ADA American Dental Association®

America's leading advocate for oral health

2022

Annual Reports and Resolutions

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Council on Advocacy for Access and Prevention

Gupta, Shailee J. 2022, Texas, chair
Mancini, James, 2023, Pennsylvania, vice chair
Arsenault, Karen V., 2023, Massachusetts
Clemente, Elizabeth A., 2024, New Jersey
Cochran, Stephen D., 2024, Florida
Conlon, Molly E., 2025, Wisconsin
Delecki, Christopher, 2023, Washington
Fukuoka, Brooke M., 2022, Idaho*
Golden, Kristi A., 2022, Arkansas
Kosten, Kathryn R., 2024, Illinois
Le, Huong N., 2025, California
Margolin, Robert E., 2023, New York
Marshall, Rodney M., 2024, Alabama
Nord, Jackie, 2025, North Dakota
Richardson, Michael L., 2022, West Virginia
Robertson, Jessica L., 2025, Arizona
Simpson, Elizabeth V., 2024, Indiana
Vakil, Shamik S., 2022, North Carolina

Grover, Jane S., senior director
Geiermann, Steven P., senior manager, Access, Community Oral Health Infrastructure and Capacity
Cantor, Kelly, manager, Community Based Programs
Lense, Elizabeth C., manager, Health Equity and Prevention Programs
Zaborowski, Matt T., manager, Preventive Health Activities

The Council's 2022-24 liaisons include: Dr. Jim Stephens (Board of Trustees, Thirteenth District), Ms. Onalee Sortino (American Student Dental Association); Dr. Mark Vitale (chair, Council on Government Affairs), Dr. Dan Gesek (vice chair, Council on Government Affairs) and Mr. Greg Mitro (Alliance of the American Dental Association).

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

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

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

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

The Council on Advocacy for Access and Prevention remains a national leader on Health Equity based Action for Dental Health initiatives such as Emergency Department Referral and the Community Dental Health Coordinator (CDHC) programs which provide professional value to all dentists in either public or private patient-centered practices. These initiatives also reflect the social values of the Council along with their strategic partners which elevate the health of the public – particularly members of the most vulnerable and underserved populations.

* *New Dentist Member*

Health Equity, as directed by the 2021 House of Delegates, has been a fundamental principle of Council activities over the past year, offering innovative local solutions to the challenges of access to care. These actions demonstrate a bilateral commitment to both the public and the profession which guides all people to optimal oral health. The Council portfolio of public-facing programs allows dentists the freedom to practice as they choose, while strengthening the relationships with regulatory bodies which influence public programming.

The Council believes that community-based “know how”, aligned with cultural competence, professionally serves all members of the dental community – attracting new dentists to provide a public service impact while offering more experienced dentists an opportunity to transition from a private practice focus to population relevance through professional mentoring. These efforts result in a continuous professional lifecycle of care to patients to improve health outcomes.

The Council is mission-driven, aims for greatness in support of the ADA Strategic Plan Common Ground 2025, and values every voice.

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

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

Success Measure: Program Recognition and Expansion of Curriculum Relevance

Outcome: Despite educational institutions still being impacted by COVID, the CDHC program achieved significant advancement this year. The number of graduates and trainees now approaches 1,000 individuals with expanded employment opportunities revealed, most notably in hospital and health center settings.

Program offerings went outside the typical community college setting this year, including a dental school, Federally Qualified Health Center and soon from the Indian Health Service. There was also a program “reboot” from a community college in Hawaii, and interest from new schools in the Midwest.

The federal agency Health Resources and Services Administration (HRSA) awarded numerous grants this year to applicants who focused on projects utilizing CDHC involvement**.**

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

Initiative/Program: Health Equity Based Educational Webinars for Special Populations

Success Measure: Offering webinars focused on educating dental teams about contemporary issues within unique populations

Target: 5-6 webinars

Range: 3-7 webinars

Outcome: 13 webinars with approximately 5,000 registrants/attendees were offered with targeted content for dentists to utilize within their practice settings. Topics included Treating Special Needs Patients (four-part series) with a dedicated webinar for caregivers. Other topics included HPV Vaccination Strategies (a three-part series, two of which featured dentists as vaccinators), Human Trafficking/Identifying At-Risk patients, (offered in collaboration with the American College of Emergency Physicians), and a webinar on The “Ins and Outs and In Betweens” of Being a Medicaid Provider.

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

Initiative/Program: Promoting Medicaid provider recruitment and retention, as well as student education to improve Medicaid provider participation and compliance while addressing the growing number of Medicaid recipients across the states.

Success Measure: Hosting Medicaid "Boot Camps" for dentists and "Lunch and Learn" educational opportunities within dental schools and residency programs.

Target: 15 educational opportunities to state dental associations, regional/national meetings, dental schools and residency programs**.**

Range: Three to five Boot Camps and eight to fifteen student/residency opportunities

Outcome: Despite the challenges of COVID by using virtual technology, CAAP's Medicaid Provider Advisory Committee (MPAC) offered eight Medicaid Boot Camps to state dental associations, four dental documenting medical necessity. A national presentation on Being a Medicaid Provider in an Era of Accountability is being recorded and will be available via open access on ADA CE Online.

Over 4,500 dentists, residents and dental students have participated in this training either in person or virtually. Overall, the attendee satisfaction ratings have been consistently in the 95% range.

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

- The Medicaid Provider Advisory Committee (MPAC) continues to collaborate with the Council on Dental Benefit Programs to integrate the 2020 House of Delegates approved guidelines for Medicaid Dental Reviews into the Medicaid Contract Toolkit with pertinent updates as states negotiate Medicaid managed care contracts.

- MPAC supports the ADA and American Association of Pediatric Dentistry negotiation with the Center for Medicare and Medicaid (CMS) to increase access and fiscal schools and 12 dental residency programs addressing Medicaid program integrity and the importance of reimbursement for dental procedures conducted within hospital operating rooms and surgical centers, advocacy for comprehensive adult dental Medicaid benefits across all 50 states, reimbursement for salivary diagnostic testing offered by dentists and clarification of acceptable procedure codes when utilizing extra-oral radiographs with behaviorally challenging patients.

- In light of the fiscal surplus that Medicaid Managed Care Organizations garnered during the first several business quarters of the COVID pandemic, whereby expected medical cost rations were not met and unaddressed by appropriate program oversight, MPAC is encouraging a state-by-state assessment of how federal/state Medicaid allocations were spent.

- MPAC continues to update its Medicaid Provider Reference Guide, Medicaid Advocacy Toolkit and Public Practice Readiness Guide which is appropriate for new graduates and those established dentists looking to participate in the dental safety net.

- The ADA's Public Health Advisory Committee (PHAC) continues to address the most important dental public health issues confronting organized dentistry, which included emphasizing a public health perspective on the ADA's COVID efforts, embracing a greater awareness of health equity at the local level, and addressing great inclusivity and diversity within organized dentistry.

Prevention Subcommittee Highlights: In support of the ADA Strategic Plan Common Ground:

- In 2021, 11 communities faced challenges to cease water fluoridation. Eight communities voted to continue this public health practice and one new community voted to initiate.
- The US Virgin Islands passed Bill No. 34-0051 to include dental preventive services within the definition of "school-based health".
- CAAP formed a Sealant Workgroup for the purposes of educating dental teams about the preventive value of sealant placement. Partnership with the National Network for Oral Health Access in recognition of sealants as a quality indicator within the Dental Quality Alliance (DQA) was a decisive factor in developing this Workgroup.
- National Children's Dental Health Month offered approximately 44,000 posters to schools, health centers and dental association members with the theme "Sealants Make Sense". Activity sheets downloaded from Mouth Healthy continue to be within the top three most requested resources.

Emerging Issues and Trends

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

Responses to House of Delegates Resolutions

Resolution: 48H-2021 - Developing Continuing Education Activities

48H-2021. Resolved, that a variety of continuing education activities related to special needs dentistry be developed by the appropriate ADA agency.

CAAP has offered five webinars directly relating to Special Needs dentistry. A four-part series was available after SmileCon last year, with particular focus on the rewards and challenges of rendering this type of care, with the fifth webinar oriented towards caregivers. That webinar was offered in November which is National Caregivers Month.

Resolution: 78H-2019 – A Culture of Safety in Dentistry - Voluntary Reporting (*Trans*.2019:313

78H-2019 Resolved, that the Council on Advocacy for Access and Prevention (CAAP) be tasked with implementing, in a measured and methodical manner, a three-year framework for action that will begin to:

- Develop a curriculum on patient safety and encourage its adoption into training;
- Disseminate information on patient and dental team safety through a variety of in-person, print web and social media communication vehicles on a regular basis;
- Recognize patient safety considerations in practice guidelines and in standards;
- Work collaboratively to develop community-based initiatives for error reporting and analysis; and
- Collaborate with other dental and healthcare professional associations and disciplines in a national summit on dentistry's role in patient safety.

and be it further

Resolved, that the Council on Advocacy and Access for Prevention (CAAP) be urged to use its existing workgroup,

and be it further

Resolved, that an annual report be submitted to the ADA House of Delegates detailing progress in nurturing this culture of safety in order to raise awareness, while alleviating fear and anxiety associated with making the dental environment safe for patients, providers and the dental team.

The response to this resolution will be issued in a separate report to the House of Delegates.

Resolution: 83H-2021 – Establishment of a Medicaid Task Force

83H-2021. Resolved, that a Task Force meet virtually and develop a cohesive and broad-reaching strategy for federal and state Medicaid and Children's Health Insurance Program advocacy to reduce administrative burdens and create sustainable reimbursement for participating dentists. Issues addressed should include, but not be limited to:

- Credentialing
- Funding and reasonable reimbursement
- Benefit design and administration
- Appropriate auditing practices
- Coordination when multiple state program administrators exist
- Managed care design and implementation
- Requirements for stakeholder involvement
- Best practices and model programs to use as benefit and policy benchmarks

and be it further

Resolved, that the Task Force be comprised of representation from the Board of Trustees, Council on Dental Benefit Programs, Council on Government Affairs, Council on Advocacy for Access and Prevention, at-large Delegates or Alternate Delegates of the 2021 House of Delegates, with Medicaid provider experience when possible, and state dental association staff

with public program advocacy experience, with such representatives and the task force chair appointed by the ADA President, and be it further

Resolved, the advocacy strategy should include policy actions that the ADA and state advocates can pursue at the federal and state level, including adequate ADA public affairs support to ensure successful outcomes, and be it further

Resolved, that the Task Force shall report its recommendations to the 2022 ADA House of Delegates.

The Task Force was appointed in January 2022 and has met several times. A full report on their activities in addition to their recommendations for the House to consider will be included in a separate report.

Self-Assessment

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

Policy Review

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

- Definition of Oral Health Literacy (Trans.2005:322; 2006:316)
- Policy on Fluoridation of Water Supplies (Trans.1950:224; 2015:274)
- Evaluation and Fulfillment of Unmet Dental Needs (Trans.2016:316)
- Health Centers (Trans.2002:338; 2016:338)
- Community Health Centers (Trans.2002:415; 2016:314)

Council Minutes

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

Council on Communications

De La Rosa, Rebecca J., 2022, Indiana, chair
Krishnan, Prabha, 2023, New York, vice chair
Baker, Carol A., 2024, South Carolina
Banner, Wade M., 2024, California
Briney, Lynse J., 2023, Illinois
Frankman, Michael J., 2022, South Dakota
Hammi-Blue, Anne, 2024, Arizona
Isbell, T. Stotts, 2025, Arkansas
Jackson, Lindsey D., 2025, New Hampshire
Lawson, Amber P., 2022, Georgia
Lewin, Rachel L., 2025, Pennsylvania
Limosani, Mark A., 2024, Florida
Maestas, Tanya Sue, 2022, Texas*
Noguera, Angela P., 2023, Washington, D.C.
Raum, Rhett E., 2025, Tennessee
Schaff, Riley A., 2023, Michigan, *ad interim***
Schott, Laura J., 2024, Texas
Shelton Wagers, Jill, 2022, Idaho

Nissim, Julia M., director

The Council's 2021–22 liaisons include: Dr. Brett Kessler (Board of Trustees, 14th District) and Ms. Justina Anigbo (American Student Dental Association).

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

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

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

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

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

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

** New Dentist member*

***Replaced Dr. Thomas Lambert, 2023, Michigan*

Initiative/Program: Integrated Marketing
The Council's Integrated Marketing Workgroup explores and develops marketing ideas to support acceleration of early career dentist market share. The ADA Team activates tactics tied to the strategic direction from the group.

Success Measure: Meet or exceed industry standard benchmarks for engagement in digital/social tactics for early career campaigns. Engagement in campaigns supports Objective 1 of the Membership Goal.

Target: Create one engagement campaign per quarter, targeted at early-career dentists' needs supported by the ADA.

Range: N/A

Outcome:
Q1-April 2022:

- Delivered a round-up of career resources in a two-part email series, customized by practice type that drove a 43% average open rate – double the industry standard.
- Promoted a mix of specific financial benefits (student loan refinancing, tax resources, etc.), leaning into "smart saving strategies" messaging that was among the top performing ads on dental trade websites and paid social media ads from the ADA.

Q2-Q4 2021:

- Focused on the engagement of early career dentists, yielding nearly 2,000 registrants for ADA Accelerator webinars about leadership, wellness and finances
- Provided guidance to tailor email content to members pending renewal, with a 3.8% click-through rate, which is far higher than industry standard of 2.3%.

Initiative/Program: Communications Effectiveness
The Council's Communications Effectiveness Workgroup monitors ADA publications and channels to review the coverage of priority member-value topics, such as third-party payers, wellness information and diversity and inclusion, from the dentist's perspective. The group identifies potential gaps in coverage and provides the ADA team with guidance to improve real time communication to members. It also fields "quick pulse" surveys with a sample of dentists to obtain additional data around a priority topic and why it matters from the dentist point- of-view (POV).

Success Measure: Provide monthly feedback to ADA publications with data and insights from the dentist's POV related to coverage of wellness, diversity and inclusion, third-party payers and advocacy topics. Field quick pulse surveys as appropriate.

Target: Provide monthly feedback to ADA Publications.

Range: N/A

Outcome:

- The monthly feedback provided from this group has helped to shape a variety of ADA stories about workforce shortages, wellness and mental health, financial planning, dental insurance and advocacy – all topics identified as critical member value benefits from the 2021 Council on Communications Trend Report.
- The group also executed a quick pulse survey about dental insurance support and solutions, which revealed critical data about members' awareness of these benefits, plus members' communication preferences.
    - More than half (58%) of survey respondents were not familiar with the tools and services the ADA offers to support members' questions and issues with dental insurers.
    - Women have a slight preference for email from local/state society and social media whereas men have a stronger preference for national ADA email.

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

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

Initiative/Program: Leadership Connections/Spokesperson Workgroup
The Leadership Connections and Spokesperson Workgroup has three focal points:

- Collaborate with ADA Information Technology (IT) to improve ADA Connect for real-time leader engagement and information-sharing across councils;
- Provide strategic guidance regarding how to engage within private, dentist-only social media groups and close the gaps between dentists' needs and ADA; and
- Guide staff in the recruitment and maintenance of dentists as ADA media spokespersons, who convey credible information on oral health to the public through media interviews.

Success Measure:

- Launch an ADA Connect "living room" (a common area on ADA Connect accessible to all councils) by Q3 2022, per Resolution 103-2020, Reexamine Council on Communications Liaison Program (*Trans*.2020:274), which was referred to the Council on Communications and reported back to the 2021 House).
- Create a pilot program to collaborate with and support practitioners participating in closed social media groups, so that they can feel empowered to speak to misconceptions or needs from closed media groups, and provide applicable ADA resources as appropriate.
- Grow the ADA spokesperson program by at least 1-2 qualified spokespersons per year.
- Through thoughtful vetting of spokesperson candidates, ensure the ongoing high caliber of a public relations team that maintains 90% positive/neutral media sentiment quarterly on news coverage that cites the ADA.

Target: N/A

Range: N/A

Outcome:

- The ADA added one new media spokesperson and achieved 97% to 99% positive/neutral media sentiment in coverage through Q2-Q4 2021, and Q1 2022, with an audience of 18 billion and counting.
- The ADA Connect "living room" is built and on-track for council member use in Q3 2022, fulfilling this action-item from the Council's 2021 Annual Report responding to Resolution 103-2020.
- Social media pilot program is in development now (Q2-Q3 2022) with an expected launch by Q4 2022.

Emerging Issues and Trends

For the long-term health of an organization's reputation, its leaders must continuously address breaking issues in an agile fashion. The Council is engaging in real-time communications strategy work around emerging issues in three key ways:

- **Sharing the dentist perspective in real-time for ADA breaking issues:** As the dentist perspective is critical to effective communications, the Council provides this perspective for emerging issues, sharing questions they're hearing from members and sharing information back to constituents in real-time, to help the ADA Team to quickly disseminate clear, accurate information to members nationally.

- **Committing to development of a strategic communications plan to address organizational culture change highlighting ADA change initiatives**: As the ADA begins to move from a membership model to a membership engagement platform, Dr. Cohlmia sought the Council's assistance in developing a five-year plan with metrics to communicate the "culture of change" taking place at the ADA—a culture that welcomes dentists from all walks of life and practice modalities. Strategic planning commenced in Q2 2022 and work will continue in 2023.

- **Creating the annual Council on Communications Trend Report:** In 2020, the Council created the first Communications Trend Report (Report) as an annual bellwether for reputation management themes that the ADA can help dentists navigate. The 2020 and 2021 Reports showed that emerging issues, such as COVID-19, are where the ADA has tremendous opportunity to impact the practitioner. Led by the Strategic Communications workgroup, research for the third annual Trend Report is in the field now and will be analyzed throughout June and July, with a final report debuting in Q3 2022.

  The Report continues to build on identifying emerging issues for dentists and their patients, as well as gaps in communication between the ADA and dentists and dentists and their patients, to aid in data-based communications planning at all levels of organized dentistry.

  Key themes of the 2022 surveys that will be compiled for the Report include:
  - Annual benchmarking questions like, "How is the ADA supporting you on the following topics: advocacy, COVID-19 resources, insurance, staffing, wellness, diversity, equity and inclusion, practice management…," and more.
  - Public/consumer beliefs about public health topics such as teledentistry, fluoridation, amalgam, vaccinations, marijuana use and COVID-19. A second version of this survey is also shared with dentists to gauge their perspective.
  - New and emerging issue topics from the dentist's perspective, including questions patients ask based on fake information, reasons dental team members leave current practices, pain management/prescribing, patient drug use and administration of vaccines.

Outcome: The Trend Report will be shared with national, state and local leadership in Q3 2022 as strategic inputs for reputation management and communications planning that delivers member value.

Responses to House of Delegates Resolutions

Resolution: 77-2020—Elder Care Strategies on Public Advocacy (*Trans.*2020:255)

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

Proposed by the Elder Care Workgroup, per Resolution 97H-2020, Resolution 77-2020 was included in the Special Order of Referral Consent Calendar. The Council on Communications and Council on Advocacy for Access and Prevention (CAAP) responded to Resolution 77-2020 via the Council on

Communications 2021 Annual Report. A few action items from the 2021 response were activated in November 2021, regarding the first initiative, focused on educational material.

November is National Family Caregivers Month, which presents an ideal opportunity to enhance the ADA's approach to promoting information targeted at families of patients regarding their role in assisting in oral care. The ADA, with guidance from the Council and CAAP volunteers, updated its most visited articles on MouthHealthy.org (the ADA's website for the public) within the Adults Over 60 Section in October 2021. Then, these articles were promoted on a variety of channels to raise awareness about what resources exist to address the unique needs and concerns of caregivers, as opposed to individuals.

Key outcome metrics of media coverage, social media engagement and website traffic include:

- A prepackaged news article from the ADA about oral health advice for caregivers was distributed during National Caregivers Month on November 12, 2021 and garnered 1,057 print and online placements with an audience reach of 152.1 million.
- Social media posts from the ADA's Facebook, LinkedIn and Twitter channels had a cumulative audience reach of 44,533, plus 479 action engagements (likes and comments) and 161 click-throughs to topical content on MouthHealthy.org
- MouthHealthy.org articles on this topic had 9,578 views during the timeframe of November 1-December 31, 2021.

Self-Assessment

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

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans*.2012:370), the Council conducted its policy review in 2018 and is due for another in 2023.

Council Minutes

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

Commission for Continuing Education Provider Recognition

Ball, John D., 2022, Missouri, chair
Meara, Daniel J., 2023, Delaware, vice chair
Bertot, Carlos D., 2025, Florida
Burgess, Karen, 2022, Michigan
del Valle Sepúlveda, Edwin A., 2023, Puerto Rico
Evans, Carlotta A., 2023, Massachusetts
Kim, David M., 2022, Massachusetts
Leary, Kecia S., 2024, Iowa
Nuger, Marc G., 2025, Maryland
Patel, Kumar J., 2024, Georgia
Patel, Seena, 2024, Arizona
Rozdolski, Raquel, 2023, New York*
Sadrameli, Mitra, 2022, Illinois
Silva, Renato M., 2025, Pennsylvania
Trecek, Carol, 2023, Wisconsin
Upadhyaya, Jasbir D., 2025, Illinois
Zelazo-Smith, Susan K., 2025, Illinois

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

The Commission's 2021-2022 Board of Trustees liaison is Dr. Gary R. Oyster (Sixteenth District).

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

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

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

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

The Commission is an ADA agency with independent authority to administer the ADA Continuing Education Recognition Program (CERP). For 2021, the Commission goals and objectives are as follows:

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

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* *Replaced Saraghi, Mana, 2021, New York*

Initiative/Program: ADA CERP

Success Measure: A completed draft of revised ADA CERP Standards is circulated for review by the communities of interest by December 2022.

Target: Draft revisions of five standards reviewed by Commission in September 2022.

Range: Draft revisions of five standards completed by December 2022.

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

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

Initiative/Program: ADA CERP

Success Measure: Contract for development of ADA CERP accreditation solution and software licenses executed and a development plan in place with a target project completion date no later than December 2023.

Target: Contract for development and license of software executed by October 1; business needs intake completed by December 1, 2022; development and testing conducted beginning January 1, 2023.

Outcome: At the time this report was written a proposal had been obtained to develop an accreditation solution including a database and web portal supporting online applications, reviews, with online payment interface. A request for funding the project was being prepared.

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

Initiative/Program: ADA CERP

Success Measure: Targeted communications deployed to ADA CERP stakeholders and dental community. Sequence of educational webinars for CE providers developed and implemented; new online resources for providers posted on website.

Target: Two live webinars for CE providers offered in 2022, new FAQ and other web-based resources regarding implementation of revised CERP eligibility requirements; two articles in ADA publications regarding ADA CERP by year end.

Outcome: Development and publication of new resources and programming has been pushed back to late third quarter and fourth quarter, as staff continue efforts to complete administration of ADA CERP application and review functions that were delayed by the cybersecurity incident. At the time this report was written, a request for proposal for an integrated communications plan was being developed.

Emerging Issues and Trends

The Commission oversees ADA CERP, designed to recognize providers that meet standards for continuing dental education, promote continuous quality improvement in CE, and help dental professionals meet CE requirements for re-licensure. At the time this report was prepared in May 2022, there were 503 ADA CERP recognized providers; this number includes 29 providers based outside the United States and Canada, and 29 providers approved through Joint Accreditation for Interprofessional Continuing Education. Another 101 providers were approved by state dental societies and national specialty societies through the CERP Extended Approval Process (EAP). The current list of ADA CERP recognized providers is published on the Commission's website.

CERP recognized providers reported that they offered a combined total of over 36,500 unique CE activities in 2020, the most recent year for which data is available.

Impact of COVID-19 on ADA CERP providers' continuing dental education programming: Data collected through the 2021 ADA CERP provider annual report indicates that the total number of CE activities ADA CERP providers offered in 2020 was only slightly lower than in 2019 (a total of 36,500 courses were offered in 2020, compared to 38,000 in 2019). However, the types of courses offered in 2020 compared with those offered in 2019 varied considerably, reflecting social distancing requirements in place in 2020. In 2020, ADA CERP recognized providers held 65% fewer live, in-person courses than in 2019 (including live lectures and hands-on courses). The number of live, online courses (live webinars) offered in 2020 increased 378% over 2019, and the number of self-study courses offered increased 40% in 2020 when compared to 2019. Many state licensing agencies also approved temporary revisions to CE regulations in order to mitigate challenges dental professionals may experience in fulfilling CE requirements during the pandemic.

Interprofessional Continuing Professional Education. ADA CERP is in its third year as an associate member of Joint Accreditation for Interprofessional Continuing Education™. Joint Accreditation offers providers of continuing education in the health professions the opportunity to be simultaneously accredited to provide continuing education in medicine, nursing, pharmacy, physician assisting, optometry, psychology, social work, registered dietitians, physical training and dentistry through a single, unified application process. As of January 2022, a total of 29 CE providers of interprofessional education have requested ADA CERP recognition through Joint Accreditation. The Commission believes that this collaboration helps support dental professionals to coordinate care with other professionals, and continues the development and practice of interdisciplinary education (IPE) begun during pre-and post-graduate dental training. Participation in Joint Accreditation further aligns CERP Recognition Standards with those of the U.S. accreditors of continuing education in other health professions.

Review and Revision of CERP Standards. The ADA CERP Recognition Standards form the basis for the Commission's evaluation and approval of continuing dental education providers. The Commission has resumed its comprehensive revision of the Standards, with the goal of developing streamlined criteria for developing CE that is evidence-based, effective and outcomes focused, and independent from commercial influence, in order to help promote improvements in oral healthcare. Stakeholder groups will be invited to comment on the Standards during the revision process. The ADA CERP Eligibility Criteria were revised as part of this process, and effective July 1, 2023, commercial interests will no longer be eligible for CERP recognition, or to serve as joint providers of CE activities. In 2021 all currently recognized providers were evaluated to determine whether they are commercial interests; through this process the Commission identified 46 providers to be commercial interests. At the time this report was written, all currently recognized providers have been informed whether or not they will be eligible to participate in ADA CERP beyond June 30, 2023 when the revised CERP Eligibility Criteria take effect.

Strategic Planning: The Commission is conducting a strategic planning process in 2022 to identify its priorities and objectives for the next three years.

Technology: To improve ADA CERP application and recognition processes, the Commission has requested that the ADA's technology division request funding and proposals for the development of an accreditation platform to support online application submissions and reviews. The new platform is needed

to replace the solution that was being constructed within Aptify until the project was stopped in 2021 when the ADA determined to seek a replacement for Aptify.

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed to the Commission in 2021.

Self-Assessment

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

Policy Review

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

Council Minutes

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

Council on Dental Benefit Programs

Dens, Kevin W., 2022, Minnesota, chair
Stilley-Mallah, Jessica A., 2023, Florida, vice chair
Adams, Roderick H., Jr., 2023, Ohio
Andrew, J. Luke, 2022, Colorado*
Carrington, Adrian J., 2025, California
Dougherty, William V., III, 2022, Virginia
Gardner, Stacey S., 2024, Alabama
Gazerro, Andrew, III, 2024, Rhode Island
Ghazzouli, Hadi, 2024, Pennsylvania
Hill, Rodney C., 2023, Wyoming
Johnston, Mark M., 2023, Michigan
Jolliff, Susan D., 2025, Texas
Moats, Mark A., 2025, Kentucky
Patel, Vishruti, 2025, Illinois
Porcelli, Eugene G., 2022, New York
Ramirez, Eddie, 2024, Oregon**
Scott, L. King, 2022, Louisiana
Trapp, Scott A., 2024, Virginia

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

The Council's 2021-22 liaisons include: Dr. Paul R. Leary (Board of Trustees, Second District) and Mr. Sammy Huynh (American Student Dental Association).

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

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

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

** New Dentist Consultant*
*** Replaced Dr. Dennis L. Bradshaw, 2024, Washington*

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

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

Initiative/Program: Third-Party Payer Advocacy

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

Target: At least 6,000 participants in webinars and workshops; and at least 85% of survey respondents are satisfied or very satisfied with the education programs.

Range: Between 3,500 to 4,300 participants in webinars and Council workshops. Between 85 to 90% of survey respondents are satisfied or very satisfied with the education programs.

Outcome: As of April 2022, a total of 2,639 participants joined in four webinars *(see Table 1)*; on average 97% were satisfied or very satisfied with the education programs.

Table 1

Dental Insurance Webinars - YTD April 2022	Registrants	Participants
Growing Your Business with Better Employer Funded Dental Plans	387	201
Dental Insurance 101: Understanding PPO Plans	2,129	1,061
Trends in the Dental Insurance Industry	1,466	676
Medicare Advantage: What is Medicare Part C and How Does It Work with Dental Coverage?	1,269	701

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

Initiative/Program: Third-Party Payer Advocacy

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

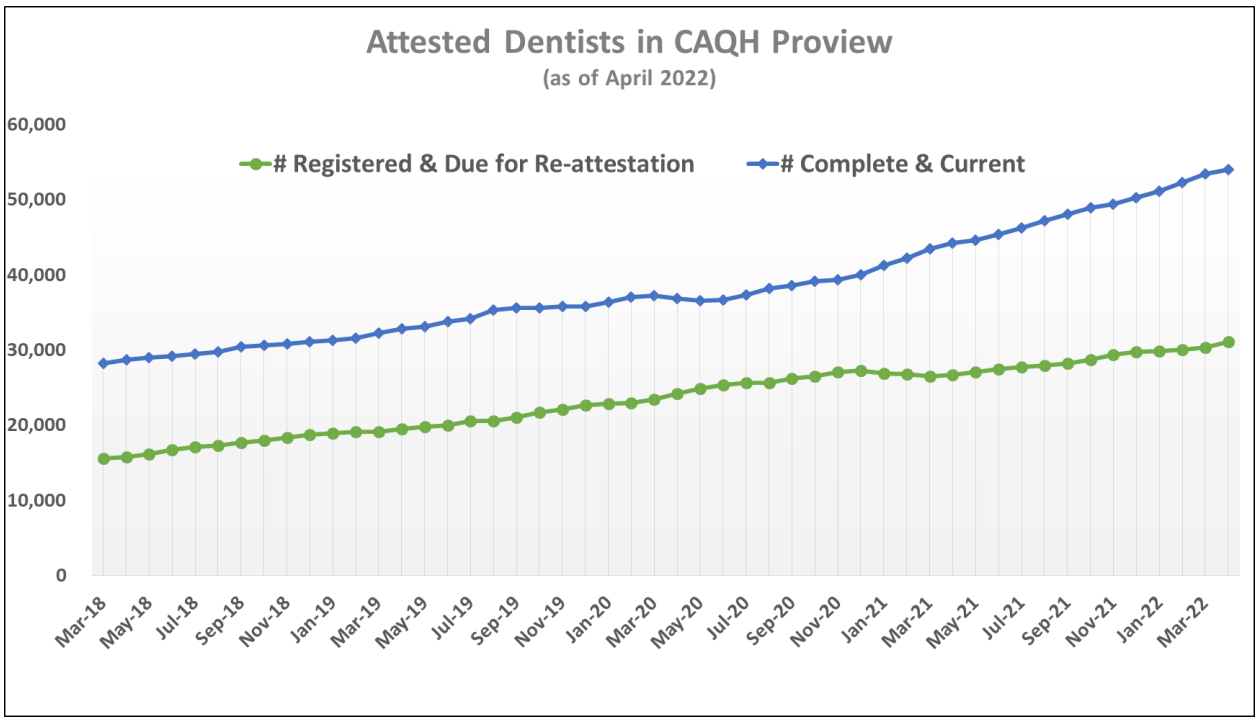
Target: At least an additional 500 dentists per month establish a new current attested profile in the ADA's Credentialing Service powered by CAQH ProView.

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

Outcome: As of April 2022, a total of 54,020 dentists have complete and current profiles; an average of 1,413 dentists are completing their profile per month. Another 31,110 dentists have completed applications and now only need to log in to re-attest. Outreach to dental payers has resulted in 28 participating dental organizations to date.

The credentialing service continues to experience strong and steady growth more than four years after implementation. Additionally, the number of dentists with profiles due for re-attestation also continues to trend downwards in proportion to the overall number of dentists using the system, which has surpassed 85,000 dentists nationally *(see Graph 1)*.

Graph 1



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

Initiative/Program: Third-Party Payer Advocacy

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

Target: At least 2,500 plans purchased and 500 offices sign up with Bento in-office plans by December 31, 2022. At least 50,000 total dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by year end.

Range: Between 2,000 to 3,000 plans purchased and between 400 to 600 offices sign up with Bento in-office plans by December 31, 2022. Between 45,000 to 55,000 dentists use the Bento app to process claims from employer-sponsored and individually-purchased PPO plans by December 31, 2022.

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

From June 2020 through April 2022, results have included:

- 43,506 dentists are currently using the Bento app to process claims from employer-sponsored and individually-purchased PPO plans *(see Graph 2)*.
- 251 practices are set up to offer in-office plans *(see Graph 3)*.
- 1,712 in-office plans have been purchased *(see Graph 3)*.

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

Bento brings automation into the traditional dental benefits administration sector.

Bento's software platform currently offers two separate products to support dentists:

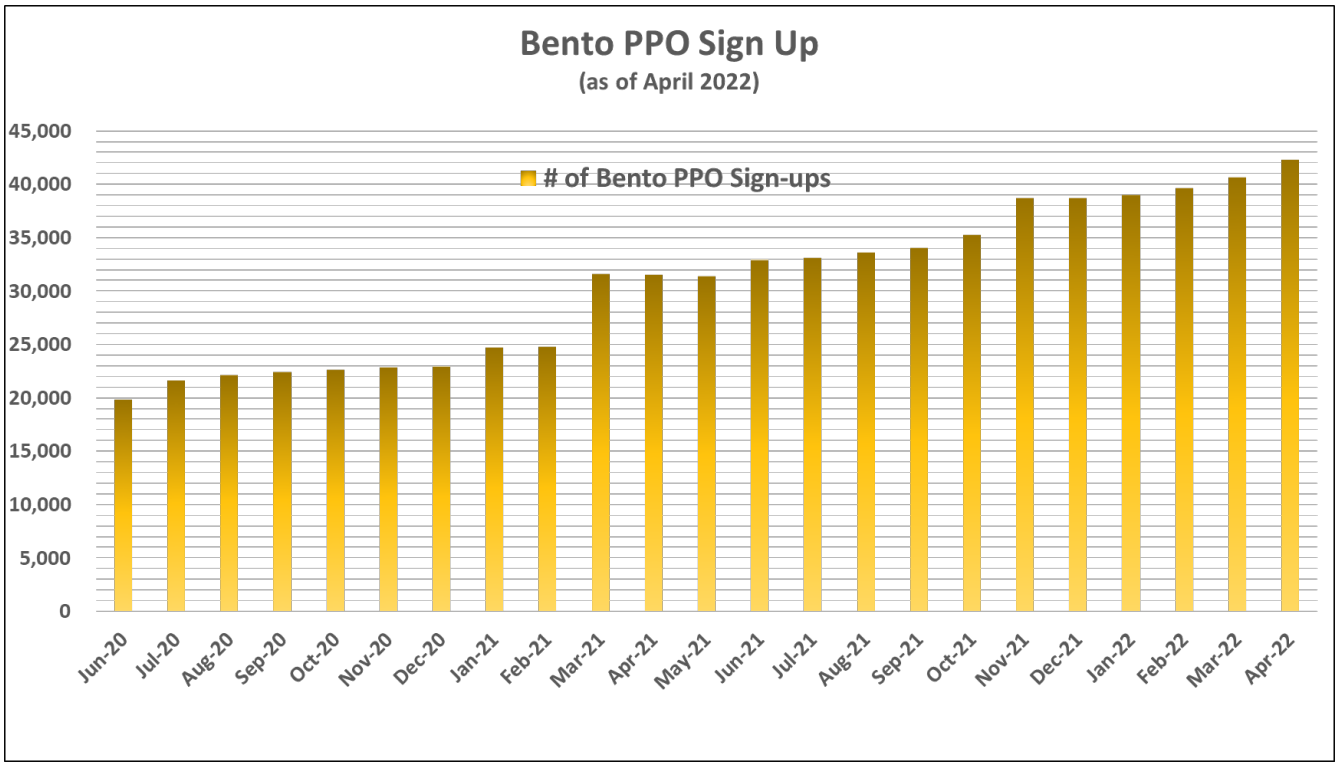
- In-office membership dental plans.
- Bento's PPO Network for self-funded employer groups.

Some advantages Bento provides in comparison to other benefits administrators:

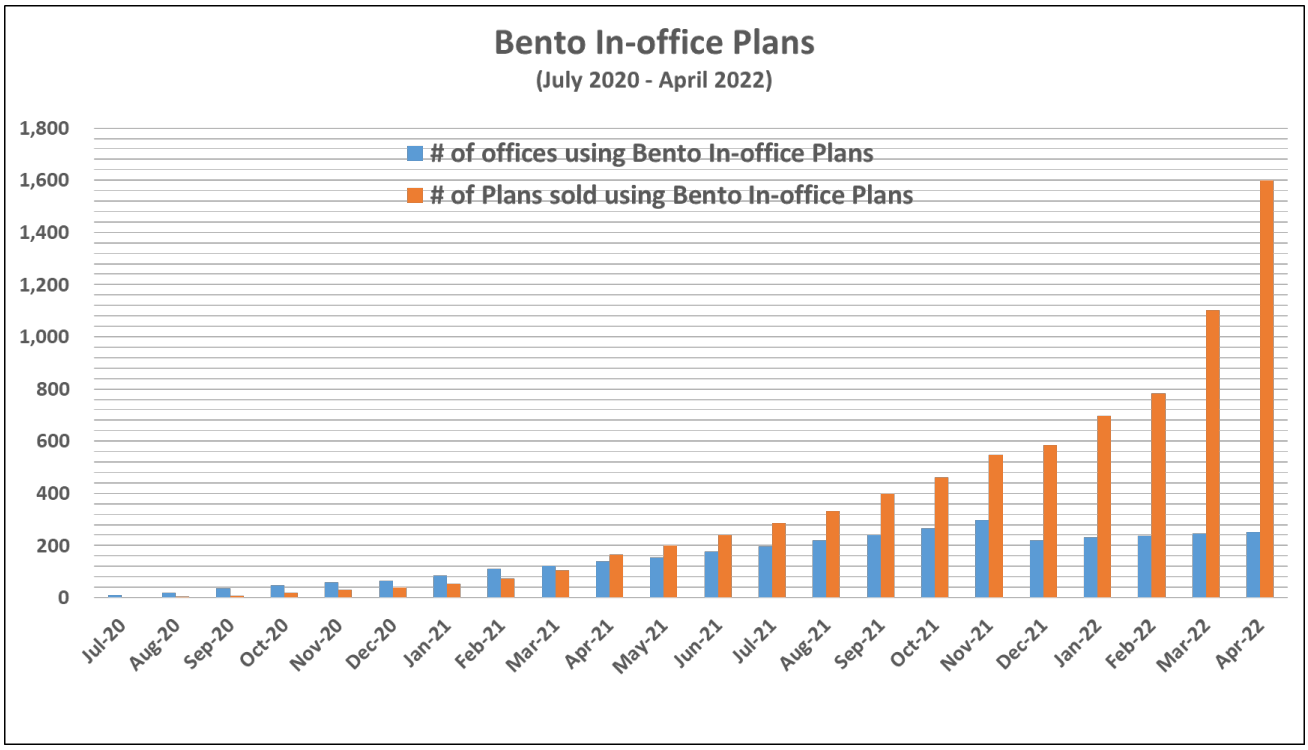
- Real-time eligibility and benefits verification, and claims adjudication,
- Fast and easy direct payments to dental offices,
- Cost transparency for patients,
- A simplified administrative system with no consultant reviews for medical necessity,
- Easy to use app experience for both patients and the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

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

Graph 2



Graph 3



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

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

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

Target: Delivery of CDT 2023 technical content delivered by July 2022 including ASCII file, CDT Manual and CDT Companion.

Range: N/A

Outcome: As of May 30, 2022, technical content for the CDT 2023 ASCII file, CDT Manual and CDT Companion were delivered to the ADA Department of Product Development and Sales ahead of schedule.

The CDT ASCII file contains CDT 2023 in an electronic format for CDT Code Commercial Use licensees, which include vendors of Practice Management Systems used by dentists and Claim Adjudication Applications used by third-party payers. Both the CDT Manual and Companion are reference and educational resources used by dentists and their practice staff to enable accurate documentation of services delivered in patient dental records, and proper reporting on claims (paper and electronic).

