final; these outcomes serve as a starting point for discussion and draft prioritization.

Following identification of these priorities, the SFC outlined some specific questions for the Action Groups to address (aside from the already-noted ADA Mission, Vision and "Why" statements). Though not fully developed at the time of this report, examples of these framing questions and the Subcommittees under which they are likely to be discussed, are:

- Tripartite Action Groups
  - How can the ADA best demonstrate the value of organized dentistry at every level?
  - How does each benefit of membership impact each member group / demographic?
  - What would the profession look like without organized dentistry / the tripartite?
  - Can the ADA begin to conduct exit interviews with members who leave the ADA, and begin to identify what opportunities former members believed they would find beyond the ADA?
  - Does the ADA need to direct its efforts to the local level more directly?
  - How should the ADA work to facilitate membership at the local level more effectively?
- **Direct to Dentist Action Groups**
  - How can the ADA begin to focus heavily on recruiting new dentists, while still working to support mid-late career dentists?
  - How can the ADA facilitate discussions with dentists so that dentists and their needs are able to guide decisions?
  - What are common concerns that are raised by all dentists, regardless of their career length?
  - What can the ADA do to recognize long-term members?
  - What are some reasons that early-career dentists might not reach out to the ADA in the future?
  - How can the ADA make sure that all members feel welcome and included?

- **Public/Profession Action Groups**
  - What is the ADA’s vision for oral health in the United States? What methods / tactics get the ADA closer to that vision?
  - What does success look like in the promotion of healthy behaviors?
  - Has dentistry lost its focus on prevention?
  - How can the ADA work to facilitate increased visits to the dentist by the public?
  - Where should the ADA focus its efforts: insurance model or benefit model?
  - How can the SFC best facilitate discussions within the Action Groups on thorny issues such as Medicare?

- **Enterprise Action Group (i.e., Enterprise Subcommittee)**
  - How can the SFC balance long-term goals and ideas, as well as plans to maintain relevancy for the next 20-30 years, with financial responsibility?
  - What resources does the ADA need to have gathered and prepared to deal with potential problems/crises in the future?
  - What kind of metrics within the ADA should the SFC measure and examine?

_Quarterly Business Report:_ Through ADA staff, the Committee was introduced to data sets found within the Quarterly Business Report (“QBR”). The QBR is designed to be a forward-looking, data-driven report that will equip the SFC to respond nimbly as decision points arise. This information is put forward by various ADA divisions as current work progresses and serves to provide regular updates about the status of objectives. The QBR is delivered in a user-friendly fashion, structured to follow the same topical areas as the SFC Action Groups. As the strategic forecast becomes more clearly defined, the QBR will readily shift to reflect the priority outcomes and track the deliverables relevant to measure progress toward the ADA’s Vision.

For the immediate future, the information being presented in the QBR will be used in evaluating the current work in progress against any adopted language expressing the ADA Mission, Vision and “Why” statements, and then assessing progress toward the priority outcomes identified above.

_The SFC’s Next Iteration:_ As the first full year of the SFC moves toward completion, the terms of the first class of volunteers identified by Resolution 206H-2022 draw to a close at the end of the 2023 House of Delegates. The next iteration of the SFC will be placed before the 2023 House of Delegates for ratification after being reviewed and appointed by the Board. The nominations are submitted as Resolution 215 on a separate worksheet.

_Resolution_

This report is informational and no resolution is presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.
1 BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

2 *Dr. Irani was not in attendance.
## Appendix 1

Strategic Forecasting Subcommittee and Action Group Rosters

### Direct to Dentist Subcommittee

<table>
<thead>
<tr>
<th>Region</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Region</td>
<td>Dr. Cissy Furusho</td>
</tr>
<tr>
<td></td>
<td>Dr. Daniel Hall</td>
</tr>
<tr>
<td></td>
<td>(serving as a representative of the new dentist; located in the North Region)</td>
</tr>
<tr>
<td>East Region</td>
<td>Dr. James Galati</td>
</tr>
<tr>
<td>West Region</td>
<td>Dr. Michael Varley</td>
</tr>
<tr>
<td>South Region</td>
<td>Dr. Tom Brown</td>
</tr>
<tr>
<td>Trustees</td>
<td>Drs. Michele Tulak-Gorecki and Scott Morrison</td>
</tr>
<tr>
<td>President, President-elect, Treasurer, ADA ED</td>
<td>Drs. George Shepley, Linda Edgar, Ted Sherwin and Ray Cohlmia</td>
</tr>
<tr>
<td>Chair</td>
<td>Dr. James Galati</td>
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### Public/Profession Subcommittee

<table>
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<tr>
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<th>Representative</th>
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<tbody>
<tr>
<td>North Region</td>
<td>Dr. Tom Paumier</td>
</tr>
<tr>
<td>East Region</td>
<td>Dr. James Galati</td>
</tr>
<tr>
<td>West Region</td>
<td>Dr. Kurt Lindemann</td>
</tr>
<tr>
<td>South Region</td>
<td>Dr. Tom Brown</td>
</tr>
<tr>
<td>Trustees</td>
<td>Drs. Terry Fiddler and Michele Tulak-Gorecki</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------</td>
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<tr>
<td>President, President-elect, Treasurer, ADA ED</td>
<td>Drs. George Shepley, Linda Edgar, Ted Sherwin and Ray Cohlmia</td>
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<tr>
<td>Chair</td>
<td>Dr. Tom Paumier</td>
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**Tripartite Subcommittee**

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<tr>
<th>Region</th>
<th>Member</th>
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<tbody>
<tr>
<td>North Region</td>
<td>Dr. Cissy Furusho</td>
</tr>
<tr>
<td></td>
<td>Dr. Daniel Hall <em>(serving as a representative of the new dentist; resides in the North region)</em></td>
</tr>
<tr>
<td>East Region</td>
<td>Dr. Chris Liang</td>
</tr>
<tr>
<td>West Region</td>
<td>Dr. Kurt Lindemann</td>
</tr>
<tr>
<td>South Region</td>
<td>Dr. Cody Graves</td>
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<td>Trustees</td>
<td>Drs. Jim Boyle and Scott Morrison</td>
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<tr>
<td>President, President-elect, Treasurer, ADA ED</td>
<td>Drs. George Shepley, Linda Edgar, Ted Sherwin and Ray Cohlmia</td>
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**Enterprise Subcommittee & Action Group**

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<td>Dr. Chris Liang</td>
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<tr>
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<td>Dr. Michael Varley</td>
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<td>Dr. Ron Lemmo</td>
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**Direct to Dentist Action Groups**

**North**

<table>
<thead>
<tr>
<th>Position</th>
<th>Member</th>
<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist District 6</td>
<td>Dr. Michael Pernoud</td>
<td>2 years</td>
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<tr>
<td>Dentist District 7</td>
<td>Dr. Sarah Parsons</td>
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</tr>
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<td>Dentist District 8</td>
<td>Dr. Sahar Alrayyes</td>
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<td>Dr. Daniel Miller</td>
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<tr>
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<td>Vicki Wilbers</td>
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<td>Laura Burton</td>
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<tr>
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<td>Dr. Vanchit John</td>
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<tr>
<td>Full-time faculty member 2</td>
<td>Dr. Phil Schefke</td>
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<tr>
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<td>Dr. Lauryne Vanderhoof</td>
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<tr>
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<tr>
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<td>Claudia LaRochelle</td>
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<tr>
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<td>Dr. Tadros M. Tadros</td>
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<tr>
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<td>Dr. Ionnaa Mentzelopoulou</td>
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<tr>
<td>Dentist District 3</td>
<td>Dr. Cary Limberakis</td>
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<td>Dentist District 4</td>
<td>Dr. Diane Romaine</td>
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<tr>
<td>Dentist District 16</td>
<td>Dr. Julia Mikell</td>
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<td>Dr. Cynthia Schuler</td>
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<td>Ryan Dunn</td>
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<td>Dr. Maritza Morell</td>
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<td>Dr. Joe Gambacorda</td>
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<td>Shivam Jauhar</td>
<td>2 years</td>
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<tr>
<td>ASDA member 2</td>
<td>Abby Afsahi</td>
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### West

<table>
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<tr>
<th>Position</th>
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<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist District 10</td>
<td>Dr. Mike Frankman</td>
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<tr>
<td>Dentist District 11</td>
<td>Dr. Chad Winthrop</td>
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</tr>
<tr>
<td>Dentist District 13</td>
<td>Dr. Gary Glasband</td>
<td>2 years</td>
</tr>
<tr>
<td>Dentist District 14</td>
<td>Dr. Britt Marsh</td>
<td>2 years</td>
</tr>
<tr>
<td>Constituent or Component ED District 10</td>
<td>David O’Doherty</td>
<td>3 years</td>
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<tr>
<td>---------------------------------------</td>
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<tr>
<td>Constituent or Component ED District 11</td>
<td>Nissa Newton</td>
<td>2 years</td>
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<td>Serina Pruitt-Little</td>
<td>2 years</td>
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<td>Dr. Regina Cobb</td>
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<td>Full-time faculty member 1</td>
<td>Dr. Mark Miller</td>
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<td>Full-time faculty member 2</td>
<td>Dr. Arman Farhadtouski</td>
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<tr>
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<td>Dr. Aimee Abittan</td>
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<tr>
<td>New dentist 2</td>
<td>Dr. Sophia Chen</td>
<td>2 years</td>
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<tr>
<td>ASDA member 1</td>
<td>Marisa Estipona</td>
<td>2 years</td>
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<tr>
<td>ASDA member 2</td>
<td>Jessica Arland</td>
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### South

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<tr>
<th>Position</th>
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<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist District 5</td>
<td>Dr. James &quot;Jay&quot; Phillips</td>
<td>3 years</td>
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<tr>
<td>Dentist District 12</td>
<td>Dr. Kim Kosmitis</td>
<td>2 years</td>
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<tr>
<td>Dentist District 15</td>
<td>Dr. Richard Potter</td>
<td>2 years</td>
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<tr>
<td>Dentist District 17</td>
<td>Dr. Jacinta Lamontagne</td>
<td>3 years</td>
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<tr>
<td>Constituent or Component ED District 5</td>
<td>Danielle Gallegos</td>
<td>3 years</td>
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<tr>
<td>Constituent or Component ED District 12</td>
<td>Kevin Robertson</td>
<td>3 years</td>
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<td>Constituent or Component ED District 15</td>
<td>Katheryn Lewis</td>
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<tr>
<td>Constituent or Component ED District 17</td>
<td>Lissette Zuknick</td>
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<tr>
<td>Full-time faculty member 1</td>
<td>Dr. Mike Pruett</td>
<td>2 years</td>
</tr>
<tr>
<td>Full-time faculty member 2</td>
<td>Dr. Riegar Wood</td>
<td>3 years</td>
</tr>
<tr>
<td>New dentist 1</td>
<td>Dr. Priscilla Sosa</td>
<td>2 years</td>
</tr>
<tr>
<td>New dentist 2</td>
<td>Dr. Akshay Thusu</td>
<td>3 years</td>
</tr>
<tr>
<td>ASDA member 1</td>
<td>Spencer Boone</td>
<td>2 years</td>
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<tr>
<td>ASDA member 2</td>
<td>Brooke Badeaux</td>
<td>3 years</td>
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## Public/Profession Action Groups