Exploration of an Enhanced CDT Code is underway and ensures continued recognition of this ADA intellectual property as a HIPAA standard and supports claims, robust patient record keeping and data analytics. The Council began work on this project in December 2021. The Council has established a task force of subject matter experts to discuss the framework for an architecture that could include modifiers to the CDT Code. The Council plans to receive recommendations from the task force over the coming months to guide its final decision for future implementation of a modifier-based CDT Code set.

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

stakeholders. (Public)

Initiative/Program: Clinical Data Registry

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

Target: Acquire 650,000 patient records in the system by the end of 2022.

Range: Acquire 500,000 to 750,500 patient records.

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

The ADA Dental Experience and Research Exchange (DERE), ADA's oral health registry program, launched in July 2021 to all practices using Open Dental. As of this writing, there are 32 practices in the system, 19 fully integrated with a total of 261,104 total patient records. The ADA DERE Research Portal went live to ADA Staff Researchers in March 2022. As of this writing, integration with Open Dental is complete. DERE will begin integrating practices from Epic Dental by end of June 2022. Integration with Dentrix & Eaglesoft is in the planning stages and is on track to be completed by year end.

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

Initiative/Program: Quality Assessment and Improvement

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

Target: Not less than 30 state Medicaid programs report using measures developed by the Dental Quality Alliance (DQA).

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

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

Measures identified by the DQA are used in several federal and state programs. The Centers for Medicare & Medicaid Services has adopted two additional DQA measures, making a total of three DQA measures for Medicaid program reporting. The National Committee for Quality Assurance (NCQA) is currently considering adopting two DQA measures to assess dental plan quality through the Healthcare Effectiveness Data and Information Set (HEDIS) measure set.

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

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

Initiative/Program: Dental Informatics

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

Target: Annual Systemized Nomenclature of Dentistry (SNODENT) Revision completed by year end.

Range: N/A

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

dental specialty groups and the ADA. SNODENT is an American National Standard, which is approved annually by the SNODENT Canvass Committee.

ANSI/ADA Standard No. 2000 – SNODENT is revised annually. The most recent version was approved by the ADA SNODENT Canvass Committee in November 2020. Change requests to SNODENT are adjudicated by the SNODENT Maintenance Committee, which met in Chicago in February 2021. It is anticipated that the 2021 revision of SNODENT will be balloted to the ADA SNODENT Canvass Committee by September 2022, with approval expected by year end 2022.

Emerging Issues and Trends

Dental Benefits Market Data

The data below is the most current information available.

Enrollment [Source: National Association of Dental Plans and Kaiser Family Foundation]

- Almost 264 million people (80% of the U.S. population) had a dental benefit in 2020—up slightly from 2019.
- In 2020, Preferred Provider Organizations (PPO) accounted for 86% of the dental plans in the market—up from 85% in 2019, with dental health maintenance organizations dropping from 6% to 4%. Exclusive provider organization (EPO) plans, which are closed-panel PPO networks, are increasing in popularity but still only account for approximately 1% of the overall market.
- In 2020, the commercial market had 83.5 million people (52%) with fully insured dental benefits versus 76.4 million (48%) with self-funded plans.
- In 2020, enrollment in commercial dental benefits decreased from 177.3 million to 169.7 million compared to 2019. Enrollment in publicly-funded benefits increased to 93.9 million compared to 85.4 million in 2019.
- Total Medicare Advantage enrollment increased from 24 million in 2020 to 26 million in 2021.
- Approximately 56% of commercial group dental benefits are employer sponsored and the other 44% are voluntary benefits.

Network Statistics [Source: National Association of Dental Plans]

- In 2020, among those dentists who participate in PPO networks, on average, dentists participate in 28.3 different networks.
- In 2020, only 6.5% of enrollees with a maximum benefit of $1,000 to $1,500 seeing a network dentist used all of that benefit and 4.1% of enrollees with a maximum of $1,500 to $2,500 used all of their benefits.
- In 2020, 35% of annual maximums for patients seeing network dentists ranged from $1,000 to $1,500 and 51% ranged from $1,500 to $2,500. In addition, 12% of plans have maximums ranging from $2,500 to no annual maximum.

Eligibility and Benefits Verification

Following the publication of the Unified System for Eligibility Verification feasibility study in July 2021, the Council identified that as of early 2022, two of the largest dental clearinghouses, Change Healthcare and Tesia, are now very close to or have recently started offering specific eligibility and benefits verification technology solutions across the dental marketplace. Each product purports to solve for and improve the accuracy and comprehensiveness of the eligibility and benefits responses dental offices receive from payers by providing real-time status of the patient's benefits. As these companies roll out each of their solutions, the Council will monitor their effectiveness.

Provider Rating Systems

One emerging model in the commercial dental delivery system is the provider rating system. These ratings systems may be based on professional history and patient experience like Cigna's Brighter Profile or based on cost and quality metrics like that from the P&R Dental Strategies' DentaQual or the Skygen's Provider

Select Suite. The Council is monitoring these programs especially those reporting to access "quality". The Council is aware that these programs could eventually form the basis for value-based payment models.

The Council requested a detailed assessment of the measures in the DentaQual program from the Dental Quality Alliance and based on this assessment concluded that, in its current form, the program cannot be used to represent "quality". The Council has requested Delta Dental of California (DDCA) to remove the ratings from provider directories. As of this writing, the Council is awaiting further action from DDCA.

Responses to House of Delegates Resolutions

Resolution: 93H-2021—Developing Safeguards to Protect Employee Dentists

> **93H-2021. Resolved,** that the appropriate ADA agency assess the feasibility of creating guidelines, best practices or educate members on mechanisms to assure accuracy of claims submitted by the office or a third party on behalf of the treating dentist, and be it further
>
> **Resolved,** that a report be submitted to the 2022 House of Delegates.

Resolution 93H adopted by the House of Delegates directed the Council to assess the feasibility of developing guidelines, best practices or other educational resources to assist dentists in assuring accuracy of claim submissions. In response, the Council assessed that it was feasible to develop a guidance document, and has since developed a guide titled "Assuring Accuracy of Claims as a Treating Dentist".

With these activities and explanations, the directives from 93H-2021 have been satisfied or answered.

Resolution: 88H-2021—Reinstatement of ADA Third Party Payer Concierge Service

> **88H-2021. Resolved,** that the ADA restart and significantly promote its third-party dental insurance concierge service for a five year period, at which time this service can be re-evaluated as a state dental association benefit.

The Council oversaw the reinstatement of the Third Party Payer Concierge Service in an effort to lower the burden of answering dental benefit calls from members by state dental association staff. ADA members are now able to call the ADA to receive individual assistance regarding dental benefit issues. Furthermore, a grant program has been instituted to leverage state societies to market this service locally. A total of $50,000 was awarded to 17 states to disseminate information on the ADA Concierge Service. Success of this program will be measured each year as satisfaction of state dental association staff. In addition, ADA staff convene state association dental benefits staff twice a month to discuss issues, share best practices and provide other support necessary to assist members across the tripartite.

With these activities, the directives from 88H-2021 have been satisfied.

Self-Assessment

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

Policy Review

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

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

Authorization of Benefits (*Trans.*1994:665; 2013:306; 2017:264)
Definitions of "Usual Fee" and "Maximum Plan Benefit" (*Trans.*2010:546; 2011:452)

Timely Payment of Dental Claims (*Trans.*1991:639)
Reimbursement Under Third-Party Programs (*Trans.*1983:584; 1992:604)
Benefits for Services by Qualified Practitioners (*Trans.*1989:546)
Dental Benefit Plan Terminology (*Trans.*1991:634; 2012:440)
Dental Claims Processing (*Trans.*1999:930)
Guidelines on Coordination of Benefits for Group Dental Plans (*Trans.*1996:685; 2009:423)
Benefits for Incomplete Dental Treatment (*Trans.*1994:655)
Fee-for-Service (*Trans.*1994:666)
Balance Billing (*Trans.*1994:653)
Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers (*Trans.*2016:290; 2017:266)
Third-Party Payment Choices (*Trans.*2017:265)
Genetic Testing for Risk Assessment (*Trans.*2017:266)
Radiographs in Diagnosis (*Trans.*1974:653)
Patient Safety and Quality of Care (*Trans.*2005:321)
Plan Coverage for Treatment of Teeth Needing Restoration Due to Attrition, Wear and Abrasion (*Trans.*1993:693)
Use of DEA Numbers for Identification (*Trans.*2000:454; 2013:306)
Age of "Child" (*Trans.*1991:635; 2013:307)
Payment for Temporary Procedures (*Trans.*1999:922)
Eligibility and Payment Dates for Endodontic Treatment (*Trans.*1994:674)
Guidelines on Capture and Use of Diagnostic Images by Dentists, and by Third-Party Payers or Administrators of Dental Benefit Programs (*Trans.*1995:617; 2007:419; 2016:284)
Inclusion of Radiographic Examinations in Dental Benefits Programs (*Trans.*1991:634)
Coverage for Treatment of Temporomandibular Joint Dysfunction (*Trans.*1989:549)
Payment for Prosthodontic Treatment (*Trans.*1989:547)
Monitoring and Resolution of Code Misuse (*Trans.*2007:419)
Reporting of Dental Procedures to Third Parties (*Trans.*1991:637; 2009:418; 2013:303; 2016:284)
Authority for the Code on Dental Procedures and Nomenclature (*Trans.*1989:552; 2008:453)
Appropriate Use of Dental Benefits by Patients and Third-Party Payers (*Trans.*1993:688)
Third-Party Acceptance of Descriptive Information on Dental Claim Form (*Trans.*1978:507; 2013:308)
ADA's Dental Claim Form (*Trans.*1991:633; 2001:428; 2013:307)
Tooth Designation Systems (*Trans.*1994:652; 2002:394; 2013:301)
Submission of Attachments for Electronic Claims (*Trans.*1997:677)
Recognition of Tooth Designation Systems for Electronic Data Interchange (*Trans.*1994:675; 2013:324)
Proposal for the ADA Dental Claim Form to be Maintained in a Form That Coincides With the HIPAA-Required ANSI X12 837—Dental Transaction Set (*Trans.*2001:434)
Development of ADA SNODENT Clinical Terminology (*Trans.*1995:619; 2013:309)

In addition, the Council adopted a resolution to forward ADA policy amendments to the 2022 House of Delegates. The Council will submit the following amendment to the 2022 House of Delegates on a separate worksheet:

Explanation of Benefits (EOB) Statement and Identification of Claims Reviewers (*Trans.*1995:610; 2015:243)

Council Minutes

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

Council on Dental Education and Licensure

Thomas-Moses, Donna, 2022, Georgia, chair, American Dental Association
Miles, Maurice S., 2023, Maryland, vice chair, American Association of Dental Boards
Avery-Stafford, Cheska, 2024, Wisconsin, American Dental Association
Bennett, Donald P., 2025, Louisiana, American Association of Dental Boards**
Divaris, Kimon, 2024, North Carolina, American Dental Education Association
Hangorsky, Uri, 2022, Pennsylvania, American Dental Education Association
Hardesty, Willis Stanton, Jr., 2022, North Carolina, American Dental Association
Johnson, Jarod W., 2022, Iowa*
Keith-Coble, Shandra L., 2025, Alabama, American Dental Education Association
Lepowsky, Steven M., 2023, Connecticut, American Dental Education Association
Mousel, Barbara L., 2024, Illinois, American Association of Dental Boards
Nickman, James D., 2023, American Dental Association
Nielson, David L., 2022, Alaska, American Association of Dental Boards
Otomo-Corgel, Joan, 2023, California, American Dental Association
Tanguay, Jason A., 2025, Montana, American Dental Association
Terry, Bruce R., 2024, Pennsylvania, American Dental Association
Usman, Najia, 2024, Ohio, American Dental Association

**New Dentist Member*
***The American Association of Dental Boards appointed Dr. Donald P. Bennett to complete the term of Dr. Karen Lanier.

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

The Council's 2021-22 liaisons include: Dr. Chad R. Leighty (Board of Trustees, Seventh District) and Mr. Colton Cannon (American Student Dental Association).

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

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

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

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

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

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

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

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

Range: January through July

Outcome: All comment deadlines met.

The Council transmitted comments to CODA on proposed revisions to the Accreditation Standards for Programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, orofacial pain, and dental public health. Specifics on these matters are noted in the Council's January and June 2022 meeting minutes.

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

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

Success Measures:

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

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

Range: Ongoing

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

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

by the CSG, was established, meeting five times in late 2021 and early 2022. The Group provided guidance to the CSG and its Compact Document Team (CDT), composed of five to eight state officials, stakeholders, and issue experts. This group crafts the actual compact legislative language based on the recommendations of the TAG. It is anticipated the CDT will complete the draft legislative language during the summer of 2022 and then circulate the draft compact legislation this fall to states and stakeholder groups, including the ADA. The CSG has emphasized that all stakeholder suggested revisions will be reviewed by the CDT for possible incorporation into the compact document before it is finalized. The TAG will then do a final review of the draft legislative language, and if approved, release the model language to states for consideration. It is anticipated that the release date will be in early 2023, completing Phase I of the compact development and implementation process.

Established in 2018 by the ADA, ADEA and ASDA, the Coalition for Modernizing Dental Licensure (CMDL) is comprised of national and state organizations, institutions and programs representing dentistry, dental education, dental specialties, dental hygiene and non-profit groups working to advance access to oral health care and modernize the licensure process for dentistry and dental hygiene. In support of CMDL Strategic Plan goals, Coalition leadership and staff met with state dental associations and dental schools in several states, and made presentations at two national meetings. As of June 2022, the Coalition for Modernizing Dental Licensure had increased its membership to over 118 organizations. In spring 2022, the Council urged all state dental associations to join the CMDL.

The Council continues to support ADA policy calling for the elimination of patients from the clinical licensure examination process. As of June 2022, 46 states (including the District of Columbia) accept the results of manikin-based licensure examinations in addition to single-encounter patient-based examinations on either a temporary or permanent basis. The Council also supports the JCNDE DLOSCE, a non-patient alternative to the traditional patient-based single encounter clinical licensure examination, made available to state dental boards in June 2020. As of June 2022, Alaska, Colorado, Indiana, Iowa, Washington and Oregon were accepting results of the DLOSCE as either partially or completely fulfilling the clinical examination requirement for licensure. The JCNDE continues to collect validity data in support of the DLOSCE. One study demonstrated positive correlations between candidates' performance on the DLOSCE and their clinical performance during dental school. Results have been shared with dental boards and will be detailed in the 2022 DLOSCE Technical Report. The Technical Report will be published on the JCNDE website following the JCNDE's annual meeting in summer 2022. More information about the DLOSCE is posted on the JCNDE website.

The Council maintains licensure information on the ADA website. The Dental Licensure Dashboard houses the Initial Licensure Requirements map, the Licensure by Credentials map and the CE Requirements and Renewal map. The maps provide state-by-state information on the requirements for obtaining and maintaining licensure and will continue to highlight COVID-19 related changes as long as relevant. This year Council staff collected data specific to faculty licensure and are exploring the possibility of developing another map for the Dashboard. Originally launched in 2020, the Dashboard continues to expand based on the needs of members and the public.

Per a directive of the 2013 House of Delegates (*Trans*.2013:327), the Council monitors the Dental Board of California's (DBC) implementation of its portfolio-style licensure examination and reports information annually to the House of Delegates. Since November 5, 2014, individuals may qualify for dental licensure in California on the basis of passing the Portfolio Examination while enrolled in a dental school approved by the DBC. As of March 31, 2022, the Dental Board of California has issued less than 90 dental licenses via the portfolio pathway, since its inception in 2014.

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

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

Success Measures:

1. Per the five-year review cycle, consider and possibly recommend revision to the continuing education, licensure and recognition policies assigned to the Council for review.
2. Address Resolution 108H-2021: National Commission on Recognition of Dental Specialties and Certifying Boards Requirements for Recognition Review and report findings to the 2022 House of Delegates.
3. Consider the annual reports of the Dental Assisting National Board and the National Board for Certification in Dental Laboratory Technology.
4. Provide governance oversight to the Department of Testing Services regarding the administration of the Dental Admission Test (DAT) and Advanced Dental Admission Test (ADAT) and the development of the admission test for dental hygiene programs (ATDH).

Target: Submission of proposed revision to current ADA policy and responses to assigned resolutions to the 2022 House of Delegates; submission of comments to and collaboration with other ADA Councils on policy matters; action on DANB and NBC reports; set direction, establish policy and oversee research related to the DAT, ADAT and ATDH.

Range: May through August

Outcome: On plan

Emerging Issues and Trends

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

Responses to House of Delegates Resolutions

Resolution: 46H-2021 – Special Care Dentistry Association

> **46H-2021. Resolved,** that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in special needs dentistry by the Commission on Dental Accreditation, and be if further
>
> **Resolved,** that the Special Care Dentistry Association be urged to collaborate with advanced dental education programs and their sponsoring institutions to enhance the current scope and depth of instruction related to special needs dentistry and to encourage the establishment of more training programs in special needs dentistry.

The Council transmitted Resolution 46H-2022 and findings of the feasibility study to the Special Care Dentistry Association (SCDA) for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in special needs dentistry by the Commission on Dental Accreditation. Further, SCDA was urged to collaborate with advanced dental education programs and their sponsoring institutions to enhance the current scope and depth of instruction related to special needs dentistry and to encourage the establishment of more training programs in special needs dentistry. The SCDA acknowledged receipt of the report and informed the Council of its intent to move forward in collaboration with its communities of interest in implementing the resolution.

Resolution: 7H-2021 – Continuing Education Market Research

> **47H-2021.** Resolved, that market research be conducted to learn more about the continuing education interests of practicing dentists related to managing and treating patients with special needs, i.e., people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

The ADA Department of Continuing Education in the Division of Conferences and Continuing Education reported to CDEL on market research underway in 2022 to learn more about the continuing education interests of practicing dentists related to managing and treating patients with special needs, i.e., people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. CDEL and its Committee on Continuing Education will collaborate with the Department of Continuing Education in future course development, based on the results of the market research.

Resolution: 49H-2021 - Proposed Policy: Patients with Special Needs (*Trans.*2021:XX)

> **49H-2021. Resolved,** that the following policy be adopted:
>
> **Patients with Special Needs**
>
> The dental profession's continued ability to effectively provide dental care for America's special needs population is dependent on sustaining a strong educational foundation in this area. The ADA encourages efforts to maintain and expand the availability of courses and programs at the predoctoral, advanced and continuing educational levels that support practitioners in providing dental treatment to patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. The ADA encourages dental practitioners to regularly participate in continuing education in this area.

The Council transmitted the new policy statement to the Special Care Dentistry Association.

Resolution: 108H-2021 – National Commission on Recognition of Dental Specialties and Certifying Boards Requirements for Recognition Review

> **108H-2021. Resolved,** that the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, currently used by the National Commission on Recognition of Dental Specialties and Certifying Boards, be reviewed by the ADA Council on Dental Education and Licensure in 2022, rather than 2023, and be it further
>
> **Resolved,** that CDEL report its findings and any proposed revisions to the Requirements for Recognition to the National Commission and to the 2022 ADA House of Delegates.

The Council has considered Resolution 108H-2021 and taken several actions in response. The full response including a proposed resolution is contained in a separate report to the 2022 House of Delegates.

Self-Assessment

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

Policy Review

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

- Criteria for Recognition of Interest Areas in General Dentistry
- Recognition of Operative Dentistry, Cariology and Biomaterials
- Promotion of Continuing Education
- Policy on State Dental Board Recognition of the Commission for Continuing Education Provider Recognition
- Policy on Licensure of Dental Assistants

The Council reviewed the "Policy Statement on Continuing Dental Education" and the policy "Titles and Descriptions of Continuing Education Courses," concluding that the two statements should be merged into one. Further, the Council is recommending that the policy titled "Policy Statement on Lifelong Learning" and the policy titled "Lifelong Continuing Education" be merged. These proposed actions are presented in separate reports to the 2022 House of Delegates.

The Council also recommends that the policy titled "Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited Providers" be amended by adding the phrase, "and Joint Accreditation for Interprofessional Continuing Education." The Council's resolution calling for amendment to the policy is presented in a separate report to the 2022 House of Delegates.

Council Minutes

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

Council on Dental Practice

Hoddick, James A., 2022, New York, chair
Chopra, Manish, 2023, Ohio, vice chair
Braden, Ryan T., 2022, Wisconsin
Dornfeld, Kamila L., 2024, North Dakota
Fitzpatrick, Amanda L., 2024, Missouri
Fried, David L., 2025, Connecticut
Gwin, Sherry R., 2022, Mississippi
House, Allison B., 2022, Arizona
Howell, Ralph L., Jr., 2023, Virginia
Korch, Michael J., 2025, Pennsylvania
Ottley, Jeffrey C., 2024, Florida
Rekhi, Princy S., 2024, Washington
Ricci, Shane A., 2025, Texas
Romo, Genaro, Jr., 2023, Illinois
Saba, Michael A., 2025, New Jersey
Smith, Lindsay A., 2023, Oklahoma
Townsend, Julia H., 2024, California
Wright, ArNelle R., 2023, Florida*

Alberti, Hana R., senior director
Metrick, Diane M., senior manager
Hughes, Sarah M., senior manager
Alderton, Angelica I., manager
Bloom, Felicia B., manager
Call, Katherine A., manager

The Council's 2022-23 liaisons are Dr. Susan B. Doroshow (Board of Trustees, Eighth District) and Mr. Aaron Buban (American Student Dental Association).

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

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

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

**New Dentist member*

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

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

Initiative/Program: Dental Team Health, Wellness and Wellbeing

Success Measure: Increase awareness of access to mental health help by establishing a network of ambassadors across the nation by December 31, 2022.

Target: Identify and train ten individuals to serve as Health and Wellness Ambassadors to promote suicide prevention awareness and continue to provide peer support to the dental community by December 31, 2022. By March 31, 2023, each ambassador will conduct at least two outreach projects for a total of 20 events throughout the country addressing suicide prevention and mental health.

Range: Eight to12 ambassadors trained by December 31, 2022. By March 31, 2023, each ambassador will conduct at least one to three outreach projects. By August 25, 2023, 70–90% of state leadership report being aware of available resources. The target measure is 80% of state leadership will report being aware of available ADA and/or state dental society wellness resources.

Outcome: Two resilience webinars were conducted on achieving resiliency as resources. As of this writing, several individuals have been identified to participate in the training events. A half-day Zoom meeting is planned in September 2022 for introducing ADA staff, resources available, time commitment, and expectations. A full-day training meeting will occur by December 31, 2022, for suicide prevention and wellness content. Ambassador project outcomes will be reported to the Dentist Wellness Advisory Committee (DWAC) annual meeting in March 2023. These ambassadors will participate in the 2023 ADA Dentist Health and Well-being Conference on August 25. This entire process intends to improve state dental association leadership awareness of suicide prevention resources to help dentists, students and dental team members. CDPP staff will partner with Client Services staff on the development and deployment of a pulse survey in 2023 to assess state leadership awareness with ADA and/or state dental society wellness resources. Dentists who volunteer for the first cohort of wellness ambassadors will have their awareness of wellness resources assessed before and after participating in the late 2022 training.

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

Initiative/Program: Opioid Stewardship

Success Measure: Position the ADA as a trusted collaborator for the dental profession and source of opioid content for proper prescribing by developing chair-side discussion guide and checklist and conducting educational sessions.

Target: At least 900 downloads combined of a chair-side discussion guide and checklist and at least 1,000 participants in three webinars to address the topic of opioid prescribing by December 31, 2022. The chair-side tools and webinars will be promoted in a full communications plan utilizing as many ADA channels as appropriate.

Range: 800-1,000 downloads of a chair-side discussion guide and checklist combined and 800-1,200 participants for live webinars by December 31, 2022.

Outcome: Members will have access to three webinars (live and on demand) and two downloadable companion provider/patient resources. The two downloadable chair-side tools may be found on ADA.org:

1. Chair-side discussion guide
2. Chair-side pain management checklist

- A new collaboration with the Drug Enforcement Agency (DEA) has resulted in three webinars (one of which will focus on opioids). ADA has provided feedback on the 2022 Centers for Disease Control and Prevention (CDC) *Clinical Practice Guideline for Prescribing Opioids*. CDC offered to assist with a webinar dedicated to screening patients for opioid misuse and the referral process once identified.

- The National Institutes of Health (NIH) National Institute on Drug Abuse (NIDAMED) has pending sponsorship of promotion efforts for the ADA "Patient-Dentist Acute Pain Management Checklist" and "Chairside Pain Management Discussion" by video or podcast. The dental team will further gain knowledge of communication techniques to reduce stigma and negative bias when discussing addiction, referencing NIH content, "Words Matter."

- Opioid Misuse Prevention Webinars and Dentist-Patient Resources will meet the requirements of the Providers Clinical Support System (PCSS) grant program funded by the Substance Abuse and Mental Health Services Administration.

These collaborative efforts are in addition to activity that the council will engage in to promote content from the ADA's new guideline for the pharmacological management of acute dental pain.

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

Initiative/Program: Dentist Career Transitions

Success Measure: Support dentists transitioning to various career paths modalities of practice by curating content on ADA.org and the ADA's mobile app to guide dentists on selection of dental career options.

Target: Curate quality accurate relevant content in the Careers section and on the ADA mobile app by October 1, 2022.

Range: N/A - qualitative

Outcome: Dentists' professional satisfaction is strongly influenced by their ability to find the best fitting practice environment at each phase of their career lifecycles. Resources must provide unbiased and up-to-date content that is inclusive to all practice modalities. Dentists also need resources for employment options outside of clinical treatment. As of this report, the career pathway webpage, is being updated and the app is being enhanced to reflect this new content.

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

Initiative/Program: ADA Standards Program

Success Measure: Administrative simplification: Dental Data Exchange

Target: Implementation of ANSI/ADA 1084 with HL7 messaging by the Department of Defense's readiness program for reservists and active duty personnel so that the data is interoperable and useable by multiple providers including medical systems by December 2021.

Range: N/A

Outcome: An HL7 Fast Healthcare Interoperability Resources (FHIR) implementation guide and a Consolidated-Clinical Document Architecture (C-CDA) guide for implementing Standard No. 1084's data content were completed, balloted, and published by December 2021. These guides will form the

foundation for a HL7 Connectathon in September 2022 to demonstrate the implementation of these standards in vendor software. This will pave the way for implementation of these interoperability standards in dental and medical software allowing the exchange of standardized data.

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

Initiative/Program: ADA Standards Program

Success Measure: Administrative simplification: Eligibility Verification

Target: Dentists and administrative staff use ADA Standard No. 1102 and Fast Healthcare Interoperability Resources (FHIR) through their dental vendor system to make informed decisions and meet the requirements of the patient's dental benefit plan by December 2022.

Range: N/A

Outcome: Major progress has been made in the development of ADA Standard No. 1102. The draft has been completed and is going through the review and approval process. Approval is expected by December 2022.

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

Initiative/Program: ADA Standards Program

Success Measure: University Outreach Standards Program

Target: Raise awareness and implement campaign to promote availability of dental standards for dental university programs to improve utilization of standards as a teaching and practice tool by December 2022.

Range: N/A

Outcome: The University Outreach Standards Program has been established and standards are now available to dental school faculty, without cost. A communications program to inform dental school faculty and administration about the program has begun.

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

Initiative/Program: ADA Standards Program

Success Measure: Portfolio of standards available by subject matter

Target: Create collections of standards and technical reports that address common topics, such as digital imaging and oral hygiene, to be sold as a group in the E-Catalog so the dental team can implement the information in their practice to facilitate interoperability, make informed purchases, and assure product quality by December 2022.

Range: N/A

Outcome: Four collections have been assembled and are now in the production phase for publication; a communications plan to inform members is in development.

Emerging Issues and Trends

Augmented Intelligence (AI)
The ADA Standards Program is currently developing an AI in Imaging whitepaper. The whitepaper will be distributed for public comment soon. This initial whitepaper will provide dental professionals with unbiased technical information on how to implement and understand the uses of AI for imaging in their daily practice and will lead to other reports dealing with the broader use of AI in dentistry.

Teledentistry
The Standards Committee on Dental Informatics (SCDI) Working Group 11.11 Teledentistry, is reviewing various aspects of teledentistry in detail. A final report is expected in first quarter 2023. This report is designed to provide an overview and a broader understanding of the technical use of teledentistry in practice. This initial overview report will lead to focused reports dealing with the details of specific technical areas of teledentistry.

COVID-19 Update
The ADA Emerging Issues Taskforce continues to respond to and engage in COVID-19 issues impacting dentistry. On February 25, the CDC released COVID-19 Community Levels. ADA provided supporting member content on mask guidance and resources for the dental setting.

Proposed Family and Medical Leave Policy
The Council on Government Affairs (CGA) proposed a family and medical leave policy. CDP did not support the need for policy. CDP directed staff to research the federal and state legislation and provide this information to members to investigate best practices, obstacles, cost, and other issues regarding Paid Family Leave. In collaboration with the CGA, a website page is under development on ADA.org to assist States and members in their lobbying efforts.

ADA Standards Program
Twenty-eight new or revised standards and technical reports were approved in 2021, a record number. These standards address new or emerging issues of special interest. For products, the FDA recognizes and uses conformance with these standards as criteria to demonstrate safety and efficacy for clearance to market products in dentistry. In addition, informatics technical reports and standards lead the path to interoperable and secure exchange of data among dentists and between dental and medical providers. An example of a few is as follows:

- ADA Technical Report No. 142, CAD/CAM Guided Surgical Devices and Maxillofacial Prosthetics
- ADA Technical Report No. 1088, Identification of Human Remains by Dental Means
- ADA Technical Report No. 1092, Implementation Guide to Utilization of Diagnostic Codes in Dental Records
- ANSI/ADA Standard No. 201, Magnetic Attachments

Emerging Issues
Several new projects are in development that address emerging issues of special interest:

- Proposed SCDI White Paper for Potential Impacts on Clinical Practice of Augmented Intelligence Tools Used to Analyze Dental Images (See discussion above.)
- Proposed ISAE/ADA Standard for Eye Safety, Bottom Gap Protection. This will provide the dental team criteria to evaluate various eye protection products used clinically and in the laboratory.
- Proposed AAMI/ADA Standard for a Guide to Steam Sterilization in Outpatient Dental Settings. This standard will provide dentists with a streamlined document defining the steam sterilization criteria that are specific to the dental practice versus large hospital settings.
- Proposed ADA Technical Report for a Guide to Radio-Protective Barrier Devices for Patients. This report will provide information on the various radio-protective barrier devices enabling the dental team to make informed choices on their use in the dental environment.
- Proposed ADA Technical Report for Teledentistry (See discussion above.)

- Proposed ADA Technical Report for a Guide to Photobiomodulation in Oral Health Care. This report will provide informative guidance on the use of photobiomodulation in oral health care as well as the ability to make informed unbiased purchasing decisions.

Participation in Other Standards Organizations

National Fire Protection Agency (NFPA)
The Center for Informatics and Standards continues to maintain the ADA liaison to National Fire Protection Association. NFPA's purpose, specifically Healthcare Facilities code, is to establish criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity.

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

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

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

Health Level Seven International (HL7)
The ADA's ongoing partnership with HL7 has allowed for the creation of HL7 standards utilizing standard dental data content specifications named in ADA Standard No. 1079, Standard Content of Electronic Attachments for Dental Claims and ADA Standard No. 1084, Reference Core Data Set for Communication Among Dental and other Health Information Systems, which are expected to aid greatly in interoperability between dental information systems and other forms of health information exchange.

Responses to House of Delegates Resolutions

Resolution: 81H-2021—Elder Care Strategies for Continuing Education

> **81H-2021. Resolved,** that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on both the oral-systemic connection and the dental management of the medically complex older adult as priority projects, and be it further
>
> **Resolved,** elevate the importance of both the oral-systemic connection and the dental management of the medically complex older adult, to both the dental and medical communities, as appropriate, by:
>
> 1. developing and delivering dental continuing education on both the oral-systemic connection and the dental management of the medically complex older adult through ADA online CE, ADA conferences and meetings, publications and programming as appropriate,

2. developing presentations on both the oral-systemic connection and the dental management of the medically complex older adult for use by member state or local dental societies, and to be shared with other Associations and other Health Care Professionals with an increased emphasis on the need for a more active collaboration and consultation between dental and medical providers when managing medically complex older adults, and

3. the development of continuing education for the delivery of preventive and quality of life dental care for institutional, long-term care and home-bound individuals to allow for greater access in their respective environments.

Dr. Mehran Mehrabi will lead a webinar on June 8, titled "Special Considerations of Pain Management and Opioid Use in Older Adults." This webinar will be made available on ADA CE Online and on the PCSS website for dentists, administrative staff, physicians, social workers, students and educators, and interprofessional teams.

The National Elder Care Advisory Committee is scheduled to host the 2022 Elder Care Symposium, "From Policy to Chairside: Improving Oral Healthcare of the Aging Population," on August 26 with both in-person and live-stream options. The Symposium's target audience is dental professionals, dental team members, and other non-dentist healthcare clinicians. Attendees may earn six continuing education credits with a focus on the learning objectives that follow:

- Discuss and inform healthcare colleagues how the dental profession is preparing to treat the growing population of older adults.
- Identify the correlation between oral health and systemic disease.
- Describe how various issues create barriers to access to dental care for older Americans.

Presentations will include the following:

- "Aging Successfully: Preparing Dentists to Provide Oral Health for Prime of Life Patients" by Linda Niessen, D.M.D., M.P.H., M.P.P., keynote speaker.
- "Oral Health In America: Advances and Challenges for Older Adults" by Renee Joskow, D.D.S., M.P.H., F.A.G.D., from the National Institute of Dental and Craniofacial Research.
- "Oral Health – An Essential Element of Healthy Aging" by Stephen Shuman, D.D.S., M.S., F.G.S.A., chair of the Oral Health Workgroup, Gerontological Society of America; and "Using Quality Tactics to Advance Value-based Oral Healthcare" by Eric Walhstrom, MPH from Discern Health.
- Results from the *Oral Health Care Practice Patterns for Geriatric Patients: An American Dental Association Clinical Evaluators Panel Survey* by Satheesh Elangovan B.D.S., D.Sc, D.M.Sc Professor of Periodontics, University of Iowa College of Dentistry and Pharmacy, and Olivia Urquhart, MPH, ADA Science and Research Institute
- "The Role of Oral Medicine Practitioners in the Oral Healthcare Team" by Joel Napenas, D.D.S.
- "Delivery of Care in Non-Traditional Settings" panel by Richard Dest, D.D.S.; Michael Reed, D.D.S.; and Lyubov Slashcheva, D.D.S., M.S., F.A.B.S.C.D., D.A.B.D.P.H., F.I.C.D.
- "Treatment Planning, Interdisciplinary Communication, and Ethical Considerations" panel with Carlos Smith, D.D.S., M.Div.; Susan Hyde, D.D.S., M.P.H., Ph.D.; and Christie-Michelle Hogue, D.D.S, and Karen Raju, BDS, MPH, DPH-C
  Associate Specialist, Division of Oral Epidemiology and Dental Public Health, Department of Preventive and Restorative Dental Sciences, UCSF.

The Council will develop and deliver a post-symposium summary for members across the tripartite. With these activities and explanations, the directives from 81H-2021 have been satisfied or answered.

Resolution: 85H-2021—Addressing the Dental Team Workforce Shortage

> **85H-2021. Resolved,** that the appropriate ADA agency distribute existing print and social media communications materials to state and local dental societies to use to promote and encourage middle and high school students to consider careers in dentistry, dental hygiene and dental assisting, and be it further
>
> **Resolved,** that the appropriate ADA agency study the issue of dental hygienist and dental assistant employment tenure to determine variables that lead to attrition and high employee turnover, as well as variables that encourage long term employees. The research will be used to develop a toolkit that dentists can use to help increase the tenure of dental team members, and be it further
>
> **Resolved,** that the appropriate ADA agency request ADEA to collaborate in conducting a study of accredited dental hygiene and assisting programs and formulate ideal enrollment recommendations by state and or region and make this information available to state and local dental societies, as well as dentistry, hygiene and assisting education administrators, and be it further
>
> **Resolved,** that the appropriate ADA agency investigate financial incentives, such as possible tax abatements and grants, to motivate educational institutions to create, or expand existing, dental hygiene and dental assisting programs in order to expedite the resolution of the workforce issue.

Center for Dental Practice Policy (CDPP) staff and CDP members have developed and promoted two educational flyers (for example, Choosing a Career in the Dental Profession) and curated additional content, Promoting Careers as a Dental Team Professional, to increase interest in allied dental careers. This was in addition to the already existing resource for dental team careers.

CDPP staff compiled a comprehensive audit of all dental team resources currently available through ADA. With the support of the Council, *ADA News* launched a five-article series, titled “Focus on Workforce,” which recognized a nationwide dental team shortage and guided them to the refreshed web page, Managing Dental Staff. Considerable effort was made to help dentists navigate challenges associated with dental team shortages by communicating to members the ADA resources available.

The American Dental Hygienists’ Association (ADHA), ADA Health Policy Institute (HPI), and the ADA Science and Research Institute (ADASRI) published joint research on the impact of the pandemic on the dental hygiene workforce in *The Journal of Dental Hygiene*. CDPP joined as a panelist to discuss the research during a webinar and two podcast episodes hosted by ADHA.

The Council provided HPI with survey questions to better understand dental hygienist and assistant employment patterns. HPI engaged multiple partners—including ADHA, American Dental Assistants Association, Dental Assisting National Board, and IgniteDA to conduct this research. The findings will be available prior to the 2022 ADA House of Delegates.

It is beyond the scope and expertise of ADA to formulate ideal enrollment recommendations by state and or region for accredited dental hygiene and assisting programs. The Commission on Dental Accreditation (CODA) sponsored the 2020-2021 Survey of Accredited Dental Assisting, Dental Hygiene, and Dental Laboratory Technology Education Programs, which was released in December 2021, and is expected to be updated by December 2022. CODA granted accreditation to four additional dental hygiene programs in February 2021, bringing the total number of accredited hygiene programs to 330 and Assisting programs to 239. The American Dental Education Association (ADEA) published a report, *Allied Dental 2020: An Analysis of the Results of the 2020 ADEA Survey of Allied Dental Program Directors in the United States*, in 2021. According to the U.S. Bureau of Labor Statistics, the 2030 job growth outlook for both dental assistants and hygienists exceeds that of the national average across all occupations: Occupational Outlook Handbook (Dental Assistants, Dental Hygienists).

The ADA Council on Government Affairs (CGA) and Department of State Government Affairs (DSGA) are assisting states with securing additional funding for new educational programs, implementing changes in scope and duties for existing auxiliaries, and increasing opportunities for Expanded Functions Dental Assistants (EFDAs) or similar auxiliaries to further bolster the dental team. States focusing on non-dental therapy workforce initiatives are adopting a variety of methods, due to the vast differences in state practice acts. Staff from DSGA continue to lobby at the Federal level.

Additionally, the U.S. Department of Defense is providing funding to the Council of State Governments (CSG) to assist in the development of new model interstate compacts for occupational licensure portability. With support from the ADA and many dental communities of interest, the Department of Defense selected the professions of dentistry and dental hygiene to receive technical assistance from CSG.

With these activities and explanations, the directives from 85H-2021 have been satisfied or answered.

Resolution: 95H-2021—Prioritizing the Mental Health of Dentists

> **95H-2021. Resolved,** that the appropriate agency of the ADA, in conjunction with mental health consultants, analyze the availability of resources to support the mental health of dentists, and collect information regarding existing health and wellness programs from across the tripartite and other professional organizations including, but not limited to the American Medical Association, the American Student Dental Association, and the New Dentist Committee and be it further
>
> **Resolved,** that the ADA then use the collected information to:
>
> - Explore partnering with third-party mental health providers for our membership;
> - Analyze the existing well-being conference for potential enhancement;
> - Create a toolkit to help prevent dentist suicide, including a guide for responding to a suicide or unexpected death; and recommendations for practice coverage for short-term and long-term absences due to mental illness and permanent absence due to suicide or unexpected death; and
> - Identify best practices, then consider the creation of an effective mental health and wellness campaign for our members
>
> and be it further
>
> **Resolved,** that ADA explore safeguarding dentists from punitive action by state dental boards as well as third party credentialing; with regard to mental health issues and report back to the 2022 House of Delegates with an actionable plan.

In response to Resolution 95H, the Council on Dental Practice did an extensive analysis of ADA resources available to dentists in support of mental health and wellness. A separate report outlining these activities has been submitted to the 2022 House of Delegates (*CDP Report 3*).