### North

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<th>Position</th>
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<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist District 6</td>
<td>Dr. Michael Berry</td>
<td>2 years</td>
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<td>Dentist District 7</td>
<td>Dr. Thomas Matanzo</td>
<td>3 years</td>
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<tr>
<td>Dentist District 8</td>
<td>Dr. Bianca Sciarresi-Urzua</td>
<td>2 years</td>
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<tr>
<td>Dentist District 9</td>
<td>Dr. Samuel Blanchard</td>
<td>3 years</td>
</tr>
<tr>
<td>Constituent or Component ED District 6</td>
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<tr>
<td>Full-time faculty member 1</td>
<td>Dr. Mirissa Price</td>
<td>3 years</td>
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<td>Full-time faculty member 2</td>
<td>Dr. Martin Hogan</td>
<td>2 years</td>
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<tr>
<td>New dentist 1</td>
<td>Dr. Mark W. Graves</td>
<td>2 years</td>
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<tr>
<td>New dentist 2</td>
<td>Dr. Jae &quot;Parker&quot; Heiner</td>
<td>3 years</td>
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<td>ASDA member 1</td>
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<td>Elias Khawam</td>
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<tr>
<td>Dentist District 1</td>
<td>Dr. Brian Cicero</td>
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<td>Dentist District 2</td>
<td>Dr. Christopher Tota</td>
<td>3 years</td>
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<tr>
<td>Dentist District 3</td>
<td>Dr. Jay Freedman</td>
<td>2 years</td>
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<td>Dentist District 4</td>
<td>Dr. Patrick Grogan</td>
<td>2 years</td>
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<td>Dentist District 16</td>
<td>Dr. Samuel Galstan</td>
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<tr>
<td>Constituent or Component ED District 1</td>
<td>Michael P. Auerbach</td>
<td>3 years</td>
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### Constituent or Component ED District 2
- **Member:** Dr. John D. Craig
- **Term Length:** 3 years

### Constituent or Component ED District 3
- **Member:** vacancy
- **Term Length:** 2 years

### Constituent or Component ED District 4
- **Member:** vacancy
- **Term Length:** 2 years

### Constituent or Component ED District 16
- **Member:** Duncan Jennings
- **Term Length:** 2 years

### Full-time faculty member 1
- **Member:** Dr. Ronnie Myers
- **Term Length:** 2 years

### Full-time faculty member 2
- **Member:** Dr. Mark Wolff
- **Term Length:** 3 years

### New dentist 1
- **Member:** Dr. Justin Dinowitz
- **Term Length:** 2 years

### New dentist 2
- **Member:** Dr. Lauren Yap
- **Term Length:** 3 years

### ASDA member 1
- **Member:** Allison Tempel
- **Term Length:** 3 years

### ASDA member 2
- **Member:** Emma Wilkinson
- **Term Length:** 2 years

---

### West

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<tbody>
<tr>
<td>Dentist District 10</td>
<td>Dr. Elizabeth Papineau</td>
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<td>Dentist District 11</td>
<td>Dr. John Gibbons</td>
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<td>Dr. Gary Herman</td>
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<td>Dentist District 14</td>
<td>Dr. Anthony Caputo</td>
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<td>Mary McCune</td>
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<td>Dr. Ken Merritt</td>
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<td>Dr. Alyssa Nowlen</td>
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<td>ASDA member 1</td>
<td>Spencer Carlile</td>
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### South

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<tr>
<td>Dentist District 5</td>
<td>Dr. Sherri Gwin</td>
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<td>Dentist District 12</td>
<td>Dr. Kristi Soileau</td>
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<td>Dentist District 15</td>
<td>Dr. Drew Vanderbrook</td>
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<td>Dr. Karen Glerum</td>
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<td>Annette Droddy</td>
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<td>Jane Evans</td>
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<td>Kelsey Bulnes</td>
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<td>Dr. Jacqueline Plemons</td>
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<td>Dr. William Parker</td>
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<td>New dentist 1</td>
<td>Dr. Jennifer Lenning</td>
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<tr>
<td>New dentist 2</td>
<td>Dr. Yeri Guak</td>
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<td>ASDA member 1</td>
<td>Caleb Stallings</td>
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<tr>
<td>ASDA member 2</td>
<td>Nathan Neal</td>
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### Tripartite Action Groups

### North

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<thead>
<tr>
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<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist</td>
<td>Dr. Jill Burns</td>
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<td>Kristen Stewart</td>
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<td>Jamee Lock</td>
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<td>Janelle Kramer</td>
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<td>Eric Larson</td>
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<td>Dr. Chris Gorecki</td>
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<td>Dr. Mark Paget</td>
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<td>New Dentist</td>
<td>Dr. Kirthi Tata</td>
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<td>DSO Management/Admin #2</td>
<td>Adebisi &quot;Bisi&quot; Adewunmi</td>
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### West

<table>
<thead>
<tr>
<th>Position</th>
<th>Member</th>
<th>Term Length</th>
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<tbody>
<tr>
<td>Dentist</td>
<td>Dr. William Martin</td>
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</tr>
<tr>
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<td>Dr. Kathryn Rothas</td>
<td>2 years</td>
</tr>
<tr>
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</tr>
<tr>
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<table>
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</tr>
<tr>
<td>Constituent or Component ED District 1 #1</td>
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<tr>
<td>Constituent or Component ED District 1 #2</td>
<td>vacancy</td>
<td>2 years</td>
</tr>
<tr>
<td>Constituent or Component ED District 2 #1</td>
<td>Becky Herman</td>
<td>2 years</td>
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<tr>
<td>Constituent or Component ED District 2 #2</td>
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</tr>
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<td>Dental Industry rep</td>
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<tr>
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## West

<table>
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<tr>
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<tr>
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<td>Paul Knecht</td>
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</tr>
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<td>Deanna McKnight</td>
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<td>Val Radmall</td>
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<tr>
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<td>2 years</td>
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<tr>
<td>ASDA Member</td>
<td>Chao &quot;Teddy&quot; Dong</td>
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<tr>
<td>Dental Industry rep</td>
<td>Megan Nakanishi</td>
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</tr>
<tr>
<td>DSO Management/Admin #1</td>
<td>Dr. Bryan Shanahan</td>
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</tr>
<tr>
<td>DSO Management/Admin #2</td>
<td>Dr. Michael Plunkett</td>
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## South

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Dentist</td>
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<td>Michele Huebner</td>
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<tr>
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<tr>
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<td>Angel Henry</td>
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<td>Drew Eason</td>
<td>2 years</td>
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<tr>
<td>------------------------------------------</td>
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<tr>
<td>New Dentist</td>
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<tr>
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<td>Kristi Crum</td>
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<tr>
<td>DSO Management/Admin #2</td>
<td>Dr. Pat Bauer</td>
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REPORT 2 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: TECHNOLOGY
INITIATIVES, EXPENDITURES AND ESTIMATED FUTURE PROJECTS

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

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

- **Enterprise Reporting & Analytics.** The data warehouse will be moved to the new Microsoft (MS) Azure Cloud environment and will transition to the business intelligence tool, MS Power BI. These changes will modernize the data warehouse environment and will offer users new and improved features and functionality for reporting. A project was completed to analyze the load process for the HPI Office Database. This project provided recommendations for improving the loading and integration of several external data sources to allow improved tracking of Dental Service Organizations. A project was completed to move HubSpot data into the Data Depot of the data warehouse. This move will significantly reduce time and manual effort to pull lists and complete analytic tasks. The initial project to implement a formal data governance program was completed. Data Governance is the formal execution and enforcement of authority over the management of data and data-related assets. This program focuses on the governance and management of essential operational and analytical data with a plan to scale the program to address organizational-wide data requirements. Work continues to build and expand the program by educating users on best practices.

- **Websites.** Website enhancements and updates continue since the new ADA.org launched in November 2021. The project to move website properties into the MS Azure Cloud environment was successfully completed. This move provides access to more modern technology and development process including DevOps with full production pipelines and automated quality assurance review. These capabilities are essential for the technology strategy to develop predictable Release Control Plans for core systems. These modern processes provide the ability to work with multiple development teams so code deployment can be effectively managed across multiple remote teams. The Business Continuity Plan (BCP) website and the ADA Practice Transitions (ADAPT) website were also moved to the MS Azure environment. The move of the ADAPT website provided the capability to fully integrate it into the mobile member app. The project to develop and implement HubSpot Content Management Software (CMS) and create
Publication websites was halted due to the new Broadcast Med (BCM) solution. The ADA News website was the first one to be developed. Portions of this website will be repurposed to be used with BCM. The Hubspot footprint will be reduced and unused portions of the system will be phased out. A project was completed that used military veterans to test the accessibility of the ADA websites. Manual review of websites is proven to be more effective in discovering accessibility issues than technical scans alone. This testing ensures that ADA websites can be accessed by individuals with disabilities. The New Dentist Blog was upgraded to a new and more modern template in WordPress. The ADA's Seal program was previously upgraded with a Salesforce solution. New features and functionality were added to improve the administration and management of this program. The ADA Intranet, the internal website used by ADA employees, received a much-needed upgrade to SharePoint online. The new Intranet has a more modern look and feel and improves the management and support of content. In addition to the ongoing maintenance and support of the ADAPT website application, enhancements and fixes were completed or are scheduled for completion this year. They include a diagnostic check on the AI recommendations engine to address slow performance; an algorithm revert to the original matching algorithm to address issues with the developed practice matching algorithm; redeveloping the front end application in Angular to move away from React and make it more compatible for integration into the ADA Member mobile application that is also built in Angular; a front-end user-experience redesign to transition to a new business model for the ADAPT platform and the larger Career Services. These changes will include the ability for dentists to self-select matches and a rudimentary job placement board. Efforts are underway to simplify processes and workflows by removing old content, old workflows, and implementing user experience improvements.

- As part of the Power of 3 initiative, the ADA developed Branded Web Templates (BWT) to deploy to the states and local societies that are on Aptify. BWT offers the states and locals a similar "look and feel" web presence, which gives visitors a similar web experience at the local, state and national level. As of this report, 158 sites (39 states and 119 components) are using BWT with another five (5) component sites scheduled to be deployed by end of the year. The project to move the website hosting services from a third-party vendor to the ADA's MS Azure Cloud environment is scheduled to be completed by the end of the year. This move is in line with the overall hosting strategy and allows for website enhancements to be implemented in a timely manner and allows more immediate control and access to the hosting environment to resolve issues and reduce downtime. This move enables modern source control, and a formalized DevOps process. As part of the move to Azure, the entire instance was upgraded to Sitefinity v14.3 with updated plugins and frameworks installed. A project is underway to implement Salesforce to provide a self-service support portal for users to receive tier 1 technical support. This solution will improve response time and allows staff to focus on technical improvements to the sites.

- **Digital Member Experience.** This project provides an improved online experience offering tailored experiences based on individual interests as determined through purchases, online interactions, demographic data and geo location. The focus is on modernizing technology systems and processes to access modern cloud systems and process. The strategy behind the modernization is to migrate systems to the cloud utilizing MS Azure, utilize advanced machine learning search technologies, and move systems and apps into a framework where they are more integrated, trackable, and utilizing modern development branches and pipelines. By committing to a transition to cloud technologies and modern DevOps methods utilizing advanced Search technology built around machine learning the new ADA experience better ties disparate systems together and improves the overall user experience. This improved user experience also becomes more manageable, scalable and efficient at adding new features. This is the foundation of transforming ADA websites and applications to being headless and enabling an omni-channel architecture. This omni-channel delivery approach streamlines content delivery across internal and external websites and allows web content creators to manage content delivery without the assistance of technical developers. This approach makes content flow more efficient across websites. Expanding the advanced search capabilities to better pull content from external
websites into ADA websites will make search for users much easier. Projects were completed involving transitioning web search approaches to utilize new technology and to better monitor user flow across applications. A major component of this transition involved migrating from Google Universal Analytics to Google Analytics 4.