Resolution: 104H-2021—Financial Literacy among New Dentists and Dental Students

> **104H-2021. Resolved,** that the appropriate ADA agencies inventory all ADA course and program offerings related to debt management, practice management, financial advisor services, and financial literacy for new dentists and students, and be it further
>
> **Resolved,** that a determination be made as to whether there are any gaps in the current offerings, along with estimated costs to close those gaps, and be it further
>
> **Resolved,** that a determination be made on the feasibility and costs of developing an easily accessible electronic catalog, with a report on the findings to the 2022 House of Delegates.

The Center for Dental Practice Policy staff audited all available financial-related courses and programs created or overseen by multiple ADA agencies. These comprehensive offerings were guided by member requests and feedback. ADA staff determined that any identified content gaps can be closed within the next year, with no significant financial impact via ongoing collaborations with the appropriate ADA agencies.

The ADA Digital Member Experience team launched a redesigned ADA website in November 2021 and continues to improve the search feature. The ADA member mobile app is scheduled to include this data in a future upgrade. The Practice Management Subcommittee determined that an additional "electronic catalog" is not necessary. The Council will send a report to the 2022 House of Delegates.

With these activities and explanations, the directives from 104H-2021 have been satisfied or answered.

Resolution: 107H-2021—Standard Form for Consolidating Dental Implant and Implant Restoration Data

> **107H-2021. Resolved,** that the appropriate ADA agency create a form for patients and dental records that consolidates the data on placed implants and implant restorations to include the date of placement, implant manufacturer, type, size and intraoral location as well as abutment manufacturer, type, size and dental laboratory, and be it further
>
> **Resolved,** that the ADA urge dentists to use the form for patient records and provide a copy to the patient.

The ADA Dental Implant Card was approved by the Council in May 2022. A communications plan will be implemented in third quarter 2022 to socialize the card to dentists. With these activities and explanations, the directives from 107H-2021 have been satisfied or answered.

Self-Assessment

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

Policy Review

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

Professional Dental Care (*Trans*.1996:689)
Primary Dental Care Provider (*Trans*.1994:668; 2010:548)
Active and Inactive Dental Patients of Record (*Trans*.1991:621; 2012:441)
Oral Diagnosis (*Trans*.1978:499)
Treatment Plan (*Trans*.1978:499)
Cosmetic Dentistry (*Trans*.1976:850)
Primary Dental Care (*Trans*.1994:668; 2010:562; 2012:441; 2014:506)
Do-It-Yourself Teeth Straightening (*Trans.*2017:266)
Statement on Dental Health and Wellness (*Trans.*2005:321; 2017:264)
Guiding Principles for Dentist Well-Being Activities at the State Level (*Trans*.2005:330; 2012:442)
Statement on Substance Use among Dental Students (*Trans*.2005:329)
Statement on Substance Abuse among Dentists (*Trans*.2005:328)
Dental Radiographs for Victim Identification (*Trans*.2003:364; 2012:442)
Dental Identification Teams (*Trans*.1994:654; 2012:441)
Dental Identification Efforts (*Trans*.1985:588)
Uniform Procedure for Permanent Marking of Dental Prostheses (*Trans*.1979:637; 2012:448)
Status of General Practice (*Trans*.1973:725)
"Denturist" and "Denturism" (*Trans*.1976:868; 2001:436)

Dental Society Activities against Illegal Dentistry (*Trans*.1977:934; 2001:435)
Opposition to “Denturist Movement” (*Trans*.2001:436)
Statement on Provision of Dental Treatment for Patients with Substance Abuse Disorders (*Trans*.2005:329)
Insurance Coverage for Chemical Dependency Treatment (*Trans*.1986:519; 2012:442)
Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients (*Trans*.2005:330)
Statement on Alcoholism and Other Substance Use Disorders (*Trans*.2005:328; 2018:309)

Council Minutes

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

Council on Ethics, Bylaws and Judicial Affairs

Bailey, Meredith A., 2022, Massachusetts, chair
Burton, Bruce A., 2023, Oregon, vice chair
Adkins, Chris L., 2024, Georgia
Clark, Alma J., 2022, California
Cranford, William D. (Bill), Jr., 2022, South Carolina
Davis, Gary S., 2023, Pennsylvania
Depp, Ansley H., 2023, Kentucky
Foster, Karen D., 2025, Colorado
Grant, Leslie E., 2025, Maryland
Johnson, Jay A. (Drew), 2022, Florida
Mellion, Alex T., 2022, Ohio*
Nichols, Kathleen M., 2024, Texas
Pappas, Renee P., 2023, Illinois
Peters, Debra A., 2024, Michigan
Reavis, Allen B., 2024, Kansas
Roth, Kelly A., 2025, Ohio
Serchuk, Richard B., 2025, New York
West, Debra S., 2024, Nebraska

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

The Council's 2021–22 liaisons include: Dr. Scott L. Morrison (Board of Trustees, Tenth District) and Ms. Heather Moore (American Student Dental Association).

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

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

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

* *New Dentist Member*

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

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

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

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

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

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

Outcome: In 2021, the Council produced an on-demand course entitled "Conscious and Unconscious Bias in the Dental Practice." This offering was made in place of an in-person seminar due to the pandemic. Response to the on-demand program was favorable and, thus far, has been downloaded nearly 200 times.

The Council is in the early planning stages for an interactive ethics offering to be launched during SmileCon™ 2022. The Council is also developing facilitator guides to aid in the use of "Ethical Moment" articles authored by Council members as foundations for ethics education and continuing education courses. It is envisioned that the guides will be used by dental school instructors and constituent and component societies in providing educational content to students and continuing education offerings to members. A further report on these projects will be provided in the Council's 2023 Annual Report.

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

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

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

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

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

Outcome: Two abstracts have been submitted to the American Society for Bioethics and Humanities annual meeting in October 2022. One is entitled, "The Ethics of Health Care Organizations' Apologies for Systemic Racism," and the other, "Trauma Informed Care in Dentistry." In addition, the Council staff will be a part of a panel presenting on issues related to Elder Care in Dentistry at the August 2022 ADA Elder Care Symposium. Council staff will also co-present at the 2022 annual meeting of the American Association of Dental Editors and Journalists about writing skills and publication for dental professionals. The Council is also working with the American College of Dentists and the Academy for Professionalism

in Health Care to develop a webinar series on access and interprofessionalism; this will build upon a webinar held in April 2022 entitled "Oral Health as Essential Health."

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

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

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

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

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

Outcome: On target at time of submission. With the Council's ethics column and other published articles in *JADA*, anecdotal feedback has been positive. The process for developing "Ethical Moment" articles by members of the Council has been restructured and, under the new process, two "Ethical Moment" articles have been published as of the date of submission of this report; three additional articles have been submitted to and are under review by *JADA*; and an additional two articles are being reviewed by Council staff prior to submission to *JADA*.

Advisory Opinion: No requests or proposals for Advisory Opinions have been received by the Council since the submission of the Council's last Annual Report.

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

Student Ethics Video Contest: The Council sponsors a student ethics video contest that allows dental students to become familiar with the ADA *Code of Ethics* and provides an opportunity for students to engage in ethical decision making as they prepare to start careers in dentistry. The contest creates greater awareness of the ADA *Code of Ethics* as predoctoral students create fictional scenarios and then apply the principles found in the ADA *Code of Ethics* to achieve ethical solutions. In 2021, the Council awarded the contest grand prize to a student from the University of North Carolina Adams School of Dentistry, while the honorable mention prize was awarded to a team of students enrolled at Boston University Henry M. Goldman School of Dental Medicine. The winning entries in 2021 and those from the past several years are available for viewing here.

The entry period for the 2022 contest has opened and will close in early August 2022. Videos received will be assessed by the Council and the winning videos uploaded to the ADA's YouTube Channel.

Ethics Podcast: In 2022, the Council began considering new and novel ways to provide ethics programming that would be appealing and attractive to Association members, particularly new

dentists and dental students. To capitalize on the universal availability of "smart phones," extract additional value from the "Ethical Moment" articles that have been authored by Council members since 2004, and introduce the "Ethical Moment" feature in *JADA* to newer dentists and dental students who may not be familiar with the "Ethical Moment" feature, the Council is developing the concept of an ethics podcast. It is envisioned that the podcast will provide an engaging way to impart information concerning dental ethics to listeners using "Ethical Moment" articles previously published in *JADA* as the foundation for the podcast. The podcast format was chosen to reach students and dentists who may prefer to receive educational content via podcast platforms and cellular phone technology. The Council, using available resources, has recorded a pilot episode of its podcast with former Council chair Dr. Michael H. Halasz that covered ADA *Code of Ethics* sections dealing with Emergency Care, Referrals and Patient Autonomy. That pilot episode is available here. Additional podcast episodes are presently being prepared.

During the podcast research phase, the Council became aware of development work of an "ADA App" that will include a podcast platform. The Council understands the target launch date for the App is October 2022. A copy of the pilot episode of the Council's ethics podcast series entitled "The Tooth Be Told" has been forwarded to the ADA Communications team working on the ADA app for evaluation and as an example of the Council's vision for its podcast series. Additional podcast episodes are presently being prepared.

Updates on the status of the Council's "The Tooth Be Told" ethics podcast series will be provided in the Council's 2023 Annual Report.

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

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

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

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

Range: Two to four statements reviewed annually.

Outcome: On target at the time of submission. Several statements underwent periodic review in 2022 by a review panel.

At its first meeting this year, the Council voted to retain as written statements relating to abuse and neglect and unearned nonhealth degrees. A Council subcommittee also considered a request to develop a statement related to homeopathic products and treatments; the subcommittee's recommendation on that request will be considered by the Council at its July 2022 meeting.

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

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

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

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

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

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

Outcome: On target at the time of submission. Revisions to conform the ADA *Constitution and Bylaws* and *Governance Manual* were submitted in October 2021, within 45 days of the adjournment *sine die* of the 2021 session of the House of Delegates. Additional conforming revisions were unanimously approved by the Council and will be made during the preparation of the next print editions of the ADA *Constitution and Bylaws* and *Governance Manual* following the 2022 House of Delegates annual session. These amendments are reported to the House of Delegates in **Appendix 1** to this report pursuant to the requirements of Chapter VIII., Section K.6.b.iii., of the *Governance Manual*.

Emerging Issues and Trends

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

Responses to House of Delegates Resolutions

106H-2021: Resolution 106H-2021, requesting development of revisions to the House of Delegates periodic delegate allocation methodology to provide each federal dental service with a guaranteed two delegate minimum, was referred to the Council for response. A subcommittee of the Council has conducted a review of the delegate reapportionment methodology and the effects that providing the requested change would have on the overall size of the House of Delegates under several different scenarios. The subcommittee has formulated recommendations to revise the delegate reapportionment methodology to provide the guaranteed minimum representation requested in Resolution 106H-2021. The recommendations will be considered by the Council at its meeting in July 2022 and the response to the referral will be provided to the 2022 House of Delegates in a supplemental report.

Self-Assessment

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

Policy Review

Two policies assigned to the Council are undergoing review in 2022 pursuant to the directive of Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370). The subcommittee responsible for conducting policy review for the Council has recommended that both policies – entitled "Guidelines for Dentist Advertising" and "Freedom of Choice" – are in need of amendment. Should the full Council concur in that assessment, resolutions calling for amendments to the policies will be presented to the 2022 House of Delegates in separate reports.

Council Minutes

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

APPENDIX 1

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

Amendments to Conform Governance Documents to Adopted 2020 Resolutions			
Reference Committee Designations **Ref. Comm. A: Budget, Business, Membership and Administrative Matters** **Ref, Comm. C: Dental Education, Science and Related Matters** **Ref. Comm. D: Legislative, Health, Governance and Related Matters**			
Res. No.	**Source**	**Location***	**Reference Committee**
68H-2020* 34H-2021	Bylaws, Ch. 1, §20.B.	Page 6, lines 78-86	RC A (68H-2020) RC D (34H-2021)
35H-2021	Bylaws, CH. III, §120, 2nd subparagraph	Pages 13-14, lines 406-411	RC D
53H-2021	Bylaws, Ch. V., §10	Page 16, lines 491-495	RC D
53H-2021	Bylaws, Ch. V., §40	Page 16, lines 501-502	RC D
53H-2021	Governance Manual, Ch. V., §B	Page 14, lines 398-403	RC D
31H-2021	Governance Manual, Ch. IX., §A.3	Page 25, lines 793-804	RC C

* Page locations are to the PDF versions of the ADA *Bylaws* and *Governance Manual* available on ADA.org.
* Implementation of amendment deferred until the close of the 2021 House of Delegates.
** Page references are to the PDF versions of the documents posted on ADA.org.

Amendments to Governance Documents Made Pursuant to Ch. VIII., Section K.6.b.ii. of the Governance Manual Upon Unanimous Vote of the Council on Ethics, Bylaws and Judicial Affairs (to be implemented with the next printing of the governance documents)				
Page	**Line(s)**	**Section**	**Revision**	**Rationale**
Bylaws, Chapter VII, APPOINTIVE OFFICER				
No revisions				
Bylaws, Chapter VIII, COUNCILS				
22	742-743	20.	"The composition, selection, ~~and~~ nomination, and election procedures as set forth in the *Governance Manual* shall be amendable ~~only on~~ with a two-thirds (2/3) affirmative vote of the delegates present and voting."	Grammar Conform to conventional parliamentary parlance
21	751	30.D.	"Propose new policies, and rescission of and amendments to existing policies, for consideration by the House of Delegates;	Grammar, clarity and consistency
Bylaws, Chapter IX, COMMISSIONS				
21	758	10	"The House of Delegates shall establish commissions as set forth below, each of which shall have the areas of responsibility, composition, and operations that are set forth in these *Bylaws* and in the *Governance Manual*:"	Grammar, clarity and consistency
21	771	30.A.b.	"Accredit dental, advanced dental, and allied dental educational programs."	Grammar, clarity and consistency
21	773	30.A.c.	"Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be ~~totally~~	Grammar

			completely different from that of the accrediting body of the Commission."	
22	787	30.B.e.	"Submit an annual report to the House of Delegates of this Association, and interim reports, on request."	Grammar, clarity and consistency
22	792	30.C.a.	"Formulate and adopt requirements, guidelines, and procedures for the recognition of continuing dental education providers."	Grammar, clarity and consistency
22	796	30.C.d.	"Submit an annual report to the House of Delegates of this Association, and interim reports~~,~~ on request."	Grammar, clarity and consistency
22	810	30.D.d.	"Submit an annual report to the House of Delegates of this Association, and interim reports on request."	Grammar, clarity and consistency
Bylaws, Chapter X, COMMITTEES, SPECIAL COMMITTEES AND SUBCOMMITTEES				
23	825	10.C.	"… set forth in the *Governance Manual* and the rules of the body establishing the committee."	Grammatical, to insert missing word
Bylaws, Chapter XIII, INDEMNIFICATION				
25	927-937	--	Each trustee, officer, council member, committee member, employee and other agent of the Association shall be held harmless and indemnified by the Association against all claims and liabilities. ~~and all~~ All costs and expenses, including attorney's fees, reasonably incurred or imposed upon such person in connection with or resulting from any action, suit or proceeding, or the settlement or compromise thereof,	Technical amendments to enhance readability of section without changing intent.

			to which such person may be made a party by reason of any action taken or omitted to be taken by such person as a trustee, officer, council member, committee member, employee or agent of the Association, in good faith are to be covered. This right of indemnification shall inure to such person whether or not such person is a trustee, officer, council member, committee member, employee or agent at the time such liabilities, costs or expenses are imposed or incurred. ~~and, in~~ In the event of such person's death, this right shall extend to such person's legal representatives. To the extent available, the Association shall insure against any potential liability hereunder.	
Bylaws, Chapter XIV, PROCEDURAL MANUALS OF THE ASSOCIATION				
26	952	30.A.	"The *Governance Manual* is under the authority of the House of Delegates and ~~shall~~ may be amended …"	Grammar
26	962	30.C.	"The Organization and Rules of the Board of Trustees is under the authority of the Board of Trustees and ~~shall~~ may be amended by a Board of Trustees resolution."	Grammar
26	963-64	30.D.	"D. The Standing Rules for Councils and Commissions ~~is~~ are under the authority of the Board of Trustees and ~~shall~~ may be amended by a ~~majority vote of the members of the~~ Board of Trustees resolution."	"is to "are" and "shall" to "may": grammar Strike "majority vote of the members of the" and add "resolution" to conform language to Sections 30.A.and 30.B. language and to further refine the *Bylaws*.

Bylaws, Chapter XV, PARLIMENTARY AUTHORITY				
No revisions				
Governance Manual, Chapter VII, APPOINTIVE OFFICER				
17	521	A.1.	"Assist the Board of Trustees in supervising, monitoring, and providing guidance to all Association councils, commissions, and committees in regard to their administrative functions and specific assignments;"	Grammar, clarity and consistency
17	524	A.2.	"Systematize the preparation of council, commission, and committee reports; and"	Grammar, clarity and consistency
17	526	A.3.	"Encourage collaboration and the exchange of information concerning mutual interests and issues between councils, committees, and commissions."	Grammar, clarity and consistency
Governance Manual, Chapter VIII, COUNCILS				
18	536-37	A.	Revise section heading from "Members, Selections, Nominations and Elections." to "Composition, Nominations and Election, and Removal for Cause."	Conform to structure of the section
18	543-44	A.1.a.i.(a).	"…this Association, ~~no one of whom~~ shall be …" to "…this Association, none of whom shall be…"	Grammar
18	546-47	A.1.a.i.(a).	"~~These members shall be elected by the House of Delegates.~~"	Redundant; specified in *Governance Manual* Chapter VIII, Section A.3.
18	549-50	A.1.a.i.(b).	"…that body, ~~no one of whom~~ shall be …" to "…that body, none of whom shall be …"	Grammar

18	567 and bottom of page	A.1.b.	Delete "***" on line 567 and the footnote	By directive in the footnote.
19 20	579-82 626-41	A.2. and Section E.	Delete subsection A.2. in its entirety, and incorporate the substantive provisions of subsection A.2. in Section E., Term of Office, as follows: E. Term of Office. ~~Except for members of the Council on Members Insurance and Retirement Programs whose 626 term of office shall be three (3) years, the term of office of members of councils shall be four (4) years except 627 as otherwise provided in the *Bylaws* or this *Governance Manual*. Except for members of the Council on 628 Members Insurance and Retirement Programs whose tenure on the council shall be limited to two terms of 629 three (3) years, the tenure of a member of a council shall be limited to one (1) term of four (4) years except as 630 otherwise provided in the *Bylaws* or this *Governance Manual*. The current recipient of the Gold Medal Award 631 for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed 632 on the next honoree.~~ 1. The term of office for members of the Council on Members Insurance and Retirement Programs shall be 634 three (3) years, and members' tenure on the council shall be limited to two (2) three year terms; 2. The term of office of members of the New Dentist Committee elected to serve as members of councils shall be one (1) year, and whose tenure on any one council being limited to four (4) one year terms; and 3. Except as otherwise provided in the *Bylaws* or this *Governance Manual*, the tenure of members of a council shall be limited to one (1)	For clarity and consistency, so that term specifications for all council members is in a single section.

			term of four (4) years. The current recipient of the Gold Medal Award for Excellence in Dental Research shall serve on the Council on Scientific Affairs until the award is bestowed on the next honoree.	
19	583, 587, 594	A.3. – A.5.	Renumber subsections to account for the deletion of A.2.	Consistency
19	591	A.4.	"Prior to issuance of the decision by the Board of Trustees, no council member shall be ~~excused~~ disallowed from attending…"	Grammar; better word choice
20	624-25	D.2.	Replace Section in its entirety with "The Executive Director shall employ council staff and select their titles in the event they are employees."	Clarity and ease of understanding.
20	626-41	E.	See amendment and comment regarding A.2. and Section E., above.	--
21	668-669	I.	"Privilege of the Floor. Chairs and members of councils who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports, but shall not have the right to vote.	Grammar, clarity and consistency
Governance Manual, Chapter IX, COMMISSIONS				
24	781	A.1.b.	"active" to "current" to avoid ambiguity	Conforming amendment, as subject organization does not have "active" member category
24	785	A.1.c.	"active" to "current" to avoid ambiguity	Conforming amendment, as subject organization does not have

				"active" member category
24	798	A.2.b.	"active" to "current" to avoid ambiguity	Conforming amendment, as subject organization does not have "active" member category
24	801	A.2.c.	"active" to "current" to avoid ambiguity	Conforming amendment, as subject organization does not have "active" member category
25	814-816	A.3.b.	Replace section with: "<u>One (1) member selected by the American Dental Education Association who is an active, retired or life member of this Association, if eligible, and a current member of the American Dental Education Association.</u>"	Clarity and ease of understanding.
25	825 and footnote	A.4.c.	Delete footnote	Per the directive in the footnote.
25	827	A.5.	"… vote of delegates present and voting<u>,</u> provided that the …"	Grammar, clarity and consistency
25	851	E.1.a.	"… evaluations, including site visitations~~,~~ of predoctoral, advanced and …"	Grammar
26	894	H.	"… the ADA Headquarters Building, the ADA Washington Office<u>s</u> or from multiple remote locations …"	Conforming amendment
27	899	J.	"… shall have the right to participate in the debate on their respective reports<u>,</u> but shall not have …"	Grammar, clarity and consistency

Governance Manual, Chapter X, COMMITTEES, SPECIAL COMMITTEES AND SUBCOMMITTEES				
No revisions				
Governance Manual, Chapter XVIII, SCIENTIFIC MEETINGS				
No revisions				
Governance Manual, Chapter XVII,				
47	1466-67	C.	"Products and services of the dental trade and dental laboratories and other products and services may be exhibited at each scientific session under the direction of the Board of Trustees and in accordance with rules and regulations established by that body."	Conforming amendment
Governance Manual, Chapter XIX, PUBLICATIONS				
No revisions				

Diversity, Equity and Inclusion Amendments to Governance Documents Made Pursuant to Ch. VIII., Section K.6.b.ii. of the Governance Manual Upon Unanimous Vote of the Council on Ethics, Bylaws and Judicial Affairs

Page	Line(s)	Location	Revision
Bylaws, Chapter I, MEMBERSHIP			
5	59-60	Section 20.A.	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 ~~he or she meets~~ they meet the following qualifications:
6	78-79	Section 20.B.	B. LIFE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a life member of this Association if ~~he or she meets~~ they meet the following qualifications:
6	88-89	Section 20.C.	C. RETIRED MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be a retired member of this Association if ~~he or she meets~~ they meet the following qualifications:

*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

6	106-109	Section 20.E.	E. HONORARY MEMBER. Any person shall be eligible to be an honorary member of this Association if ~~he or she meets~~ they meet the following qualifications: a. ~~Has~~ Have made outstanding contributions to the advancement of the art and science of dentistry; and b. ~~Be~~ Are elected an honorary member by the Board of Trustees.
6-7	110-122	Section 20.F.	F. PROVISIONAL MEMBER. An individual is a provisional member of this Association if ~~he or she meets~~ they meet one of the following alternative qualifications: a. Has received a D.D.S. or D.M.D. degree within the past twenty-four (24) months from a dental school accredited by the Commission on Dental Accreditation of this Association and ~~is~~ are not eligible for tripartite or any other direct category of membership because ~~he or she has~~ they have not established a place of practice. The provisional membership awarded under this alternative shall terminate December 31 of the second full calendar year following the year in which the degree was awarded; or b. ~~Is~~ Are a graduate of an unaccredited dental school who has been licensed within the past twenty-four (24) months to practice dentistry in a jurisdiction in which there is a constituent and has not established a place of practice. The provisional membership awarded under this alternative shall terminate December 31 of the second full calendar year following the year in which the license was awarded.
Bylaws, Chapter VI, ELECTIVE OFFICERS			
20	634-638	Section 80.G.	G. TEMPORARY INCAPACITY OF THE PRESIDENT: Whenever the Board of Trustees is notified by the President or determines by majority vote that the President is unable to discharge the duties of ~~his or her~~ the office due to temporary incapacity, the President-elect shall assume the duties of the office of President, as Acting President, until the President satisfies the voting members of the Board of Trustees that ~~he or she is~~ they are prepared to resume the duties of the office of President.
Governance Manual			

11	364-367	Chapter II, Section C.5. (1st ¶)	5. Transfer from One Component to Another. A member who has changed residence or location of practice or employment within the jurisdiction of a constituent so that the member no longer fulfills the membership requirements of the component of which ~~he or she is~~ they are a member may maintain active membership in that component for the calendar year following such change of residence or practice location.
14	404-407	Chapter V, Section C.	C. Removal. The House of Delegates may remove a trustee for cause in accordance with procedures established by the House of Delegates. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in ~~his or her~~ their defense. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to remove a trustee from office.
16	514-517	Chapter VI, Section E.	E. Removal. The House of Delegates may remove an elective officer for cause in accordance with procedures established by the House of Delegates. The procedures shall provide for notice of the charges alleged and an opportunity for the accused to be heard in ~~his or her~~ their defense. A two-thirds (2/3) affirmative vote of the delegates present and voting is required to remove a trustee from office.
19	Footnote *	Chapter VIII, Section A.1.a.i.(a).	* A person shall be considered to be a full-time member of a faculty if ~~he or she works~~ they work for the school of dentistry more than two (2) days or sixteen (16) hours per week.
36	1172-1173	Chapter XI, Section C.4.b.	b. Purpose. The purpose of the hearing is to provide the accused member with an opportunity to present a defense to the charges brought against ~~him or her~~ them.
36	1211-1213	Chapter XI, Section C.6.	6. Notice of Right to Appeal. A written notice to the accused member informing the accused member of ~~his or her~~ their right to appeal the decision of the hearing panel must accompany the copies of the decision sent pursuant to these procedures
47	1434-1441	Chapter XVII (2nd and 3rd ¶¶).	As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with ~~his or her~~ their duty to the Association. Candidates for offices of President-elect, Second Vice President, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of

			appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the Executive Director of this Association. While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to ~~his or her~~ their office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.
Code of Ethics			
Page	**Code Section**	**Revision**	
6	2.D.1	**2.D.1. ABILITY TO PRACTICE.** A dentist who contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or dental staff. A dentist who has been advised to limit the activities of ~~his or her~~ their practice should monitor the aforementioned disease or impairment and make additional limitations to the activities of the dentist's practice, as indicated.	
9	4.A.1	**4.A.1. PATIENTS WITH DISABILITIES OR BLOODBORNE PATHOGENS.** As is the case with all patients, when considering the treatment of patients with a physical, intellectual or developmental disability or disabilities, including patients infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another bloodborne pathogen, or are otherwise medically compromised, the individual dentist should determine if ~~he or she has~~ they have the need of another's skills, knowledge, equipment or expertise, and if so, consultation or referral pursuant to Section 2.B hereof is indicated. Decisions regarding the type of dental treatment provided, or referrals made or suggested, should be made on the same basis as they are made with other patients. The dentist should also determine, after consultation with the patient's physician, if appropriate, if the patient's health status would be significantly compromised by the provision of dental treatment.	
9	4.B	**4.B. EMERGENCY SERVICE.** Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided,	

		the dentist, upon completion of treatment, is obliged to return the patient to ~~his or her~~ the patient's regular dentist unless the patient expressly reveals a different preference.
10	4.C.1	**4.C.1. MEANING OF "JUSTIFIABLE."** Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of ~~his or her~~ their oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This should, if possible, involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address the discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.
12	5.B.6	**5.B.6. UNNECESSARY SERVICES.** A dentist who recommends or performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which ~~he or she provides~~ they provide patient care.
15	5.F.5	**5.F.5. INFECTIOUS DISEASE TEST RESULTS.** An advertisement or other communication intended to solicit patients which omits a material fact or facts necessary to put the information conveyed in the advertisement in a proper context can be misleading in a material respect. A dental practice should not seek to attract patients on the basis of partial truths which create a false impression.[3] For example, an advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact contains a misleading omission. A dentist could satisfy ~~his or her~~ their obligation under this advisory opinion to convey additional information by clearly stating in the advertisement or other communication: "This negative HIV test cannot guarantee that I am currently free of HIV."
15	5.G.	**5.G. NAME OF PRACTICE.** Since the name under which a dentist conducts ~~his or her~~ their practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any

		material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.[3]
17	5.H.2	**5.H.2. SPECIALIST ANNOUNCEMENT OF CREDENTIALS IN NON-SPECIALTY INTEREST AREAS.** A dentist who is qualified to announce specialization under this section may not announce to the public that ~~he or she is~~ they are certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the National Commission on Recognition of Dental Specialties and Certifying Boards or by the jurisdiction in which the dentist practices unless: **1.** The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles; and **2.** The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the National Commission on Recognition of Dental Specialties and Certifying Boards or [the name of the jurisdiction in which the dentist practices]. Nothing in this advisory opinion affects the right of a properly qualified dentist to announce specialization in a recognized specialty area(s) or the responsibility of such dentist to maintain exclusivity in the special area(s) of dental practice announced as provided for under Section 5.H of this *Code*. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty interest area.
17	5.I.1	**5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS IN INTEREST AREAS IN GENERAL DENTISTRY.** A general dentist may not announce to the public that ~~he or she is~~ they are certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the National Commission on Recognition of Dental Specialties and Certifying Boards or by the jurisdiction in which the dentist practices unless: **1.** The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles; **2.** The dentist discloses that ~~he or she is~~ they are a general dentist; and **3.** The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty

		area by the National Commission on Recognition of Dental Specialties and Certifying Boards or [the name of the jurisdiction in which the dentist practices].
19	IV. (3rd ¶)	A member who is found guilty of unethical conduct proscribed by the *ADA Code* or code of ethics of the constituent or component society, may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to ~~his or her~~ their constituent society and the ADA Council on Ethics, Bylaws and Judicial Affairs, as provided in Chapter XI of the ADA *Bylaws* and *Governance Manual*.

Council on Government Affairs

Vitale, Mark A., 2022, New Jersey, chair
Gesek, Daniel J., Jr., 2024, Florida, vice chair
Abdulwaheed, Abe, 2024, Massachusetts
Barnes, Brad, W., 2022, Illinois*
Blake, John L., 2023, California
Chamberlain, Darren D., 2025, Utah
Clemens, David L., 2024, Wisconsin
Cohlmia, Matthew E., 2022, Oklahoma
Crabtree, Mark A., 2023, Virginia
Erickson, Doug M., 2025, Minnesota
Feldman, Steven G., 2022, Maryland**
Hisel, John E., Jr., 2022, Idaho
Kent, Leigh W., 2024, Alabama
Miller, Raymond G., 2023, New York
Roberts, John R., 2025, Indiana
Roberts, Matthew B., 2023, Texas
Stanislav, Leon E., 2022, Tennessee
Tauberg, James A.H., 2025, Pennsylvania
Watson-Lowry, Cheryl D., 2024, Illinois

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

The Council's liaisons include: Dr. Linda Edgar (Board of Trustees, Eleventh District), Dr. Shailee Gupta (Council on Advocacy for Access and Prevention), Ms. Susan Hadnot (Alliance of the American Dental Association), and Mr. Jakob Holtzmann (American Student Dental Association).

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

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

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

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

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

In the summer and fall of 2021, Congress was debating a Medicare dental benefit, and the Council's focus was on that issue.

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

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

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

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

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

Outcome: The ADA has met the success measure. The ADA's Congressional lobbying staff had hundreds of meetings with Congressional offices to advocate for the ADA's policy that any expansion of Medicare to include dental should be through a separate new program dedicated to providing comprehensive dental coverage to low-income seniors – not the Medicare Part B benefit proposed by Congress. Through these lobbying efforts the ADA was able to get a member of Congress to discuss the ADA's position during an important Committee hearing (see *ADA News*).

During the winter and spring of 2022, it became clear that thanks in part to the ADA's lobbying, Congress was unlikely to pass a Medicare Part B dental benefit. The ADA's focus in Washington therefore shifted with the guidance of the CGA leadership. The new goals align with the ADA's strategic plan, as well as with the ADA's work on promoting value to its membership while also supporting values, especially the values of dental students and new dentists.

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

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

Success Measure: A Congressional Committee hearing that discusses legislation that would allow the deferment of interest accrual on federal loans during residency programs and allow medical and dental students to apply for subsidized loans.

Target: Introduction of legislation that would allow the deferment of interest accrual on federal loans during residency programs and allow medical and dental students to apply for subsidized loans.

Range: The introduction of one to two Congressional bills that would allow the deferment of interest accrual on federal loans during residency programs and allow medical and dental students to apply for subsidized loans.

Outcome: Target met. For the first time, the Resident Education Deferred Interest (REDI) Act was introduced in both the House and Senate (see *ADA News*). The REDI Act would allow medical and dental residents to defer their student loans interest-free while in residency, saving them thousands of dollars in interest. Additionally, the POST GRAD Act, which would allow graduate and professional students with financial need to receive Direct Subsidized Stafford Loans, was introduced (see *ADA News*).

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

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

Success Measure: Congressional Committee passage of legislation supporting the ADA's goals on Medicaid dental.

Target: Introduction of legislation on the ADA's goals on Medicaid dental.

Range: One to two bills introduced in Congress on Medicaid dental.

Outcome: Target met. The ADA is working with Senator Ben Cardin (D-MD) and other supporters in the House and Senate of mandating adult Medicaid dental benefits to support the Medicaid Dental Benefit Act (see *ADA News*). Additionally, the ADA is working with dentist member of Congress Mike Simpson (R-ID) on introducing a bill on reducing administrative burdens on Medicaid dentists, including audits, credentialing, and the payment of claims.

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

Initiative/Program: The ADA's federal government affairs agenda on dental insurance reform and third party payers.

Success Measure: House or Senate passage of legislation on dental insurance reform.

Target: A Committee hearing on dental insurance reform.

Range: One to two Committee hearings on dental insurance reform.

Outcome: Success measure met. Thanks to the work of the ADA, including the advocacy of dentists and students during Lobby Day and over a thousand emails sent to members of Congress by ADA advocates, the House of Representatives passed the Ensuring Lasting Smiles Act (see *ADA News*). This legislation would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect, including dental, orthodontic, and prosthodontic services.

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

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

Success Measure: Establishment of a facility code for dental surgeries in operating rooms in hospitals and ambulatory surgical centers.

Target: A Congressional Dear Colleague letter to the Centers for Medicare and Medicaid Services (CMS) requesting that the agency establish a facility code for dental surgeries in operating rooms in hospitals and ambulatory surgical centers.

Range: Fifteen to twenty members of Congress signing onto the Congressional Dear Colleague letter to CMS on dental surgeries in operating rooms.

Outcome: Target met. Twenty-five bipartisan members of Congress sent a letter to CMS urging the agency to establish a facility code for dental surgeries in operating rooms. Currently, there is no code specifically for this purpose, so a miscellaneous code is used, which has a very low reimbursement rate. Hospitals and ambulatory surgical centers are scheduling surgeries that have a higher reimbursement rate, and dentists are struggling to find operating room time. This an important health equity issue

because children, disabled, special needs, and frail elderly patients who face health disparities and have complex oral disease are not getting the care that they need. The Congressional Dear Colleague letter is an important part of the advocacy the ADA, American Academy of Pediatric Dentistry, and American Association of Oral and Maxillofacial Surgeons are doing on this issue (see *ADA News*).

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

Initiative/Program: American Dental Political Action Committee grassroots program.

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

Outcome: In 2021, 6,584 new advocates became part of the grassroots network. Almost 80,000 communications were sent to Capitol Hill, and more than 28,000 unique advocates took action.

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

Initiative/Program: American Dental Political Action Committee Tooth Talk Podcast.

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

Outcome: Over 1,500 downloads for each episode.

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

Initiative/Program: ADA Dentist and Student Lobby Day.

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

Outcome: Around 400 dentists and students attended and participated in Lobby Day and 200 meetings were held with Congressional offices (see *ADA News*).

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

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

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

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

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

Outcome: The target was exceeded. Twenty-six state dental societies received FIIST/SPA funding to engage in third party payer issues on the state level in the January through June 2022 SPA grant period. There were 27 proposed dental insurance reform laws put forward by 13 state societies receiving FIIST dedicated SPA funds, representing an increase in activity of 50% (13 of 26 states saw activity). To date, there are 11 new laws in 2022 with the result of a 41% conversion rate in 2022. The State Government Affairs (SGA) team also worked with a few state dental societies that did not request FIIST/SPA money

but were engaged in third party payer legislation nonetheless. One state society was successful in passing laws without SPA funding but with SGA's assistance.

Emerging Issues and Trends

In an election year, it is unlikely that much will be accomplished in Washington that will affect the ADA and dentistry. Most of the debate and federal governmental action will be on controversial issues that do not impact dentistry such as gun control. More victories on issues related to dentistry may occur in the states.

Responses to House of Delegates Resolutions

Resolution: 7H-2021, Professional Liability Insurance Legislation

> **7H-2021. Resolved,** that the American Dental Association monitor and constituent dental societies be urged to monitor federal and state legislation for challenges to tort reform that would result in liability insurance premiums rising and leading to increased health care costs for patients, and be it further
>
> **Resolved,** that the ADA should stand ready to aid and assist constituent dental societies experiencing a crisis of rising malpractice insurance premiums due to tort reform challenges.

Resolution 7H-2021 calls for the ADA to monitor tort reform legislation in Congress and to urge constituent societies to do the same at the state level. The Washington Office identified no malpractice insurance reform legislation in the 117th Congress. Also, the Department of State Government Affairs notified constituent societies about the policy. It has received no questions about tort reform in recent memory. Unlike the early 2000s, it does not seem to be a trending issue.

Self-Assessment

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

Policy Review

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

National Pretreatment Standard for Dental Office Wastewater (*Trans.*2019:305)
Trade Agreements (*Trans.*1993:711)
Federal Student Loan Programs (*Trans.*2019:297)
Federal Student Loan Repayment Incentives (*Trans.*2019:297)
Tax Treatment of Student Loan Interest, Scholarships and Stipends (*Trans.*2019:298)
General, Pediatric and Public Health Dental Residency Programs (*Trans.*2019:295)
ADA Support for Constituent Societies Dealing With Dental Mid-Level Provider Proposals (*Trans.*2008:502)

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

Council Minutes

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

Council on Members Insurance and Retirement Programs

Huot, Richard A., 2022, Florida, chair
Sokolowski, Joseph E., 2024, Missouri, vicechair
Ganter, Stephanie R., 2022, Texas*
Ghareeb, Sami M., 2023, West Virginia
Grossman, Richard R., 2022, Pennsylvania
Herre, Craig W., 2023, Kansas
Jacob, Hubert J., 2024, Ohio
Male, James R., 2023, Ohio
Williams, David S., 2022, Delaware
Wood, III, C. Rieger, 2024, Oklahoma

Tiernan, Rita, senior manager

The Council's 2021-22 liaisons include: Dr. Rudolph T. Liddell (Board of Trustees, Seventeenth District) and Dr. Jonathan Wong (American Student Dental Association).

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

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

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

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

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

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

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

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* *New Dentist member*

Target: 2022 revenue is estimated to generate a combined total of approximately $6.5 million from all budgeted sources including royalties, service income and CMIRP expense budget reimbursement in support of the ADA financial goals.

Range: An estimated $5 to $6 million in combined total non-dues revenue from all budgeted sources including 1) CMIRP expense budget reimbursement; 2) ADA Members Insurance Plans royalties, Protective; 3) ADA Members Retirement Programs service income, Equitable; and 4) ADA-endorsed Health Insurance Exchange web portal, JLBG Health, Inc.

Outcome: On track to meet the estimated target goal with nearly $5.9 million total paid to ADA as of June 30, 2022 in insurance plan royalties and service income.

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

Table 1. ADA Members Group Insurance Plans Participation as of December 31, 2021
Participation is defined as the total number of certificates of insurance issued by plan to dentist members and dental student members, and the number of certificate riders issued to cover spouses and/or dependent children. Members insured in more than one plan hold multiple certificates.

ADA MEMBERS GROUP INSURANCE PLANS	EOY 2020	EOY 2021
Term Life (Members)	39,283	37,457
Spouses	13,414	11,988
Dependent Children[1]	5,134	4,726
Student Members *No-Cost* Term Life	14,918	13,206
Universal Life	1,079	996
Level Term Life (Members)	1,272	1,420
Spouses	278	312
Dependent Children[1]	123	144
Disability Income Protection	13,191	12,879
Student Members *No-Cost* Disability	13,421	12,482
Office Overhead Expense (disability)	6,457	6,172
MedCASH (Members & Dependents)	4,082	3,688
Hospital Indemnity (Members & Dependents)	556	602
Critical Illness (Members & Dependents)	523	555
Total Number of Certificates of Insurance and Dependent Riders (All Plans)	**113,731**	**106,627**

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

As shown and defined in Table 1, Protective reports that 2021 participation across all the ADA Plans decreased by approximately 6.25% which largely reflects the impact of persistent membership declines and aging trends contributing to higher voluntary lapses and coverage terminations without new and sustained growth to offset the losses. More specifically for year-ending December 31, Protective reported that organic sales to first-time buyers of one or more of the ADA Plans was modest with a total of 1,134. This included 304 sales generated from promotion of the new member incentive offer which provides a guaranteed-issue term life benefit at no-cost for six months to eligible dentists who newly join the ADA. However, it is important to note that sales and marketing efforts were hindered last year due to the pending completion of the carrier transition.

The Term Life Plan, the oldest of the group plans introduced as a benefit of membership in 1934, illustrates the compounded effect of aging and lapse trends which accounted for the loss of 1,826 insured members and a corresponding loss of covered spouses and/or dependent children. One of the factors influencing lapses is the increasing number of members who are in or approaching retirement and have a lesser need for annually renewable term life, especially as rates increase each year with attained age. Rather these members are often interested in life insurance product designs more suitable for wealth transfer or estate planning purposes. At its August 2022 meeting, the Council will be exploring new product development opportunities to address the diverse needs of our members and their families at all life stages and expand the ADA portfolio of options.

The ADA Plans, by definition of eligibility to participate in the group, are directly impacted by membership trends and in particular, nonrenews which trigger voluntary lapses and coverage terminations. Additionally, post-graduates who choose to defer or not convert to active membership following the expiration of dues discounts and the no-cost student insurance benefits reduce the eligible number of active members needed to grow the ADA Plans. With the strategic goal to curb lapses and increase conversions, Protective accelerated its 2021 conservation outreach efforts to engage and connect with members at risk of lapsing during each renewal period. Protective insurance specialists consult with the insureds to discuss their personal coverage needs and what options exist to best manage any cost considerations. Protective reports these conservation efforts are having a positive impact on retention.

Looking at participation in the ADA Student Plans as shown in Table 1, there were 13,206 student members in the no-cost term life plan and 12,482 student members in the no-cost disability plan which provides a loan repayment benefit in the event of a disability which prevents the student from completing their dental school education. Protective notes that approximately 1% of the year-end decline reflects the timing of insurance auto-enrollment of the incoming classes of student members.

The Dental School Insurance Auto-Enrollment Program continues to deliver strong results with 18 dental schools currently participating and additional schools under consideration for automatic enrollment of all their registered students (D1-D4 and post-doctoral residents) in the ADA no-cost Student Members Life and Disability Plans. In 2022, Protective is working collaboratively with ADA to align its marketing outreach to dental schools and foster engagement with deans and faculty administrators to discuss the key advantages of insurance auto-enrollment, as well as create awareness of the competitive value of the ADA Plans available to faculty members.

In addition to the dental school initiative, Protective has added dedicated staff resources to connect directly with D1-D4 students and residents and help educate them on the need for insurance to protect the investment made in their dental career, and further empower them to take advantage of the no-cost life and disability benefits of ADA membership while in school and the conversion offer following graduation. Protective held lunch and learns and on-campus events, exhibited and presented at several local district, state and national meetings and conferences in 2021 and early 2022. These activities were promoted using Protective’s new multi-channel digital marketing strategies, supported by e-communications and social media posts, which helped reach over 6,100 students and grow the student member email database by 4,000.

The student member no-cost insurance benefits of membership are of significance because they provide the foundation for the next generation of active members and future growth of the ADA Plans. Protective was pleased to report that conversion of new graduates in 2021 grew by 8.25% or 721 members which is a positive sign, considering the year in perspective and constraints during the transition.

Protective Transition: 2021 marked an important and transformative year for the ADA Plans with successful completion of the lengthy transition from Great-West Life and Annuity Insurance Company to Protective, including the issuance of Protective branded replacement certificates of insurance to all group plan participants effective February 1, 2022 and the launch of Protective's newly designed, mobile responsive website for the ADA Plans with expanded online tools and resources to optimize the member's digital experience.

Despite the significant growth challenges facing the ADA Plans in 2021, including membership trends, the unforeseen cost impact of COVID-19 related claims on the life and disability plan financials, fierce competitive market conditions, economic pressures on buyer spending and the lack of marketing during the transition, Protective reports that the ADA Plans remain strongly viable and provide competitive, quality insurance protection to more than **75,400** dentist members, inclusive of active, life, retired, federal, student, graduate and faculty, their spouses and dependent children. The Council proudly recognizes that the group plans are important benefits of membership and of financial significance to the ADA and its future sustainability.

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

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

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

With the evolution of time, the Program's aging trends have contributed to a decline in the number of active employer-sponsored retirement plans and related participants. Notwithstanding the decrease in plans, Table 2 shows the net gain in total assets under management which continue to grow from ongoing contributions and market performance.

Table 2. ADA Members Retirement Program Participation

	EOY 2020	EOY 2021
Number of Sponsored Plans (401k)	2,398	2,234
Number of Dentist Employers and Employee Participants	11,048	10,574
Total Assets under management	$1.786B	$1,888B

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

In recent years, Equitable's targeted marketing efforts to promote the RGA's competitive pricing and customizable features has helped attract new participants and increase sales. The RGA program continues to add value to the broader ADA-endorsed portfolio of product options for members and help conserve existing accounts with higher assets. As of December 31, 2021, Equitable reports there are approximately 150 participants in the RGA and $33 million in assets under management.

The Structured Capital Strategies, Retirement Cornerstone and Investment Edge individual annuity products are more challenging to sell through direct mail marketing but nonetheless, are important to Equitable's strategy for future growth and diversification of the ADA-endorsed products portfolio to attract and retain members. At year-end 2021, there were 11 participant accounts with approximately $1.86 million in total assets under management.

Individual Retirement Accounts: ADA endorses the Equitable 300+ Series Individual Retirement Account although it is no longer available to new account participants. Rather, in 2021 Equitable began offering the Equivest Individual Retirement Account products, including SEP (Simplified Employee Pension) and SIMPLE (Savings Incentive Match Plan for Employees) IRA plan types. As of December 31, 2021 Equitable reports a total of 1,941 IRA plan participants, and assets under management now represent approximately $102.5 million.

As of year-end 2021, the ADA Members Retirement Program and endorsed suite of other product options represented a total of approximately $2 billion in assets under management that generated nearly $600,000 in service income to the ADA in support of ADA Strategic Plan goals.

New Equitable Financial Advisor Services & Initiatives: In 2021, Equitable successfully completed a multi-state expansion effort to promote the availability of Equitable Financial Advisor services to ADA members and their employees which will complement the existing ADA Members Retirement Program and endorsed products suite. Equitable Advisors uses a holistic, consultative approach to providing financial and retirement planning and wealth management services to best meet the needs of our members. Through collaboration with ADA, Equitable also provides financial advisor subject matter experts to present for the ADA Financial Journey educational webinar series which began in 2021. Most recently, Equitable redesigned its website to highlight the new financial advisor services and optimize digital engagement with members.

Equitable has plans in 2022-23 to expand its presence at dental schools to develop connections with student members and help educate them on managing debt, financial planning strategies and

retirement savings. In addition, Equitable is developing webinar content uniquely designed to address the female and new dentist market segments.

ADA-endorsed Health Insurance Exchange Web Portal Resource: The ADA-endorsed JLBG Health, Inc. web portal (ADAHealthExchange.com) offers value as a national resource for members, their employees and families looking to navigate the health insurance exchange marketplace and insurance plan options in each state. Royalty revenue generated for ADA's endorsement of the web portal is minimal per year and totaled approximately $11,400 for the 2021-22 open enrollment period.

Emerging Issues and Trends

The Council is not aware of any new, significant trends or emerging issues not already being addressed by the Council, or by ADA's outside consultants, Protective and Equitable.

Self-Assessment

In accordance with Resolution 1H-2013, the Council conducted a self-assessment through electronic survey based on the topic outline developed by the Board of Trustees and held group discussion on the results at its August 27, 2021 meeting. The survey broadly focused on the Council's current structure, governance efficiency, threshold issues, Bylaws areas of expertise and strategic oversight duties, meeting agendas and strategic direction, and alignment with the ADA Strategic Plan goals. There was consensus on most all areas of the assessment with respectable discussion on shared views regarding ways to further improve the effectiveness of the Council given the financial significance of the ADA member programs and its strategic oversight responsibilities on behalf of the ADA and its members.

Pursuant to Resolution 49H-2017, Proposed Council Restructure (*Trans*. 2017:291), and action taken following its 2017 governance self-assessment, the Council also proudly noted that 2021 marked the completion of its transition to a skills-set qualified and optimal sized decision-making group composed of nine members eligible to serve up to two terms of three years each and one new dentist member eligible to serve a one year term. This new structure has proven to help foster stronger engagement among volunteers, enhance functionality, reduce cost and maximize opportunities for greater efficiency. For this reason, the Council took no action to recommend any changes to the current structure.

Council Minutes

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

Council on Membership

Bogan, Kyle D., 2022, Ohio, chair
Patel, Meenal H., 2023, North Carolina, vice chair
Atarod, Ensy A., 2025, Texas
Bellamy, Wallace J., 2023, California
Berg, Tamara S., 2022, Oklahoma
Bijoor, Renuka R., 2025, New York
Eggnatz, Michael D., 2022, Florida
Kunzman, Nathaniel W., 2025, Colorado
Moriarty, Janis B., 2024, Massachusetts
Mutschler, Mark D., 2022, Oregon
Nelson, Cate E., 2023, Michigan
Rao, Aruna S., 2024, Minnesota
Simpson, Kerri, T., 2024, West Virginia
Sniscak, Thomas J., 2023, New Jersey
Sword, Rhoda J., 2024, Georgia
Thakkar, Nipa R., 2024, Pennsylvania
Tiersky, Terri S., 2025, Illinois
Youl, Benjamin C., 2022, Illinois*

Eitel, Sandra, senior director
McManigle, Melissa, manager

The Council's 2021-22 liaisons include: Dr. Richard Rosato (Board of Trustees, First District) and Dr. Michelle Skelton (American Student Dental Association).

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

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

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

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

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

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

Initiative: Member Value Innovation Strategy

Success Measure: Build a new value innovation pipeline and launch 1-3 new initiatives in 2022

Target: Pilot test and/or launch a minimum viable product (MVP) for 1-3 new value initiatives

Range: 1-3

Outcome: Two initiatives have been identified and are in development, with launch dates for each minimally viable product scheduled for Q4 2022.

**New Dentist Member*

In response to the growing market share gap for early career dentists and lagging segments, the Council on Membership created a 2021-2022 inter-council workgroup to address the value gap for these segments. This Member Value Innovation Joint Action Team (JAT) is comprised of two members from each of the following agencies: Council on Membership, Council on Dental Practice, Council on Communications, and New Dentist Committee as well as the ASDA Consultant to the Council on Membership. Through a volunteer-led strategic process supported by member data and insights, the JAT's charge is to offer input, guidance and support into the evaluation and development process for member value assets that support the recruitment and retention of ADA members across the tripartite. These value offerings are not non-dues revenue driven. They are meant to drive member market share and dues-dollars for the ADA's growing segments: early career (1-5 years in practice), women, racially/ethnically diverse, and dentists in large group practice settings. The Council on Membership outlined the following responsibilities for the JAT:

- Determine unmet member value needs and prioritize their development
- Support the member value innovation pipeline
- Review and respond with strategic guidance to membership trends by leveraging ADA research

The Council and JAT also fully support the Board of Trustees' recent resolution to improve the alignment of resources to meet the needs of dental students and new dentists (particularly in their first 1-3 years out of school) and the inherent diversity within them. New initiatives identified by the JAT that are currently in development include:

1. **Mentorship Program**: Mentorship has evolved. Students and new dentists may often have several mentorship relationships and may connect with their mentors via text, social media groups, video chat, and other ways as well as face-to-face. New graduates may turn to their state or local society for support as well as specialty societies. National level support however, is often found in social media forums, which can be daunting and variable. With support from the Council, the JAT supports exploration of a national level program with a digital component that would live on the new ADA app, which is scheduled to launch in October 2022. This digital resource would offer a way to connect with multiple people in an asynchronous manner. Led by ADA core values, this resource would offer support and guidance to help dentists to grow professionally. The JAT also supports exploration of a "Zoom room" concept which would provide a way for dentists to connect via Zoom on particular areas of interest, such as special needs dentistry, balancing life as a new mom and others. In addition, the JAT recognizes the value of grassroots mentorship and supports further exploration of successes and learnings from dental society mentorship programs which can be applied and tested with other societies this year.

2. **Preparedness Modules**: New graduates are turning to YouTube and discussion forums for advice on clinical procedures and practice management and the ADA has an opportunity to emerge as a top resource in this space. By using a peer-to-peer approach and leveraging talent within the ADA, these preparedness modules can provide resources and guidance from a reliable community while elevating the trusted reputation of the ADA. The modules would be quick refreshers and tips and not CE programs or comprehensive coverage of a topic. The modules could be linked to additional resources for more detailed learnings. The modules would ideally be available in multi-media format – video, audio with supplemental content on ADA.org. The first step in this process is to identify the top needs from new dentists and then to develop themes. Research is currently underway with pilot opportunities slated for implementation this year.

To further assist the JAT and Council in the development of a new value innovation pipeline into 2023, the Council will continue its sponsorship of a Smile Tank event at SmileCon in Houston. At last year's SmileCon, the Council, in collaboration with the New Dentist Committee and the Board of Trustees' Standing Committee on Diversity and Inclusion, debuted a new Smile Tank competition to generate ideas in support of the ADA's diversity and inclusion core values and engage members in a unique way. It also helped to demonstrate the opportunities that the ADA had to bring D&I work to life. This year in Houston, the Council will sponsor a new Smile Tank competition focused on new member value ideas, targeted to early career dentists, to help fill the innovation pipeline for next year's JAT to consider. The top five finalists will be invited to present their ideas in person at SmileCon for the chance to win cash prizes.

Initiative: Large Group Practice Membership Strategy

Success Measure: 2% annual growth in market share of large group practice dentists

Target: Acquire mid-large group practice dentist members from 1-3 group practices by EOY 2022

Range: 1-3

Outcome: Conversations are currently underway with a large regional practice to negotiate membership for their nonmember dentists. Results TBD by the end of Q4 2022.

Building a culture of inclusion around large group practice (LGP) supported dentists is crucial to the ADA's long term viability and success, especially over the next decade as the consolidation trend continues. Working in support of the success measure and target goal, ADA staff initiated discovery meetings with 10 large and medium-sized Dental Support Organizations (DSOs) over the past year to better understand their unique needs, challenges and barriers to ADA membership. Key learnings from those meetings include:

- A long and sometimes contentious relationship history among DSOs, the ADA, and state dental associations, all of whose leaders are risking reputations and political capital when choosing to engage.
- Universal feedback that DSO-supported dentists don't feel that the ADA organization welcomes them, driving their decision not to become a member.
- The larger DSOs not only provide support to their affiliated dentists, they provide robust resources often duplicating and eclipsing the ADA's offerings.
- DSOs are innovating powerfully in many areas, from business models to their focus on the mouth/body connection. The ADA Tripartite is seen as slow-moving and archaic.

To proactively address these issues, the Council formed an ad hoc workgroup to discuss the unique challenges and sense of urgency for creating a welcoming environment for LGP dentists at the grassroots level. To support these efforts, the Council has begun development of an LGP-specific toolkit that will be available through the ADA Membership Outreach portal for dental societies to access. The toolkit resources are currently under development and scheduled for completion by end of Q3 2022. Toolkit items will include:

- Talking points including a DSO definition, DSO business models, ADA business case for engaging with DSOs including long-term strategic goals, growth trends, etc.
- PowerPoint slides that dental society staff and volunteers can use in their own presentations including HPI research on the number of dentists working in a DSO setting, solo practice declining, practice ownership declining, etc.
- Guidance on how dental society staff and volunteers can best approach DSOs and LGPs and define areas of opportunity for collaborations where they are in alignment.
- Success stories from state and local dental societies that have achieved successes.

Initiative: Acquisition, Retention and Conversion (ARC) Program

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

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

Range: 4,000-6,000

Outcome: To date, 19 programs have been completed and over 1,500 dentists and students have been reached. Some programs were delayed in Q1 due to the residual effects of COVID-19, but all have been rescheduled and the target is expected to be met, with final results TBD in December 2022.

The Council on Membership oversees the annual distribution of $250,000 in grants to state and local societies to support their recruitment and retention efforts targeted toward the ADA's priority and growing markets, including students, early career, women, and ethnically/racially diverse dentists, and those in large group practices.

For the 2021 ARC program, the Council approved 100 grant applications out of the 106 applications submitted. Eighty-one of the originally approved programs were completed, and over 12,500 total students and dentists were impacted by the programs. Nineteen of the programs were cancelled due to COVID-19 and 11 new programs were initiated with reallocated funds. Additionally, $10,000 of the unspent funds were allocated to support a few states in piloting a new video content marketing platform to engage early career dentists.

For the 2022 ARC program, the Council received 141 applications for a total funding request of $675,000. The Council approved funding for 124 programs, totaling $250,000.

Looking ahead to the 2023 ARC program, the Council brainstormed ideas to continue to evolve the program and focus efforts even more on dentists who are most vulnerable to dropping membership 1-3 years post-graduation. One idea the Council asked staff to pursue is development of a "First Year Fever" program to inform and energize new grads about ADA/state/local value and engagement.

Initiative: D&I Policy Implementation Strategy

Success Measure: 2% annual growth in market share of racially/ethnically diverse dentists

Target: Develop an action plan for increasing diversity in leadership and provide a report to the Board of Trustees at its August meeting

Range: N/A

Outcome: The action plan and report are in development and scheduled to be submitted to the Board of Trustees at its August meeting.

The Joint Action Team (JAT) on Diversity and Inclusion (D&I) was first formed in 2021 to take the lead in drafting a new D&I Policy, which was submitted to the 2021 House of Delegates and approved. The Council reappointed the JAT in 2022 to identify strategies to support and ensure accountability across the organization of the ADA's new D&I Policy, as well as the Sustaining the Pipeline of Volunteer Leaders Policy. The 2022 JAT is comprised of two members from each of the following agencies: Council on Membership, Board of Trustees' Standing Committee on Diversity and Inclusion, New Dentist Committee, and the Council on Communications.

The JAT discussed the need to align on *why* diversity in leadership is an important extension of these policies, and strategies for developing best practices to build a more diverse pipeline of leadership at the national, state and local levels. The JAT also reviewed research conducted in November 2021 with grassroots ADA members about their opinions on leadership representation. Fifty-six percent of new dentist respondents reported that diversity, or lack of diversity, among ADA leadership **impacts their decision to be an ADA member by a great to moderate amount**. Additionally, over 90% of new dentists said generational diversity in leadership representation is important, 73% said racial/ethnic diversity in leadership representation is important, and 72% said gender balance in leadership representation is important.

In support of this research and to build on the work of the D&I policies, the JAT recommended a Diversity, Equity and Inclusion (DEI) Lens to assist leaders at the national, state and local levels, to help enhance discussions about inclusion and belonging and ensure that leadership is reflecting and supporting the diversity of ADA members and the communities they serve. A DEI Lens was developed, approved by the

Council, and shared widely with other ADA volunteer agencies, and state and local societies. This step-by-step tool can help leadership think about opportunities from a new perspective, identify unintended and unconscious biases, and be intentional about creating welcoming spaces.

Additionally, The Board of Trustees adopted the following resolution at its April 2022 meeting:

> **Resolved,** that opportunities identified and discussed during the joint session of the Board of Trustees and New Dentist Committee be forwarded to the Council on Membership's Joint Action Team on Diversity and Inclusion for further exploration, and be it further
> **Resolved**, that a formalized action plan for increasing participation in new dentist leadership, including 1) creating new dentist pathways and 2) amplifying new dentist voices be created by the Joint Action Team and shared with the Board at its August 2022 meeting.

In support of this, the JAT requested staff to develop an outline of best practices to help diversify leadership at the national, state and local levels. At its most recent meeting, the JAT reviewed and approved the draft outline of an action plan for increasing participation in leadership, not only among new dentists, but also women, racially/ethnically diverse, and dentists in all practice modalities. The action plan is currently in development and will be submitted to the Board of Trustees at its August meeting.

Initiative: Improve Inclusion and Collaboration with the Dental Team through a New Dental Team Member Category

Success Measure: House of Delegates support to strengthen the relationship between dentists and their team

Target: Adoption of a resolution to add a Team Member Category by the 2022 House of Delegates

Range: NA

Outcome: At its June meeting, the Council on Membership approved a resolution to the House of Delegates recommending adoption of a new ADA dental team membership category. The report is in the final stages of development. Results TBD in October 2022.

As the ADA and the dental profession have emerged from the impact of COVID-19, differing opinions on return-to-work safety issues, followed by an increase in workforce shortage issues have created lingering challenges between dentists and their teams, and ultimately the recovery and success of dental practices. Several ADA agencies have been working to address these challenges, including the Council on Dental Practice, Council on Government Affairs, ADA Science and Research Institute and ADA Health Policy Institute. The Council on Membership strives to support these efforts through its proposal for a new dental team membership category, focusing on inclusion and team building between the dentist and their team.

As a first step in the Council's exploration of this potential new membership category, a survey of grassroots ADA members was completed in November 2021 to assess their level of interest. Five hundred eighty-nine members completed the survey, and of those 68% said they thought it could benefit members of their team. Some of the potential benefits they cited in their verbatim comments supporting this included:

- A better informed/educated staff
- More engaged staff and feeling of inclusivity
- Better education of patients
- CE in one place for all staff

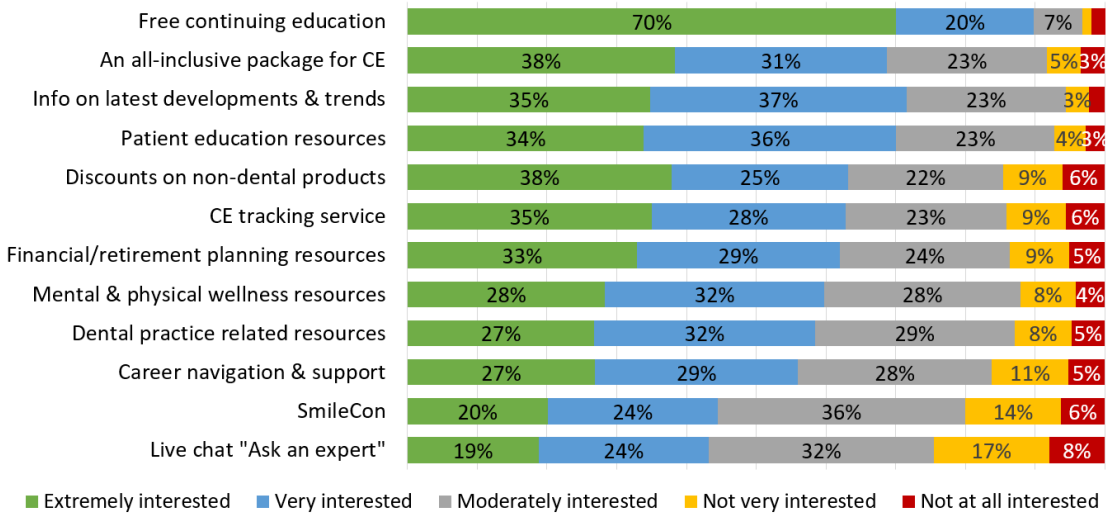
Following the positive feedback from members, the Council directed staff to survey members of the dental team. Eight hundred eighty-one hygienists and 872 dental assistants completed the survey, for a margin of error of 3%. Without knowing any details about potential ADA membership, 30% of hygienists say they would be extremely or very interested in ADA membership, and an additional 46% say they would be moderately interested. Dental assistants expressed even stronger interest, with 48% saying they would

be extremely or very interested, and an additional 37% saying they would be moderately interested. Below is a table of member benefits and resources they reported being interested in from the ADA:

Table 1

May 2022 Dental Team survey: 1,753 Dental Hygienist and Dental Assistant responses

Of the following resources, are there any that you might be interested in accessing as an ADA member?



Based on this positive feedback and interest, the Council is developing a more detailed report regarding Dental Team membership for House of Delegates consideration at its 2022 meeting in Houston.

Emerging Issues and Trends

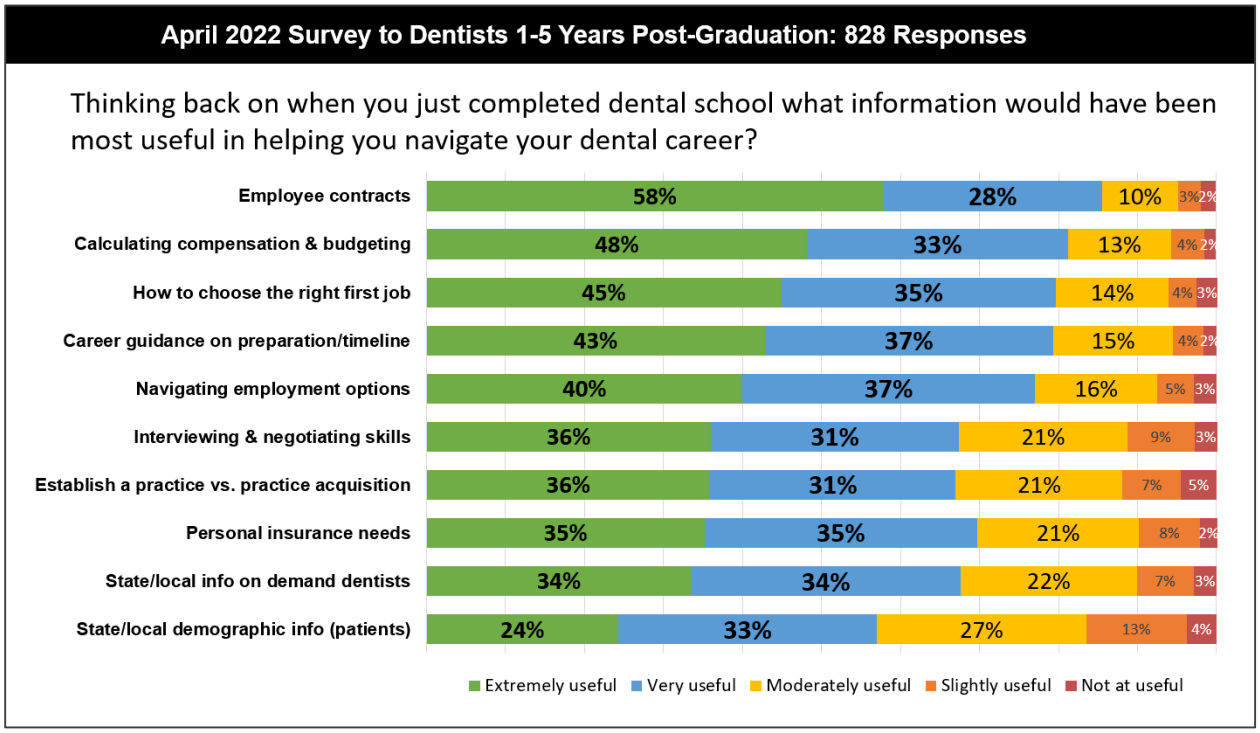
As referenced in the Council's 2021 Annual Report, new research was conducted earlier this year in collaboration with the Council on Communications to identify the intersection between dentists' values and the value of ADA membership. Qualitative and quantitative research methods were utilized to get at the heart of the intangible reasons why dentists join organizations and (more specifically) what matters to them when joining professional associations such as the ADA. Key learnings included:

- Students and early career dentists want the ADA to deliver on both Value ***and*** Values.
- Regarding VALUE, they want tangible benefits and to see that value delivered authentically, representing the personal and professional diversity of ALL dentists. They want the ADA to consider their diverse demographics, needs and practice modalities, and deliver the value through speakers and content that reflect their diversity and practice choices.
- They also want the ADA to deliver on its VALUES – to address oral health inequities and access to care, and support all practice modalities – including public health and solo through large group practice. They want the ADA to support dentists in improving their patients' health through advocacy, resources and support for their underserved patients – not just those with the ability to pay.
- They want the ADA to walk the walk on diversity and inclusion. Without these values, it doesn't matter how good the products or services are that the ADA offers; the newer generations will not purchase it if they do not see the ADA living its values. Also, they want the ADA to deliver CE, speakers and leadership opportunities at all three levels of the ADA that reflect their gender, age, diversity and practice choices.
- They want to feel a personal connection and proud of their affiliation and involvement with the ADA. They want the ADA to demonstrate that it cares about them and shares their personal and professional values, and helps them deliver the best possible care for their patients.

- Many students and early career dentists engage most at the grassroots (state/local) level. Value and Values must be delivered consistently at all three levels to be effective. Build communities around shared identity-based affinity groups, and identify and deliver value that is most effectively facilitated at each level of the tripartite.

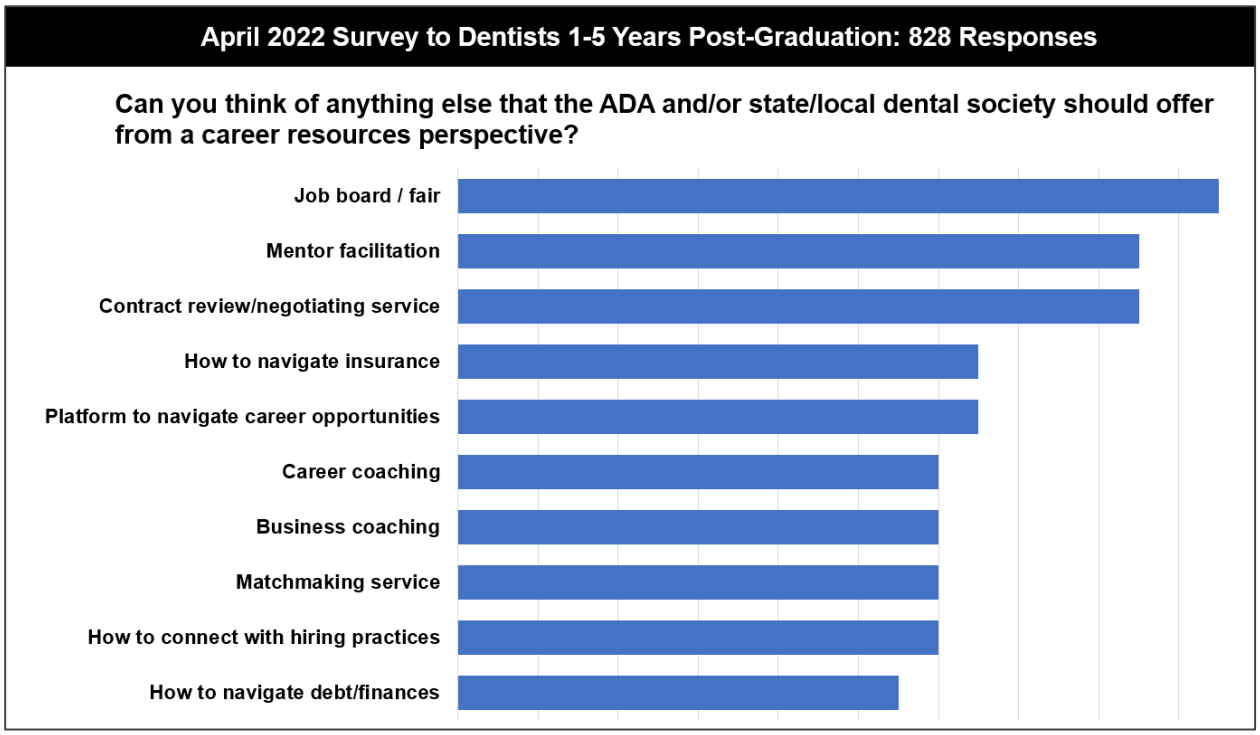
Additionally, to support the Council's work to deliver on both Value and Values for early career dentists, further quantitative research was conducted in spring 2022 with member and nonmember dentists 1-5 years post-graduation to better understand their career support needs. Eight hundred twenty-eight dentists responded to the survey. Below is a list of information and resources these new dentists wish they had when they graduated.

Table 2



The recent grads were also asked if there were any additional career resources that the ADA, state or local society should offer. Below is a summary of topics they provided in verbatim comments.

Table 3



These survey results can help the ADA develop new products and services going forward to better serve the needs of new dentists, and enhance their member value at a time when the ADA has traditionally been losing 30-40% of these members.

Responses to House of Delegates Resolutions

Resolution: 102H-2021 —Strategy for Engaging Dental Residents

> **102H-2021. Resolved,** that starting with the 2022 House of Delegates, the appropriate ADA agencies provide regular status reports on the efforts to engage, connect, recruit and develop long-term relationships with dentists in post-graduate programs.

The Council on Membership is currently developing a report for the 2022 House of Delegates summarizing the ADA's efforts to recruit and retain dentists in post-graduate programs.

Resolution: 40-2020 —Request that ADA Explore New Dues Structure Reflecting Evolving Dental Practice Models (*Trans.*2020:255) was referred to the Council.

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

The Council continued its work from 2021 into 2022 to explore a wide range of dues models that could more effectively attract large group practice-supported dentists and decision makers within these organizations. The Council validated again that offering membership dues discounts is not a sufficient strategy, nor is offering direct (national only) membership for dentists working in large group practices. New ideas the Council explored in 2022 include:

1. Spouse and family discounts:
   - Based on the theory that relatives share ADA memberships when they practice together, and that a discount might entice the non-member relative to join.
   - Initial modeling showed that related pairs of dentists do not appear to have much of a market share lag, and implementing this concept would result in a loss proportionate to the discount provided.
   - Initial modeling was not indicative of success.

2. Sliding dues rates for individual dentists within group practices, based on member count:
   - Based on the theory that group practice provides some of the benefits of ADA membership and reduces the need for other benefits, so a discount could be constructed that drives an exchange of revenue for market share growth.
   - Analysis of 10 randomly selected group practices indicated that revenue would be lost even with 10% growth.
   - For groups of 50+ a sliding dues rate yields revenue losses unless membership grows more than 13% in the first year.
   - Initial modeling was not indicative of success.

To date, a new model has not been identified that could be more effective in attracting the growing market share with demographics and practice modalities than the ADA's existing dues structure, so work on this initiative is expected to continue into 2023. As a next step, the Council plans to socialize these ideas with state societies for their feedback, as well as solicit new ideas from them.

Self-Assessment

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

Policy Review

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

Council Minutes

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

Joint Commission on National Dental Examinations

Sanders, R. Michael, 2022, Nevada, chair, American Association of Dental Boards
Da Silva, John D., 2023, Massachusetts, vice chair, American Dental Education Association
Allaire, Joanna, 2022, Texas, American Dental Hygienists' Association
Herro, Anthony, 2024, Arizona, American Association of Dental Boards
Hogan, Rachel E., 2024, Oregon, American Dental Education Association
Jang, Han-Na, 2024, Virginia, American Dental Hygienists' Association
King, Michael E., 2022, Virginia, American Dental Association
Loomer, Peter, 2025, Texas, American Dental Education Association
McKee, Julie, 2025, Kentucky, American Association of Dental Boards
Osseiran, Alia, 2022, Massachusetts, American Student Dental Association
Patel, Jeetendra, 2025, Louisiana, American Association of Dental Boards
Schiano, Frank, 2025, Massachusetts, American Dental Association
Starsiak, Mary A., 2023, Illinois, American Association of Dental Boards
Tepe, Patrick J., 2023, Wisconsin, American Dental Association
Wilson, Douglas C., 2022, Washington, Public Member
Zajkowski, Mark, 2025, Maine, American Association of Dental Boards

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

The Commission's 2021–22 liaison and student observer include: Dr. Gary D. Oyster (Board of Trustees, 16th District) and Mr. Tommy Lau (American Student Dental Association).

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

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

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

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

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

JCNDE Strategic Goals and Key Objectives

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

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

2. Conduct the National Board Dental Hygiene Examination (NBDHE) and ensure policies for the orderly, secure and fair administration of this examination are implemented. *The NBDHE continues to be administered in an orderly, secure, and fair manner. The JCNDE will consider a roadmap for NBDHE development in 2022, which will further strengthen this important examination program.*

3. Successfully transition to the Integrated National Board Dental Examination (INBDE) program by August 1, 2022 and ensure policies for the orderly, secure and fair administration of this examination are implemented. *The INBDE was launched on August 1, 2020, and since that time over 5,000 INBDE administrations have successfully occurred. The INBDE is currently on schedule to fully replace the NBDE Part I and NBDE Part II Examination Programs on August 1, 2022.*

4. Further integrate best practices in testing into JCNDE examinations by introducing multi-stage adaptive testing, 3-parameter logistic (3PL) item response theory for the NBDHE, and the development of an image bank, to support the validity of JCNDE programs. *The JCNDE has made significant progress in each of the areas indicated. A report that provides an overview of multi-stage testing and its practical implications was presented to the JCNDE in 2020. A large number of NBDHE items were calibrated using the 3PL item response theory scoring model in 2021; the 3PL NBDHE item bank will be established and ready for use in the coming years. A study examining methods to shorten the NBDHE was completed in 2021, and findings and corresponding recommendations will be presented to the JCNDE in June 2022. In June 2022 the JCNDE will be reviewing a comprehensive roadmap concerning future development work involving its dental hygiene examinations. The JCNDE is also in the process of establishing an image database to further strengthen its examinations.*

5. Explore the potential use of other innovations in testing, such as automatic item generation, simulations ("gamification" of testing), video, partial credit scoring and the use of testing windows, and develop recommendations on whether to pursue these testing modalities. *Ongoing review and investigation is occurring in this area, based on identified needs. In 2020 the JCNDE introduced the Dental Licensure Objective Structured Clinical Examination (DLOSCE), which utilizes window testing, partial credit scoring, and lifelike 3D models. The JCNDE has used automatic item generation in a limited capacity for the INBDE.*

6. Engage key stakeholders and communities of interest in discussions of potential new examinations and testing modalities. *A Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE) business plan was reviewed and approved by the JCNDE in 2021, and is currently under development. The JCNDE is currently looking to understand the feasibility of a National Board Dental Therapy Examination.*

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

1. Develop a strategic communications plan to guide JCNDE's communications and engagement with key stakeholder groups (i.e., stakeholder mapping, understanding stakeholders' interests and needs, reframing the messaging around the "why," increasing understanding of the range of resources JCNDE can provide). *The JCNDE has established a standing committee on Communications and Stakeholder Engagement and added a new staff member to manage communication activities. A strategic communications plan is in progress, with review occurring annually. The JCNDE has conducted a survey to understand the effectiveness of its communications to stakeholders, and will review findings at its 2022 annual meeting.*

2. Provide high quality tools, credible information and guidance about best practices in testing and assessment to support state boards in carrying out their role regarding the licensure and certification of oral health care professionals. *This represents an ongoing activity. The JCNDE has conducted webinars and provided presentations to state dental boards, the American Association of Dental Boards (AADB), and the American Association of Dental Administrators (AADA). During these presentations staff routinely point to the Standards for Educational and Psychological Testing (AERA, ADA, NCME, 2014) as a primary reference in support of valid, fair, and reliable examinations.*

3. Increase understanding of the mission and work of the JCNDE among members of the ADA House of Delegates, and the importance of JCNDE's position and reputation as a credible and independent testing agency. *This represents an ongoing activity for the JCNDE. In communicating with communities of interest the JCNDE continues to assert its position and reputation as a credible and independent testing agency.*

4. Reduce incidents of cheating and sharing of exam questions among test takers by increasing understanding of the impact on the exam's cost and validity, stressing professionalism, and raising awareness of the potential consequences of such actions. *The JCNDE continues to pursue activity in support of this goal. The JCNDE has conducted test security presentations at ADEA in 2018 and 2019, including presentations involving a mixed panel of current and former JCNDE Commissioners. Since the onset of COVID, efforts have shifted towards conducting focused test security webinars. Additional plans are in place to roll out informational materials (i.e. posters or articles), educating students and examination candidates on the impact and consequences of irregularities related to high-stakes examination programs.*

5. Utilize Commissioners as peer ambassadors to increase understanding of the JCNDE and build stronger relationships with state dental boards. *In promoting the DLOSCE with dental boards, the JCNDE has utilized a combination of Commissioners, former DLOSCE Steering Committee members, and staff to deliver the message. This has helped in promoting the DLOSCE, and will continue to be utilized going forward.*

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

1. Undertake a comprehensive review of the JCNDE's governing documents (e.g., bylaws, standing rules, exam regulations, composition, and structure) and make recommendations to strengthen the governance systems and structures as appropriate. *JCNDE governance documents were comprehensively reviewed and revised in 2019, with corresponding changes approved by the*

JCNDE as appropriate, or moved forward to the ADA Board of Trustees and House of Delegates as applicable. The ADA HOD accepted the changes recommended by the JCNDE, and in fact extended additional latitude to the JCNDE through additional modifications made (e.g., indicating the JCNDE could "provide and conduct examinations for all purposes.") The JCNDE has appreciated the support of the ADA HOD, and the confidence that the ADA HOD has placed in the JCNDE.