- **Mobility.** Existing mobile applications continue to be upgraded annually to the current iOS and Android platforms. A mobile version of the Member Directory was released as a first version mobile application. It was developed as a hybrid web application that utilizes both native phone capabilities as well as online web capabilities. The new ADA Member App was launched for both iPhone and Android platforms. This app includes a member-to-member messaging platform; career pathways content experience; direct access to the ADA Sound Bites Podcast, a personal document vault for saving professional documents in one place on the user’s phone, and a personalized content feed where ADA members can select the topics of interest. The app also provides direct access to the member’s profile area on ADA.org as well as the ability to update all profile information. The app has new features includes a career profile quiz that provides recommended career path recommendations; a new mentor designation in the chat messaging platform for ADA members to sign-up for mentoring other ADA members. The application analytics have been further developed for more detailed usage analytics, including incorporating Podcast interaction. Work is ongoing to refine, modernize, simplify and improve the user experience on the app.

- **Finance/HR/Payroll.** Since the initial implementation of NetSuite in 2018, system enhancements and updates continue to be identified and developed with the business users. A project was completed to configure enhancements and custom reporting in the PyanGo Grants module to provide the information needed by the ADASRI Grants Manager and Principal Investigators to manage grants effectively and efficiently. Two (2) new modules were implemented to the UltiPro Payroll system – People Assist and Document Manager. The People Assist module provides employees with a self-service solution to find answers to their HR questions through an on-demand, user-friendly, personalized database as well as initiate complex requests to HR that are routed to the appropriate HR team member for resolution. The Document Manager module allows HR to create, store, access, share and delete employee files in one secure place to access from any device. It centralizes documents from multiple sources including scanned paper documents once stored in file cabinets and digital documents stored across systems.

- **Infrastructure, Hardware and Software Licenses.** The Association maintains hardware and software licenses necessary for the Association’s network infrastructure as well as end-user equipment such as desktops, laptops and printers. As part of this hardware maintenance, a manufacturer-certified on-site technician is utilized to fix hardware under warranty instead of depending on “deposit warranty service” thus minimizing downtime for users. A project was completed to replace the batteries in the Uninterrupted Power Source (UPS) backup battery system for the ADA’s network. The UPS provides backup power in case the power source goes down. Work continues at the new Stanton Park office location in DC to provide technology services (network, storage, phones, internet connectivity, and AV) to support staff working at this location. Work is also being done at the DC office to facilitate consolidation from two floors to one floor. The Office 365 upgrade project was completed. This upgrade offers new user features and functionality on Microsoft software products (e.g., Word, Excel, PowerPoint, Exchange/email and MS Teams) as well as improved security features. The Knowledge Center, the ADA’s document management solution that is built on MS SharePoint was migrated to the Microsoft O365 cloud-based solution. In addition, the scanning software to scan paper documents and move them into the Knowledge Center was also upgraded to a cloud-based solution. The ADA Connect system will be migrated to a new version of SharePoint to keep it on a current supported platform. The Robotic Process Automation (RPA) project that began in 2021 continues. This work involves identifying manual business processes that can be automated by using robotic software.

Business processes in the membership and finance areas are underway with other areas to be identified later this year and into 2024.

- **Aptify.** The ADA currently has three (3) Aptify environments – Enterprise, DTS and CODA. These systems are being maintained in stable operations until they are formally shut down and the new
systems replacing Aptify (Fonteva, Salesforce, and Armature) are implemented and fully operational. Active review and approval of required updates and projects has been implemented to prepare for the migration to the new systems while remaining fully operational. A new universal online membership application (UMA) was developed, which provides a standardized form for all states to use for the member application process. A project is underway to develop multiple system interfaces from Aptify to the new Learning Management System (LMS) and the new ADA Store by utilizing a middleware application called Mulesoft. This application offers a solution to better manage the future transition from Aptify to Salesforce. This work is a result of the new Broadcast Med project being led by The Business Group.

- **Fonteva/Salesforce.** A multi-year project is underway to implement a replacement for Aptify, which has been in place since 2011. Fonteva was selected as the new association management system (AMS), which will be built on Salesforce, a customer-relationship management (CRM) platform. The project is currently in the build phase that will continue until the end of the year. Work is underway to build and implement system interfaces that will allow Fonteva and Salesforce to exchange data with third-party systems such as the new Broadcast Med platform. Oracle/NetSuite licenses were purchased to implement a new Inventory & Order Management solution for the ADA Store. Conga, a document management and electronic signature service was purchased. This solution integrates with Salesforce and will be used by the societies. A project will begin to design a communications plan around organizational change management. This plan will provide the ADA and societies timely information on how and when these new systems will be rolled out and the impact on their business. An end-user training plan will be included as part of the overall communications plan.

- **Aptify/Education.** An 8-week discovery workshop was conducted earlier this year to identify a replacement for the DTS instance of Aptify with a solution that meets all their unique business needs. During this workshop, DTS’ test administration and e-business requirements were identified and a proposal for a Salesforce-based solution was recommended. Upon review, it was determined that a customized Salesforce solution would be developed as current off-the-shelf products do not meet all of DTS’ needs. This solution implementation is underway and is expected to be completed by Q1 2024. The CODA instance of Aptify will also be replaced. Armature, a highly respected credentialing and accreditation management software solution was selected. The Armature solution will also replace the antiquated MS Access database currently used for the management and support of CCERP back office and application processes. The Armature implementation is scheduled to begin later this year with rollout also in Q1 2024. Aptify DTS and CODA system support continues to maintain the use of these systems while the conversion to the new systems is underway.

The table below outlines actual project implementation expenditures in the core areas in 2022 and projected spending in 2023. Also disclosed is spending related to infrastructure hardware and major projects.

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<th>IT Core Area</th>
<th>2022 Actual Spending</th>
<th>2023 Projected Spending</th>
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<td>Mobile Applications</td>
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<td>Fonteva/Salesforce (Reserves)</td>
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Total Project Spending | 10,093,139 | 22,468,048
Balance of IT Operating Budget | 13,592,873 | 15,381,261
Total IT Spending | 23,686,012 | 37,849,309

Resolution

1  This report is informational and no resolutions are presented.

2  BOARD RECOMMENDATION: Vote Yes to Transmit.

3  BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

4  *Dr. Irani was not in attendance.
Resolution No. N/A  New
Report: Board Report 3 Date Submitted: July 2023
Submitted By: Board of Trustees
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: None Net Dues Impact:

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

How does this resolution increase member value: See Background

REPORT 3 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES RESPONSE TO
RESOLUTION 211H-2022: NEW DENTISTS PRACTICE MODALITY TRANSITIONS: A DATA DRIVEN INVESTIGATION

Background: The ADA Health Policy Institute (HPI) routinely publishes data and research related to the dentist workforce, including trends in practice settings and factors influencing various career choices. The ADA House of Delegates in 2022 reinforced the importance of this research by requesting a report, subject to data feasibility, on trends in practice setting for dentists in the first 10 years of their career. Practice setting characteristics that HPI focuses on include solo practice, various types of group practice, dental support organization (DSO) affiliation, the role of private equity ownership, and factors impacting new dentists practice choices. (See Appendix 1 for the complete Resolution 211)

HPI pursued various data sources and methods for this research. First, HPI published updated data on practice size and DSO affiliation for all practicing dentists in the U.S. for various career stages. The data are available for every state and represent a major advancement in methodology and accuracy. Second, HPI analyzed transitions in and out of various practice settings for all new dentists across a five-year period. Third, HPI completed a comprehensive survey of new dentists to understand drivers of career satisfaction, how satisfaction differs across practice setting, and future intentions of new dentists. Fourth, HPI compiled and analyzed innovative data on private equity investment activity in dentistry.

Key Findings: There are several important conclusions from the various strands of analysis that are worth highlighting. These include:

- Among new dentists (up to 10 years out of dental school), 17% are in solo practice, 47% are in single location practices with more than one dentist, and the remaining 36% are in multi-location practices of various sizes, including 16% who are in practices with more than 100 locations. In comparison, mid and late-career dentists are much more likely to be in solo practice compared to group practice. An estimated 23% of new dentists are affiliated with a DSO. For mid and late-career dentists, the rates are lower. There is considerable variation across states in practice modality patterns of new dentists.

1 Results of the analysis are available at: https://www.ada.org/resources/research/health-policy-institute/dental-practice-research/practice-modalities-among-us-dentists.
2 The analysis related to practice transitions and career satisfaction among new dentists is available at: https://www.ada.org/-/media/project/ada-organization/ada/ada.org/files/resources/research/hpi/hpbrief_practice.transitions.new.dentists.pdf.
3 The analysis related to private equity activity in dentistry is currently in the publication process with Health Affairs, the premier academic journal for health policy.
- When examining practice setting transitions over a five-year period, new dentists are most likely to remain within the same setting. This is true for both practice size and DSO affiliation. When transitions do occur, they are most often a “downsize,” meaning dentists move from larger practices to smaller ones. Over a five-year period, only 10-15% of new dentists transition into solo practice.

- In terms of career satisfaction, the analysis suggests that dentists have an overall preference for unaffiliated private practice, where dentists might be working in groups but are not affiliated with a DSO. At the same time, the research indicates there are pros and cons associated with different practice settings, and new dentists might be “sorting” based on what job attributes they value most.

- Education debt levels do not vary by practice settings for new dentists, suggesting debt is not a major driver of career choice.

- An estimated 10% of dentists in the U.S. are in dental practices that are affiliated with private equity, and this has been increasing over time. There is nearly a one-to-one relationship between DSOs and private equity and, accordingly, private equity affiliation in dentistry varies considerably by state.

**Looking ahead:** HPI’s research program related to practice settings in dentistry will next focus on further enhancing the data for longer-term tracking, exploring how dental care utilization patterns vary across practice modality, and identifying the factors driving state-by-state variations.

**Resolution**

This report is informational and no resolutions are presented.

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

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
Resolution No.  N/A                     New
Report:      Board Report 5                     Date Submitted:  July 2023
Submitted By:  Board of Trustees
Reference Committee:  A (Business, Membership and Administrative Matters)

Total Net Financial Implication:  None  Net Dues Impact:  
Amount One-time  Amount On-going  

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

How does this resolution increase member value:  See Background

REPORT 5 TO THE HOUSE OF DELEGATES: RESPONSE TO RESOLUTION 213H-2022:
IMPROVEMENTS TO THE ADA CAREER CENTER NATIONAL JOB BOARD

Background:  In 2022, the ADA House of Delegates adopted Resolution 213-H to investigate and implement improvements to the ADA's existing job placement programs.

Resolved, that the appropriate American Dental Association (ADA) agencies investigate and implement improvements based on dentists' needs to the ADA's existing job placement programs that will entice ADA members to post job opportunities and attract dentists in the workforce to seek those job opportunities, and be it further

Resolved, that the appropriate ADA agencies seek input from the American Student Dental Association, including but not limited to, ease of use, potential areas of improvement and marketability, and how best to promote this improved resource to ADA members and dental students, and be it further

Resolved that a report be made to the 2023 House of Delegates

Actions:  As part of the discovery phase for this initiative, ADA Practice Transitions, ADA Business Group, the New Dentist Committee, and Member and Client Services worked collaboratively to gain the full scope of career offerings across the ADA and state societies. Students were consulted as part of the Direct to Dentist co-creation groups and validated the concepts of a search tool and personal guidance. This comprehensive review allowed the ADA to envision next steps to provide a robust, meaningful, and seamless member experience across the tripartite.