2. Identify opportunities to increase the agility and nimbleness of the JCNDE's governance and decision-making processes. *The JCNDE reviews its policies and governance documents on an annual basis, providing agility and nimbleness. Additionally, the JCNDE has conferred additional powers to its Chair in times of crisis, to expedite and facilitate decision-making when time is of the essence (e.g., permitting the Chair to make certain policy decisions during COVID-19).*

Emerging Issues and Trends

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

1. The Joint Commission continues to pursue actions in support of the Dental Licensure Objective Structured Clinical Examination (DLOSCE), including the following:

    A. Accepted the DLOSCE score report for failing candidates, to assist failing candidates in their remediation efforts.
    B. Accepted the annual DLOSCE performance report for dental education programs, to assist programs in understanding the clinical judgment and skills oftheir students.
    C. Directed staff to develop a strategic plan to promote adoption of the DLOSCE by state dental boards through utilization of ambassadors and local contacts, to increase adoption of this important examination program.
    D. Adopted changes simplifying presentation of certain areas of the test specifications for the DLOSCE.

2. The Joint Commission continues to pursue actions in support of the Integrated National Board Dental Examination (INBDE), including approval of a request by the University of Iceland School of Dentistry to permit eligible candidates to attempt the INBDE in Iceland at approved Prometric test centers beginning in 2022, provided that the administrations can occur securely and at reasonable cost to the JCNDE.

3. The Joint Commission continues to pursue actions in support of communication efforts involving the National Board Dental Hygiene Examination (NBDHE), including through the following:

    A. Providing candidates, program directors, and communities of interest with information about the NBDHE Practice test.
    B. Updating program directors concerning the return of the standard length form of the NBDHE, as well as general changes to the NBDHE Program (e.g., changes to the candidate guide, periodontal classification changes, and timelines associated with changes).

4. The Joint Commission continues to take action to ensure it has sufficient, highly capable and knowledgeable test constructors to build rigorous examination content. This occurred through the reappointment of current DLOSCE, INBDE, and NBDHE test constructors to serve in the 2022 DLOSCE, INBDE, and NBDHE Test Constructor Pools, respectively, and the appointment of new test constructors to serve in each of these test constructor pools.

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

A. Approved development of the Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE), based on a comprehensive business plan.
B. Directed staff to investigate the creation of a Fairness and Sensitivity Test Construction Team, to evaluate examination content through the lens of the values of diversity, equity, and inclusion, to help ensure that National Board Examination questions continue to fairly and accurately measure candidate knowledge, skills, and abilities. This effort supplements existing Joint Commission fairness and sensitivity efforts and practices, to further support the fairness of National Board Examinations.
C. Updated the JCNDE's *Mission* and *Vision*, to reflect approved changes to the JCNDE's *Bylaws* duties that permit the JCNDE to provide and conduct examinations for all purposes.
D. Amended the *Rules of the JCNDE* and the *Operational and Policy Manual of the JCNDE* in support of the Mission and Vision of the JCNDE.
E. Concerning images appearing on National Board Examinations, the JCNDE directed staff to modify the existing image submission policy so that it reads as follows: Individuals who submit images may continue their use of these images in educational materials, including classroom lectures.
F. Directed staff to investigate the possibility of shortening the length of Joint Commission examinations and present a report of that investigation to the Committee on Research and Development during its 2022 annual meeting. This was done in light of the JCNDE's positive experience with the short-form-NBDHE, and in accordance with recommendations the JCNDE has received over the years from its technical advisory panel.
G. Directed staff to review National Board Examination eligibility requirements in light of candidate administration trends and their implications, providing an update in 2024.
H. Identified the following areas where communication is needed, and directed staff to proceed as indicated to help address these needs:
    - Improve communication with National Board Examination candidates, to supplement JCNDE communications and help ensure candidates are appropriately informed concerning JCNDE practices and policies.
    - Improve communication with academic deans and dental hygiene program directors, using updated surveys to better understand perceptions of JCNDE communications.
    - Improve communication with state boards of dentistry concerning JCNDE practices, and involve dental hygienists in lobbying.

6. The Joint Commission monitors its examinations closely and regularly to ensure they are psychometrically valid and performing as intended.

7. The next annual meetings of the JCNDE will be held on June 29, 2022 and June 28, 2023. The annual State Dental Board Forum (SDBF) will precede the meetings of the JCNDE (occurring in the same week indicated).

8. The following provides performance information for each of the examinations of the JCNDE.

NBDE Part II: Table 1 presents performance trends for the NBDE Part II over the past 10 years, while Figure 1 provides a graphic depiction of administration volume. As shown in Table 1, the number of **first-time** candidates from **accredited** programs steadily increased from 2012 to 2017, some fluctuation from 2018 to 2020, with a ten-year high in 2020 (N=6,227), and then significantly decreased in 2021 (i.e., a 30.4% decrease from 2020 to 2021). This decline is attributable to candidates transitioning from the NBDE to the INBDE (Part II will be sunset on July 31, 2022).

There has been considerable variability in volume during the 2012-2021 administration period. The total number of **first-time and repeating** candidates from **non-accredited** programs increased from 1,626 in 2012 to 1,937 in 2021. Comparing the number of **total administrations** occurring in 2012 (N=6,792) with 2020 (N=8,617) shows a 26.9% increase in overall administration volume, with gains occurring with respect to both accredited and non-accredited candidates. The number of **first-time and repeating** candidates from **accredited** programs and the number of **total administrations** decreased from 2020 to 2021. As noted above, the variability is due to the transition to the INBDE.

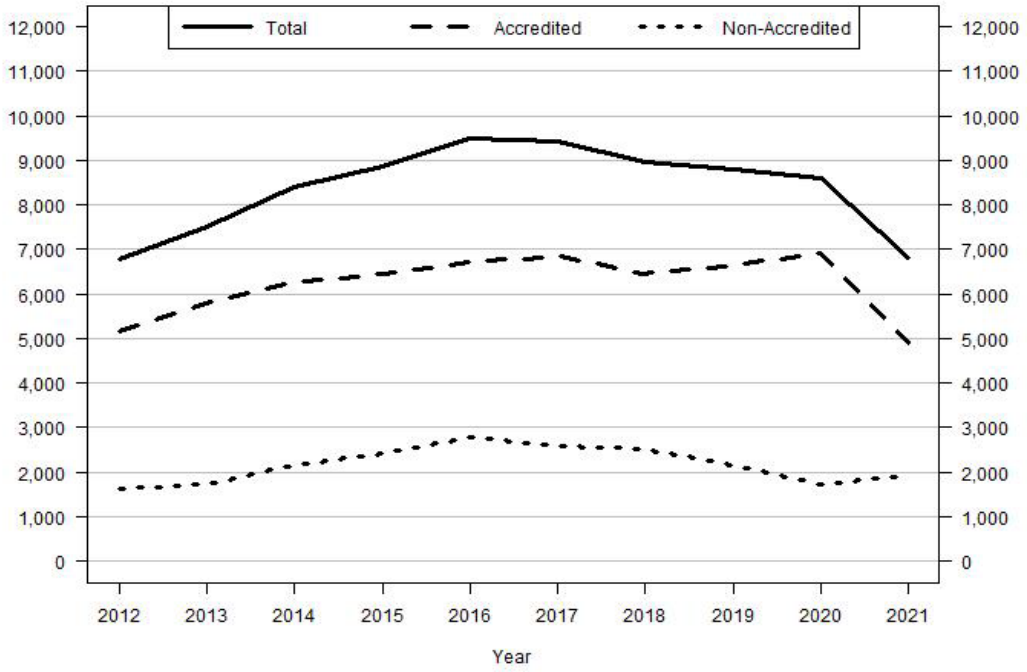
Across the ten-year period indicated, failure rates for **first-time** candidates from **accredited** programs ranged from 5.6% (2012) to 9.9% (2021). Failure rates for **first-time** candidates from **non-accredited** programs were higher across the board, ranging from 23.3% (2019) to 42.0% (2015).

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

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2012	4,803	5.6	363	29.2	1,216	31.3	410	49.5	6,792	14.1
2013	5,328	6.3	463	22.0	1,204	36.4	516	53.3	7,511	15.3
2014	5,704	7.4	543	21.4	1,557	37.3	593	45.2	8,397	16.5
2015	5,834	7.5	604	22.7	1,630	42.0	783	48.8	8,851	18.5
2016	6,034	8.7	682	24.1	1,861	34.2	913	45.0	9,490	18.3
2017*	6,138	8.3	712	23.9	1,698	34.4	879	45.3	9,427	17.6
2018	5,769	7.9	670	23.4	1,759	23.7	766	39.4	8,964	14.8
2019	5,985	9.7	653	20.1	1,562	23.3	605	47.4	8,805	15.5
2020	6,227	7.4	673	21.8	1,206	26.4	511	41.3	8,617	13.2
2021	4,332	9.9	561	23.7	1,331	28.7	606	45.1	6,830	17.8

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

Figure 1: NBDE Part II Administrations (2012-2021)



INBDE: Table 2 presents performance trends for the INBDE in the past two years, while Figure 2 provides a graphic depiction of administration volume. As shown in Table 2 and Figure 2, the number of candidates increased significantly in all categories from 2020 to 2021. The increase is attributable to the discontinuation of the NBDE Part II on July 31, 2022, and the relatively longer available administration period in 2021 (from January to December) as compared to 2020 (from August to December).

The failure rates (1.3%) for **first-time** candidates from **accredited** programs in 2021 remains almost the same as in 2020 (1.0%). The failure rates for **first-time** candidates from **non-accredited** programs decreased from 38.8% in 2020 to 33.1% in 2021. The total failure rate also decreased from 24.5% in 2020 to 22.3% in 2021.

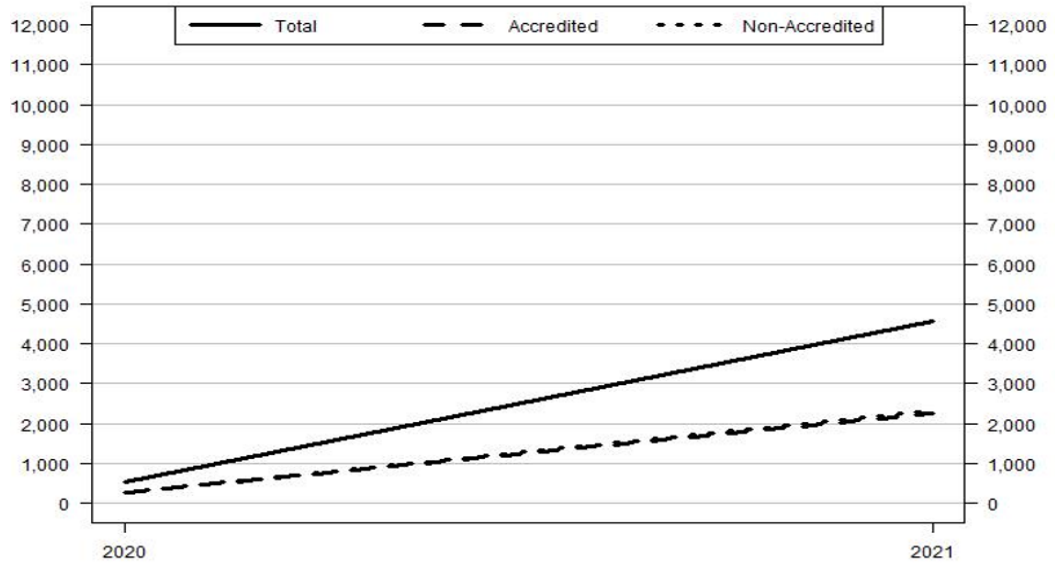
In both years, failure rates for **first-time** candidates from **accredited** programs were lower than the corresponding failure rates for NBDE Part II. Failure rates for candidates educated by **non-accredited** programs were rather consistent with historic trends. This suggests that candidates trained by CODA-accredited dental programs may have been especially well-prepared to challenge examinations that integrate the biomedical and clinical sciences. However, this did not seem to be the case for candidates trained by **non-accredited** dental programs.

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

	Accredited						Non-Accredited						Total	
Year	First Attempt [a]		Mixed Attempt [b]		Retake [c]		First Attempt [a]		Mixed Attempt [b]		Retake [c]		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2020	204	1.0	1	0.0	69	7.3	147	38.8	N/A	N/A	117	58.1	538	24.5
2021	2,018	1.3	3	0.0	245	16.0	1,340	33.1	1	0.0	971	55.8	4,578	22.3

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

Figure 2: INBDE Administrations (2020-2021)



NBDHE: Table 3 presents performance trends for the NBDHE over the past 10 years, while Figure 3 provides a graphic depiction of administration volume. As shown in Table 3, the number of **first-time** candidates from **accredited** programs increased from 6,882 in 2012 to 7,478 in 2021 (i.e., a 9% increase). The total number of candidates from **non-accredited** programs was rather small compared to the total number of candidates from **accredited** programs, representing approximately 4% of administrations occurring in 2012 and approximately 8% of administrations occurring in 2021[1]. Comparing the number of **total administrations** occurring in 2012 with 2021 shows an overall increase of 2,208 first-time and repeating candidates from accredited and non-accredited programs (i.e., a 28.9% increase). Generally speaking, NBDHE total administration volume increased steadily from 2015 to 2019, but then decreased in 2020 and increased significantly in 2021. The decrease in 2020 was related to the closure of test centers for three months due to the COVID-19 pandemic. The increase in 2021 was attributable to more administration attempts made by first-time and repeating candidates from both accredited and non-accredited programs.

[1]The total administration in 2020 and 2021 consists of valid examination attempts from both the standard-length and short-form NBDHE.

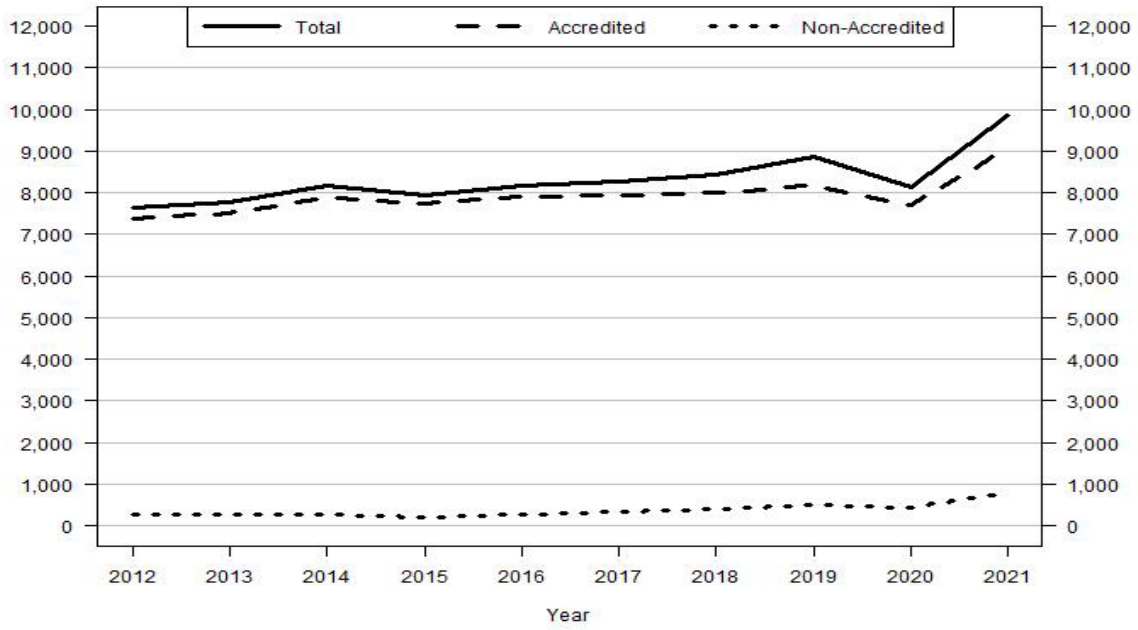
Failure rates remained below 10% for from 2012 to 2020, but increased to 13.4% in 2021 for **first-time** candidates from **accredited** programs. A more stringent NBDHE standard was introduced in January 2017, leading to higher failure rates in the years that followed. Additional information about the NBDHE standard setting activities is provided in the NBDHE Technical Report. Failure rates for **first-time** candidates from **non-accredited** programs have varied considerably over the years. The rate for this group was highest in 2021 (51.3%) and lowest in 2013 (17.3%). Failure rates for **first-time** candidates from **accredited** programs increased to 9.7% in 2020 and 13.4% in 2021. It is plausible that the elevated failure rates are the result of candidates being further removed from their academic studies and corresponding clinical experiences at the time of their test administration, and performing less well on the examination as a result. This was particularly true in 2020 (test centers were closed in March and April 2020 due to COVID-19, thereby delaying test administrations).

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

Year	Accredited				Non-Accredited				Total	
	First-time		Repeating		First-time		Repeating		First-time and Repeating	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2012	6,882	4.2	486	47.1	236	26.7	42	50.0	7,646	7.9
2013	7,016	4.8	489	45.8	231	17.3	52	53.9	7,788	8.1
2014	7,357	4.8	527	47.4	204	23.0	68	63.2	8,156	8.5
2015	7,227	4.4	499	46.3	179	22.9	40	55.0	7,945	7.7
2016	7,397	5.1	506	41.7	214	27.6	45	35.6	8,162	8.1
2017*	7,262	6.2	677	49.8	253	33.2	81	46.9	8,273	11.0
2018	7,360	5.8	654	46.2	328	34.8	88	44.3	8,430	10.4
2019	7,316	7.9	852	49.1	377	35.5	119	51.3	8,664	13.8
2020	6,938	9.7	764	51.3	302	44.0	135	60.7	8,139	15.7
2021	7,478	13.4	1,571	50.5	534	51.3	271	59.4	9,854	22.7

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

Figure 3: NBDHE Administrations (2012-2021)

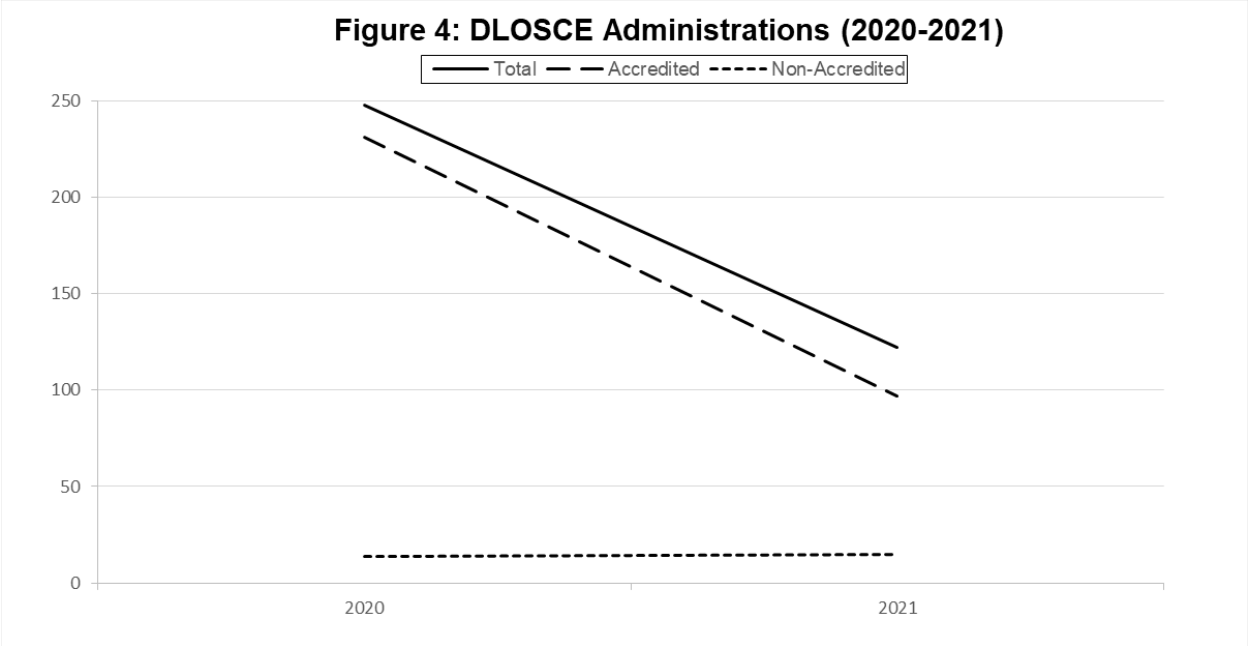


DLOSCE: Table 4 presents performance trends for the Dental Licensure Objective Structured Clinical Examination (DLOSCE) in the past two years, while Figure 4 provides a graphic depiction of administration volume. As shown in Table 4, the number of **first-time** candidates from **accredited** programs decreased from 231 in 2020 to 97 in 2021 and the number of **first-time** candidates from **non-accredited** programs decreased from 14 in 2020 to 9 in 2021. The number of **repeating** candidates from **accredited** programs increased from 2 in 2020 to 10 in 2021 and the number of **repeating** candidates from **non-accredited** programs increased from 1 in 2020 to 6 in 2021. The number of **total administrations** decreased from 248 in 2020 to 122 in 2021.

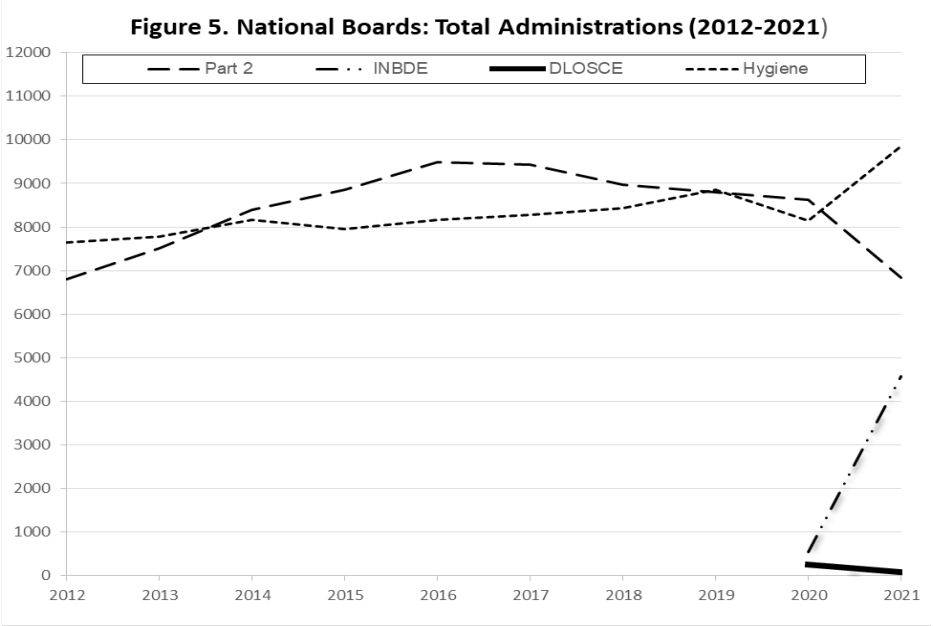
Failure rates for **first-time** candidates from **accredited** programs decreased from 9.5% in 2020 to 5.2% in 2021. Failure rates for **first-time** candidates from **non-accredited** programs decreased from 57.1% in 2020 to 11.1% in 2021. The total failure rate was 12.3% in 2021, which was similar to the 12.5% rate observed in 2020.

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

	Accredited				Non-Accredited				Total	
Year	First Attempt		Retake		First Attempt		Retake		First Attempt and Retake	
	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing	Number	% Failing
2020	231	9.5	2	0.0	14	57.1	1	100.0	248	12.5
2021	97	5.2	10	30.0	9	11.1	6	66.7	122	12.3



Overall: Figure 5 provides a graphic depiction of overall test administration volume for the National Board Examinations over the past 10 years. NBDE Part II total administrations have shown greater variability over time, as compared to NBDHE total administrations, which have been fairly consistent except for the past two years. Administration volume for the NBDE Part II increased from 2012 to 2016, and then began to decrease slightly after 2017, falling precipitously in 2021 due to the imminent discontinuation of this examination program. Administration volume for the NBDHE increased every year from 2011 to 2019, with the exception of 2015. Administration volume decreased for the NBDHE in 2020, due to the COVID-19 pandemic. The INBDE and DLOSCE were both released in 2020. Administration volume for the INBDE increased significantly in 2021. Administration volume for the DLOSCE decreased in 2021.



Responses to House of Delegates Resolutions

The Joint Commission did not receive any assignments from the ADA House of Delegates in 2021.

Self-Assessment

The Joint Commission conducted a Self-Assessment in 2022 via an online survey. The following summarizes Commissioner responses in key areas of focus.

***Bylaws* Duties.** Respondents thought that the *Bylaws* mandated duties of the JCNDE continue to make sense and are being carried out effectively by the JCNDE.

Mission and Vision. Respondents thought that the mission and vision of the JCNDE properly reflect the purpose and duties of the JCNDE, and that the JCNDE's efforts are properly aligned with the mission and vision.

Goals and Objectives. When asked their thoughts on the primary contributions and goals of the JCNDE, respondents highlighted the importance of constructing and administering effective and fair examinations, protecting the public, serving as a trusted resource for key stakeholders, and strengthening the governance of the JCNDE.

Committees and Structure. A majority of respondents indicated that current JCNDE standing committees make sense in light of the JCNDE's mission and vision. Respondents also thought that JCNDE committees are efficient and effective, work is properly assigned, and the JCNDE utilizes additional ad hoc committees, subject matter expert panels, and Test Construction Teams appropriately.

Meetings. Respondents reported that meetings were conducted effectively. JCNDE meetings enable strategic discussion focusing on the right topics, with high-quality reports supporting the discussions.

Staff Support. When asked about staff support, respondents indicated that the JCNDE is appropriately staffed. Staff work is focused on the right activities, and the work is of high quality.

Policy Review

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

Commission Minutes

For more information on recent activities, see the Commission's Unofficial Actions Report on ADA.org.

National Commission on Recognition of Dental Specialties and Certifying Boards

Tuminelli, Frank J., 2022, New York, chair
McAllister, Brian S., 2023, Delaware, vice-chair
Aste, Leonard R., 2025, Utah
Beeler, Michele 2025, Kentucky
Broughten, Renee M. 2022, Minnesota
Carroccia, Anthony S., 2023, Tennessee
Catey-Williams, Mara, 2023, Indiana
Chaffin, Jeffrey G., 2024, Iowa
Clem, Donald S., 2025, California
Cooley, Ralph A., 2022, Texas
Felsenfeld, Alan L., 2024, California
Friedel, Alan E., 2022, Florida
Ganzberg, Steven, 2023, California
Glenn, Gayle, 2024, Texas
Halpern, David F., 2024, Maryland
Huber, Michaell A., 2024, Texas
Johnson, William T., 2022, Iowa
Knapp, Jonathan B., 2024, Connecticut
Lang, Maureen E., 2024, Texas
Moody, Edward H., 2023, Tennessee
Muller, Susan, 2023, Georgia
Murphy, Ned, 2025, Wisconsin
Raman, Prabu, 2024, Missouri
Ramesh, Aruna, 2021, Massachusetts
Young, Brenda J., 2024, Virginia

Baumann, Catherine, director

The National Commission's 2021–22 liaison is Dr. Frank Graham (Board of Trustees, Fourth District)

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

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

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

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

The National Commission is a commission with independent authority to recognize dental specialties and their respective certifying boards. The National Commission determines its own strategic goals and objectives. For 2022, the National Commission goals and objectives are as follows:

Objective 1: Implementation of second phase of the National Commission's Communication Plan including the development of the remaining five (5) educational presentations for communities of interest.

Initiative/Program: National Commission

Success Measure: Second phase of the National Commission's Communication Plan is fully implemented and posted on the National Commission website by December 31, 2022.

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

Range: Completion by December 31, 2022.

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

Objective 2: Development of in-depth training modules for incoming Commissioners to aid in preserving the historical knowledge of the National Commission.

Initiative/Program: National Commission

Success Measure: Successful presentation of in-depth training modules to incoming Commissioners by December 31, 2022. Incoming Commissioners all "pass" an exit exam after completing modules.

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

Range: Completion by December 31, 2022.

Outcome: Training modules thoroughly orient new Commissioners to their roles and responsibilities on the Board of Commissioners. National Commission Communication and Technology Committee will meet periodically throughout the year to monitor content and progress on the completion of the in-depth training session to be conducted by December 31, 2022.

Objective 3: Develop internal review grids for the Applications for Recognition, Periodic Review of Dental Specialty Education and Practice, and the Annual Surveys of the Recognized Certifying Boards to aid in reviewing the documentation.

Initiative/Program: National Commission

Success Measure: Completion of internal review grids for the Applications for Recognition, Periodic Review of Dental Specialty Education and Practice, and the Annual Surveys of the Recognized Certifying Boards by December 31, 2022.

Target: Successful completion of internal review grids for the Applications for Recognition, Periodic Review of Dental Specialty Education and Practice, and the Annual Surveys of the Recognized Certifying Boards to assist the Review Committees and Board of Commissioners in reviewing the documentation.

Range: Completion by December 31, 2022.

Outcome: Review Committees of the National Commission are able to utilize the review grids effectively to aid in their deliberative process.

Emerging Issues and Trends

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

Responses to House of Delegates Resolutions

There were no House of Delegates resolutions directed at the National Commission in 2021.

Self-Assessment

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

Policy Review

The National Commission currently oversees the recognition of the 12 dental specialties and their respective certifying boards. The National Commission implemented its own policies and procedures related to specialty recognition in 2018. A three (3) year review of individual National Commission policies was adopted as part of the strategic plan. The National Commission adopts new and revised policies as part of its regular, annual meeting agenda, which was held on March 28-29, 2022. There are currently no ADA policies related to the National Commission that the National Commission has been charged with reviewing in accord with Resolution 170H-2012, Regular Comprehensive Policy Review.

Commission Minutes

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

Council on Scientific Affairs

Mascarenhas, Ana Karina, 2022, Texas, chair
Khajotia, Sharukh S., 2023, Oklahoma, vice chair
da Costa, Juliana B., 2025, Oregon
Dhar, Vineet K., 2024, Maryland
Dionne, Raymond A., 2022, Missouri
Duong, Mai Ly, 2022, Arizona*
Fouad, Ashraf F., 2025, Alabama
Frazier, Kevin B., 2022, Georgia
Gonzalez-Cabezas, Carlos, 2022, Michigan
Hasturk, Hatice, 2024, Massachusetts
Ioannidou, Effie, 2023, Connecticut
Kademani, Deepak F., 2023, Minnesota
Kumar, Purnima, 2024, Ohio
Lefebvre, Carol A., 2023, Georgia
MacDonnell, William A., 2025, Connecticut
Nascimento, Marcelle M., 2024, Florida
Park, Jacob G., 2024, Texas
Villa, Alessandro, 2025, California

DeLong, Hillary R., manager

The Council's 2021-2022 liaisons include: Dr. James M. Boyle, III (Board of Trustees, Third District) and Mr. Ryan Kaminsky (American Student Dental Association).

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

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

a. Science and scientific research, including:

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

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

* New Dentist Member

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

This section presents outcomes from June 2021 to May 2022, advancing the ADA Strategic Plan, Common Ground 2025, and the ADA Science and Research Institute (ADASRI) Operating Plan.

For information related to additional scientific activities outside of the CSA responsibilities, please refer to the annual report from the ADA Science & Research Institute.

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

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

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

Target: Four reports per calendar year

Range: Three to five reports published each calendar year

Outcome: Since June 2021, the CSA has published four ACE Panel reports:

1. August 2021: Intraoral Scanners
2. October 2021: Smoking Cessation
3. January 2022: Vaccine Administration
4. April 2022: Oral-Systemic Health

Forthcoming reports in 2022 will highlight eldercare (antic. September 2022) and intraoral appliances (antic. November 2022).

This program has met its stated goal.

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

Initiative/Program: ADA Seal of Acceptance Program

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

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

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

Outcome: The COVID-19 pandemic had a negative impact on the ADA Seal of Acceptance Program due to the lack of launch of new products by the participating companies. The number of new submissions in the last period has decreased due to prior years. From June 2021 through April 2022, the Seal program has reviewed and approved seven product submissions, and revised two product submission categories (with two more pending review). The Council will continue to support the program from a scientific point of view, but does not have control over the number of future submissions.

This program has met its stated goal.

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

Initiative/Program: Evidence Synthesis and Translational Research

Success Measure: Progress of clinical resource development per approved timeline

Target: Publications submitted for publication according to approved work plan

Range: n/a

Outcome: The Clinical Excellence Subcommittee of CSA is currently overseeing the development of four clinical practice guidelines and several systematic reviews, some of which have adjusted targeted submission dates based on challenges resulting from the COVID-19 pandemic, staffing changes, and unanticipated changes in project direction.

1. Caries Management Guideline Series: Caries Prevention (new), *anticipated submission for publication moved from Q1 2022 to Q3 2024*
2. Caries Management Guideline Series: Restorative Treatments (new), *anticipated submission for publication in Q4 2022*
3. ADA/FDA Radiograph Guideline (update), *anticipated submission for publication moved from Q4 2021 to mid-late 2022*
4. Adult Dental Sedation and Anesthesia, *delivery of project format and timeline to be finalized at June 2022 CSA meeting*
5. Dental Extractions Prior to Head and Neck Cancer Treatment, *submitted for publication in Q1 2022*

The two caries-related clinical practice guidelines (CPGs) are part of a multi-year project, which aims to assist clinicians in determining the types of preventive, diagnostic, and therapeutic interventions that should be used when managing caries in children and adults. Given the expansive nature of this project, CSA supported the development of a guideline series over the course of approximately four years. An acute pain guideline was developed under a cooperative agreement with the University of Pittsburgh and the ADASRI, funded by the US Food and Drug Administration (FDA). The Council served in an oversight capacity. With CSA's recommendation, the guideline was approved by the ADA Board of Trustees in April 2022 for ADA endorsement. The radiograph guidance update also is being developed with input from the FDA. The dental sedation guideline is a collaborative effort being developed in response to a request from the Council on Dental Education to help inform ADA policy related to education and training in dental sedation. Finally, a systematic review addressing dental intervention prior to head and neck cancer treatment was submitted for publication in *JADA* in February 2022; this represents the final Council deliverable in response to HOD Resolution 86H-2016.

The deliverables under this program are delayed.

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

Initiative/Program: ADA Dental Standards

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

Target: Approve annual standards priorities by January 2022; provide feedback on standards development per timelines, as appropriate

Range: n/a

Outcome: In January 2022, the Council adopted annual priorities to guide its engagement with the ADA Standards Committee on Dental Products (SCDP). Two standards that fall within these priorities are

currently under Council review: Sequential Orthodontic Aligners and Dental Abrasive Powders and Pastes. The dental aligners standard has undergone several stages of writing and review, for which the Council and ADA have provided timely feedback; it is now in the final review process. The findings of a SCDP taskforce assigned to investigate the second standard under review (powders and pastes) were presented at the March 2022 SCDP annual meeting. A status report will be provided to the Council at its June 2022 meeting.

This program has met its goal.

Additional Council Related Projects

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

Emerging Issues and Trends

The Council is an important contributor to deliberations of the ADASRI Board of Directors, and periodically informs the ADASRI Board of Directors on its research priorities and projects. The CSA chair is a full voting member of the ADASRI Board; the CSA vice chair attends all ADASRI Board meetings as an invited guest. At the November 2021 ADASRI Board meeting, the CSA chair informed the ADASRI Board that a key finding from the Council's 2021 Self-Assessment Survey was a desire to better understand the relationship between CSA and ADASRI. To help address this issue, the ADASRI Board chair convened a workgroup, which includes the CSA chair, vice chair, and selected current and past Council members, to clarify the respective roles and responsibilities of the ADASRI Board and CSA with respect to science and research. In December 2021, the CSA chair also convened a workgroup of current and past CSA members to review the Council's duties and responsibilities, as specified in the ADA *Bylaws* and the ADA *Governance and Organizational Manual.* Recommendations from the CSA workgroup will be considered at the Council's June 2022 meeting. Once approved by the Council, the recommendations will be shared with the ADASRI Board workgroup.

Responses to House of Delegates Resolutions

Resolution: 65b-2021 — Amendment of the Policy, Research Funds

> **Resolved,** that the ADA advocate for external funding to enhance gender, racial and ethnic diversity and equity across the research workforce in the oral and craniofacial health sciences.

At the 2021 House of Delegates, the Council presented a proposed amendment to the existing Policy Statement on Research Funds (*Trans.*1984:519; 1999:974; 2016:302). The House adopted the first resolved clause (65aH-2021); however, testimony on the second resolved clause was mixed, with particular emphasis on the lack of data provided by the Council to support this position. Ultimately, the House voted to refer the second statement back to the Council for further study; with a report back to the House of Delegates in 2022. The Council will review the request at its June 2022 meeting, and a response with proposed action will be submitted to the 2022 House of Delegates.

Self-Assessment

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

Policy Review

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

- **Evidence-Based Dentistry (*Trans.*2001:462; 2012:469; 2017:275).** The Council reviewed the existing policy and recommended revisions to bring it in alignment with current ADA structure, remove unnecessary historical context, and better reflect current needs.

- **Scientific Assessment of Dental Restorative Materials (*Trans.*2003:387).** The Council reviewed the existing policy and recommended minor revisions for clarity and to bring the policy in-alignment with current organizational terminology.

- **Use of Laboratory Animals in Research and Training (*Trans.*1964:254; 2006:329; 2017:279).** The Council reviewed the existing policy and recommends that it be retained as written.

- **Precapsulated Amalgam Alloy (*Trans.*1994:676).** The Council reviewed the existing policy and recommended minor revisions to reflect current terminology and positions of the ADA.

- **Complementary and Alternative Medicine in Dentistry (*Trans.*2001:461; 2017:277).** The Council reviewed the existing policy and recommended revisions related to clarity and currentness.

- **Study of Human Remains for Forensic and Other Scientific Purposes (*Trans.*2002:421).** The Council reviewed the existing policy and recommends that it be retained as written.

- **Use of Amalgam as Restorative Material (*Trans.*1986:536).** The Council reviewed the existing policy and recommended minor revisions to reflect current terminology and positions of the ADA.

Only those above-listed policy recommendations involving revisions were forwarded to the 2022 House of Delegates for consideration.

Council Minutes

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

APPENDIX 1

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

CSA Intramural Research Priorities (2023-2026)

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

1) **Innovative devices, technologies, and therapeutics**
    a. Artificial Intelligence (AI) technology for oral healthcare assessment and patient management
    b. Novel in-office treatments
    c. Oral hygiene products
    d. Regenerative therapies
    e. Tele-dentistry (scientific aspects of clinical use)

2) **Health disparities and population health**
    a. Health inequity and health delivery models
    b. Oral health literacy
    c. Population and practitioner health, including behavioral health
    d. Social and commercial determinants of health

APPENDIX 2

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

Background/Purpose

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

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

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

CSA Extramural Research Priorities (2023-2026)

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

1. Expand the oral health research infrastructure across the scientific/science continuum to facilitate research conduct and scholarly activity.

2. Invest in training to improve diversity and inclusivity within the oral health research workforce.

3. Support "big data" and health services research, including use of the dental practice-based research network to improve oral health surveillance and monitoring, with the goal of promoting the integration of evidence-based (or scientifically-supported) therapeutics and best practices within the overall health care system.

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

1. Examine the relevance of oral health to the overall health and well-being of individuals and populations, and promote the resulting evidence of those examinations.

2. Promote the integration of oral diseases and oral health quality-of-life outcomes into health studies and initiatives.

3. Explore the impact of environmental, behavioral, and social determinants on oral health outcomes across a patient's lifespan within diverse* population groups.

4. Examine the complexity of the human oral microbiome and its interactions with other human ecosystems.

5. Promote the integration of oral health care within precision health care.

6. Support basic and translational scientific efforts to better understand biologic mechanisms that explain the interconnection between oral and overall health in complex models that recognize genetic, epigenetic, molecular, cellular and environmental levels.

7. Support research to develop patient treatment protocols and decision support tools to enhance dental response to pandemics and other public health emergencies. This research includes the following areas:

    - Risks of disease transmission in the dental clinic, with emphasis on aerosolized and airborne infectious agents;
    - Development of contemporary patient care delivery paradigms;
    - Mechanisms for the effective triage of care;
    - Emergency treatment assessment criteria;
    - Facility design and engineering protocols for office environmental safety

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

1. Support studies on the etiology, prevention and management of common oral diseases and conditions; including (in alphabetical order):

    - Dental caries
    - Dental acid erosion
    - Oral and oropharyngeal cancer
    - Peri-implant diseases
    - Periodontal disease
    - Pulpitis and apical periodontitis
    - Salivary gland dysfunction

2. Support the development of evidence-based clinical practice guidelines for the prevention and management of oral diseases and conditions. Diseases and conditions of interest include (in alphabetical order):

    - Dental caries
    - Oral and oropharyngeal cancer
    - Peri-implant diseases
    - Periodontal disease
    - Pulpitis and apical periodontitis

3. Support research on the role of tobacco, nicotine, and marijuana products in oral disease etiology and exacerbation (including vaping and e-cigarettes), and promote findings to increase awareness of their impact on oral health.

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

4. Explore the mechanisms of pain and management of acute and chronic dental pain (including patient expectations and perceptions of pain) and promote pain diagnosis and evidence-based treatment.

5. Expand the understanding of the underpinnings of inflammatory responses associated with oral diseases and conditions to include the innate immune response, modulation of adaptive immune response, neuro-inflammatory pathways and epithelial barrier functions, with the goal of developing applications for individual and population health.

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

1. Support research, including educational research, on the implementation of evidence-based strategies (including barriers of implementation), including clinical practice guidelines, risk assessment protocols, and other clinical decision support tools, to enhance the prevention and management of common oral diseases and conditions, including acute dental pain, caries, periodontal disease, and oral cancer.

2. Support research on the effectiveness of teledentistry and other virtual consultation applications to improve patient health outcomes.

3. Support and promote research for the development, testing, and use of safe, novel restorative materials and biomimetic materials for oral and craniofacial health care, including the restoration and regeneration of hard and soft tissues affected by trauma, disease and developmental defects.

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

1. Advance the understanding of mental health conditions that impact oral health care providers, particularly during a public health emergency; this includes mental health research aimed at both dental teams and patients.

2. Support studies for the development of safe and effective infection control procedures and protocols for use in dental treatment environments; this includes research to address:

    - Risk of disease transmission within dental settings;
    - Personal protective equipment; and
    - Disease monitoring to protect the health of patients and the dental team.

3. Encourage research that focuses on other occupational health hazards, including but not limited to:
    - Retinal damage
    - Hearing loss
    - Chemical exposure
    - Material allergies
    - Psychological hazards (i.e., stress, mental health)
    - Physical hazards (i.e., musculoskeletal)

4. Promote the development, assessment and use of sustainable products, materials and equipment to conserve natural resources and to minimize the impact on our environmental ecosystems.

ADA Business Enterprises, Inc.

Wholly Owned Subsidiary Annual Report and Financial Affairs

Maher, John, 2021, Wisconsin, chair
Doroshow, Susan B., 2022, Illinois*
Samandari, Nafys, 2024, Arizona
Bulman, Bill, 2024, Illinois
Rosato, Richard J., 2023, New Hampshire*
Farey, Allison, 2025, California
Cohlmia, Raymond A., Illinois (ADA Executive Director)

Doherty, Deborah, chief executive officer

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

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

In 2021, ADABEI Goals Included:

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

In 2021, all goals for the year were met or exceeded.

- Member Value & Increased Engagement:
  - Increased the number of leads sent to providers
  - Worked with providers to improve special member value
  - Exceeded customer service metrics with providers
  - Increased financial educational content to new dentists
  - Increased marketing to key targets (i.e. dental schools and small to mid-size practices)

- Financial Goals (See Tables 1-3):
  - 2021 total program revenue was $5,995,000, exceeding plan by 8.1%
  - Launched six new products
    - Mortgage (Laurel Road)
    - Office Supplies (Office Depot)
    - HIPAA Compliance (Compliancy Group)
    - Fitness (Class Pass)
    - Temporary Staffing (Stynt)
    - Marketing (Revenue Well)

- Organizational Effectiveness:
  - Exceeded State Collaboration and Marketing Goal by 7.6%
  - Exceeded Member Awareness Efforts by 36.9%
  - Built Content and Provider Offers to Help Dentists Manage COVID
  - Collaborated with ADA and ADA subsidiaries (i.e. ADAPT, Non Dues, Publishing)

Total Program Financials

Through December 2021, total program revenue of $5,995,000 exceeded budget of $5,544,000 by $451,000 or 8.1%. The primary drivers were the rebound of nearly all ADABEI products impacted in 2020 by the pandemic, specifically the financial related products, including Credit Card, Patient Financing and Credit Card Processing.

Table 1. 2021 Total Program Financials

	2021 Actuals	2021 Budget	Variance ($)	Variance (%)
Revenue *(ADA and ADABEI)*	$5,995,000	$5,544,000	$451,000	8.1%
Expenses	$3,453,000	$3,312,000	($141,000)	(4.3%)
Net	$2,542,000	$2,232,000	$310,000	13.9%

ADA Royalties

In 2021, the ADA earned royalties of $3,560,000 from endorsed providers in the program, exceeding the budget by $430,000 or 13.7%. The positive variance was driven by the rebound of financial related products, including Credit Card, Patient Financing and Credit Card Processing.

State dental societies may choose to co-endorse products and services and share in program revenue through a license agreement. In 2021, the ADA shared $1,190,000 in royalties with states. States, through 2021, co-endorse 682 products.

Table 2. 2021 ADA Financials

	2021 Actuals	2021 Budget	Variance ($)	Variance (%)
ADA Royalties	$3,560,000	$3,130,000	$430,000	13.7%
State Royalty Share	$1,190,000	$1,021,000	$169,000	16.6%

ADABEI Financials

In 2021, ADABEI earned $2,477,000 in revenue as a result of service fees to ADABEI from the program and finished 2021 with net income (pre-tax) of $214,000.

Table 3. 2021 ADABEI Financials

	2021 Actuals	2021 Budget	Variance ($)	Variance (%)
ADABEI Revenue	$2,477,000	$2,414,000	$63,000	2.6%
Expenses	$2,263,000	$2,291,000	$28,000	1.2%
Net (Pre-Tax)	**$214,000**	**$123,000**	**$91,000**	**74.0%**

Emerging Issues and Trends

Products

ADABEI continues to focus on the strategic management of endorsed provider relationships, to develop short and long-term approaches to improve member value through product features, pricing and service. In 2021, the program included 26 products and services from 20 providers:

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

2022 Outlook

ADABEI Board: Thank you to the ADABEI Board members, whose terms ended in 2021, for their dedicated service, professional expertise and strategic direction during their tenure.

Maher, John, 2021, Wisconsin, chair
O'Loughlin, Kathleen, Illinois (ADA Executive Director)

Summary: ADABEI finished 2021 well and in 2022, is projected to generate total program revenue of $6,171,000, growth of $176,000 and 2.9% versus 2021 actuals. The projected revenue increase is due to improved product performance, compared to 2021 activity. Through March, 2022, total program revenue of $1,612,000 exceeded budget of $1,525,000 by $87,000 or 5.7%.

**ADA Trustee*

ADA Foundation

Armstrong, Craig, 2023, Texas, chair*
Graves, Dana, 2022, Pennsylvania
Tulak-Gorecki, Michele, 2025, Michigan*
Cohlmia, Raymond, ADA executive director

Shapiro, Elizabeth, ADA chief of governance and strategy management
Catral, Nicole, ADA director, Department of Corporate Social Responsibility and Philanthropy ("DCSRP")
Schilligo, Tracey, ADA manager, professional programs, DCSRP

Background

The ADA Foundation ("ADAF" or "the Foundation") has been in a state of transition since June 2019, when the ADA Board of Trustees ("BOT"), acting as the sole member of the ADAF, refocused the work of the Foundation. Following the creation of the ADA Science and Research Institute LLC ("ADASRI") in October 2019—and the January 2021 completion of the transition of scientific research out of the ADAF and into ADASRI—the Foundation narrowed its strategic focus to philanthropy. The BOT signaled its continued support for the ADAF's current activities when it adopted the following resolution in July 2021:

> **B-83-2021. Resolved,** that the ADA Foundation ("ADAF") shall maintain its focus on its two endowments and current award programs, and be it further
>
> **Resolved,** that the ADA Board of Trustees urges the ADAF to give funding priority to any grant request from the ADA Department of Corporate Social Responsibility and Philanthropy regarding the Give Kids A Smile and Tiny Smiles programs, to the extent financially possible.

With an eye to concentrating on the above-referenced activities and funding priorities, the ADAF Board adopted the following strategic plan in December 2021:

> **ADAF-B-41-2021. Resolved,** that the ADA Foundation's strategic plan for 2022 shall focus on building ADAF to be stronger, more capable and sustainable; and be it further
>
> **Resolved,** that ADAF activities in 2022 shall align with the following five strategic goals:
> - maintain and deliver on current ADAF obligations;
> - manage finances with clarity, transparency and future-looking capability;
> - continue to build and improve operational structure and processes;
> - improve governance by developing a board with the appropriate size and skills to manage current and future ADAF challenges; and
> - improve the ADAF reputation through its contributions and support.

The ADAF Board also adopted the following vision and mission statements, which incorporated feedback from the BOT, in December 2021:

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

The one-year consulting agreement of the ADAF's interim executive director, Dr. Elizabeth Roberts, was completed in December 2021. This interim role was conceived of as a temporary position to assist with the transition of Dr. Marcelo Araujo, who had overseen the ADAF in 2019-2020, as he began leading ADASRI in 2021.

2022 Outlook: Strategic Planning Process

In January 2022, the ADAF Board reflected on the enthusiasm that ADA leadership expressed about the ADAF's potential. The ADAF—coupled with new leadership and fresh perspectives on its own board (one-half of the four-person ADAF Board changed in Q4 2021)—determined that 2022 is the right time to reexamine the organization's priorities for this year—and beyond.

The ADAF aims to achieve this by taking a critical look at potential areas of programmatic focus that could, to the extent consistent with the ADAF's structure as a charitable 501(c)(3) organization:

1) fit within the framework of the ADAF's mission and vision; and

2) complement and even amplify the strategic efforts of the ADA—ranging from living the ADA's values by addressing inequities in health outcomes and championing access to care, to delivering on specific initiatives like expanding the ADA's slate of quality, free continuing education ("CE") courses.

The cornerstone of this strategic plan review is the belief that the ADAF has the capability to become a leading foundation with respect to encouraging hope and health in communities nationwide through philanthropy, professional development, and recognition of promising leaders in the dental profession. This belief is necessarily informed by the ADAF's visibility to other ADA activities, such as the ADA's Give Veterans A Smile ("GVAS") Summit, held in May 2022, which may produce actionable outcomes that the ADAF could be uniquely suited to support. Taking the time to consider potential re-growth of the Foundation supports the belief that ADAF has the opportunity to become a stronger supporter of improving people's lives through an oral health lens.

This is only one example of an opportunity to enhance synergies between the ADA and ADAF in mutually beneficial ways that are consistent with the ADAF's 501(c)(3) status. Given thoughtful and informed attention to various activities, any of which may be designed to complement, rather than compete with, efforts of other foundations throughout the tripartite, will drive the ADAF to greater achievements.

As of the writing of this report, the ADAF is exploring its strategic plan with an eye toward identifying appropriate areas of growth.

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

This section presents ADAF key accomplishments and outcomes from May 1, 2021 to April 30, 2022, except where other timeframes are noted.

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

Moreover, as mentioned above, the ADAF's ongoing strategic planning initiative will be calibrated to ensure that the Foundation's priorities going forward align with, and fortify, those of the ADA, to the greatest extent possible consistent with the ADAF's 501(c)(3) status.

While this strategic planning work is underway, for purposes of this report, the performance of the ADAF will be discussed using the framework of the five strategic goals adopted by the ADAF Board in December 2021, as set forth above.

1. Maintain and Deliver on Current ADAF Obligations

Two Endowments

- The Relief Fund:
  - The Relief Fund provides financial assistance to dentists and their qualifying dependents with meeting essential daily living expenses and emergency living needs; these needs-based awards are made through the Charitable Assistance Grant program.
  - In 2021, the Relief Fund provided 13 grants to individuals totaling $267,828.
  - In 2022, the Foundation has allocated $433,859 for relief grants.
- The Samuel D. Harris Fund for Children's Dental Health ("Harris Fund"):
  - The Harris Fund is used to award grants to programs that support children's dental health in the United States.
  - In the past, the Harris Fund supported various grants; for 2022, the ADAF Board has approved $200,086 to support the ADA's Give Kids A Smile and Tiny Smiles program activities.

Two Award Programs

- Overview: Each award is for $5,000. These award programs provide an important opportunity for the ADAF to bolster its reputation through promoting its support of talented individuals improving the oral health of the public. The Foundation seized this opportunity in fall 2021 through working with *ADA News* to publish an article announcing the two 2021 Whiston Award recipients (https://www.ada.org/en/publications/ada-news/2021/september/duo-receives-dr-david-whiston-leadership-awards).
- The Dr. David Whiston Leadership Award ("Whiston Award"):
  - The Whiston Award recognizes a promising leader who is a member of a diverse group that has been traditionally underrepresented in leadership whose research excellence and leadership has made substantial contribution to improve the oral health of the public.
  - The award funds cover the costs of attending the ADA Institute for Diversity in Leadership.
  - Funds can also be used to defray the costs of the Institute project, with a research focus on addressing an issue or challenge within their community or organization, or the oral health of the public or an underserved population.
  - In the 2020 and 2021 application cycles, two Whiston Awards were made.
- The Crest and Oral-B Promising Researcher Award:
  - This award promotes and recognizes excellence in oral health research by providing financial assistance for promising researchers to pursue a career in research that advances preventive dentistry.
  - At the request of the donor, no award was made in 2021 to allow for an opportunity to examine ADAF's approach to marketing the award to all relevant audiences. Applications for the award will be accepted in 2022.

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

Financials—Year Ending December 31, 2021

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

For Philanthropy, revenue ended at $1.05 million, which was a 107% increase over the 2021 budget of $507k. Driving the favorable variance in revenue were the unbudgeted in-kind donated services from the ADA ($285k), unbudgeted gain on the sale of fixed assets to ADASRI ($165k), a larger than anticipated Paycheck Protection Program loan ($549k versus $500k), and unbudgeted sponsorships/contributions ($44k). Total expenses for Philanthropy ended 2021 at $1.52 million, a 27% decrease from the 2021 budget of $2.08 million. The favorable variance in expenses for Philanthropy was due to less than budgeted spending on grants and awards ($683k including $515k less to ADA's Department of Corporate Social Responsibility and Philanthropy ("DCSRP")), and one position that was not filled ($105k) partially offset by the addition of the in-kind donated services from the ADA (-$285k).

The total fund balance for Philanthropy ended 2021 at $15.8 million. Included in this total is the value of the two endowment funds: (1) The Samuel D. Harris Fund ($4.2 million); and (2) the Relief Fund ($8.9 million). Also included is the balance of the unrestricted fund ($2.4 million), the Crest and Oral-B Promising Researcher Award fund ($97k), and the Dr. David Whiston Leadership Award fund ($139k).

In Research, total spending was $1.06 million, which was close to the 2021 budgeted amount of $1.01 million. The total fund balances in Research at the end of 2021 were $3.3 million comprised mostly of the General Research & Education fund ($1.9 million) and the Colgate fund ($1.4 million).

ADAF Patent Portfolio

Consistent with the strategy of centralizing scientific research activities in ADASRI and enabling ADAF to focus on philanthropy, the ADAF Board licensed the majority of its intellectual property (patent) assets to ADASRI. Strategic work related to these efforts spanned 2021, and the license was executed in February 2022. The patents that were not included in the exclusive license agreement are also being managed by ADASRI through a shared services agreement by and between the two entities. ADASRI's subject matter expertise will continue to be instrumental with respect to assessing the patents' potential commercial value. Tactical reductions in the portfolio's size throughout 2021 have already had a favorable impact on the ADAF's 2022 budget to date; together with the new strategic sourcing of outside legal services, these improvements are expected to yield significant cost savings for the Foundation going forward.

3. Continue to Build and Improve Operational Structure and Processes

Process improvements in 2021 included development of numerous standard operating procedure documents, centralized recordkeeping, and preparation of an update to the intercompany services agreement (by and between the ADA and the ADAF) with regard to how the ADA provides grant administration and other operational support to the Foundation. The strategic planning activities underway in 2022 will do much to inform and shape the operational structure improvements needed to support the Foundation's day-to-day operations and financial sustainability.

4. Improve Governance

In fall 2021, the ADAF Board began examining its current governance structure with respect to board size and composition as well as board standing committees, with an eye to optimizing how its governance supports ADAF's operations going forward. The ADAF Board will consider potential structural improvements—including recommending amendment to its *Bylaws*, if appropriate—in the context of ongoing strategic planning discussions.

5. Improve the ADAF Reputation through its Contributions and Support

The ADAF's support (via grant funding) of the ADA's DCSRP burnished the ADAF's reputation through the numerous achievements of the Department's programs in 2021, which include, but are not limited to:

- Nearly 8,000 dentists participating in 1,000 Give Kids A Smile ("GKAS") events across the U.S. in 2021 that provided $15 million worth of charitable oral health services to 288,000 underserved children;
- The "Be Part of the GKAS Movement" campaign aimed at encouraging state and local dental associations/societies and dental schools to participate in GKAS;
- The GKAS Pack and Give Back Event that took place in Las Vegas during the ADA's 2021 SmileCon conference and provided 1,000 underserved children with backpacks filled with nutritious snacks, oral health educational materials, toothbrushes, and toothpaste;
- The inaugural SmileDASH event, benefiting GKAS, in October 2021 that encouraged meeting registrants to run, walk, bike, swim or do any other distance activity and log their miles to help ADA reach its goal of 5,000 total miles. A total of 126 individuals participated, logging more than 3,000 total miles and raising awareness about GKAS;

- Nearly 80% of GKAS programs taking place in 2021 expanded their events to include Tiny Smiles, which provides oral health services to children from age 0 (birth) to five;
- A Tiny Smiles webinar, worth one CE credit, that provided resources for dental and medical professionals and educators to help raise awareness about the oral health needs of children age 0 (birth) to five, and which was completed by 177 professionals;
- A 3-month trial collaboration with the California Dental Association to promote their Treating Young Kids Everyday CE course (a $200 value worth two CE credits) at no cost to the user. The course is designed to increase dentists' confidence to see babies and young children and inspire a commitment to decreasing the prevalence of dental caries in children. A total of 322 professionals completed the course during the trial period; and
- An international volunteer projects webinar in times of COVID that highlighted a Health Volunteers Overseas program in Nepal and was attended by 139 professionals.

ADA Science and Research Institute LLC

Kessler, Brett, 2023, Colorado, Chair
Armstrong, Craig, 2023, Texas
Cohlmia, Raymond, ADA Executive Director
Dolan, Teresa (Terri), Chief Dental Officer, Overjet, Massachusetts
Featherstone, John, Professor Emeritus and Dean Emeritus, University of California-San Francisco School of Dentistry
Geisinger, Maria (Mia), Professor and Program Director in Periodontology, University of Alabama at Birmingham School of Dentistry
Klein, Ophir, Executive Director, Cedar-Sinai Guerin Children's, California
Mascarenhas, AnaKarina, Associate Dean of Research, Texas Tech University Health Sciences Center El Paso
Somerman, Martha, Field Chief Editor, Frontiers in Dental Medicine, Maryland
Winston, Leslie, Vice President Global Health Care, Procter & Gamble, Ohio

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

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

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

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

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

1. Operate as an independent Center of Excellence through original research and the translation and dissemination of scientific knowledge to improve oral health outcomes and advance the dental profession:

    A. Conduct innovative scientific research, focused on select high priority oral health topics;
    B. Maximize the ability to develop patents through innovative scientific research;
    C. Apply for and receive government and private sector funding to support basic, applied, and translational scientific research;
    D. Work with government agencies, universities, industry and other groups on scientific research programs and activities; and
    E. Provide a mechanism to build a designated science and research reserve fund for investment in future projects/capital.

2. Provide support and expert advice to the ADA on science and research matters, according to the specifications in the ADA/ADASRI Services Agreement:

    A. Provide scientific expertise to ADA for achieving public health goals and objectives specified in the ADA Strategic Plan; and
    B. Provide infrastructure and capacity to support the operations of the ADA Council on Scientific Affairs (CSA) to ensure the optimal conduct of the Council's assigned duties and responsibilities.

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

[This section presents ADASRI key accomplishments and outcomes from May 2021 to May 2022.]

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

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

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

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

In addition, ADASRI provided staff expertise and effort to:

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

- ***Sustain ADA Scientific Collaborations***. Dr. Araujo continues to play a pivotal and involved role in working with US-based and international organizations, such as the American Association for Oral, Dental, and Craniofacial Research (AAODCR), International Association for Dental Research (IADR), World Health Organization (WHO), National Institute for Dental and Craniofacial Research (NIDCR), Centers for Disease Control and Prevention (CDC), and the FDI World Federation (FDI). This was accomplished by participating in key meetings, as well as by defining strategy that can impact policy worldwide. An example is his involvement as part of the delegation that is working towards the

Congress of the Parties 4, of the Minamata Convention. The goal is to continue to supporting the phase down of amalgam globally and understanding the opportunities for the creation of new restorative dental materials that can be used by dentists, as well as ensuring that regulations are implemented to avoid a negative impact on the environment due to the release of mercury when existing amalgam restorations are removed.

- ***Support Efforts Related to ADA Covid-19 Response***. ADASRI staff continued to respond rapidly and efficiently to ADA members and federal agencies during the COVID-19 pandemic. ADASRI staff also provided direct member support by helping dentists navigate the triage of patients, supporting efforts to assist states on the development of their own COVID response strategies and answering questions from ADA members. Important contributions to this goal occurred with *JADA* publication of data on dental hygienists as well as a longitudinal study to determine the monthly incidence of COVID-19 disease among dentists. (See Araujo MWB, Estrich CG, Mikkelsen M, Morrissey R, Harrison B, et al. COVID-19 among dentists in the US and associated infection control: a six-month longitudinal study. *JADA. 2021; 152(6):425-433.*

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

[Note: this section presents ADASRI key accomplishments and outcomes from May 2021 to May 2022.]

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

Improving lives through oral health, science and research

In June 2020, the ADASRI Board adopted a three-year Strategic Plan, aligned with its Purpose Statement. As of May 2022, the ADASRI Board and staff were working with an outside consultant to develop the next iteration of this plan. More information on ADASRI programs and activities is available in a video showcase that can be viewed on the ADA website.

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

Objective: Complete the establishment of the ADASRI as the new ADA subsidiary.

Success Measure: Establish and implement a governance structure based on a complete *Operating Agreement* with the ADA

Outcome: This measure was completed as planned. During the past year, considerable attention was focused on defining roles and responsibilities for the ADASRI Board and staff through adoption of several amendments to the ADASRI *Operating Agreement.* In addition, a number of policies and procedures were adopted by the ADASRI Board that allow the ADASRI Board and staff to be more efficient, as well as enhance operational effectiveness and compliance with federal grant-related research requirements. Key accomplishments of the ADASRI Board related to setting up the organization's governance structure included:

- Approval of a detailed roles and responsibilities matrix (or RACI matrix) to guide ADASRI Board and staff decision-making authority.
- Received approval from the ADA Board of Trustees to increase the size of the ADASRI Board from eight to 10 Directors.
- Approval of qualifications for ADASRI Board members
- Approval of the following policies:
  - Attendance of ADASRI Board Chair at Meetings of the ADA House of Delegates

- Board Development
- Confidentiality and Non-Disclosure Agreements
- Financial Conflict of Interest
- Reports to the ADA Board of Trustees and ADA House of Delegates

- Approval of the following processes:
  - Nomination and Selection of New Elected Directors to the ADASRI Board
  - Selection of the ADASRI Board Chair
  - Performance Review and Compensation of the ADASRI CEO
  - Review and Funding of Special Project Requests from the ADA and Other Stakeholders

Through its three standing committees (Budget and Finance, Governance, and Research) the ADASRI Board continues to develop a set of policies, rules, processes and procedures that help guide the Board and staff when making decisions related to strategy and operations. These are being collated into an *ADASRI Governance Manual.*

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

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

Success Measure: Publish peer reviewed manuscripts to disseminate research outcomes, and make it accessible to dental professionals and external stakeholders.

Target: 20

Range: 15-25

Success Measure: Develop additional scientific resources to be used by the ADA including oral health topics, abstracts to scientific conferences, standards, patents and other resources.

Target: 55

Range: 50-60

Outcome: Development and dissemination of science and research is a core function of ADASRI. Staff continue to produce peer reviewed manuscripts, abstracts and other resources for ADA members. Despite challenges imposed by the pandemic, ADASRI exhibited stellar performance by exceeding expectations for this goal by publishing 22 peer-reviewed manuscripts and 93 additional scientific resources. ADASRI also had a strong presence at the June 2021 and March 2022 AAODCR meetings. The Appendix lists ADASRI journal articles and other published resources from May 2021 to May 2022, along with key publication-related metrics. A complete list of all ADASRI publications is available on the ADA website at ADASRI Publications List,

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

Target: 12

Range: 10-15

Outcome: ADASRI exceeded this metric by submitting 14 proposals to different federal agencies, foundations, and associations. Among those submissions, four were funded, including an R01 grant; four

others were awaiting final funding decisions. In addition, three letters of intent yielded two invitations to submit full proposals. The revenue from external funding increased substantially (+$745K) compared to the prior year.

Success Measure: Establish and maintain ADASRI initiated external collaborations, including dental student research projects, government, private, industrial and/or academic research facilities, agencies, and professional organizations.

Target: 7

Range: 5-10

Outcome: ADASRI established 11 new collaborations, including one with the American Dental Hygienists Association for the implementation of additional epidemiology research studies focused on the impact of the COVID-19 pandemic on dental professionals. Such efforts were recognized by several stakeholders, including the CDC.

During 2021, revisions to the Fifth Amendment to the Cooperative Research and Development Agreement (CRADA) between ADASRI and the National Institute of Standards (NIST) were completed. On March 7, 2022 ADASRI staff hosted a virtual joint research colloquium with NIST to share research resulting from the CRADA Agreement.

ADASRI Strategic Goal 3: The ADASRI will be well-focused and agile to best utilize funds from the ADA and other agencies to support research and the advancement of science in oral health aligned with the ADASRI Purpose Statement.

Objective: Develop and enact strategies to effectively and efficiently utilize available financial resources based on approved ADASRI research priorities.

Success Measures:

- Submit a draft 2022 budget to the ADASRI Board prior to submission to the ADA, in accordance with the ADA organizational process, by the end of Q2
- Manage the approved 2021 budget to a tolerance of ± 3% by the end of Q4.

Outcome: In 2021, the ADASRI achieved these metrics and is expected to achieve these as well for 2022. The 2022 budget request was approved by the ADASRI Board in May/June 2022 and submitted to the ADA Board of Trustees. ADASRI budget-related details can be found in Board Report 2 at this House of Delegates meeting.

Other Key Accomplishments:

Awards and Recognition. Two 2021 Cuspies awards were presented to ADASRI researchers: one for the category *Most Significant News Event* (which was won by Dr. Cameron Estrich, Dr. Marcelo Araujo, and colleagues for their research into how the pandemic has impacted dental hygienists), and one for the category *Scientific Paper of the Year* (which was won by Dr. Estrich, Dr. Araujo, and colleagues for their research into COVID-19 incidence among US dentists).

Procurement of Research Space. In October 2021, two external wet laboratory facilities with office space were successfully leased to allow ADASRI scientists in Maryland to conduct research and apply for grants without the need to include NIST researchers. This provides ADASRI researchers the autonomy to develop intellectual property (IP) that is owned completely by ADASRI.

Execution of the ADA/ADASRI Services Agreement. In November 2021, the ADA and ADASRI executed a formal *Intercompany Services Agreement and Memorandum of Understanding.* The document establishes certain understandings between ADASRI and ADA regarding their working

relationship, and delineates the services and resources provided by each organization to achieve mutual goals and objectives.

Approval of Proposed Terms to be Included in the Exclusive Patent License Granted by ADAF to ADASRI. Prior to the formation of the ADASRI, research activities were carried out under the American Dental Association Foundation (ADAF). This includes research activities from the group based in Maryland, as well as the IP created that was (and still is) assigned to the ADAF. To accomplish a transfer of IP-related duties, an agreement was required between ADAF and ADASRI to give ADASRI the right to engage in patent prosecution and licensing.

On February 8, 2022 an Exclusive Patent License and Management Agreement was executed between ADAF and ADASRI, reflecting the terms of the revised term sheet approved by the ADARI Board in 2021. The Agreement gives ADASRI the right to engage in patent prosecution and licensing activities for the portfolio of ADAF technologies transferred under the Agreement, in the same way it handles its own IP.

With respect to marketing, and seeking external validation for the technologies, ADASRI has started to:

(a) Create technology marketing materials describing the technologies and their putative value propositions.
(b) Publish these materials to bring visibility to the IP and ADASRI's ongoing research expertise (passive marketing). The materials are (or will be) posted to ADASRI's website and technology partnership websites such as those offered by iBridge and AUTM.
(c) Actively market the technologies to potentially interested companies by leveraging ADASRI networks, and extending those networks by identifying appropriate personnel at potentially interested companies (including C-level executives, and those responsible for new business development).

With respect to patent prosecution and maintenance, ADASRI will derive feedback from marketing activities to determine which technologies likely have merit and are worth continued investment, while also identifying those technologies that likely have no return on investment, where patent prosecution and maintenance can cease. This will allow good stewardship of the IP portfolio and the associated budget. Furthermore, ADASRI has selected appropriate patent counsel, who also have experience in connecting clients with potential licensees, technology and licensing assistance, and litigation, to further enhance ADASRI's technology commercialization activities.

Emerging Issues and Trends

ADASRI External Review Process. External reviews of the three ADASRI research departments were conducted as one-day meetings via Zoom videoconference held on January 12, 2022 (Department of Innovation and Translation Research); January 21, 2022 (Department of Evidence Synthesis and Translation Research; and February 11, 2022 (Department of Applied Research). The purpose of the reviews was to critically assess the research departments and their respective research programs and activities to determine the level of performance at the project level.

Each expert review panel prepared a complete report for its respective research department to communicate recommendations to the ADASRI Board of Directors. The recommendations were approved by the ADASRI Board at its April 5, 2022 meeting and are currently being prioritized for implementation by ADASRI staff.

Delineation of Roles and Responsibilities for the ADASRI Board and Council on Scientific Affairs (CSA) Related to Science and Research. During the past two years, the CSA chair has reported periodically to the ADASRI Board of Directors on Council research priorities and projects. The current CSA chair is a full voting member of the ADASRI Board; the CSA vice chair attends ADASRI Board as an observer, with no voting privileges.

In December 2021, the ADASRI Board chair appointed an ad hoc Workgroup to help clarify

the respective duties and responsibilities of the ADASRI Board and CSA with respect to science and research. The Workgroup is co-chaired by Dr. Ana Karina Mascarenhas (current ADASRI Board member and CSA chair) and Dr. Brett Kessler (current ADASRI Board chair and ADA Trustee), and includes members from both ADASRI and CSA, including: Dr. Ophir Klein (current ADASRI Board member), Dr. Craig Armstrong (current ADASRI Board member and ADA Trustee), Dr. Mia Geisinger (current ADASRI Board member and past CSA chair), Dr. Sharukh Khajotia (current CSA Vice Chair), Dr. Jim Boyle (current ADA Board of Trustees liaison to the CSA), and Dr. Jeffrey Platt (past CSA chair and past JADA interim editor).

In February 2022, the CSA chair appointed an ad hoc Workgroup comprised of current and past CSA members to deliberate the Council's specific duties and responsibilities, as defined in the ADA *Bylaws* and the ADA *Governance and Organizational Manual.* Recommendations from this group will inform deliberations of the ADASRI Board's Workgroup.

ADASRI Research Programs. ADASRI researchers study and report on critical and emerging oral health issues that are relevant to the practice of dentistry and improvement of oral health. In August 2020, a list of high priority research areas was approved by the ADASRI Board with input from the CSA; these priorities are being reviewed in 2022 by the ADASRI Research Committee for consideration by the ADASRI Board. As described in a preceding section of this report, to help ensure alignment with these priorities, a review of research conducted within each of the ADASRI departments was conducted in January and February 2022 by external review panels under the oversight of the ADASRI Research Committee.

For the coming year, ADASRI staff activities and projects will be directed primarily to caries, periodontal disease, and novel technologies and methods. Specific research projects in the Maryland and Chicago laboratories are focused on the following distinct areas:

- Ether-based monomers for dental composite restoratives
- Antimicrobial and remineralizing composites for Class V restorations
- Carbonated hydroxyapatite-based dosimetry
- Electrochemical biosensors for oral environments
- 3D biomimetic model for Osteogenesis Imperfecta
- Microscale periodontal sensors
- Evaluation of oral impacts of electronic cigarettes
- Cellular and molecular periodontal research
- Dental zirconia (fracture toughness; degradation via accelerated aging; adjustment, finishing, and polishing; multi-layer yttria-stablized zirconia; biofilm growth)
- Multi species oral biofilm model
- Charcoal toothpastes and tooth powders
- Standards development (oral rinses, toothbrushes, sequential orthodontic aligners)

Board Minutes

For more information on recent ADASRI activities, see the minutes of the ADASRI Board of Directors, which are posted on the House of Delegates ADA Connect site, or the minutes of the CSA as posted on ADA.org.

Appendix

Publications of the American Dental Association Science & Research Institute

May 1, 2021 to May 1, 2022
(ADASRI staff listed in bold)

Peer-Reviewed Publications

1. "Dental Amalgam Restorations in Nationally Representative Sample of U.S. Population Aged ≥15 years: NHANES 2011–2016" by **Cameron Estrich, Ruth Lipman,** and **Marcelo Araujo** in the *Journal of Public Health Dentistry* (May 5, 2021)
2. "The Chairside Periodontal Diagnostic Toolkit: Past, Present, and Future" by **Taejun Ko, Kevin Byrd,** and **Shinae Kim** in *Diagnostics* (May 22, 2021)
3. "COVID-19 among Dentists in the United States: A 6-Month Longitudinal Report of Accumulative Prevalence and Incidence" by **Marcelo Araujo, Cameron Estrich,** Matthew Mikkelsen, Rachel Morrissey, Brittany Harrison, Maria Geisinger, Effie Ioannidou, and Marko Vujicic in the *Journal of the American Dental Association* (June 1, 2021)
4. "Kinetics of Solid-Liquid Interface Motion in Molecular Dynamics and Phase-Field Models: Crystallization of Chromium and Silicon" by **Eaman Karim,** Miao He, Ahmed Salhoumi, Leonid Zhigilei, and Peter Galenko in *Philosophical Transactions of the Royal Society A: Mathematical, Physical & Engineering Sciences* (July 19, 2021)
5. "The 'Oral' History of COVID-19: Primary Infection, Salivary Transmission, and Post-acute Implications" by Julie Teresa Marchesan, Blake Warner, and **Kevin Byrd** in the *Journal of Periodontology* (August 14, 2021)
6. "Science and Research Influenced Health Policy during the COVID-19 Pandemic" by **Cameron Estrich** and **Marcelo Araujo** in *Dental Economics* (September 10, 2021)
7. "Repair Versus Replacement of Defective Direct Resotrations: A Cross-Sectional Study among US Dentists" by Wafaa Kattan, **Olivia Urquhart,** Carissa Comnick, Michelle McQuistan, Sandra Guzmán-Armstrong, Justine Kolker, and Erica Teixeira in the *Journal of the American Dental Association* (September 3, 2021)
8. "Biopolymer Hydroxyapatite Composite Materials: Adding Fluorescence Lifetime Imaging Microscopy to the Characterization Toolkit" by **Quinn Easter** in *Nano Select* (September 13, 2021)
9. "COVID-19 and Scientific Illiteracy, a Syndemic" by Michael Glick, Mark Wolff, and **Alonso Carrasco-Labra** in the *Journal of the American Dental Association* (October 9, 2021)
10. "Enamel Caries Detection and Diagnosis: An Analysis of Systematic Reviews" by Tanya Walsh, Richard Macey, David Ricketts, **Alonso Carrasco-Labra,** Helen Worthington, Alex Sutton, Suzanne Freeman, Anne-Marie Glenny, Philip Riley, Janet Clarkson, and Enzo Cerullo in the *Journal of Dental Research* (October 12, 2021)
11. "Novel Low-Shrinkage-Stress Bioactive Nanocomposite with Anti-biofilm and Remineralization Capabilities to Inhibit Caries" by Hanan Filemban, Ghalia Bhadila, Xiaohong Wang, Mary Ann Melo, Thomas Oates, Michael Weir, **Jirun Sun,** and Hockin Xu in the *Journal of Dental Sciences* (October 14, 2021)
12. "How to Interpret and Use a Clinical Practice Guideline or Recommendation" by Romina Brignardello-Petersen, **Alonso Carrasco-Labra,** and Gordon Guyatt in the *Journal of the American Medical Association* (October 19, 2021)
13. "Blood Vessel-on-a-Chip Examines the Biomechanics of Microvasculature" by Paul Salipante, Steven Hudson, and **Stella Alimperti** in *Soft Matter* (November 15, 2021)
14. "Diagnosis and Management of Oral Extraintestinal Manifestations of Pediatric Inflammatory Bowel Disease" by Muhammad Ali Shazib, **Kevin Byrd,** and Ajay Gulati in the *Journal of Pediatric Gastroenterology and Nutrition* (January 1, 2022)
15. "Validating Cleanability of Dental Rotary Diamond Instruments Soiled with 2 Clinically Relevant Dental Test Soil Components" by **Prerna Gopal, Erin Claussen, Kristy Azzolin,** and **Spiro Megremis** in the *Journal of the American Dental Association* (January 6, 2022)

16. "COVID-19 Vaccine Intention and Hesitancy of Dental Hygienists in the United States" by JoAnn Gurenlian, **Laura Eldridge, Cameron Estrich,** Ann Battrell, Ann Lynch, Rachel Morrissey, **Marcelo Araujo,** Marko Vujicic, and Matthew Mikkelsen in the *Journal of Dental Hygiene* (February 1, 2022)
17. "Employment Patterns of Dental Hygienists in the United States during the COVID-19 Pandemic: An Update" by Rachel Morrissey, JoAnn Gurenlian, **Cameron Estrich, Laura Eldridge,** Ann Battrell, Ann Lynch, Mikkelsen Matthew, Brittany Harrison, **Marcelo Araujo,** and Marko Vujicic in the *Journal of Dental Hygiene* (February 1, 2022)
18. "Infection Prevention and Control Practices of Dental Hygienists in the United States during the COVID-19 Pandemic: A Longitudinal Study" by **Cameron Estrich,** JoAnn Gurenlian, Ann Battrell, Ann Lynch, Matthew Mikkelsen, Rachel Morrissey, Marko Vujicic, and **Marcelo Araujo** in the *Journal of Dental Hygiene* (February 1, 2022)
19. "Effect of Heating on Physicochemical Property of Aerosols during Vaping" by **Taejun Ko** and **Shinae Kim** in the *International Journal of Environmental Research and Public Health* (February 8, 2022)
20. "An Inkjet Printed Flexible Electrocorticography (ECoG) Microelectrode Array on a Thin Parylene-C Film" by **Yoontae Kim, Stella Alimperti,** Paul Choi, and Moses Noh in *Sensors* (February 8, 2022)
21. "Multifunctional Periodontal Probes and Their Handheld Electronic System for Simultaneous Temperature, pH, and Depth Measurements" by **Nicole Ritzert,** Asha Rani, **Taejun Ko,** Jeffrey Kim, and **Shinae Kim** in the *Journal of the Electrochemical Society* (February 17, 2022)
22. "Engineering 3-D Printed Scaffolds with Tunable Hydroxyapatite" by **Yoontae Kim, Eun-Jin Lee,** Anthony Kotula, **Shozo Takagi, Laurence Chow,** and **Stella Alimperti** in the *Journal of Functional Biomaterials* (March 23, 2022)

Additional Scientific Publications

American Dental Association Clinical Evaluators (ACE) Panel Surveys

1. "Intraoral Scanners" by Marta Revilla-Leon, Kevin Frazier, Juliana da Costa, Purnima Kumar, Mai-Ly Duong, Sharukh Khajotia, and **Olivia Urquhart** in the *Journal of the American Dental Association* (August 1, 2021)
2. "Smoking Cessation Counseling and Treatment" by Purnima Kumar, Thomas Viola, Kevin Frazier, Mai-Ly Duong, Sharukh Khajotia, and **Olivia Urquhart** in the *Journal of the American Dental Association* (October 1, 2021)
3. "Dentist-Administered Vaccines" by Mai-Ly Duong, Alessandro Villa, Lauren Patton, Kevin Frazier, Sharukh Khajotia, Purnima Kumar, and **Olivia Urquhart** in the *Journal of the American Dental Association* (January 1, 2022)
4. "Oral-Systemic Health Considerations in Dental Settings" by Alessandro Villa, Juliana da Costa, Mai-Ly Duong, Kevin Frazier, and **Olivia Urquhart** in the *Journal of the American Dental Association* (April 1, 2022)