The ADA currently offers three options for dentists who are looking to find a job or a practice to purchase:

1. National job board: Administered through Russel Johns Associates
2. ADA Practice Transitions: A service of the ADA launched nationwide in December 2020
3. State job boards/state websites: Administered either through state staff or a third party

Each option has opportunities for enhancements and optimization to better meet the needs of members.

The National job board is a revenue source for the ADA; however, utilization by the general membership is low. As of April 2023, only seven of the ads on the Career Center site had been placed directly by ADA members; the remaining 1,989 ads were placed by recruiters or DSOs advertising employment opportunities. There were zero ownership transition opportunities. Feedback has indicated that low utilization stems from the cost for posting job opportunities as well as the desire for a more robust selection of opportunities that reflect the diversity of the dental profession.
The state and local dental society job boards vary in revenue and utilization. Overall, the survey data indicated that most states consider their job board to be a revenue-positive or revenue-neutral benefit that requires minimal administrative cost for those that use the Russell Johns program or similar platform. For states that allow members to post directly on their site, there are staff and administrative costs.

ADA Practice Transitions is a personalized service that follows doctors from initial job opportunity to completed contracts. Fees are deeply discounted for members, and currently only payable upon successful purchase or hire. There is growing utilization, and enhancements are aimed at building member value. There are currently 1,634 people on the platform, of which 92% are ADA members. This includes 654 owners looking to hire or sell, and 980 incoming dentists looking to join or purchase a practice. This service is transforming to a more user-friendly experience as part of the ADA Career Pathways on the Mobile App. New functionality and service delivery are scheduled for launch in Q1 2024.

Improvements in progress:

New Career Services Vision: To address the needs of members, the ADA is in the process of building a new career services resource that would streamline current benefits, address gaps in needs, and continue to earn revenue. A new ADA agile team was launched in 2023 to address this goal.

Career Services Vision Statement: “As a dental professional I want to be able to go to Career Services of ADA.org and the ADA app and use the tools provided to gain an unbiased, clear understanding of myself and my career options. I will know what the requirements are for the option that fits me best, including licensure, finances, and skill set. I will be able to seamlessly access resources that allow me to fulfill the requirements. When I am ready, I will be connected with specific opportunities that fit my needs. I will have personalized guidance throughout the process including how to be most successful as I enter the new situation and resources to reach out to when questions/concerns arise after starting a new position.”

ADA Career Services Optimization on ADA.org and Mobile App:
- Create a seamless interface for a new search engine on ADA Practice Transitions. The new search functionality gives doctors complete control as they search for practices to join or purchase.
- ADA Career Services is optimizing the content and resources for dentists looking for job and practice opportunities. These services guide the doctors through the entire experience of transitioning into a new practice – regardless of modality. A comprehensive content audit has identified the strongest-performing content to highlight, as well as opportunities to merge articles into more robust, actionable information targeted to member needs at every phase of the process. Outdated, poor-performing articles will be removed. An improved tagging strategy and search engine optimization focus will make it easier for doctors to find related information.
- Increase visibility of the Career Services available at the ADA at the national, state, component, and school levels by utilizing volunteer leaders, paid advertising, and PR campaigns.
- Provide revenue share to the states based on utilization.
- Launch a new career pathways quiz that will serve as the first step in a fully integrated process to help students and dentists find the best modality for them. The quiz and related tools will provide practicing dentists and dental students with clear, unbiased information about the career paths that best suit their individual requirements. The ideal state will consider their unique leadership style, personality, financial/personal situation, and clinical and physical abilities. The dental professional will be offered specific opportunities and customized guidance to successfully enter the new practice situation when they are ready.

ADA Job Board (currently named Career Center):

Several changes are occurring to improve the ADA Job Board experience for members.
- Ensuring messaging on the site is consistent with ADA messaging and brand. Following a content audit, generic, outdated articles that are not specific to dentistry will be removed and replaced by...
top-performing ADA Practice Transitions articles that provide greater detail on how to find, negotiate, and excel at a dental job. Existing Russell Johns content will also be bolstered with information from ada.org and refreshed to align with the ADA’s voice and tone.

- Re-evaluating the contractual relationship with Russell Johns Associates when contract matures.
- Requesting that Russell Johns Associates offer discounts to broadly advertise positions for underserved modalities such as Public Health, Military, FQHCs, etc.
- Requesting that Russell Johns provide ADA Career Services space on the homepage to promote career services at low/no cost.

Re-evaluate every 2 years to determine the need for multiple services. As the new services through the ADA are optimized, look for opportunities to consolidate into a comprehensive solution that provides value to the member and revenue to the states/locals.

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
July-August 2023-H

Report No. 7

Resolution No. N/A                        New

Report: Board Report 7                        Date Submitted: July 2023

Submitted By: Board of Trustees

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

Total Net Financial Implication: None    Net Dues Impact: 

Amount One-time                  Amount On-going

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

How does this resolution increase member value: See Background

REPORT 7 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: COMPENSATION AND CONTRACT RELATING TO THE EXECUTIVE DIRECTOR

Background: On May 12, 2021 the Board of Trustees executed a 3-year employment agreement with the current Executive Director, effective October 1, 2021 and expires in three (3) years on October 1, 2024.

Compensation and Benefits: The Executive Director’s current annual base salary is $624,000 and is paid in accordance with the Association’s standard payroll schedule and policies. The Agreement provides that the Board of Trustees shall review the Executive Director’s salary on an approximately annual basis and may in its sole discretion, increase his compensation by up to four percent based on a performance review by the Board. The Executive Director is eligible for an annual bonus ranging up to 30% of his base salary, based on criteria jointly approved by the Executive Director and the Board of Trustees and subject to available funds. In March 2023, the Board of Trustees agreed to approve a 4% increase to the ED’s salary and a two-part bonus for his service to the ADA in 2022, (1) in the amount of 16% of his annual salary ($96,750) for his incentive performance plan results; and (2) an additional amount of $23,250 (4%) in recognition of his outstanding service, for a total bonus percentage of 20% of his 2022 annual salary.

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

The Agreement provides additional fringe benefits including a $15,000 annual contribution facilitated through Concourse Financial Group; a parking space in the Association Headquarters building; the reimbursement of reasonable, substantiated expenses incurred to purchase and maintain a membership in one city or athletic club in the Chicago area; one cellular telephone; reasonable expenses for spousal travel to the Association’s annual meeting and any other required spousal travel consistent with the ADA Board’s spousal travel policy in effect at the time; and membership dues in professional associations up to an annual amount of $6,000 (except for the dues of the American Dental Association and its constituent and component dental societies).

Resolution

This report is informational, and no resolutions are presented.
1 BOARD RECOMMENDATION: Vote Yes to Transmit.
2 BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)
3 *Dr. Irani was not in attendance.
Resolution No. N/A New
Report: Board Report 8 Date Submitted: July 2023
Submitted By: Board of Trustees
Reference Committee: A (Budget, Business, Membership and Administrative Matters)
Total Net Financial Implication: None Net Dues Impact: 
Amount One-time Amount On-going 
ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.
How does this resolution increase member value: Not Applicable

REPORT 8 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ADA PENSION PLANS

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

Resolution 77H-2011 reads as follows:

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

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

To summarize, that 2012 decision was based on the following facts which still apply to the plan:

- The new 2012 terms of the pension plan reduced future costs and risks by more than 60% compared to the old plan terms.
- Supplemental pension funding is not optional and represents payment of prior service costs under the old pension plan. This funding is the majority of the ADA’s annual budget cost and is required even if the plan is terminated.
- If the pension plan were terminated completely, the ADA would not have access to plan assets to reduce costs in future periods (as the ADA has benefitted in recent years).
- A “hard freeze” plan termination would come at a high price because conservative accounting rules lock in the value of the liability based on an assumed liquidation of pension benefits as of the termination date using current low interest rates. After that, this liability can only be reduced by the future payment of those plan liabilities.
- The long term economic costs of the plan are ultimately tied to the payout of future benefits over many years, in fact, decades into the future. ADA contributions that go into the plan do not come out except to pay plan benefits. Because pension benefits, since 1993, are only paid as a monthly annuity to retirees, cash flows are predictable with little volatility and plan assets are
invested to balance long term returns, risks, and costs in relation to the maturity of the long term
pension liabilities.

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

a. the accrual basis liability included in the ADA’s 12/31/22 balance sheet (based on ASC 715
accounting rules), and

b. the “cash basis” liability, percent funded status and funding requirements included in the ADA’s
1/1/23 Adjusted Funding Target Attainment Percentage [“AFTAP”] Certification Report (based on
government ERISA calculation rules).

Although these two liability calculation methods differ, in general terms the net Pension liability represents
the amount of projected total pension contributions that would be needed to cover “100% funding” of
future benefits less the value of actual funds invested in pension plan assets as of the measurement date.
In each case, this “100% funded” liability is an amount calculated by the ADA actuary based on a formula
that uses certain assumptions including interest rates and mortality tables determined by either
government or accounting rules. When interest rates go down or longevity estimates increase the
amount needed to reach 100% funded status goes up. Conversely, if interest rates go up or longevity
estimates decrease, then the calculated amount to reach fully funded status goes down. For 2022,
increased interest rates were partially offset by negative asset returns to reduce the amount need to
reach 100% funded status.

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

Accrual Basis Pension Liability (included in the ADA’s 12/31/22 audited balance sheet): The
following roll-forward analysis of the ADA’s 12/31/22 balance sheet liability shows all the changes in the
net accrual basis liability since the beginning of the year compared to prior periods.

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

1. The ADA’s contribution of cash to the plan assets which reduces the liability includes two parts:
   a. The funding of “normal service” costs for current employees of the ADA who earn benefits during
      the plan year; and
   b. The funding of supplemental payments to help get the plan to 100% funded status which
      represent “catch up” funding of benefits earned in prior periods as defined by government funding
      rules initially introduced by the Pension Protection Act (“PPA”) of 2006; and

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

3. The non-cash decrease or increase in the net pension liability due to the respective increase or
   decrease in the value of the plan’s investment assets; and

4. The impact of an increase or decrease in the net pension liability due to the decrease or increase in
   the “spot rate” of interest used to calculate the actuarial present value of those future retirement
   benefits at December 31 each year.
In addition to these changes to the pension liability, the ADA also made the “one time” change to future employee benefits effective January 1, 2012 that significantly reduced the ADA’s accrual basis pension liability as well as its ongoing pension expense. This one time change reduced the liability by $8.9 million at 12/31/2011 and reduced “normal service costs” annually in 2012 and future years by over $3 million compared to 2011.

Finally, studies of mortality experience for participants in pension plans have been published by the Society of Actuaries in recent years. While these studies have often indicated that pension plan participants are generally living longer, sometimes revised mortality tables adjust life expectancy estimates downward. As such, updated mortality assumptions have been published to reflect the results of these studies. For 2022, there were no updates made to the mortality table or mortality projection scale.

The following historical roll-forward analysis chart shows the most recent 5 year history of the pension plan.