"For the Patient" Columns in the Journal of the American Dental Association

5. "Replacing Missing or Lost Teeth" by **Anita Mark** (May 1, 2021)
6. "Protecting Against COVID-19" by **Anita Mark** (June 1, 2021)
7. "Controlling Bad Breath" by **Anita Mark** (July 1, 2021)
8. "What Is MRONJ?" by **Anita Mark** (August 1, 2021)
9. "What Is Bruxism?" by **Anita Mark** (September 1, 2021)
10. "Keeping Your Smile Healthy" by **Anita Mark** (October 1, 2021)
11. "Talking about Sleep Apnea" by **Anita Mark** (November 1, 2021)
12. "Wearing a Crown" by **Anita Mark** (December 1, 2021)
13. "Key Points for Your Child's Teeth" by **Anita Mark** (January 1, 2022)
14. "Options for Making Your Dental Treatment More Comfortable" by **Anita Mark** (February 1, 2022)
15. "Caring for Dental Instruments" by **Anita Mark** (March 1, 2022)
16. "Shopping Smart: Look for the Seal" by **Anita Mark** (March 24, 2022)
17. "Keeping Your Dentist Up to Date" by **Anita Mark** (April 1, 2022)

18. "Staying in the Game with Mouthguards" by **Anita Mark** (April 19, 2022)

Meeting Abstracts

Abstracts presented at the 2021 Annual Meeting of the American Association for Oral, Dental and Craniofacial Research (AAODCR), July 21–24, 2021

1. "3D Biomimetic Platform to Dissect Connexin 43-Mediated Osteoblast-Endothelial Function," presented by **Eun-Jin Lee**
2. "Antimicrobial Activity of Novel Hybrid Materials against Periodontal Pathogens," presented by **Theresa Biddinger**
3. "Appraisal of Patients' Values and Preferences Inclusion in Dental Guidelines," presented by **Sarah Pahlke**
4. "Biomanufacturing of Bioceramic Scaffolds for Bone Regeneration," presented by **Yoontae Kim**
5. "Comparison and Assessment of Viability Assays for Oral Multispecies Biofilms," presented by **Prerna Gopal**
6. "Comparison of Stiffness Determination for Powered and Other Non-standard Brush Heads by Varying the Vertical Load," presented by **Ashley Bowers**
7. "COVID-19 Pandemic Related Dental Practice Trends on Teledentistry," presented by **Marcelo Araujo**
8. "Development of EPR Dosimetry Based on Carbonated Hydroxyapatite Cement," presented by **Eaman Karim**
9. "Electrochemical Sensors for Detecting Inflammation in Cell Culture Samples," presented by **Anna Kalmykov**
10. "Evaluation of Physical and Chemical Properties of Aerosols According to the Temperature Control of Electronic Cigarettes," presented by **Shinae Kim**
11. "Fluoride Deposition by Complex Fluoride Rinses at Different F Concentrations," presented by **Shozo Takagi**
12. "Intraoral Scanners: Results from an ADA Clinical Evaluators Panel Survey," presented by **Olivia Urquhart**
13. "Labile Fluoride Reservoirs Produced by Complex Fluoride Rinses," presented by **Laurence Chow**
14. "A Microsensor-Embedded Periodontal Probing Device for Periodontal Disease Assessment," presented by **Taejun Ko**
15. "Minimal Important Difference for Patient-Reported Outcome Measures in Dental Guidelines," presented by **Malavika Tampi**
16. "Physiochemical, Mechanical, and Antimicrobial Properties of Experimental Dental Composites," presented by **Stanislav Frukhtbeyn**
17. "Reduced Sugar Consumption and Caries Prevention: Overview of Practice Guidelines," presented by **Lauren Pilcher**
18. "Shrinkage Stress and Thermo-mechanical Properties of Quaternary Ammonium-Based Composites," presented by **Han Byul Song**
19. "Strategies for Disseminating Guidance to Dentists during the COVID-19 Pandemic," presented by **Ruth Lipman**
20. "Synchrotron X-ray Diffraction Analysis of 3Y-TZP Degradation via Accelerated Hydrothermal Aging," presented by **Yifeng Liao**
21. "US Dentists' Personal Protective Equipment Use during the COVID-19 Pandemic," presented by **Cameron Estrich**
22. "3D Printed Microfluidic Platforms for Oral and Craniofacial Diseases," presented by **Stella (Styliani) Alimperti**
23. "Combinatorial Dental Copolymer Matrix for Minimizing Protein Adsorption and Bacterial Presence," presented by **Diane Bienek**
24. "Fluorescence Microscopy Reveals Structure-Property Relationships and Polymer Dynamics in Biocomposites," presented by **Quinn Easter**

25. "Miniature pH sensors for Detecting Inflammation at Specific Gum Sites," presented by **Nicole Ritzert**
26. "Modeling the Pulp-Dentin Complex: Predicting the Regenerative Effect of Hydroxyapatite-Based Materials," presented by **Gili Kaufman**
27. "New Dental Primer and Adhesives Using Hydrolytically Stable Ether-Based Monomers," presented by **Xiaohong Wang**
28. Symposium "Conducting Network Meta-analysis to Inform Clinical Practice Guidelines and Policy," presented by **Olivia Urquhart, Lauren Pilcher, Malavika Tampi, Sarah Pahlke,** and **Alonso Carrasco-Labra**

Abstracts presented at the 2022 Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research (AAODCR), March 21–26, 2022

1. "Calcium and Phosphate Ion Release from Experimental Remineralizing Dental Composites," presented by **Stanislav Frukhtbeyn**
2. "Characterization of Materials Used to Produce Orthodontic Sequential Aligners," presented by **Raquel Miera**
3. "Connexin-43/MAPK Mechanisms Control Osteoblast-Endothelial Interaction," presented by **Eun-Jin Lee**
4. "Development of Fluorapatite-Titanium Composites for Dental Implant Applications," presented by **Eaman Karim**
5. "Discovery of Novel Cell Subpopulations in Human Gingival Epithelia," presented by **Quinn Easter**
6. "Effect of E-cigarette Vaping Temperature on Growth of *Streptococcus mutans,*" presented by **Shinae Kim**
7. "Fluorapatite and CaF_2 Formation in Low Concentration Fluoride-Calcium-Phosphate Complex Solutions," presented by **Shozo Takagi**
8. "Influence of Water in Accelerated Degradation of 3Y-TZP Powder," presented by **Yifeng Liao**
9. "Metal Analysis in E-cigarette Aerosol Produced at High Power," presented by **Taejun Ko**
10. "Mounting Configuration as a Variable in Light Transmission Measurements in Spectrometer/Integrating-Sphere Systems," presented by **Henry Lukic**
11. "A Self-applied Fluoride-Calcium-Phosphate Complex Treatment Reduced Dentin Hydraulic Conductance," presented by **Laurence Chow**
12. "Stress, Burnout, and Wellness in U.S. Dentists during COVID-19 Pandemic," presented by **Cameron Estrich**
13. "Tunable Hydroxyapatite Bioscaffolds Using Underwater 3-D Printing Method," presented by **Yoontae Kim**
14. Symposia "The AADOCR Code of Ethics" and "Ethical Translation of Research to Clinical Practice" organized by **Marcelo Araujo**
15. Workshop "Single-Cell and Spatial Multiomics Resources to Advance Salivary Research" included presentation by **Kevin Byrd**
16. Symposium "Evidence-Based Clinical Practice Guideline for Managing Acute Dental Pain" included presentation by **Olivia Urquhart**

New Oral Health Topics Webpages

1. Dental Curing Lights by **Anita Mark** (May 5, 2021)
2. Silver Diamine Fluoride by **Arie Leme-Kraus** (July 19, 2021)

Updated Oral Health Topics Webpages

1. Cardiac Implanted Devices and Electronic Dental Instruments (May 14, 2021)
2. Hypophosphatasia and X-Linked Hypophosphatemia (May 18, 2021)

3. Methamphetamine (May 18, 2021)
4. Caries Risk Assessment and Management (June 9, 2021)
5. Toothpastes (July 8, 2021)
6. Genetics and Oral Health (July 13, 2021)
7. Fluoride: Topical and Systemic Supplements (July 15, 2021)
8. Salivary Diagnostics (July 19, 2021)
9. Oncology Agents and Medication-Related Osteonecrosis of the Jaw (July 28, 2021)
10. Dental Erosion (August 31, 2021)
11. Tuberculosis (September 7, 2021)
12. Celiac Disease (September 14, 2021)
13. Denture Care and Maintenance (September 14, 2021)
14. Cannabis: Oral Health Effects (September 16, 2021)
15. Floss/Interdental Cleaners (September 21, 2021)
16. Chewing Gum (October 6, 2021)
17. Nutrition and Oral Health (October 11, 2021)
18. Athletic Mouth Protectors (Mouthguards) (October 19, 2021)
19. Sjögren Disease (October 19, 2021)
20. Tobacco Use and Cessation (October 20, 2021)
21. Aging and Dental Health (November 9, 2021)
22. Anesthesia and Sedation (November 9, 2021)
23. Human Immunodeficiency Virus (HIV) (November 9, 2021)
24. Nitrous Oxide (November 29, 2021)
25. Dental Sealants (December 22, 2021)
26. X-rays/Radiographs (December 22, 2021)
27. Oral-Systemic Health (December 23, 2021)
28. Antibiotic Prophylaxis Prior to Dental Procedures (January 5, 2022)
29. Diabetes (January 24, 2022)
30. Dental Unit Waterlines (March 4, 2022)
31. Anthropology and Dentistry (March 16, 2022)
32. Hepatitis Viruses (April 1, 2022)

Patents Issued

1. "Multi-Functional, Stimuli-Responsive Materials, Methods of Preparation, Methods of Use and Uses Thereof," by **Jirun Sun, Nicole Ritzert,** and **Xiaohong Wang**, U.S. Patent No. US 11,104,647 B2, issued August 31, 2021.
2. "Fluorapatite-Forming Calcium Phosphate Cements," by **Laurence Chow** and **Shozo Takagi,** European Patent EP2588555 B1, issued December 29, 2021.

Patent Applications Published

1. **Stella Alimperti**, **Yoontae Kim**, **Eun-Jin Lee**, **Laurence Chow,** and **Shozo Takagi**, "Three-Dimensional Printed Calcium Phosphate Bone Cement Composite Scaffolds for Bone Regeneration, Precursor Compositions, and Methods of Printing," International Patent Application No. WO 2021/173575 A1, published September 2, 2021 *(also published as US Patent Application No. US 2021/0260249 A1 on August 26, 2021)*.

Book Chapters

1. "How to Identify, Interpret, and Apply the Scientific Literature to Practice" by **Alonso Carrasco-Labra, Malavika Tampi, Olivia Urquhart,** Scott Howell, Austin Booth, and Michael Glick in *Burket's Oral Medicine, 13th Edition* (June 25, 2021)

2. "Machine Learning in Evidence Synthesis Research" by **Alonso Carrasco-Labra, Olivia Urquhart,** and Heiko Spallek in *Machine Learning in Dentistry* (July 25, 2021)

Miscellaneous

1. *The Chairside Instructor: A Visual Guide to Case Presentations* updated by **Anita Mark** and **Ruth Lipman** for publication in the ADA Catalog (August 2021)
2. "How to Conduct and Publish Systematic Reviews and Meta-Analyses" workshop includes presentations by Alonso Carrasco-Labra, Cameron Estrich, Sarah Pahlke, Lauren Pilcher, and Olivia Urquhart (November 11–13, 2021)
3. Webinar "New Research Reveals Impact of COVID-19 on Dental Hygienists" includes presentation by **Cameron Estrich** (February 22, 2022)
4. "Livestream: Interview with **Dr. Marcelo Araujo**" at SmileCon 2021 (October 12, 2021)
5. Ask Me Anything with **Kevin Byrd** sponsored by the International Association for Dental Research (February 28, 2022)

Notable ADASRI Publication Metrics

Since ADASRI's formation in January 1, 2020, through May 5, 2022, ADASRI publications have been cited **677 times** in peer-reviewed literature.

From January through March 2022 (Q1):

- ACE Panel reports were downloaded **11,810 times** (a **108% increase** over Q1 2021).
- "For the Patient" columns were downloaded **16,083 times** (a **41% increase** over Q1 2021).
- The third-most-visited ADA webpage was the Oral Health Topics webpage on antibiotic prophylaxis (**110,924 visits**).
- The top three most downloaded *JADA* papers were:

    1. ADA guideline on antibiotic prophylaxis (2014): **10,614 downloads.**
    2. ACE Panel report on dentist-administered vaccines (2022): **8,284 downloads.**
    3. ADA guideline on antibiotics for dental pain and swelling (2019): **8,227 downloads.**

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Consolidated Financial Statements and Supplemental Schedules

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

Independent Auditors' Report

The Board of Trustees
American Dental Association and Subsidiaries

Opinion

We have audited the consolidated financial statements of American Dental Association and its subsidiaries (the Association), which comprise the consolidated statements of financial position as of December 31, 2021 and 2020, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Association as of December 31, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois
September 28, 2022

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Financial Position

December 31, 2021 and 2020

Assets		2021	2020
Cash and cash equivalents	$	6,294,619	7,399,931
Receivables		12,621,799	14,556,013
Income taxes receivable		104,353	566,044
Prepaid expenses and other assets		4,208,191	4,439,156
Inventories, net		1,066,147	910,368
Marketable securities and alternative investments		206,714,733	183,142,483
Property and equipment, net		38,358,271	38,273,154
Funds held for deferred compensation		8,876,902	7,749,299
Total assets	$	278,245,015	257,036,448
Liabilities and Net Assets			
Accounts payable and accrued liabilities	$	14,054,481	13,183,461
Paycheck protection program loan		—	549,980
Deferred revenue		14,624,883	15,064,393
Deferred tax liability, net		71,021	47,464
Liability for deferred compensation		8,876,902	7,749,299
Postretirement benefit obligation		13,392,789	13,918,951
Pension liability		34,702,963	47,697,020
Total liabilities		85,723,039	98,210,568
Net assets:			
Without donor restrictions		173,102,865	144,130,161
With donor restrictions		19,419,111	14,695,719
Total net assets		192,521,976	158,825,880
Total liabilities and net assets	$	278,245,015	257,036,448

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Activities

Years ended December 31, 2021 and 2020

	2021			2020		
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Revenue:						
Membership dues	$ 57,932,566	—	57,932,566	55,541,960	—	55,541,960
Advertising	7,274,153	—	7,274,153	4,909,633	—	4,909,633
Rental income	7,092,536	—	7,092,536	6,598,809	—	6,598,809
Publication and product sales	5,489,896	—	5,489,896	5,286,882	—	5,286,882
Testing and accreditation fees	28,902,240	—	28,902,240	25,002,010	—	25,002,010
Meeting and seminar income	5,947,417	—	5,947,417	1,607,081	—	1,607,081
Grants, contributions, and sponsorships	1,391,532	4,701,300	6,092,832	1,521,487	1,705,942	3,227,429
Royalties and service fees	17,840,768	—	17,840,768	17,512,711	—	17,512,711
Investment return, net	18,583,476	1,585,452	20,168,928	17,884,302	1,413,508	19,297,810
Other income	4,229,376	—	4,229,376	6,692,175	14,204	6,706,379
Net assets released from restrictions	1,559,517	(1,559,517)	—	4,150,980	(4,150,980)	—
Total revenue	156,243,477	4,727,235	160,970,712	146,708,030	(1,017,326)	145,690,704
Expenses:						
Staff compensation, taxes, and benefits	66,843,303	—	66,843,303	67,721,900	—	67,721,900
Printing, publication, and marketing	8,762,763	—	8,762,763	7,941,846	—	7,941,846
Meeting expenses	1,681,353	—	1,681,353	874,333	—	874,333
Travel expenses	2,015,011	—	2,015,011	1,350,865	—	1,350,865
Consulting fees and outside services	18,592,574	—	18,592,574	15,553,129	—	15,553,129
Professional services	8,585,526	—	8,585,526	8,692,670	—	8,692,670
Office expenses	5,443,877	—	5,443,877	3,875,571	—	3,875,571
Facility and utility expenses	8,365,378	—	8,365,378	6,786,536	—	6,786,536
Grants and awards	2,926,721	—	2,926,721	4,222,766	—	4,222,766
Endorsement expenses	1,597,428	—	1,597,428	1,344,919	—	1,344,919
Depreciation and amortization	6,574,402	—	6,574,402	6,513,825	—	6,513,825
Bank and credit card fees	2,016,463	—	2,016,463	1,854,366	—	1,854,366
Other expenses	1,891,694	—	1,891,694	1,493,199	—	1,493,199
Pension and postretirement health plan – net periodic benefit cost other than service cost	780,840	—	780,840	1,917,496	—	1,917,496
Total expenses	136,077,333	—	136,077,333	130,143,421	—	130,143,421
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic benefit cost	20,166,144	4,727,235	24,893,379	16,564,609	(1,017,326)	15,547,283
Income tax expense	1,082,571	—	1,082,571	654,513	—	654,513
Pension and postretirement health plan – related changes other than net periodic benefit cost	(9,885,288)	—	(9,885,288)	(3,861,648)	—	(3,861,648)
Change in net assets	28,968,861	4,727,235	33,696,096	19,771,744	(1,017,326)	18,754,418
Net assets at beginning of year	144,130,161	14,695,719	158,825,880	124,358,417	15,713,045	140,071,462
Net assets at end of year	$ 173,099,022	19,422,954	192,521,976	144,130,161	14,695,719	158,825,880

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Change in net assets	$ 33,696,096	18,754,418
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Pension and postretirement health plan changes	(9,104,448)	(1,944,152)
Depreciation and amortization	6,574,402	6,513,825
Forgiveness of Paycheck Protection Program loan	(549,980)	—
Deferred income taxes, net	23,557	54,606
Change in unrealized gains and losses in fair value of marketable securities and alternative investments	(12,811,641)	(12,530,767)
Net realized gain on sale of marketable securities and alternative investments	(4,814,526)	(4,638,514)
Net assets released from restrictions and used for operations	1,559,517	4,150,980
Restricted contributions	(4,701,300)	(1,705,942)
Changes in assets and liabilities:		
Receivables	1,934,214	(3,214,679)
Income taxes receivable, net	461,691	(5,160)
Prepaid expenses and other assets	230,965	983,987
Inventories, net	(155,779)	59,067
Accounts payable, accrued liabilities, and other liabilities	871,020	(581,038)
Deferred revenue	(439,510)	20,671
Pension liability and postretirement benefit obligation	(4,415,771)	(4,347,863)
Net cash provided by operating activities	8,358,507	1,569,439
Cash flows from investing activities:		
Purchases of marketable securities and alternative investments	(57,275,160)	(30,135,119)
Sales and maturities of marketable securities and alternative investments	51,329,077	34,120,971
Acquisitions of property and equipment	(6,659,519)	(5,892,088)
Net cash used in investing activities	(12,605,602)	(1,906,236)
Cash flows from financing activities:		
Proceeds from Paycheck Protection Program loan	—	549,980
Net assets released from restrictions and used for operations	(1,559,517)	(4,150,980)
Restricted contributions	4,701,300	1,705,942
Net cash used in financing activities	3,141,783	(1,895,058)
Net decrease in cash and cash equivalents	(1,105,312)	(2,231,855)
Cash and equivalents at beginning of year	7,399,931	9,631,786
Cash and cash equivalents at end of year	$ 6,294,619	7,399,931
Supplemental disclosure of cash flow information:		
Cash paid for income taxes	$ 687,914	614,273
Supplemental disclosure of noncash investing and financing activities		
Forgiveness of Paycheck Protection Program loan	549,980	—

See accompanying notes to consolidated financial statements.

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(1) Summary of Significant Accounting Policies

(a) Organization and Purpose

The American Dental Association (the Association) is organized as an association of members of the dental profession, residing primarily in the United States of America, and is designed "to encourage the improvement of the health of the public and to promote the art and science of dentistry."

The accompanying consolidated financial statements include the accounts of the Operating and Reserve Divisions of the Association, the American Dental Political Action Committee (ADPAC), ADA Foundation (ADAF), ADA Science and Research Institute (ADASRI), and the Association's wholly owned for-profit subsidiaries, ADA Business Enterprises, Inc. (ADABEI) and ADA Business Innovation Group (ADABIG).

ADPAC promotes the Association's political and legislative agenda.

ADAF was organized to operate exclusively for charitable, scientific, and educational purposes.

ADABEI manages the for-profit activities organized by the Association, offering a range of products and services to Association members in conjunction with various service providers under the title of ADA Business Resources.

ADABIG was formally incorporated as of June 14, 2018. The initial services offered by ADABIG are ADA Practice Transitions whose purpose is to match dentists with practice owners who are seeking a partner, associate, or someone to purchase their practice.

In late 2021, the Association funded a new limited liability company organized as ADASRI. ADASRI was formally incorporated on January 7, 2020. ADASRI was organized to operate exclusively for scientific research purposes and began full operations in 2022.

All significant intercompany accounts and transactions have been eliminated in consolidation.

(b) Basis of Accounting

The consolidated financial statements of the Association are prepared using the accrual basis of accounting in accordance with U.S. generally accepted accounting principles. The Association maintains its accounts in accordance with the principles of fund accounting. Fund accounting is the procedure by which resources for various purposes are classified for accounting purposes in accordance with activities or objectives specified by the donors.

These consolidated financial statements have been prepared to focus on the Association as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of fund balances into two classes of net assets—without donor restrictions and with donor restrictions. Descriptions of the two net asset categories are as follows:

- *Without donor restrictions* – Net assets that are not subject to donor-imposed restrictions and are resources available to support operations. This category includes board-designated funds

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

functioning as endowment, which represent funds that have been appropriated by the board, the income from which is used in support of the purposes and mission of the Association.

- *With donor restrictions* – Net assets subject to donor-imposed restriction for use for a particular purpose. The Association's unspent contributions are included in this class if the donor limited their use. The Association's donor-restricted endowment funds, which must be maintained in perpetuity with the income from which used in support of the purposes and mission of the Association, are included in net assets with donor restrictions.

  When a donor's restriction is satisfied, either by using the resources in a manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the consolidated financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

All revenue and net gains are reported as increases in net assets without donor restrictions in the consolidated statement of activities unless the donor specified the use of the related resources for a particular purpose or in a future period. All expenses and net losses other than losses on endowment investments are reported as decreases in net assets without donor restrictions. Net gains on endowment investments increase net assets with donor restrictions, and net losses on endowment investments reduce that net asset class.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue, expenses, gains, and losses during the reporting period. Actual results could differ from those estimates.

(d) Cash and Cash Equivalents

Cash equivalents at December 31, 2021 and 2020 consist primarily of interest-bearing deposits under overnight repurchase agreements. The Association, ADPAC, ADAF, ADABIG, ADASRI, and ADABEI each maintains its cash balances in financial institutions, which at times may exceed federally insured limits. The Association, ADABIG, ADASRI, ADPAC, ADAF, and ADABEI have not experienced any losses in such accounts and believe they are not exposed to any significant credit risk on cash.

(e) Receivables and Allowance

Accounts receivable are reported net of an allowance for doubtful receivables to represent the Association's estimate of the amount that ultimately will be realized in cash. The allowance for doubtful receivables is determined after considering a number of factors, including the length of time receivables are past due, the Association's previous loss history, the customer's current ability to pay its obligations, and the condition of the general economy as a whole. Uncollectible accounts are written off, and payments subsequently received on such receivables are credited to the allowance for doubtful receivables. Receivables include pledges receivable for unconditional promises for which payment has not been received. Pledges receivable are recognized at the estimated present value of expected future cash flows, net of allowances.

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(f) Marketable Securities

Investments in marketable securities are carried at fair value based on quoted market prices or other observable inputs. Realized and changes in unrealized investment gains and losses are included within investment income in the accompanying consolidated financial statements. Net realized capital gains or losses on sales are calculated based on the cost of securities sold.

Marketable securities held in the Operating Division are available for current use, while marketable securities held in the Reserve Division are not intended for current use. Reserve Division assets may be used for operations upon approval of the Board of Trustees, with subsequent reporting to the Association's House of Delegates. Investment expenses of $248,348 and $216,193 in 2021 and 2020, respectively, are included as part of investment return, net in the accompanying consolidated financial statements.

(g) Inventories

Inventories, consisting principally of salable educational materials and supplies, are carried at the lower of cost or market (net realizable value). Cost is primarily determined using the first-in, first-out method.

(h) Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation is computed on the straight-line method once assets are put into service over the estimated useful lives of the assets, which are as follows:

Buildings	30–55 years
Building improvements	7–20 years
Furniture, equipment, and libraries	3–20 years

Tenant leasehold improvements are amortized over the shorter of their estimated useful lives or the remaining term of the lease.

(i) Valuation of Long-Lived Assets

The Association periodically evaluates the carrying value of its long-lived assets, including, but not limited to, property and equipment and other assets. The carrying value of long-lived assets is considered impaired when the undiscounted cash flows from such assets are separately identifiable and estimated to be less than their carrying value. In that event, a loss is recognized based on the amount by which the carrying value exceeds the fair value of the long-lived assets. Fair value is determined primarily using the anticipated cash flows discounted at a rate commensurate with the risk involved. Pursuant to Accounting Standards Codification (ASC) Topic 350, *Property, Plant, and Equipment – Overall*, long-lived assets that are to be disposed of are to be written down to their fair value if such fair value is less than carrying value.

(j) Contributed Facilities

The research activities of the ADASRI in 2021 and ADAF in 2020 are conducted on the campus of the National Institutes of Standards and Technology (NIST) in Gaithersburg, Maryland. ADASRI and the

(Continued)

ADAF receives laboratory and office space contributed from NIST. The estimated value of this in-kind contribution is based on comparable space in the Gaithersburg real estate market. The ADASRI recognized this contribution in the amount of $354,153 for the years ended December 31, 2021 and December 31, 2020. These amounts are recorded as other grants and contributions revenue and a component of laboratory and office expenses in the accompanying statements of activities.

(k) Deferred Compensation

The Association has a deferred compensation plan. Participation is limited to ADA officers, trustees, and certain upper management employees whose compensation rate is at least $100,000 per year. This is a nonqualified plan governed by Section 457 of the Internal Revenue Code (the Code). Investments held for deferred compensation are carried at fair value and are not available for current use.

(l) Revenue and Expense Recognition

The Association applies the provisions of ASC Topic 606, *Revenue from Contracts with Customers (Topic 606)*. Topic 606 establishes principles for reporting useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. Topic 606 requires that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

Membership dues and assessments have their performance obligations satisfied and the Association recognizes revenue as members simultaneous receive and consume benefits during the membership year, which ends on December 31. Amounts received in advance are deferred to the subsequent year. Unearned membership dues and assessments, which have been included in deferred revenue in the accompanying consolidated financial statements, amounted to $5,190,726 and $5,569,986 at December 31, 2021 and 2020, respectively.

Periodical subscriptions are recognized as revenue over the terms of the subscriptions. Subscriptions paid in advance are recorded as deferred revenue. Advertising revenue and direct publication costs are recognized in the period the related publication is issued. Management has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations as these contracts have original terms that are one year or less.

Rental income from the Association's headquarters building and Washington, DC office building is recorded as revenue in the period in which the rental services are provided at established rates. Testing fees are recognized as revenue when the related examinations are scored, which is the completion of the testing performance obligation. Accreditation fees have their performance obligations satisfied and the Association recognizes revenue simultaneously as an applicant receive and consume benefits during the year of accreditation, which ends on December 31.

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. Amounts required to be maintained in perpetuity by the donor are also reported as net assets with donor restrictions.

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Contributions, including unconditional pledges, are recognized in the period received. Conditional pledges are not recognized until the conditions on which they depend are substantially met. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is attained. Net assets with donor restrictions are reclassified to net assets without donor restrictions upon expiration of donor restrictions and are reported in the consolidated statements of activities as net assets released from restrictions. Unconditional promises are recognized at the estimated present value of expected future cash flows, net of allowances.

Revenue from government and private grant and contract agreements, which are generally considered nonexchange transactions, is recognized when qualifying expenditures are incurred and conditions under the agreements are met. Corporate grants that do not constitute contributions are recognized as revenue when costs of the related programs or projects are incurred. Corporate grants received but not yet expended are reported as deferred revenue. Grants to other organizations are recorded as expense when authorized by the Board of Trustees.

Royalties and service fees are recognized when the Association's performance obligations are satisfied. This includes recognizing revenue ratably over the contract term for fixed fee royalties and recognizing revenue when a member purchases a good or service from an ADA-branded third-party provider. For royalty agreements, the Association has elected the practical expedient permitted under ASC Topic 606 not to disclose information about remaining performance obligations.

(m) Pension and Other Postretirement Benefits

Pension costs are determined under the projected unit credit cost method. This method determines the present value of benefits projected to retirement with increases in salary and service and allocates (attributes) pension costs to prior and current periods based upon the relationship of service to date versus service projected to retirement. Pursuant to ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*, the Association is required to fully recognize and disclose an asset or liability for the overfunded or underfunded status of its benefit plans in its consolidated financial statements and to recognize changes in that funded status as a change in net assets without donor restrictions in the year in which the changes occur.

The Association applies the provisions of ASC Subtopic 715-10, *Compensation – Retirement Benefits – Overall*. This guidance requires companies to present the service cost component of net benefit cost in the income statement line items where they report compensation cost and all other components of net benefit cost in the income statement separately from the service cost component and outside of operating income if this subtotal is presented. As such, the service cost component is included as part of staff compensation, taxes, and benefits in the accompanying consolidated statements of activities. The other components of net periodic benefit cost, such as interest, expected return on plan assets, and amortization of other actuarially determined amounts, are required to be presented as a separate change in net assets without restrictions.

(n) Income Taxes

Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply

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during the period in which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate.

The Association accounts for unrecognized tax benefits in accordance with ASC Topic 740, *Income Taxes*. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an unrecognized tax benefit only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and requires increased disclosures.

(o) Fair Value Measurements

The Association applies the provisions of ASC Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (note 5).

The Association applies the provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*. ASC Subtopic 825-10 provides the Association with an option to elect fair value as the initial and subsequent measurement attribute for most financial assets and liabilities and certain other items. The fair value option election is applied on an instrument-by-instrument basis (with some exceptions), is irrevocable, and is applied to an entire instrument. The fair value option election may be made as of the date of initial adoption for existing eligible items. Subsequent to initial adoption, the Association may elect the fair value option at initial recognition of eligible items, on entering into an eligible firm commitment, or when certain specified reconsideration events occur. Unrealized gains and losses on items for which the fair value option has been elected will be reported in the consolidated statements of activities. The Association did not elect any changes to fair value measurements in 2021 or 2020.

The Association has disclosed investments for which fair value is measured using net asset value per share as a practical expedient outside the fair value hierarchy in accordance with ASC Subtopic 820-10.

(p) New Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016 02, Leases (ASC Topic 842). Topic 842 requires lessees to recognize leases on the balance sheet and disclose key information about leasing arrangements. The new standard establishes a right-of-use (ROU) model that requires a lessee to recognize a ROU asset and lease liability on the balance sheet for all leases with a term longer than 12 months. Leases are classified as

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finance or operating, with classification affecting the pattern and classification of the expense recognition in the statement of operations. The Company adopted Topic 842 effective January 1, 2022 and estimates that $367,866 ROU assets will be recognized as part of the adoption with a corresponding liability.

Additionally, the Association adopted ASU 2021-09, *Leases – Discount Rate for Lessees that are not Public Business Entities,* effective January 1, 2022. ASU 2021-09 permits, as a practical expedient, a private entity lessee to use a risk-free discount rate, determined using a period comparable to that of the lease term, when the rate implicit in the lease is not readily determinable. Use of the practical expedient is an accounting policy election made by class of underlying asset.

(2) COVID-19 Reporting

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Revenue was impacted starting in mid-March 2020 as various policies were implemented by Federal, state, and local governments in response to the COVID-19 pandemic that caused many people to remain at home and forced the closure of or limitations on certain businesses.

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law providing temporary and limited relief to businesses during the COVID-19 outbreak. On March 27, 2020, the CARES Act established the Paycheck Protection Program (PPP), which is administered by the Small Business Administration (SBA). Under the PPP, eligible businesses may receive loans from participating financial institutions that are guaranteed by the SBA, and the loans may be forgiven to the extent the proceeds are used to make payroll, payroll-related, and other eligible payments. Participation in the PPP requires an entity to certify to the federal government (a) its eligibility to receive funds and (b) its eligibility to receive loan forgiveness, if applicable.

On May 20, 2020, ADAF qualified for and received a loan pursuant to the PPP from a qualified lender (the PPP Lender), for an aggregate principal amount of approximately $549,980 (the PPP Loan). The PPP Loan bears interest at a fixed rate of 1.0% per annum, with the first six months of interest deferred, has a term of two years, and is unsecured and guaranteed by the SBA. The principal amount of the PPP Loan is subject to forgiveness under the PPP upon the ADAF's request to the extent that the PPP Loan proceeds are used to pay expenses permitted by the PPP, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the ADAF. In April 2021, the ADAF applied for and received approval for forgiveness of the PPP loan. This forgiveness is noted as a non-recognized subsequent event. The ADAF recognized the income as a gain on extinguishment in other income.

The extent of the COVID-19 pandemic's adverse impact on operating results and financial condition of the Association has been and will continue to be driven by many factors, most of which are beyond the Association's control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, or other government-imposed or recommended restrictions, and incremental expenses required for supplies and personal protective equipment. Because of these and other uncertainties, the Association cannot estimate the length or severity of the impact of the pandemic on the business and the results of its operations.

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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(3) Receivables

Receivables at December 31, 2021 and 2020 consist of the following:

	2021	2020
Trade receivables	$ 5,993,459	8,742,677
Royalties receivable	1,715,071	1,392,281
Grants and contracts receivable	230,220	27,363
Tenant receivables	4,682,464	4,431,099
Other	150,557	114,410
Total	12,771,771	14,707,830
Less allowance for doubtful receivables	(149,972)	(151,817)
Net receivables	$ 12,621,799	14,556,013

Unconditional promises for which payment has not been received are recorded in the consolidated financial statements as pledges receivable and revenue of the appropriate net asset category.

(4) Marketable Securities and Alternative Investments

Marketable securities and alternative investments at December 31, 2021 and 2020 consisted of the following:

	2021	
	Cost	Fair value
Money market funds	$ 145,486	145,486
Bonds and bond funds	48,298,694	66,002,974
Equities and equity funds	99,757,359	117,623,618
Alternative investment funds	14,061,792	22,942,655
	$ 162,263,331	206,714,733

	2020	
	Cost	Fair value
Money market funds	$ 19,951	19,951
Bonds and bond funds	49,785,112	49,232,760
Equities and equity funds	87,497,703	112,558,848
Alternative investment funds	14,199,956	21,330,924
	$ 151,502,722	183,142,483

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Investment return, net is included in the accompanying consolidated statements of activities for the years ended December 31, 2021 and 2020 as follows:

		2021	2020
Interest and dividends	$	2,791,109	2,344,722
Change in unrealized gains and losses in fair value of marketable securities and alternative investments		12,811,641	12,530,767
Net realized gain on sale of marketable securities and alternative investments		4,814,526	4,638,514
Investment management fees		(248,348)	(216,193)
Total investment return, net	$	20,168,928	19,297,810

(5) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Association in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, receivables, accounts payable, and accrued liabilities.
- Fair values of the Association's investments held as marketable securities are estimated based on prices provided by its investment managers and its custodian bank. Fair value for money market funds, equity mutual funds, and fixed-income mutual funds are measured using quoted market prices at the reporting date multiplied by the quantity of shares held. Alternative investments funds are measured at the net asset value as a practical expedient to determine fair value.

(b) Fair Value Hierarchy

The Association follows ASC Topic 820 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. A quoted price for an identical asset or liability in an active market provides the most reliable fair value measurement because it is directly observable to the market.
- Level 2 – Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date. The nature of these securities includes investments

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

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for which quoted prices are available but which are traded less frequently and investments that are fairly valued using other securities, the parameters of which can be directly observed.

- Level 3 – Securities that have little to no pricing observability as of the report date; these securities are measured using management's best estimate of fair value, where the inputs into the determination of fair value are not observable and require significant management judgment or estimation.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Association. The Association considers observable data to be that market data that is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument within the fair value hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Association's perceived risk of that instrument. The Association's policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer.

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2021 and 2020:

	2021				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	$ 6,294,619	—	—	6,294,619	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	145,486	—	—	145,486	Daily	One
Fixed-income mutual funds	66,002,974	—	—	66,002,974	Daily	One
Equity mutual funds	117,623,618	—	—	117,623,618	Daily	One
Alternative investment funds:						
Blackstone Partners Offshore Fund (1)	—	—	—	11,249,925	Semiannual	95
Wellington Archipelago Fund (1)	—	—	—	11,692,730	Quarterly	45
Total alternative investment funds	—	—	—	22,942,655		
Total marketable securities and alternative investment funds	183,772,078	—	—	206,714,733		

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	2021				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Funds held for deferred compensation:						
Money market funds	$ 992,723	—	—	992,723	Daily	One
Equity mutual funds	7,162,532	—	—	7,162,532	Daily	One
Fixed-income mutual funds	721,647	—	—	721,647	Daily	One
Total funds held for deferred compensation	8,876,902	—	—	8,876,902		
Total assets at fair value	$ 198,943,599	—	—	221,886,254		

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

	2020				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	$ 7,399,931	—	—	7,399,931	Daily	One
Marketable securities and alternative investment funds:						
Money market funds	19,951	—	—	19,951	Daily	One
Fixed-income mutual funds	49,232,760	—	—	49,232,760	Daily	One
Equity mutual funds	112,558,848	—	—	112,558,848	Daily	One
Alternative investment funds:						
Blackstone Partners Offshore Fund (1)	—	—	—	10,521,007	Semiannual	95
Wellington Archipelago Fund (1)	—	—	—	10,809,917	Quarterly	45
Total alternative investment funds	—	—	—	21,330,924		
Total marketable securities and alternative investment funds	161,811,559	—	—	183,142,483		

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	2020				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Funds held for deferred compensation:						
Money market funds	$ 1,132,974	—	—	1,132,974	Daily	One
Equity mutual funds	5,906,400	—	—	5,906,400	Daily	One
Fixed-income mutual funds	709,925	—	—	709,925	Daily	One
Total funds held for deferred compensation	7,749,299	—	—	7,749,299		
Total assets at fair value	$ 176,960,789	—	—	198,291,713		

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

There were no transfers between levels during the year ended December 31, 2021 or 2020.

The Association is invested in alternative investment funds at December 31, 2021 and 2020 for which the net asset value is used as a practical expedient to determine fair value in accordance with ASC Subtopic 820-10. The Association has no contractual commitments to fund the alternative investment funds. The balances in these funds were $22,942,655 and $21,330,924 at December 31, 2021 and 2020, respectively.

(6) Property and Equipment

Property and equipment at December 31, 2021 and 2020 consisted of the following:

	2021		
	Chicago, IL	Washington, D.C.	Total
Land	$ 712,113	3,030,000	3,742,113
Building	12,381,169	14,264,074	26,645,243
Building improvements	70,990,068	6,650,879	77,640,947
Furniture and equipment	51,322,267	4,240,610	55,562,877
Tenant leasehold improvements	10,153,254	2,881,262	13,034,516
	145,558,871	31,066,825	176,625,696
Less accumulated depreciation and amortization	119,108,852	19,158,573	138,267,425
	$ 26,450,019	11,908,252	38,358,271

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	2020		
	Chicago, IL	Washington, D.C.	Total
Land	$ 712,113	3,030,000	3,742,113
Building	12,381,169	14,264,074	26,645,243
Building improvements	70,137,444	6,564,575	76,702,019
Furniture and equipment	46,353,141	3,485,924	49,839,065
Tenant leasehold improvements	10,148,384	2,889,353	13,037,737
	139,732,251	30,233,926	169,966,177
Less accumulated depreciation and amortization	113,254,155	18,438,868	131,693,023
	$ 26,478,096	11,795,058	38,273,154

The Association leases portions of both the headquarters building in Chicago, Illinois and the Washington, D.C. office building to unrelated parties under operating leases with varying terms. These amounts may be adjusted upon renewal of the leases. Minimum future rentals to be earned from leases currently in effect as of December 31, 2021 are as follows:

2022	$ 5,808,925
2023	5,747,578
2024	5,635,435
2025	5,652,768
2026	5,558,526
Thereafter	22,870,294
	$ 51,273,526

Building expenses include the cost of facilities occupied by the Association, as well as those costs related to other tenants.