### ADA Consolidated Net Pension Liability Analysis - U.S. GAAP Accrual Basis

<table>
<thead>
<tr>
<th>Fiscal Year Ending</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance, December 31 of prior year</td>
<td>53.0</td>
<td>49.7</td>
<td>54.7</td>
<td>47.7</td>
<td>34.7</td>
<td>Net Liability, based on discount rate in effect at start of year less plan assets</td>
</tr>
<tr>
<td>Contributions (Cash):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal Service Cost Funding - current employees</td>
<td>(2.7)</td>
<td>(2.4)</td>
<td>(3.1)</td>
<td>(3.5)</td>
<td>(3.5)</td>
<td>Based on Old Plan formula in 2011; New Plan formula for 2012 to 2022</td>
</tr>
<tr>
<td>Supplemental/Catch-up Funding of Prior Service</td>
<td>(4.7)</td>
<td>(4.3)</td>
<td>(4.5)</td>
<td>(4.4)</td>
<td>(3.5)</td>
<td>Required contributions of prior service costs on path to 100% status</td>
</tr>
<tr>
<td>Expected Obligation Increase</td>
<td>11.7</td>
<td>12.2</td>
<td>11.4</td>
<td>10.9</td>
<td>11.7</td>
<td>Service Cost (benefit accrual) and Interest Cost (interest on prior obligation)</td>
</tr>
<tr>
<td>Net Investment (Gains)/Losses</td>
<td>9.3</td>
<td>(32.4)</td>
<td>(30.6)</td>
<td>(16.5)</td>
<td>48.0</td>
<td>Actual plan investment results based on market values at each year end</td>
</tr>
<tr>
<td>Actuarial (Gain)/Loss</td>
<td>2.7</td>
<td>1.9</td>
<td>2.6</td>
<td>1.6</td>
<td>1.8</td>
<td>Impact of updated participant population, salaries and mortality experience</td>
</tr>
<tr>
<td>Reduction in Benefits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Impact due to temporary Lump Sum Window</td>
<td>-</td>
<td>(0.9)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Note: ($8.9)M Impact of 2011 change in Plan formula</td>
</tr>
<tr>
<td>Annual FAS 158 Actuarial Valuation Adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discount Rate</td>
<td>(18.9)</td>
<td>32.8</td>
<td>18.2</td>
<td>(10.9)</td>
<td>(61.7)</td>
<td>Estimated non-cash impact of changing discount rate per accounting rules</td>
</tr>
<tr>
<td>Mortality Assumption</td>
<td>(0.6)</td>
<td>(2.0)</td>
<td>(1.1)</td>
<td>9.4</td>
<td>-</td>
<td>Estimated non-cash impact of updating mortality assumption per actuarial studies</td>
</tr>
<tr>
<td>Salary Scale Assumption</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td>0.5</td>
<td>Estimated non-cash impact of updating salary scale per expected experience</td>
</tr>
<tr>
<td>Supplemental Benefit Trust</td>
<td>(0.1)</td>
<td>0.1</td>
<td>0.1</td>
<td>-</td>
<td>-</td>
<td>Impact of temporary Lump Sum Payout offered to certain inactive participants</td>
</tr>
<tr>
<td>Ending Balance, December 31</td>
<td>49.7</td>
<td>54.7</td>
<td>47.7</td>
<td>34.7</td>
<td>28.0</td>
<td>Net Change in supplemental plan liability as reported</td>
</tr>
</tbody>
</table>

The results for fiscal years 2018 through 2022 captured in this chart present all of the plan impacts net of the 2012 60% reduction in plan benefits. Beyond normal service costs and interest on the pension
liability (i.e., Expected Obligation Increase) and non-cash changes in the market value of year end investments, the biggest change to the accrual basis Net Pension Liability is the non-cash impact of the discount rate on the year-end valuation.

The U.S. GAAP accrual basis year end discount rate is annually calculated by the ADA actuary and verified by the ADA's independent external auditor based on a matching of high quality corporate bond interest rates that are matched with the maturities of pension plan liabilities. The non-cash valuation changes by year are summarized as follows:

For year-end 2018, the liability decreased due to an increase in discount rate from 4.03% to 4.72% and revised mortality improvement expectations, which was offset by unfavorable investment performance. For year-end 2019, the liability increased due to a decrease in discount rate from 4.72% to 3.55%, which was partially offset by favorable investment performance, revised mortality assumptions and the execution of a one-time temporary lump sum window option for certain inactive participants (which additionally reduced the size and overall risk profile of the plan). For year-end 2020, the liability increased due to a decrease in the discount rates from 3.55% to 2.97% but was offset by favorable investment performance and revised mortality assumptions. For year-end 2021, the liability decreased due to an increase in the discount rate from 2.97% to 3.29% and favorable investment performance but was offset by revised mortality and salary scale assumptions. For year-end 2022, the liability decreased due to an increase in the discount rate from 3.29% to 5.70% but was offset by unfavorable investment performance and revised salary scale assumptions.

So far in 2023, interest rates have been decreasing while asset performance has been trending upward as a result of stabilizing inflationary and recessionary concerns. The impact of decreasing “spot” interest rates has an impact on the year-end valuations of future benefit liabilities but these are non-cash adjustments. For further reference, the rates used for accounting purposes, and approved by ADA auditors, are shown at the bottom of this chart for each year.

To reiterate, low interest rates, more than any other factor, typically result in non-cash increases to the year-end valuations of Retirement Benefit Obligations. The next graph shows the general downward, but most recently spiking upward, trends of the rates used to calculate these long term liabilities. Rates increased during 2022 but have decreased to date in 2023.

The funded status calculated based on accrual basis liability and fair value of plan assets included in the ADA’s 12/31/22 balance sheet was 85.7% which compares to 86.4% funded status as of 12/31/21.
The “ADA Accounting Discount Rate” shown in the graph above reflects the calculated rates used for the “accrual basis” plan valuation used in the year-end audited financial statements. The “ADA Effective Interest Rate (EIR)” is a 24 month moving average of rates published by the IRS which would typically apply to the “cash basis” calculation of AFTAP funding status which defines minimum funding requirements. However, the “MAP-21 Rates”, further modified by “HATFA”, “BBA 2015” and “ARPA 2021” relief as discussed further below, reflect generally higher “ADA EIR Funding Relief” rates based on a 25 year average to provide pension relief which reduced the Plan’s funding requirements for 2012 through 2022. With that historical context, this graph shows that in 2023 the sudden upward spike in year-end rates, for the first time, has produced a higher “accrual basis” interest rate than the funding relief rate, resulting in larger “cash basis” funding liability results and thereby generating increased funding requirements for 2024.

An EIR moving average line and the FTSE (Financial Times Stock Exchange Group) Indexes shown on this graph are also included as an indicator of interest rate trends over the multi-year period. These rates moved upward in 2022 resulting in a higher accounting rate at 12/31/22 than at 12/31/21. So far during 2023, these rates have decreased. A key takeaway from this graphic analysis is that short term interest rate volatility that impacts non-cash valuations is not a big driver of long term plan stability as long as annual plan contributions are maintained over time.

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

- the gross pension obligation,
b) the pension plan asset balance,

c) the net ADA pension liability balance, and

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

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

Each year, the ADA’s investment advisors review the pension benefit obligation in relation to the pension plan asset strategy to provide investment recommendation updates. As part of this review, these advisors estimate the non-cash impact of interest rates on the “net” accrued pension liability. The latest estimates indicate that a 1% change in the year-end spot rates will result in an impact of $20.3M on the liability with an offsetting impact on the plan assets estimated at $12.0M which combine to a total “net impact” of $8.3M. So far in 2023, long-term U.S. Treasury interest rates have moved modestly higher compared to year-end 2022 and remain well above the historic lows of 2021. This increase in interest rates over the past 18 months reflects inflationary pressures and the Federal Reserve’s aggressive campaign to combat this inflation through a policy of higher interest rates. The additional interest rate required by investors to hold corporate bonds rather than Treasuries (i.e., credit spreads) were relatively unchanged in the first half of 2023. The plan’s liabilities are calculated using corporate interest rates. Changes in credit spreads can have a large impact on plan liabilities; however, this impact has been small thus far in 2023. The Federal Reserve has communicated a commitment to keep short-term interest rates at the current higher levels until inflationary pressures abate. The current environment is unique because short-term interest rates are higher than the longer-term rates used to value the pension benefit obligation. Based on the profile of the Plan’s assets and liabilities, increases in longer-term interest rates would result in favorable adjustments to the Plan’s funded status.
It is important to note that although the use of year end “spot rates” determines the value of the liabilities for accounting purposes at year end, and while lower rates can also drive higher contribution rates to plan assets, it is the actual cash payout of the retirement benefits that will only happen over many decades that represents the true economic cost of the plan. Cash contributed to the plan to fund future benefits stays in the plan until those benefits are paid. This actual payout of the 12/31/22 pension plan liability through monthly benefits to retirees will only happen over the next 50 years. It should also be noted that the maturity of the ADA’s pension liability is made up of predictable annuities unlike many other plans that allow lump sum benefit payouts.

Pension Relief: Because so many actuaries for large pension plans questioned the use of “spot rates” to value pension liabilities and lobbied legislators to use a longer 25 year average interest rate to calculate the requirements for cash contributions to pension plans, “pension relief” was passed under MAP-21 in 2012 to reduce the short-term funding burden on pension plan sponsors caused by the low interest rate environment. This “pension relief” was further modified and extended by U.S. government actions via HATFA in 2014, the Bipartisan Budget Act (BBA) of 2015 and the American Rescue Plan Act (ARPA) of 2021.

However, as seen in the graph above, for 2023 the recent inflationary spikes in interest rates have resulted in “spot rates” which are suddenly higher than smoothed, averaged funding relief rates. As such, for the first time in many years the cash basis funding liability is higher than the accrual basis liability determined for the ADA Pension Plan. The smoothing effect of the existing pension funding rules will eventually reflect these higher rates for cash basis funding purposes.

Additionally, the ARPA adjusted the funding rules to extend the period for amortizing changes in the liability of the plan. This is expected to result in greater flexibility for the ADA and, in conjunction with ADA’s funding policy for the plan, is anticipated to provide a cushion to absorb year-over-year changes and stabilize future contributions to the plan.

Cash Basis Pension Liability (included in the annual actuarial certification of the pension plan funding status): The other pension liability calculation prepared by the ADA actuary each year is the Cash Basis Pension Liability which is published in the ADA’s annual Adjusted Funding Target Attainment Percentage ("AFTAP") Certification Report (based on ERISA calculation rules). This report is significant because it includes the annual funded status of the plan. In addition, as this “cash basis” liability fluctuates, the amount of annual cash contributions required from the next year’s Operating Budget will also fluctuate.

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

<table>
<thead>
<tr>
<th>American Dental Association Employees' Retirement Trust</th>
<th>Adjusted Funding Target Attainment Percentage (&quot;AFTAP&quot;) Cash Basis Funding Status as of January 1 (valuation date) ($000s)</th>
<th>Year End 2018</th>
<th>Year End 2019</th>
<th>Year End 2020</th>
<th>Year End 2021</th>
<th>Year End 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFTAP Net Effective Interest Rate</td>
<td>5.54%</td>
<td>5.72%</td>
<td>5.88%</td>
<td>5.41%</td>
<td>5.24%</td>
<td></td>
</tr>
<tr>
<td>Cash Basis Target Liability (= 100% status)</td>
<td>$189,771</td>
<td>100.0%</td>
<td>$183,451</td>
<td>100.0%</td>
<td>$186,751</td>
<td>100.0%</td>
</tr>
<tr>
<td>Less: Plan Assets</td>
<td>($170,666)</td>
<td>89.9%</td>
<td>($171,533)</td>
<td>93.5%</td>
<td>($187,477)</td>
<td>100.4%</td>
</tr>
<tr>
<td>Net AFTAP Report Unfunded Plan Liability</td>
<td>$19,105</td>
<td>10.1%</td>
<td>$11,918</td>
<td>6.5%</td>
<td>($726)</td>
<td>-0.4%</td>
</tr>
</tbody>
</table>

The data in this chart also shows, in a simple format, how the year end valuation of investments also contributes to the funded status of the plan. Unfortunately, 2022 was a bad year, in fact one of the worst on record, for both stock and bond market investment values.
Because the pension plan’s long term stability is supported by consistent and continuous annual contributions and careful investment management, the ADA has funded budgeted amounts which were sometimes above the minimum requirements that were reduced by government pension relief. This “prefunding credit balance” is available to reduce plan contributions in future periods.

In the past, this “prefunding credit balance” has been used as a “cushion” to absorb impacts of a dramatic changes in interest rates or lower investment market values that happen right before year end that drive higher contribution requirements. However, as interest rates have risen, this impact of unused pension relief amounts has accumulated causing the “prefunding balance” to grow to more than $10 million in recent years. Based on advice from ADA actuaries and investment advisors, because the higher interest rate trend has held steady, the ADA has taken advantage of an opportunity to reduce annual funding in recent budget years while still maintaining a “cushion” to absorb short term volatility and preserve a gradual path back normal annual funding levels.

So while the year end 2022 net AFTAP funded status above declined significantly from year end 2021 due to the aforementioned reversal in interest rate patterns as well as the negative impact on plan assets from 2022 year end investment values, this chart does NOT reflect the positive value of the ADA’s “prefunding credit balance.” If the “prefunding credit balance” were reflected in the AFTAP determination shown above, the net 2022 AFTAP unfunded plan liability would be $15.5M lower and the net 2022 AFTAP funded status percentage would be 93.5%.

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

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

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

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

In addition, the significant cut in pension plan benefits reduced “normal” pension costs, for 1 year of service, from $5.2 million in 2011 to $1.7 million in 2012 to $1.8 million in 2013 to $2.0 million in 2014 to $2.1 million in 2015 to $2.1 million in 2016 to $2.2 million in 2017 to $2.7 million in 2018 to $2.4 million in 2019 to $3.1 million in 2020 and to $3.5 million in 2021 and 2022.

A significant increase in “point in time” interest rates at year end have resulted in lower pension liability valuations for accrual basis liability purposes and brought accrual basis liability results and cash basis funding results more in line with one another.

Pension relief intended to reduce the funding burdens on pension plan sponsors caused by the recent low interest rate environment was signed into law in 2012 as part of the MAP-21 Act and further modified by HATFA in 2014, BBA in 2015 and ARPA in 2021. These laws provide relief from generally low interest rate environments and, even in the current spiking interest rate environment, reduce the impact of year-over-year changes by extending the required period for funding unexpected events. The ADA has managed the plan for long term stability via consistent and continuous annual contributions and careful
investment management. Although the ADA has funded budgeted amounts which were sometimes above the minimum requirements as reduced by government pension relief, this “prefunding credit balance” is available to reduce contributions in future periods and mitigate interest rate and investment market volatility.

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

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

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

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

Resolution

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
Resolution No. N/A ______________________________________ N/A
Report: CMIRP Report 1 ________________________________ Date Submitted: July 2023
Submitted By: Council on Members Insurance and Retirement Programs
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: N/A ____________________ Net Dues Impact: N/A ______________
Amount One-time __________________________ Amount On-going ______________________
ADA Strategic Plan Objective: None
How does this resolution increase member value: Not Applicable

**RESPONSE TO RESOLUTION 212H-2022: INSURANCE AND PAID EXTENDED LEAVE***

**Background:** In 2022, the House of Delegates adopted Resolution 212H, directing the appropriate ADA agency for study and a report back to the 2023 House of Delegates. Resolution 212H-2022 was assigned to the Council on Members Insurance and Retirement Programs ("CMIRP") given the need for subject matter expertise. Prior to this transmittal, CMIRP shared the report with the Council on Dental Practice ("CDP") as secondary assignee to incorporate the ADA practice management resources on paid leave benefit state mandates to ensure a holistic response. Resolution 212H-2022 reads as follows:

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

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

*Note: For clarity throughout this report, these employee benefits are referred to as paid family medical leave (PFML), consistent with common industry terminology.

At its March meeting, CMIRP reviewed Resolution 212H-2023 in consultation with ADA’s insurance carrier, Protective, and subject matter expert consultants from Milliman. It was noted that the ADA Members Group Insurance Plans ("ADA Plans") are currently structured under a voluntary association group model to provide eligible dentist members with access to competitive life, disability, and supplemental medical coverage options. ADA does not however, offer any form of employer-employee insurance benefit plans, including salary continuity benefits for an employee’s paid leave of absence or the related Human Resources ("HR") plan administration services for dentist employers to comply with federal and state mandates specific to any form of paid leave. It is not uncommon for employers to seek guidance on employee benefits and legal compliance matters from an attorney, local insurance agent/advisor and/or HR payroll/benefits consultant who can best evaluate their dental practice needs and assist in implementing the steps necessary to ensure compliance with applicable federal and state mandates.

**ADA Members Insurance Plans**

Protective is the underwriter of the ADA Plans, which provide eligible members access to competitive group life, disability, office overhead expense and supplemental medical plans which include hospital indemnity with an extended care rider and critical illness benefits.
Specific to the risk of disability, the ADA offers long-term disability income replacement insurance that replaces up to 60% of the insured member’s income through monthly benefits payable to age 67 and office overhead expense disability insurance that reimburses overhead expenses to help maintain the practice operations while the member (owner) is recuperating from a disability. In the case of a total or partial disability, this coverage helps reimburse practice overhead expenses until the practice is either closed or sold or the maximum benefit has been exhausted.

With benefit waiting periods of 30 to 180 days coupled with longer payment periods, the ADA group long-term disability products are designed to pay benefits after Paid Family and Medical Leave (PFML) typically ends and only in the event of the insured’s disability from illness or injury. It is important to note that many of the situations under which covered workers qualify for PFML, such as caring for a child or family member who is seriously ill or bonding with an adopted child, are not covered by short or long-term disability insurance.

Key Distinctions between PFML and Disability Income Protection Insurance

- **Short-term** disability insurance can provide monthly income replacement benefits to an employee during PFML, but only if the employee is unable to work due to a disabling illness or injury.
- **Long-term** disability insurance pays benefits after PFML ends and only in the case of the employee’s disability.
- Important note of distinction: Many of the situations under which employees qualify for paid leave under PFML mandates do not apply to disability insurance.

Industry View on PFML

The insurance industry and regulatory landscape is quickly evolving to recognize the personal and financial challenges of employed individuals and their families when it comes to the need for paid leave policies. PFML benefits are designed to cover certain family and medical qualifying events. Medical events include maternity and treating one’s own serious health condition. Family events include bonding with newborn and newly adopted or fostered children, caring for a sick relative, and (in some but not all PFML plans) military and domestic violence (referred to as safe leave) events.

Several states have adopted PFML mandates requiring all eligible employers to provide income benefits (i.e., paid time off) to workers who take family and/or medical leaves of absence. To date, PFML mandates exist in California, Colorado, Connecticut, Delaware, the District of Columbia, Maryland, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington. A summary of these programs is provided in Appendix A. Other states are considering similar mandates.

The Paid Family Leave Model Act was approved by the National Council of Insurance Legislators (NCOIL) in December 2022 and creates a model framework for states to expand access to paid family leave through private insurance options without having to impose mandates. Virginia has adopted a similar model and several other states are now considering the Model Act as a viable alternative to statutory mandates.

With the evolution of state and federal legislation defining paid leave benefit requirements, many employers could have existing short-term disability (STD) plans that overlap with PFML benefits in terms of qualifying medical events. In states with mandated PFML benefits, employers must decide how to coordinate PFML with existing STD coverage, which is often accomplished through benefit offsets (the STD weekly benefit amount is reduced by the PFML benefit amount subject to a minimum benefit amount). Also, employers may have other leave programs that overlap with PFML, such as maternity and parental leave.
Paid Family Medical Leave - Benefits

PFML benefits replace a portion of wages up to a maximum weekly benefit amount. The benefit percent (i.e., wage replacement ratio) and maximum benefit amounts are different in states with mandated benefits. For most statutory plans, the benefit percent is based on a tiered structure that provides higher wage replacement to low wage workers. For example, in Colorado, PFML benefits replace 90% of wages up to 50% of the state average weekly wage (SAWW), plus 50% of wages that exceed 50% of the SAWW, up to a maximum amount equal to 90% of the SAWW. Other states feature a flat benefit percent that replaces a fixed percentage of income up to a maximum weekly benefit amount.

Many statutory PFML plans include a maximum benefit period of twelve weeks within a 12-month period for individual qualifying events (e.g., family, medical, etc.) up to a combined limit of twelve weeks. Some plans feature longer benefit periods for medical leave as well as longer combined limits.

Private Insurance Options for PFML

In most states with PFML mandates, benefits can be provided through the designated PFML state fund or through private insurance options. Private plans, however, must offer benefits at least equivalent to the statutory plan requirements. Premium rates for benefits provided through the state fund are determined annually by the state (see Appendix A for 2023 contribution rates). Premium rates for private PFML plans are often determined by the insurer, although the New York Department of Financial Services sets the rate for private PFML insurance options in New York.

Some employers consider the private insurance model option more appealing than the state fund for providing PFML benefits. For example, larger size employers are often motivated by the desire to simplify administration and maintain an integrated approach for managing their leave policy, which may include sick leave, disability, unpaid federal Family and Medical Leave Act (FMLA) leaves, Americans with Disabilities Act accommodations, etc., in addition to state-mandated benefits in multiple states. Larger size employers may find it easier and more convenient to provide PFML benefits through the insurer that already administers the leave policy and/or insured employee disability benefits.

Also, claim management and administration may be more efficient for private plans than the statutory plan. For example, long delays in claim determinations and benefit payments have been reported for some statutory plans, whereas private plans (which are often subject to performance guarantees) may feature improved customer service. These dynamics could impact an employer’s decision of whether to use private insurance model options or the state fund for providing PFML benefits for their employees.

Under a private insurance model, the insurance company assumes most or all the administrative duties, including tracking, communications, intake, determination, case management, return-to-work services, and compliance. Insurance companies have developed interactive platforms for administering PFML, equipped with file feeds between the insurer and the employer so that tracking and calendaring can be shared in real time. The platforms can often be set up to support intake by the employer or by the insurer. For example, employees could be instructed to call their managers to initiate a leave of absence, and the manager or Human Resources (HR) contact can then initiate the leave through the HRIS system with a subsequent file feed to the insurer.

Over the past few years, there has been a surge in states that have passed PFML legislation. Some insurers are still waiting to see how things will play out before entering the market or investing heavily in PFML plan administration and related services. Other insurers see potential opportunities to fill coverage gaps and provide much needed benefits to employer clients. To date, the following insurers offer PFML plan benefits and related administration, although they may not be available in every state with PFML mandates for various reasons such as risk considerations, pricing restrictions, and plan design complexities (list may not be exhaustive): Guardian, The Hartford, Lincoln Financial, MetLife, Mutual of Omaha, New York Life, Prudential, Reliance Standard, ShelterPoint, The Standard, Sun Life Financial...
and Unum.

According to Milliman expert consultants, there are not currently any insurance companies that offer PFML to a ‘national’ entity such as the ADA, although carriers do administer paid leave policies (e.g., salary continuance plan administration) for employers with employees in multiple states, and these employers must provide PFML benefits in states with PFML mandates. In these cases, the benefits are usually based on the statutory plans and vary by state. Milliman further noted that offering a single plan that satisfies all the different statutory requirements by state would be extremely complex if not impossible to implement and maintain cost efficiently. In addition, the benefits would have to be very generous, and thus expensive to provide to meet all minimum requirements (e.g., 100% income replacement in Oregon), 52-week benefit period for medical (California).

**Recommendation**: PFML products require significant investment to develop and administer given the complexity and variations of state laws. Administrative duties include tracking, communications, intake, determination, case management, return-to-work services, coordination of coverage and compliance. To address employer needs, some insurers have developed interactive platforms for administering PFML benefits, equipped with file feeds between the insurer and the employer to enable tracking and calendar sharing in real time. However, unlike the ADA member’s group insurance plans which can provide pricing advantages by leveraging national economies of scale, it is unlikely that an ADA-endorsed PFML offering (even if feasible) as a stand-alone product could generate sufficient revenue to offset the inherent high cost of product and systems development and provide a cost savings to member employers. Moreover, Protective advised it would not be possible to add a PFML benefit to the existing ADA members disability group plans model.

In summary, CMIRP in consultation with Milliman and Protective does not believe a national PFML offering is feasible, nor would it be advisable given the evolving regulatory landscape and current legislative and insurance market conditions. We hope the resource links provided in this report are of interest to member employers.

CMIRP wishes to gratefully acknowledge the kind support of the Council on Dental Practice and its efforts in providing information and member resources on the subject of PFML and current state mandates on ADA.org. Members may also wish to contact their local and state dental society representatives to inquire about any additional resources that might be available.

The Council also respectfully acknowledges and thanks the contributing authors to this report, Paul L. Correia, FSA, MAAA, and Jason K. Sciborski, FSA, MAAA, consulting actuaries with Milliman, Inc., members of the American Academy of Actuaries, and who meet the requirements of these organizations for rendering the actuarial opinions contained herein.

Resolution

This report is informational and no resolution is presented.

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

**BOARD VOTE**: UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
Resolution No. N/A
Report: Council on Membership Report 2
Date Submitted: July 2023
Submitted By: Council on Membership
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: None
Net Dues Impact: 
Amount One-time 
Amount On-going 
ADA Strategic Plan Objective: Membership Obj-3: Maintain an overall retention rate of 94%.
How does this resolution increase member value: See Background

FINAL REPORT ON PILOT FOR ENHANCING RETENTION IMPACT OF THE QUARTER YEAR DUES CAMPAIGN

Background: Based on Chapter V., Section 70.M. of the ADA Bylaws, the Board of Trustees may authorize pilot programs of limited duration subject to the provisions in the Governance and Organizational Manual of the American Dental Association (ADA Governance Manual). Accordingly, at the August 2020 Board meeting, the Council on Membership recommended that the Board approve a pilot program, beginning in 2020, to test join and renewal enhancements for the Quarter Year Dues Campaign. The Board approved the pilot. The request for the expansion of the Pilot Program For Enhancing the Retention Impact of the Quarter Year Dues Campaign, as presented in the April 2021 Report of the Council on Membership, was approved and we have now completed year three of the pilot.

The original Quarter Year Dues Campaign, which provides free membership to potential members at the end of the year, has been a long-standing promotion to aid in recruitment at the end of the calendar year. This campaign, while resulting in positive end-of-year numbers, has also resulted in low retention the following year. The average retention rate over the last three years for dentists joining at the original $0 Quarter Year Dues rate is 34%, while the average retention rate over three years for other promotional campaigns is 61%. It is anticipated that this lag may stem from the short time period that a member has to experience and enjoy the value of ADA membership before being billed (2 months) and/or notified of membership cut-off (6 months). In an effort to create a positive joining experience and improve retention of new members acquired through the Quarter Year Dues Campaign, a new 15 months of value for the price of 12 months acquisition model requiring auto renewal upon joining was recommended, resulting in this Expanded Quarter Year Dues Pilot Program (15-for-12).

This report provides results of the three-year expansion of the Quarter Year Dues Pilot Program (15-for-12).

Key highlights: Results from the pilot continue to be favorable and participating states are satisfied with their individual results.

Final Results: At the end of this pilot year, 35 states have currently participated in the pilot. Outlined below is the year over year retention rates from the initial launch of the pilot in 2020:
### Council on Membership Report 2

**Reference Committee A**

<table>
<thead>
<tr>
<th>State and Year Participation</th>
<th>YOY Retention</th>
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<td>Participation Year</td>
<td>Members Joined</td>
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<tr>
<td>2020</td>
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<tr>
<td>2021</td>
<td>839</td>
</tr>
<tr>
<td>2022</td>
<td>806</td>
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</tbody>
</table>

While state societies’ fourth quarter “acquisition” numbers during the pilot campaign may be lower in comparison to past years of the standard campaign, state participants agreed that having subsequent higher retention rates rendered greater economic value than initial high acquisition. Ultimately, participating states reported to the ADA that they were very pleased with the pilot campaign results and would like to continue with the new approach and ensure it is incorporated into the new AMS.

**Financial Risk/Benefits:** External research suggests a member is likely to renew at a higher rate when participating in auto renewals. The auto-renew feature integrated into the pilot has helped to create a positive revenue impact.

Through the auto-renew process, the following dues revenue was automatically collected:

- Year 1: 2020 – 5 (9%) states participating – $73,450 ($565 multiplied by 130) collected in 2021.

**Total revenue from 15-for-12 pilot:** $991,174

**Total estimated revenue with average 34% retention rate of previous Quarter Year Dues program:**

$354,260

The year-over-year retention rate is still significantly higher than other discount offers or renewals that are not connected to auto-renewal.

With the success of the three-year pilot program, high retention numbers and overall participating state satisfaction, the Council on Membership has submitted a resolution to the Board of Trustees requesting this program be included in ADA’s ongoing promotional incentives since the pilot has concluded (ADA Governance and Organizational Manual, Chapter I. MEMEBERSHIP MATTERS, Section B.4.c.).

**Resolution**

This report is informational and no resolution is presented.

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

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
NOTES
COUNCIL ON MEMBERSHIP REPORT 3 TO THE HOUSE OF DELEGATES: UPDATE ON EXPLORATION OF NEW TRIPARTITE MEMBERSHIP DUES STRUCTURE

Background: In accordance with Resolution 97H-2020, Special Order of Referral Consent Calendar, which directed the appropriate ADA agencies to report back on each referred resolution, Resolution 40-2020 (Appendix 1), Request That ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models, was referred to the Council on Membership. In response to this request, the Council has been engaged in a multi-year study of potential Tripartite dues structures and related value propositions that are realistic within evolving dental practice landscape. The Council determined that the development of a realistic ADA dues model would require careful Tripartite consideration over months and potentially a couple of years. Updates on the Council’s work have been provided to the House of Delegates in 2021 via the Council on Membership Report 1-2021 (Supplement: 2021:2086) and in 2022 via the Council on Membership Report 4-2022 (Supplement: 2022:2069). The Council’s 2021 and 2022 work is highlighted below:

Recap of Dues Structure Exploration:
Due to the growth of consolidation in the dental market, and the low ADA market share among those practicing in group settings, the Council on Membership prioritized its efforts and initially conducted an environmental scan of nine U.S. professional associations experiencing consolidation and collected information about their evolving dues models. To provide an interim solution, they proposed a Flat Dues Rate Strategy Pilot Program, approved by the ADA Board of Trustees (B-70-2021). This is not a discount on ADA dues; it simply allows the ADA to annually calculate a flat dues amount by averaging national, state, and local full dues, weighted by the number of dentists in each state, and use this number to quickly and consistently provide dues quote for a multi-site, multi-state group practice wishing to provide ADA membership for its affiliated/employed dentists. As of the writing of this report, this Group or Institutional dues option is available.

Recap of Dues Structure Exploration:
Leveraging information and insights gained in 2021, the Council expanded its focus and conducted in-depth explorations of four potential ADA Tripartite dues models: 1) a tiered membership model (platinum, gold, and silver membership levels), 2) a spouse and family dues discount model, 3) a sliding dues rate model for individual dentists within group practices, and 4) a national direct membership model. ADA staff
then convened a State Membership Models Workgroup to consider this research including the California Dental Association, Florida Dental Association, Georgia Dental Association, Idaho State Dental Association, Illinois State Dental Society, Maryland State Dental Association, Mississippi Dental Association, Nevada Dental Association, New Hampshire Dental Society, North Carolina Dental Association, Ohio Dental Association, Pennsylvania Dental Association, Washington State Dental Association, and Wisconsin Dental Association. As an opportunity to ensure a dues model that would be appealing to the member and sustainable to the organizations at each level of the Tripartite (national, state, and local), the State Membership Models Workgroup requested additional dues category explorations, including but not limited to:

- A distinct membership category for employee dentists versus owner dentists
- A category that scales membership value based on group size
- A category that considers dues based on practice revenue

The workgroup also identified the need to improve the overall member value proposition across the tripartite, and build a more welcoming culture for dentists in all practice modalities. The need to build a more welcoming culture was amplified by the ADA's research on value and value obtained during 2022, which showed that both equally influence a member's decision to join, stay, or recommend the ADA; these must be explored in tandem with any enhanced membership structure especially as it relates to building affinity for the ADA among early career dentists, many of whom work in Multi-Site Group practice settings, including DSOs.

Council on Membership Dues Structure Exploration 2023

The Council on Membership continued its exploration of a dues structure in 2023. Given the continuing decline in market share among those practicing in multi-site group practice settings, in 2023, the Council continued exploration of both value and dues category opportunities that address market consolidation and multi-group practice settings. To help facilitate this work, the Council engaged and outside consultant, Sequence Consulting, with a goal of the following four key deliverables:

1. Objective research and perspective from both owners and individual dentists of multi-site group practices on challenges and opportunities associated with engaging with the ADA and opportunity to share objective findings with staff and leadership across the Tripartite to help shed a broader light on those challenges and opportunities.

2. A defined value proposition for individual dentists practicing in multi-large group practice settings.

3. A defined value proposition for owners of multi-site large group practice settings who may have interest in paying for membership for their practicing doctors.

4. A dues category that would accommodate multi-site large group practice membership

The research portion of the project (deliverable 1 above) has concluded; in-depth interviews with 11 leaders of large, medium, and small multi-site group practices and DSOs; state dental association leaders; and ADA volunteer and staff leaders. Six focus groups of dentists currently working in large, medium, and small DSOs were also conducted. The findings of the interviews and focus groups were presented and workshopped with state dental association leadership participating in a 2023 Executive Director's Dues Model Taskforce. The information was also presented and workshopped with ADA volunteers and staff. Highlights of the research findings can be found below with deliverables 2-4 slated for completion by Q4 2023 and leveraged as an input into an overarching new dues model.

Key learnings:

Among DSO practice leaders, there is a deep respect for the ADA—even among the ADA’s detractors (Exhibit A). However, lack of acceptance of dentists working in DSO settings remains a significant barrier
This lack of acceptance is also a major barrier to ADA membership of DSO-supported dentists (Exhibit B). Dentists want to be considered as equals no matter their professional practice setting.

Efforts to engage both DSO leaders and DSO-supported dentists are also complicated by a perceived lack of unity across the national, state, and local levels of the Tripartite, which creates confusion around member value and opportunities for participation (Exhibit C-F):
1

Exhibit C

LOCAL, STATE, AND NATIONAL IMPRESSIONS

- “You could have a great national brand reputation, as I believe the ADA does. And maybe there’s a gap in it for a dentist to know what their state dental association does; they’re just not aware. And then at the local level, maybe it’s a bit of an old boys’ club, and there isn’t a lot of welcoming to younger dentists.” – Small DSO Practice Leader

- “I think the ADA really fails young dentists. I don’t think they get it. They fail young dentists at all three levels.” – Large DSO Practice Leader

- “There needs to be more of a streamlined, collaborative marketing piece that pushes the idea that we as states are connected to the national level. We’re all on the same page as far as what we’re trying to accomplish.” – Small DSO Practice Leader

- “There’s still a stigma for DSOs that is often felt at the state but more so at the local level.” – Small DSO Practice Leader

- “I don’t see a lot of participation from non-owners. And not from associate dentists, the biggest, fastest-growing group of practicing dentists. So I don’t see a focus there at all. It just seems sometimes there’s a little bit of disconnect from the local to the national level.” – Small DSO Practice Leader

2

Exhibit D

DSO-SUPPORTED DENTISTS

GENERAL IMPRESSIONS OF THE ADA

- “I think one of the strengths of the ADA is we have a lot of numbers in membership behind us, so that’s what makes the lobbying beneficial. But when we don’t feel the benefits of that lobby directly, that’s when things get tough.” DSO-Supported Dentists with similar responses: 7 small, 4 medium, and 5 large.

- “We just never heard ADA mention anything about DSOs; they didn’t acknowledge our existence. So why would we advocate for them if they haven’t been advocating for us? Recently we’ve seen a change, and we appreciate it, it’s just a little late. Can there be a DSO membership? Similar to the ADSO – this would be interesting for us.” DSO-Supported Dentists with similar responses: 4 small, 9 medium, and 7 large.

- “The ADA has historically supported private practice dentists. They need to be more vocal about their support of DSOs and partnering with DSOs. It’s hard to capture the younger dentists right now. There are so many different ways that the ADA can partner with DSOs to increase membership for the ADA.” DSO-Supported Dentists with similar responses: 8 small, 8 medium, and 6 large.

- “The benefits I’ve seen from ADA are all that I already get from my DSO. What about benefits, especially for DSOs? DSO-Supported Dentists with similar responses: 4 small, 5 medium, and 7 large.

3

Exhibit E

DSO PRACTICE LEADERS

ENGAGEMENT WITH ADA

What are some reasons why DSO and DSO-supported dentists might not want to engage with ADA?

- “I think a little scar tissue from the past, where they felt not engaged, not included, a little bit shoved away is part of it.” – Medium DSO Practice Leader

- “Younger dentists and younger dentists in groups might not engage because I don’t think ADA articulates the benefit to them while they’re in school.” – Large DSO Practice Leader

- “I don’t think they see any value in it because they no longer have any voice. They work for a company; they’re working under a contract, and they really don’t care how well the company does as long as they’re getting paid. And if they stop getting paid, they’ll jump ship and go to another one. I don’t think there is any connection at all between the ADA and the employee of the DSO.” – Medium DSO Practice Leader

- “At the highest level, DSOs provide a lot of the same services that the ADA provides.” – Large DSO Practice Leader

- “There’s still this connotation, especially with older dentists, of the DSO, being the bad guy or somehow DSOs are not doing quality work. When we as a DSO think it’s the complete opposite.” – Small DSO Practice Leader
The research findings suggest that a highly collaborative and integrated approach is needed between national, state and local societies to effectively address the perceptions and needs of DSO leaders and dentists.

**Dues Structure Exploration Next Steps**

A news dues model is slated to launch in 2025. Details and information on the new Tripartite dues model structure is evolving with input from various stakeholder groups, including state and local dental societies and representative from the Strategic Forecasting Committee. A robust communications plan will be developed and shared as planning gets underway and key considerations and decisions progress.


2. ADA Health Policy Institute, Dentists’ Practice Ownership is Declining (PDF) (March 2022) https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hipigraphic_practice_ownership_among_dentists_decline.pdf

**Resolution**

This report is informational, and no resolution is presented.

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

**BOARD VOTE:** UNANIMOUS* (BOARD OF TRUSTEES CONSENT CALENDAR ITEM)

*Dr. Irani was not in attendance.
APPENDIX 1

2020 Resolution 40—Wisconsin Dental Association—Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models

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

Resolved, that their findings be reported to the 2021 ADA House of Delegates.
Resolution No. 216  
Report: N/A  
Date Submitted: September 2023  
Submitted By: Board of Trustees  
Reference Committee: A (Budget, Business, Membership and Administrative Matters)  
Total Net Financial Implication: -$3,000,000  
Net Dues Impact: -$30.00  
Amount One-time Amount On-going  
ADA Strategic Plan Objective: None  
How does this resolution increase member value: See Background

ESTABLISHMENT OF DUES EFFECTIVE JANUARY 1, 2024

Background: Pursuant to the ADA Bylaws, the dues of ADA active members shall be established by the House of Delegates (the "House") as the last item of business at each annual session. The resolution to establish the dues of active members for the following year shall be proposed at each annual session by the ADA Board of Trustees ("BOT"). The dues resolution may be amended to any amount by the House and requires a sixty percent (60%) affirmative vote for adoption (ADA Bylaws, Chapter XII, Section 50).

At its September 6, 2023 meeting, the BOT voted to recommend a 2024 active member dues rate of $570.00. This amount is a 5% decrease (i.e., $30.00) from the 2023 active member dues.

The BOT observed that this reduction bolsters the ADA’s commitment to supporting the tripartite through providing relief to state and local components.

The BOT considered a dues adjustment to reflect inflation consistent with the Long-Term Financial Strategy of Dues Stabilization policy (Trans. 2019:244; 2008:421; 2012:410) but declined to recommend such an adjustment. Instead, the 2024 budget—to be developed and adopted following the annual session—will be designed to accommodate and mitigate the effects of inflation.

Resolution

216. Resolved, that the dues of ADA active members shall be $570.00 effective January 1, 2024.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS*

*Dr. Oyster was not in attendance.
NOTES
Resolution No. 217      New
Report: N/A Date Submitted: September 2023
Submitted By: Sixth Trustee District
Reference Committee: A (Business, Membership and Administrative Matters)
Total Net Financial Implication: None Net Dues Impact: 
Amount One-time Amount On-going
ADA Strategic Plan Objective: Organizational Obj-7: Improve overall organizational effectiveness at the national and state levels.
How does this resolution increase member value: See Background

AMENDMENT TO THE ADA MEMBER CONDUCT POLICY

The following resolution was submitted by Ms. Andrea Hayes, executive director, Tennessee Dental Association on September 19, 2023.

Background: Many, if not all, state dental associations have adopted policies on diversity, equity, and inclusion to show commitment to a culture of diversity and inclusion to foster a safe and equitable environment for membership. As the ADA states in its policy on diversity and inclusion “The ADA embraces diversity and inclusion to drive innovation and growth, ensure a relevant and sustainable organization and deliver purposeful value to members, prospective members, and stakeholders”. To that end, the Missouri Dental Association at its recent House of Delegates reviewed ADA’s Member Conduct policy (Appendix 1) and used it as a guide to adopt an MDA Member Code of Conduct Policy.

While the ADA Member Code of Conduct (Trans.2011:530; 2020:335) was used as a guide, the Missouri Dental Association felt it important to outline within its code of conduct the importance of respectful member discussions not only with colleagues, but also with government officials and/or legislators. With advocacy recognized as a main member benefit of both the MDA and the ADA, assuring this code outlines appropriate discussions with this group of stakeholders is important.

Therefore, the highlighted area was added to read as follows:

Members’ discussions, social media activities, communications and interactions with other dentists, dentist members, Association officers, Association board of trustees and staff, government officials or legislators, should be respectful and free of demeaning, derogatory, offensive, or defamatory language.

At the request of the Missouri Dental Association, the ADA Sixth District supports and submits this resolution.

Resolution 217. Resolved, that the ADA Member Conduct Policy (Trans.2011:530; 2020:335) item (1) be revised to include government officials and legislators as amended below (additions are underlined):

1. Members’ discussions, social media activities, communications and interactions with other dentists, dentist members, Association officers, trustees and staff, government officials and legislators, should be respectful and free of demeaning, derogatory, offensive or defamatory language.
BOARD COMMENT: Received after the July-August 2023 Board of Trustees Meeting.
Appendix 1

ADA Member Conduct Policy (Trans.2011:530; 2020:335)

1. Members’ discussions, social media activities, communications and interactions with other dentists, dentist members, Association officers, trustees and staff should be respectful and free of demeaning, derogatory, offensive or defamatory language.

2. Discussions and communications relating to modes of practicing dentistry should be courteous and professional, and members should be respectful of the practice choices of their colleagues.

3. Members should abide by and respect the decisions and policies of the Association. Any criticism or challenges to existing Association policies or decisions shall be undertaken in a professional manner.

4. Members have an obligation to be informed about and use Association policies for communication and dispute resolution.

5. Members are expected to comply with all applicable laws and regulations, including but not limited to antitrust laws and regulations and statutory and common law fiduciary obligations.

6. Members must respect and protect the intellectual property rights of the Association, including any trademarks, logos, and copyrights.

7. Members must not use Association membership directories, on-line member listings, or attendee records from Association-sponsored conferences or CE courses for personal or commercial gain, such as selling products or services, prospecting, or creating directories or databases for these purposes.

8. Members must treat all confidential information furnished by the Association as such and must not reproduce materials without the Association’s written approval.

9. Members must not violate the attorney-client privilege or the confidentiality of executive sessions conducted at any level within the Association.

10. Members must fully disclose conflicts, or potential conflicts, of interest and make every effort to avoid the appearance of conflicts of interest.
Resolution No. 218

Report: N/A Date Submitted: September 2023

Submitted By: Fifth Trustee District

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

Total Net Financial Implication: $215,000 Net Dues Impact: $2

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

How does this resolution increase member value: See Background

AMENDMENT OF THE ADA VOLUNTEER AND NON-STAFF TRAVEL AND EXPENSE POLICY

The Resolution was submitted on September 22, 2023, by Ms. Jeannie Watson, administrative assistant, Georgia Dental Association, on behalf of the Fifth District.

Background: This policy has been in effect since 2016. At this time, the ADA reimburses its volunteers and non-staff individuals as a $75 per day stipend. The travel expense period includes the dates of travel from point of departure until point of return. There has been no adjustment for inflation.

The most recent data available from the ADA is from 2022. There were 407 volunteers who received a daily stipend. 2,863 days were paid. The total amount of spent in 2022 was $215,000.

In compliance with local, state and federal tax law, the ADA considers this stipend as payment for services and issues a 1099. Simply put, the daily stipend is taxable income to volunteers and non-staff.

This resolution aims to reduce the financial burden incurred by ADA volunteers and non-staff in forwarding the mission and business of the ADA.

Resolution

218. Resolved, that starting with 2024 budget, the Board of Trustees be urged to increase the ADA volunteer’s per diem and non-staff daily stipend be increased from $75 to $150.

BOARD COMMENT: Received after the July-August 2023 Board of Trustees Meeting.