(7) Deferred Compensation

Pursuant to agreements between the Association and certain officers and employees of the Association and its affiliates, portions of their compensation have been retained by the Association and invested as directed by those participants. The assets are owned by the Association until distributed to the participants after termination of employment or services.

(8) Income Taxes

The Association and ADAF have received favorable determination letters from the Internal Revenue Service (IRS) stating that they are exempt from taxation on income related to their exempt purposes under Section 501(a) of the Code as organizations described in Sections 501(c)(6) and 501(c)(3), respectively. As

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exempt organizations, the Association and ADAF are subject to federal and state income taxes on income determined to be unrelated business taxable income. ADPAC is exempt from federal income taxes under Section 527 of the Code, except on net investment income. The income of the Association's for-profit subsidiaries, ADABEI and ADABIG, determined separately, are also subject to federal and state income taxes. ADASRI is treated as a disregarded entity and is included in the Association's tax calculation.

The Association accounts for income taxes using the provisions of ASC Topic 740. Under ASC Topic 740, deferred tax assets and liabilities are recognized for future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates and laws expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is provided when it is more likely than not that some portion of deferred tax assets will not be realized. A net deferred tax liability as of December 31, 2021 and deferred tax asset as of December 31, 2020 of $71,021 and $47,464, respectively, is attributable primarily to unrealized gains from marketable securities and postretirement benefits and other timing differences.

ADABIG has generated a taxable loss through December 31, 2021 as a result of incurring start-up costs. Deferred tax assets were generated by ADABIG related to these losses from the start-up costs incurred. As ADABIG is a start-up entity, it has recognized a valuation allowance equal to these net operating loss carryforwards due to the uncertainty of ADABIG being able to realize the expected benefits in future periods of these net operating loss carryforwards.

Income tax expense differs from the amount computed by applying the statutory federal income tax rate of 21% to income before income tax expense primarily because a significant portion of consolidated income is exempt from income tax. Income tax expense is computed by applying the statutory federal and state income tax rate to net unrelated business income earned for the years ended December 31, 2021 and 2020. Income tax expense for the years ended December 31, 2021 and 2020 is as follows:

		2021	2020
Current:			
Federal	$	705,047	399,335
State		353,967	200,572
Current income tax expense		1,059,014	599,907
Deferred:			
Federal		(668,631)	(1,264,786)
State		(161,151)	(280,548)
Change in valuation allowance		853,339	1,599,940
Deferred income tax expense		23,557	54,606
Income tax expense	$	1,082,571	654,513

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Net deferred tax assets at December 31, 2021 and 2020 consisted of the following:

	2021	2020
Deferred tax assets (liabilities) resulting from:		
Net operating loss carryforward	$ 2,275,501	1,518,842
Organization start-up costs carryforward	282,201	305,238
Postretirement health benefits	38,555	31,192
Timing of payment of payroll-related accruals	25,606	13,960
Depreciation	(107,186)	(224,961)
Unrealized gains and losses in fair value of marketable securities	(132,420)	(91,795)
Total deferred tax assets, net	2,382,257	1,552,476
Valuation allowance	(2,453,278)	(1,599,940)
Total deferred tax (liabilities) assets, net of valuation allowance	$ (71,021)	(47,464)

(9) Employee Benefit Plans

(a) Defined-Benefit Plan and Supplemental Plan

The Association sponsors a noncontributory defined-benefit pension plan (the Plan) covering substantially all employees of the Association, its subsidiaries, and its affiliates meeting certain eligibility requirements. Generally, the Association's funding policy is to make annual contributions to the Plan equal to an amount calculated by an outside consulting actuary in accordance with the funding requirements of the Employee Retirement Income Security Act of 1974. Retirement benefit payments are based on years of credited service, average compensation during the five years of employment that produce the highest average, and the average Social Security limit at employment termination date.

The Association recognizes the cost related to employee service using the unit credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, and prior service costs are amortized over the expected future service period.

The Association accounts for the defined-benefit pension plan in accordance with ASC Topic 715, *Compensation – Retirement Benefits*. ASC Topic 715 requires recognition in the consolidated statements of financial position of the funded status of defined-benefit pension plans and other postretirement benefit plans, including all previously unrecognized actuarial gains and losses and unamortized prior service cost, as a component of net assets without donor restrictions.

Pursuant to agreements between the Association and a certain prior employee, the Association also maintains a frozen unfunded supplemental retirement income plan funded through Association general assets. There are no investments designated for the supplemental plan for 2021 or 2020.

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The IRS has informed the Employees' Retirement Trust administration that the Plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes. The Employees' Supplemental Trust is a nonqualified plan and, as such, is not exempt from federal income taxes.

During the 2021 fiscal year, the benefit obligation decreased as a result of an aggregate actuarial loss ($470,908) experienced by the plan. The significant factors which affected the aggregate loss are (a) participant demographic experience during the year that was different than assumed ($1,564,355), (b) a change in the mortality assumption to reflect the more conservative mortality experience of white-collar participants within pension plans ($8,559,362), (c) an increase in the salary increase assumption for participants, (d) an increase in the discount rate used to develop the present value of future payments (-$10,859,177), and (e) a change in the mortality improvement assumption to reflect the most recent study available ($835,404).

The following tables set forth the Plan's funded status and amounts recognized in the Association's consolidated financial statements:

	2021		
	Employees' retirement trust	Employees' supplemental trust	Total
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	$ 254,486,845	1,517,696	256,004,541
Service cost	3,474,799	—	3,474,799
Interest cost	7,424,876	44,211	7,469,087
Actuarial loss	437,921	32,987	470,908
Benefits paid	(11,551,171)	(92,796)	(11,643,967)
Projected benefit obligation, end of year	$ 254,273,270	1,502,098	255,775,368
Change in plan assets:			
Fair value of plan assets, beginning of year	$ 208,307,521	—	208,307,521
Actual return on plan assets	16,466,055	—	16,466,055
Employer contributions	7,850,000	92,796	7,942,796
Benefits paid	(11,551,171)	(92,796)	(11,643,967)
Fair value of plan assets, end of year	$ 221,072,405	—	221,072,405
Funded status, end of year:			
Fair value of plan assets	$ 221,072,405	—	221,072,405
Benefit obligation	254,273,270	1,502,098	255,775,368
Funded status	$ (33,200,865)	(1,502,098)	(34,702,963)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	$ 33,200,865	1,502,098	34,702,963

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	2021		
	Employees' retirement trust	Employees' supplemental trust	Total
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	$ 62,694,769	—	62,694,769
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 62,694,769	—	62,694,769
Components of net periodic benefit cost:			
Service cost	$ 3,474,799	—	3,474,799
Other components of net periodic benefit cost:			
Interest cost	7,424,876	44,211	7,469,087
Expected return on plan assets	(12,281,707)	—	(12,281,707)
Recognized net loss	5,357,672	32,987	5,390,659
Net periodic benefit cost other than service cost	500,841	77,198	578,039
Net periodic benefit cost	$ 3,975,640	77,198	4,052,838
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$ 62,694,769	—	62,694,769
Reversal of accumulated net assets without donor restrictions	(71,798,868)	—	(71,798,868)
Change in net assets without donor restrictions	$ (9,104,099)	—	(9,104,099)
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$ (3,713,440)	—	(3,713,440)
Amortization of unrecognized net loss	(5,390,659)	—	(5,390,659)
Net amounts recognized in net assets without donor restrictions	$ (9,104,099)	—	(9,104,099)
Weighted average assumptions as of December 31:			
Discount rate	3.29 %	3.29 %	
Expected return on plan assets	5.90	N/A	
Rate of compensation increase	3.50	N/A	

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	2020		
	Employees' retirement trust	**Employees' supplemental trust**	**Total**
Change in projected benefit obligation:			
Projected benefit obligation, beginning of year	$ 235,380,556	1,452,859	236,833,415
Service cost	3,129,304	—	3,129,304
Interest cost	8,244,245	50,489	8,294,734
Actuarial loss	19,636,721	107,144	19,743,865
Benefits paid	(11,931,683)	(92,796)	(12,024,479)
Curtailment	27,702	—	27,702
Projected benefit obligation, end of year	$ 254,486,845	1,517,696	255,976,839
Change in plan assets:			
Fair value of plan assets, beginning of year	$ 182,172,479	—	182,172,479
Actual return on plan assets	30,583,536	—	30,583,536
Employer contributions	7,483,189	92,796	7,575,985
Benefits paid	(11,931,683)	(92,796)	(12,024,479)
Fair value of plan assets, end of year	$ 208,307,521	—	208,307,521
Funded status, end of year:			
Fair value of plan assets	$ 208,307,521	—	208,307,521
Benefit obligation	254,486,845	1,517,696	256,004,541
Funded status	$ (46,179,324)	(1,517,696)	(47,697,020)
Amounts recognized in the accompanying consolidated statements of financial position:			
Pension liability	$ 46,179,324	1,517,696	47,697,020
Accumulated benefit obligation in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:			
Net actuarial loss	$ 71,798,868	—	71,798,868
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 71,798,868	—	71,798,868

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	2020		
	Employees' retirement trust	Employees' supplemental trust	Total
Components of net periodic benefit cost:			
Service cost	$ 3,129,304	—	3,129,304
Other components of net periodic benefit cost:			
Interest cost	8,244,245	50,489	8,294,734
Expected return on plan assets	(11,058,773)	—	(11,058,773)
Prior service cost	(969,727)	—	(969,727)
Cost recognized due to curtailment	27,702	—	27,702
Recognized net loss	6,336,144	107,144	6,443,288
Net periodic benefit cost other than service cost	2,579,591	157,633	2,737,224
Net periodic benefit cost	$ 5,708,895	157,633	5,866,528
Calculation of change in net assets without donor restrictions:			
Accumulated net assets without donor restrictions, end of year	$ 71,798,868	—	71,798,868
Reversal of accumulated net assets without donor restrictions	(77,053,327)	—	(77,053,327)
Change in net assets without donor restrictions	$ (5,254,459)	—	(5,254,459)
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:			
Net loss experienced during the year	$ 219,102	—	219,102
Amortization of prior service cost due to plan amendments	969,727	—	969,727
Amortization of unrecognized net loss	(6,443,288)	—	(6,443,288)
Net amounts recognized in net assets without donor restrictions	$ (5,254,459)	—	(5,254,459)
Estimate of amounts that will be amortized out of net assets without donor restrictions into net pension expense in 2021:			
Net loss	$ 3,686,374	—	3,686,374
Weighted average assumptions as of December 31:			
Discount rate	2.97 %	2.97 %	
Expected return on plan assets	6.10	N/A	
Rate of compensation increase	3.00	N/A	

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The discount rate is determined each year as of the measurement date based on a review of interest rates associated with long-term, high-quality corporate bonds. The discount rate determined on each measurement date is used to calculate the benefit obligation as of that date and is also used to calculate the net periodic benefit cost for the upcoming plan year.

The Plan's expected return on assets assumption is derived from a review of actual historical returns achieved by the Plan and anticipated future long-term performance of individual asset classes with consideration given to the appropriate investment strategy. While the method gives appropriate consideration to recent trust performance and historical returns, the assumption represents a long-term prospective return. The expected return on plan assets determined on each measurement dates is used.

The Association contributed $7,850,000 to the Plan in 2021. The minimum funding contributions for the Plan years 2021 and 2020 were $3,077,071 and $3,695,558, respectively. The assets of the Plan are held in various investment manager funds and comprised mutual funds and a guaranteed investment contract.

The table below reflects the total pension benefits expected to be paid in each of the next five years and in the aggregate for the five years thereafter:

2022	$ 12,322,998
2023	12,855,456
2024	13,248,274
2025	13,419,242
2026	13,853,779
Thereafter	72,298,063
	$ 137,997,812

The expected benefits are based on the same assumptions used to measure the Association's benefit obligations at December 31 and include estimated future employee service.

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The actual allocations for the pension assets as of December 31, 2021 and 2020, and target allocations by asset category, are as follows:

	2021	
Asset category	**Actual allocation**	**Target allocation**
Fixed income	60 %	60 %
Equity:		
Domestic small-cap	10	10
Domestic large-cap value	5	5
Domestic large-cap growth	5	5
International	20	20
	100 %	100 %

	2020	
Asset category	**Actual allocation**	**Target allocation**
Fixed income	46 %	50 %
Equity:		
Domestic small-cap	13	12
Domestic large-cap value	7	6
Domestic large-cap growth	6	6
International	28	26
	100 %	100 %

Pension assets are allocated with a goal to achieve diversification between and within various asset classes. The target asset allocations are expected to earn an average annual rate of return of approximately 5.9% measured over a planning horizon of 25 years, with a reasonable and acceptable level of risk. Actual allocation percentages will vary from target allocation percentages based upon short-term fluctuations in cash flows and benefit payments.

Domestic equity includes securities of domestic companies listed on the U.S. exchanges or traded OTC, diversified across industry, and individual holdings. International equity includes securities primarily of companies located outside the U.S. diversified across countries and industries. Fixed income refers to a diversified portfolio of marketable debt instruments with an average quality rating of at least AA or equivalent.

(b) Fair Value of Financial Instruments

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 or 2020.

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Guaranteed investment contract: Valued at contract value, which approximates fair value. The guaranteed investment contract is included in the consolidated financial statements at fair value, which represents contributions made under the contract plus earnings, less withdrawals, and expenses.

Equity and fixed-income mutual funds and common collective trust fund: Valued at the net asset value of shares held by the Plan at year-end at the closing price reported in the active market in which the individual securities are traded. The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(c) Fair Value Hierarchy

The Plan has adopted ASC Section 715-20-50 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Section 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy on the actual date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 during the year ended December 31, 2021 or 2020.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	2021				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	$ 1,592,844	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	5,744,886	5,744,886	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	11,095,711	11,095,711	—	—	Daily	One
Vanguard Institutional Index Fund	11,423,237	11,423,237	—	—	Daily	One
T. Rowe Price Growth Fund	10,693,589	10,693,589	—	—	Daily	One
LSV Institutional Small Cap Value Fund	5,727,715	5,727,715	—	—	Daily	One
Harding Loevner International Equity Fund	11,172,074	11,172,074	—	—		
Polaris Global Value Fund	11,272,020	11,272,020	—	—	Daily	One
Vanguard – International Stock Index Fund	22,067,431	22,067,431	—	—	Daily	One
Total equity mutual funds	83,451,777	83,451,777	—	—		

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	2021				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Fixed-income mutual funds:						
PIMCO Investment Grade Credit Fund	$ 32,771,879	32,771,879	—	—		
Vanguard Long-Term Bond Index Fund	33,195,433	33,195,433	—	—		
Vanguard Long-Term Corporate Bond Fund	64,343,687	64,343,687	—	—	Daily	One
Total fixed-income mutual funds	130,310,999	130,310,999	—	—		
Accrued fees	(28,101)	—	—	—		
Total	$ 221,072,405	219,507,662	—	—		

(1) Certain investments that are measured at fair value using the net asset value (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

	2020				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Guaranteed investment contract (1)	$ 1,027,422	—	—	—	Daily (2)	One (2)
Common collective trust fund:						
William Blair Small-Mid Cap Growth Fund	7,124,768	7,124,768	—	—	Daily	Ten
Equity mutual funds:						
Dodge & Cox Stock Fund	13,835,869	13,835,869	—	—	Daily	One
PIMCO Investment Grade Credit Fund	22,058,345	22,058,345	—	—	Daily	One
Vanguard Institutional Index Fund	13,023,531	13,023,531	—	—	Daily	One
T. Rowe Price Growth Fund	13,312,864	13,312,864	—	—	Daily	One
LSV Institutional Small Cap Value Fund	6,258,507	6,258,507	—	—	Daily	One
Harding Loevner International Equity Fund	14,247,607	14,247,607	—	—		
Polaris Global Value Fund	13,762,393	13,762,393	—	—	Daily	One
Vanguard – International Stock Index Fund	31,844,010	31,844,010	—	—	Daily	One
Total equity mutual funds	128,343,126	128,343,126	—	—		

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

	2020				Redemption or liquidation	Days' notice
	Total	Level 1	Level 2	Level 3		
Fixed-income mutual funds:						
Vanguard Long-Term Bond Index Fund	$ 22,794,676	22,794,676	—	—		
Vanguard Long-Term Corporate Bond Fund	49,046,283	49,046,283	—	—	Daily	One
Total fixed-income mutual funds	71,840,959	71,840,959	—	—		
Accrued fees	(28,754)	—	—	—		
Total	$ 208,307,521	207,308,853	—	—		

(1) Certain investments that are measured at fair value using the net asset value (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in note 9.

(2) Per the group contract agreement with Great West Life Assurance Company, a partial withdrawal can be requested daily any time prior to a termination date election. An election to terminate the contract agreement requires a 30-day written notice.

(d) 401(k) Plan

The Association has a savings and retirement plan for all eligible employees (the Savings Plan). The Association, at its discretion, contributes a predetermined amount to the plan. The Association may contribute to the accounts of eligible employees in lieu of the matching contributions provisions, which are suspended. For 2021 and 2020, the Association contributed 4% and 2% respectively per year of each eligible employee's base salary. The Association's contributions under the Savings Plan were $1,733,063 and $887,355 in 2021 and 2020, respectively.

The IRS has informed the Savings Plan administrator that the plan is qualified under provisions of the Code, and therefore, the related trust is exempt from federal income taxes.

(e) Postretirement Health Plan

The Association sponsors a contributory defined-benefit postretirement health plan, which covers substantially all employees of the Association, its subsidiaries, and affiliates. The plan provides both medical and dental benefits. For 2021 and 2020, the medical plan annual reimbursement limit for retirees at retirement and for ages 65–75 is $1,500 and increases up to $1,800 from age 76 for life. For 2021 and 2020, each eligible dental plan participant is reimbursed 100% of qualified dental expenses to an annual limit of $1,500.

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The following table sets forth the plan's funded status:

		2021	2020
Change in benefit obligation:			
Benefit obligation, beginning of year	$	13,918,951	13,247,050
Service cost		442,956	394,775
Interest cost		381,007	447,570
Actuarial loss		(959,395)	466,433
Benefits paid		(390,730)	(295,957)
Curtailments		—	(340,920)
Benefit obligation, end of year	$	13,392,789	13,918,951
Change in plan assets:			
Employer contributions	$	390,730	295,957
Benefits paid		(390,730)	(295,957)
Plan assets, end of year	$	—	—
Funded status, end of year:			
Benefit obligation	$	13,392,789	13,918,951
Accumulated benefit obligation		13,392,789	13,918,951
Components of net periodic benefit cost:			
Service cost	$	442,956	394,775
Other components of net periodic benefit cost:			
Interest cost		381,007	447,570
Costs recognized due to curtailment		—	(33,916)
Amortization of prior service cost		(345,657)	(1,459,910)
Recognized net loss		167,451	226,528
Net periodic benefit cost other than service cost		202,801	(819,728)
Net periodic benefit cost	$	645,757	(424,953)
Amounts recognized in the accompanying consolidated statements of financial position:			
Postretirement benefit obligation	$	13,392,789	13,918,951

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

	2021	2020
Amounts not yet reflected in net periodic benefit expense and included as accumulated charges to net assets without donor restrictions:		
Net actuarial loss	$ 2,852,893	3,979,739
Prior service cost	—	(345,657)
Net amounts included as an accumulated charge to net assets without donor restrictions	$ 2,852,893	3,634,082
Calculation of change in net assets without donor restrictions:		
Accumulated net assets without donor restrictions, end of year	$ 2,852,893	3,634,082
Reversal of accumulated net assets without donor restrictions, prior year	(3,634,082)	(2,241,271)
Change in net assets without donor restrictions	$ (781,189)	1,392,811
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions:		
Net loss experienced during the year	$ (959,395)	466,433
Curtailments net loss	—	(307,004)
Amortization of net loss	(167,451)	(226,528)
Amortization of prior service cost	345,657	1,459,910
Net amounts recognized in net assets without donor restrictions	$ (781,189)	1,392,811
Weighted average assumptions used to determine obligations at December 31:		
Discount rate	3.30 %	2.97 %
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31:		
Discount rate	3.30 %	3.55 %
Dental care trend rate	4.00	4.00
Medical care trend rate	6.00	6.00

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

The table below reflects the postretirement health payments expected in each of the next five years and in the aggregate for the five years thereafter:

	Gross payments
2022	$ 446,257
2023	469,814
2024	509,567
2025	559,185
2026	591,458
Thereafter	3,344,969

(10) Net Assets

Net assets at December 31 consisted of the following:

	2021	2020
Net assets:		
Without donor restrictions:		
Designated by the board:		
Strategic projects	$ 27,253,077	24,426,245
Scientific research fund	578,566	578,566
Capital expenditures	12,902,229	8,662,496
Designated for saving	102,518,952	73,504,073
Undesignated	29,850,041	36,958,781
Total net assets without donor restrictions	173,102,865	144,130,161
With donor restrictions:		
Donor-restricted endowments	13,176,490	12,006,238
Purpose restricted	6,242,621	2,689,481
Total net assets with donor restrictions	19,419,111	14,695,719
Total net assets	$ 192,521,976	158,825,880

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Net assets with donor restrictions are restricted for the following purposes:

	2021	2020
Donor-restricted endowments subject to spending policy and appropriation to support the following purposes:		
Charitable financial assistance	$ 8,948,784	8,116,410
Access to care and educational activities	4,227,706	3,889,828
Total donor-restricted endowments	13,176,490	12,006,238
Donor-restricted subject to expenditure for specified purposes:		
Research	4,349,507	1,540,498
Access programs	278,427	340,800
Education programs	139,463	149,463
Political and legislative	1,475,224	658,720
Total donor-restricted subject to expenditure for specified purposes	6,242,621	2,689,481
Total net assets with donor restrictions	$ 19,419,111	14,695,719

Net assets with donor restrictions associated with donor-restricted endowments totaled $13,176,490 and $12,006,238 at December 31, 2021 and 2020, respectively. Earnings on these net assets are restricted by donors for charitable financial assistance, access to care, and children's oral health and education in dental entrepreneurship and leadership. Board-designated endowment net assets in the amount of $578,566 at December 31, 2021 and 2020 represent a matching contribution from the board that is board designated for access to care and educational activities.

Net assets were released from donor restrictions by incurring expenses satisfying the donor-restricted purposes as follows:

	2021	2020
Research	$ 245,568	983,516
Access	335,276	658,419
Trusts	—	295,021
Education	43,078	39,521
Political and legislative	667,648	1,791,258
Relief program	267,947	382,851
	$ 1,559,517	4,150,586

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(11) Endowment Funds

The Association's endowments consist of various individual funds to support access to care and educational activities within the ADAF. Net assets related to the ADAF endowments are donor-restricted endowment funds, classified and reported based upon the donor-imposed restrictions.

The Uniform Prudent Management of Institutional Funds Act (UPMIFA), which was enacted in the state of Illinois in 2009, does not preclude the Association from spending below the original gift value of donor-restricted endowment funds.

For accounting and reporting purposes, the Association classifies as net assets with donor restrictions, the historical value of donor-restricted endowment funds, which includes (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) changes to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Also included in net assets with donor restrictions is accumulated appreciation (depreciation) on donor-restricted endowment funds, which are available for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA, and deficiencies associated with funds where the value of the fund has fallen below the original value of the gift.

To make a determination to expend or accumulate donor-restricted endowment funds, the ADAF considers a number of factors, including the duration and preservation of the fund, purposes of the donor-restricted fund, general economic conditions, the possible effects of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the ADAF, and the investment policies of the ADAF.

(a) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires ADAF to retain permanently. Deficiencies of this nature did not exist in any fund as of December 31, 2021.

ADAF has an expenditure policy that permits spending from underwater endowment funds considering it does so prudently and considers factors including but not limited to the duration and preservation of the endowment fund and general economic conditions. During 2021, the governing board approved for appropriation for expenditures of $433,877 for the charitable financial assistance fund and $147,502 for the access to care and educational activities fund, which represents 5.5% and 4.0% of the 12-quarter moving average, respectively.

During 2020, the governing board approved for appropriation for expenditures of $444,751 for the charitable financial assistance fund and $151,389 for the access to care and educational activities fund, which represents 5.5% and 4.0% of the 12-quarter moving average, respectively.

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

There were no endowments in an underwater position at December 31, 2021. The table below represents a summary of the ADAF's endowments at December 31, 2021:

	Without donor restrictions	With donor restrictions			Total endowment funds as of December 31, 2021
		Original gift	Accumulated gains	Total with donor restrictions	
Board-designated funds	$ 578,566	—	—	—	578,566
Donor-restricted funds:					
Charitable financial assistance	—	7,176,711	1,772,073	8,948,784	8,948,784
Access to care and educational activities fund	—	2,138,842	2,088,864	4,227,706	4,227,706
Total endowment funds	$ 578,566	9,315,553	3,860,937	13,176,490	13,755,056

The table below represents a summary of the ADAF's endowments including a summary of the underwater endowment at December 31, 2020.

	Without donor restrictions	With donor restrictions			Total endowment funds as of December 31, 2020
		Original gift	Accumulated gains	Total with donor restrictions	
Board-designated funds	$ 578,566	—	—	—	578,566
Donor-restricted funds:					
Charitable financial assistance	—	7,176,711	939,699	8,116,410	8,116,410
Access to care and educational activities fund	—	2,138,842	1,750,986	3,889,828	3,889,828
Total endowment funds	$ 578,566	9,315,553	2,690,685	12,006,238	12,584,804

(b) Return Objectives and Risk Parameters

ADAF has adopted investment and spending policies for endowment assets that attempt to enhance its ability to support activities; provide long-term real, inflation-adjusted growth in assets; and support financial flexibility and liquidity. Under this policy, as approved by the Board, the ADAF's assets are to be adequately diversified to provide a high degree of stability of principal in order to maintain the ability to provide financial assistance to support education and access to care programs. The assets are to be invested in a manner that is intended to grow in real, inflation-adjusted terms and maintain its ability to support spending needs. In addition, the assets are to be efficiently structured to provide the highest level of return within the risk parameters established by the Board.

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(c) Strategies Employed for Achieving Objectives

There are distinct asset pools and the asset allocation of the pools is the major determinant of investment risk exposure, real return levels, and current income generation. The endowments have variable spending needs, and the related asset pools are structured to support such spending needs.

(d) Spending Policy and How the Investment Objectives Relate to Spending Policy

The Foundation Board oversees the ADAF investments and meets regularly to ensure the objectives of the investment policy are being met and the strategies used to meet the objectives are in accordance with the investment policy.

During 2021, the ADAF had the following activities related to endowment net assets:

	Board-designated endowment funds	Donor-restricted endowment funds	Total
Endowment net assets, beginning of year	$ 578,566	12,006,238	12,584,804
Investment return, net	—	1,594,972	1,594,972
Appropriation of endowment assets for expenditures	—	(424,720)	(424,720)
Total change in endowment net assets	—	1,170,252	1,170,252
Endowment net assets, end of year	$ 578,566	13,176,490	13,755,056

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

During 2020, the ADAF had the following activities related to endowment net assets:

	Board-designated endowment funds	Donor-restricted endowment funds	Total
Endowment net assets, beginning of year	$ 217,738	11,098,857	11,316,595
Board designations	412,274	—	412,274
Investment return, net	—	1,413,508	1,413,508
Contributions	—	200	200
Appropriation of endowment assets for expenditures	(51,446)	(506,327)	(557,773)
Total change in endowment net assets	360,828	907,381	1,268,209
Endowment net assets, end of year	$ 578,566	12,006,238	12,584,804

(12) Functional Expenses

The costs of providing the program and support services are reported below on a functional basis. The Association's main programs are membership/professional advancement, research, the ADA business group, philanthropy, and advocacy. The financial statements contain certain categories of ADAF expenses attributable to one or more programs or supporting programs of the ADAF. These ADAF-allocated expenses include salaries and benefits that are allocated on the basis of estimates of time and effort.

Expenses by functional classification for the year ended December 31, 2021 are as follows:

	Program activities						Supporting activities			
	Membership/ professional advancement	Research (including ADAF and ADASRI)	ADA Business group (including ADABEI)	Philanthropy (including ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	$ 23,143,416	5,769,830	10,853,627	629,783	4,286,325	44,682,981	22,160,322	—	22,160,322	66,843,303
Outside services	7,520,627	485,669	4,051,742	36,768	1,521,935	13,616,741	13,561,359	—	13,561,359	27,178,100
Printing, publication, and marketing	191,903	48,173	6,354,563	7,910	95,581	6,698,130	2,064,633	—	2,064,633	8,762,763
Meeting and travel expenses	636,489	34,291	1,751,419	2,510	414,865	2,839,574	856,790	—	856,790	3,696,364
Office and facility expenses	576,140	560,247	1,728,246	44,130	265,799	3,174,562	10,634,693	—	10,634,693	13,809,255
Grants and awards	233,830	78,599	27,500	972	2,487,917	2,828,818	97,903	—	97,903	2,926,721
Depreciation and amortization	4,183	16,869	636,999	—	163,898	821,949	5,752,453	—	5,752,453	6,574,402
Other expenses	2,754,530	11,013	2,478,364	8,821	31,118	5,283,846	2,085,150	—	2,085,150	7,368,996
Total expenses	$ 35,061,118	7,004,691	27,882,460	730,894	9,267,438	79,946,601	57,213,303	—	57,213,303	137,159,904

(Continued)

AMERICAN DENTAL ASSOCIATION AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Expenses by functional classification for the year ended December 31, 2020 are as follows:

	Program activities						Supporting activities			
	Membership/ professional advancement	Research (including ADAF and ADASRI)	ADA Business group (including ADABEI)	Philanthropy (including ADAF)	Advocacy (including ADPAC)	Total program activities	Management and general	Fundraising (ADAF)	Total supporting activities	Total ADA
Compensation	$ 21,456,566	7,116,504	10,287,019	516,474	4,147,883	43,524,446	24,191,240	—	24,191,240	67,715,686
Outside services	8,095,435	828,378	3,243,353	5,100	1,778,969	13,951,235	10,294,564	—	10,294,564	24,245,799
Printing, publication, and marketing	474,245	138,743	5,784,428	31,447	230,609	6,659,472	1,282,374	—	1,282,374	7,941,846
Meeting and travel expenses	686,432	110,672	788,226	12,983	271,849	1,870,162	355,036	—	355,036	2,225,198
Office and facility expenses	672,838	567,722	406,259	5,337	304,741	1,956,897	8,705,180	30	8,705,210	10,662,107
Grants and awards	182,264	58,500	25,000	520,462	3,379,682	4,165,908	56,858	—	56,858	4,222,766
Depreciation and amortization	4,183	420,236	612,155	—	163,898	1,200,472	5,313,353	—	5,313,353	6,513,825
Other expenses	2,564,299	65,586	1,689,107	6,628	34,836	4,360,456	2,910,251	—	2,910,251	7,270,707
Total expenses	$ 34,136,262	9,306,341	22,835,547	1,098,431	10,312,467	77,689,048	53,108,856	30	53,108,886	130,797,934

(13) Financial Assets and Liquidity Resources

The Association's cash flows have seasonal variations through the year related to receipt of the membership dues, donation receipts at the ADAF, testing and accreditation fees, annual meeting revenue, product and publication sales, and grants. The Association has approximately $85,193,000 of financial assets available within one year of the consolidated balance sheet date to meet cash needs for general expenditures. All amounts related to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date have been removed from this total. The contributions receivable are subject to implied time restrictions but are expected to be collected within one year. The Association has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, the Association invests cash in excess of daily requirements in various short-term investments, including short-term treasury instruments, as described in note 4.

Financial assets at year-end		2021	2020
Cash and cash equivalents	$	6,294,619	7,399,931
Receivables		12,621,799	14,556,013
Less straight line rental income adjustment (DC building and headquarters building) (not receivable within one year)		4,380,752	4,400,681
Net receivables available for operations		8,241,047	10,155,332
Marketable securities and alternative investments at fair market value		206,714,733	183,142,483
Less donor-restricted net assets		6,246,464	2,689,481
Less board-designated reserve commitments		130,350,595	98,508,884
Less board-designated capital replacement fund commitments		12,902,229	8,662,496
Less donor-restricted permanent endowments		13,176,490	12,006,238
Marketable securities less board designed commitments and donor restrictions		44,038,955	61,275,384
Financial assets available to meet cash needs for general expenditures within one year	$	58,574,621	78,830,647

(Continued)

AMERICAN DENTAL ASSOCIATION
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Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(14) Commitments and Contingencies

Although management is not aware of any pending or threatened litigation, the Association may be subject to legal actions, claims, and proceedings arising in the ordinary course of business. The ultimate resolution of these matters, including any related financial effects on the Association, would be addressed if and when they are known. The Association has not provided for any potential future losses arising from the resolution of these matters in the accompanying consolidated financial statements. Despite the inherent uncertainties of litigation, management does not believe that the lawsuits would have a material adverse impact on the financial condition of the Association at this time.

(15) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, the Association evaluated subsequent events after the consolidated statement of financial position date of December 31, 2021 through September 28, 2022 which was the date the consolidated financial statements were available to be issued, noting no events requiring recording or disclosure, other than previously disclosed.

Schedule 1

AMERICAN DENTAL ASSOCIATION
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Consolidated Statement of Financial Position with Supplementary Consolidating Information

December 31, 2021

	General fund												
	Operating division	Reserve division											
Assets	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
Cash and cash equivalents	$ 1,115,371	—	—	—	—	1,115,371	1,515,367	379,296	2,152,375	717,066	415,144	—	6,294,619
Receivables	11,860,041	—	—	—	—	11,860,041	—	—	233,220	492,155	36,383	—	12,621,799
Due from affiliates	(3,372,226)	—	—	—	3,563,616	191,390	—	(172,725)	150,568	(55,963)	(113,270)	—	—
Income taxes receivable	(60,779)	—	—	—	—	(60,779)	(1,000)	—	—	166,132	—	—	104,353
Prepaid expenses and other assets	4,208,730	—	—	—	—	4,208,730	4,219	—	(3,970)	(140)	(648)	—	4,208,191
Inventories, net	1,066,147	—	—	—	—	1,066,147	—	—	—	—	—	—	1,066,147
Marketable securities and alternative investments	603,348	—	12,902,229	102,518,952	68,490,599	184,515,128	—	19,132,251	—	3,067,354	—	—	206,714,733
Investment in subsidiaries	—	4,724,967	—	—	—	4,724,967	—	—	—	—	—	(4,724,967)	—
Property and equipment, net	36,514,822	—	—	—	—	36,514,822	—	—	1,447,009	11,694	384,746	—	38,358,271
Funds held for deferred compensation	8,876,902	—	—	—	—	8,876,902	—	—	—	—	—	—	8,876,902
Total assets	$ 60,812,356	4,724,967	12,902,229	102,518,952	72,054,215	253,012,719	1,518,586	19,338,822	3,979,202	4,398,298	722,355	(4,724,967)	278,245,015
Liabilities and Net Assets													
Accounts payable and accrued liabilities	$ 12,927,067	—	—	—	—	12,927,067	43,362	234,781	549,753	203,184	96,334	—	14,054,481
Deferred revenue	14,595,733	—	—	—	—	14,595,733	—	—	4,000	—	25,150	—	14,624,883
Deferred tax liabilities, net	—	—	—	—	—	—	—	—	—	71,021	—	—	71,021
Liability for deferred compensation	8,876,902	—	—	—	—	8,876,902	—	—	—	—	—	—	8,876,902
Postretirement benefit obligation	—	—	—	—	13,392,789	13,392,789	—	—	—	—	—	—	13,392,789
Pension liability	34,702,963	—	—	—	—	34,702,963	—	—	—	—	—	—	34,702,963
Total liabilities	71,102,665	—	—	—	13,392,789	84,495,454	43,362	234,781	553,753	274,205	121,484	—	85,723,039
Net assets (deficit):													
Without donor restrictions:													
Common stock	—	—	—	—	—	—	—	—	—	100,100	1,000	(101,100)	—
Additional paid-in capital	—	—	—	—	—	—	—	—	—	500,000	9,240,431	(9,740,431)	—
Other net assets without donor restrictions	(10,568,736)	4,724,967	12,902,229	102,518,952	58,661,426	168,238,838	—	4,864,029	—	3,523,992	(8,640,558)	5,116,564	173,102,865
With donor restrictions	278,427	—	—	—	—	278,427	1,475,224	14,240,012	3,425,448	—	—	—	19,419,111
Total net assets (deficit)	(10,290,309)	4,724,967	12,902,229	102,518,952	58,661,426	168,517,265	1,475,224	19,104,041	3,425,448	4,124,092	600,873	(4,724,967)	192,521,976
Total liabilities and net assets	$ 60,812,356	4,724,967	12,902,229	102,518,952	72,054,215	253,012,719	1,518,586	19,338,822	3,979,201	4,398,297	722,357	(4,724,967)	278,245,015

See accompanying independent auditors' report.

Schedule 2

AMERICAN DENTAL ASSOCIATION
AND SUBSIDIARIES

Consolidated Statement of Activities with Supplementary Consolidating Information

Year ended December 31, 2021

	General fund												
	Operating division	Reserve division											
	Operating account	Capital formation account	Capital fund	Reserve royalties fund	Investment account	Total general fund	ADPAC	ADAF	ADASRI	ADABEI	ADABIG	Eliminations	Total
Revenue:													
Membership dues	$ 57,932,566	—	—	—	—	57,932,566	—	—	—	—	—	—	57,932,566
Advertising	7,541,478	—	—	—	—	7,541,478	—	—	—	—	—	(267,325)	7,274,153
Rental income	7,202,640	—	—	—	—	7,202,640	—	—	—	—	—	(110,104)	7,092,536
Publication and product sales	5,489,896	—	—	—	—	5,489,896	—	—	—	—	—	—	5,489,896
Testing and accreditation fees	28,902,240	—	—	—	—	28,902,240	—	—	—	—	—	—	28,902,240
Meeting and seminar income	5,904,817	—	—	—	—	5,904,817	—	—	49,600	—	—	(7,000)	5,947,417
Grants, contributions, and sponsorships	900,778	—	—	—	—	900,778	1,487,463	50,013	3,684,578	—	—	(30,000)	6,092,832
Grant from ADA	651,535	—	—	—	—	651,535	—	—	315,753	—	—	(967,288)	—
ADASRI Service Fee Income	—	—	—	—	—	—	—	—	10,081,811	—	—	(10,081,811)	—
Royalties and service fees	9,229,090	—	—	6,178,470	—	15,407,560	—	—	—	2,433,208	—	—	17,840,768
Investment return, net	845,102	(2,802,523)	—	9,846,097	7,294,487	15,183,163	533	1,996,165	—	186,252	292	2,802,523	20,168,928
Other income	3,696,658	—	—	—	—	3,696,658	—	721,343	202	5,434	286,060	(480,321)	4,229,376
In-kind services	—	—	—	—	—	—	663,543	284,655	—	—	—	(948,198)	—
Total revenue	128,296,800	(2,802,523)	—	16,024,567	7,294,487	148,813,331	2,151,539	3,052,176	14,131,944	2,624,894	286,352	(10,089,524)	160,970,712
Expenses:													
Staff compensation, taxes, and benefits	57,893,592	—	—	—	(4,061,464)	53,832,128	—	285,968	10,062,168	957,718	1,705,321	—	66,843,303
Printing, publication, and marketing	7,730,261	—	—	—	—	7,730,261	74	4,650	75,992	893,372	331,739	(273,325)	8,762,763
Meeting expenses	1,614,175	—	—	—	—	1,614,175	6,277	5,934	40,215	20,752	—	(6,000)	1,681,353
Travel expenses	1,867,499	—	—	—	—	1,867,499	10,121	8,390	55,642	29,554	43,805	—	2,015,011
Consulting fees and outside services	17,406,563	—	—	—	—	17,406,563	124,651	153,478	588,617	54,572	264,693	—	18,592,574
Professional services	8,030,020	—	—	—	—	8,030,020	10,000	343,748	85,566	117,010	30,601	(31,419)	8,585,526
Office expenses	4,679,503	—	—	—	—	4,679,503	16,625	323,490	396,256	7,123	20,880	—	5,443,877
Facility and utility expenses	7,395,425	—	—	—	—	7,395,425	—	—	968,934	110,925	198	(110,104)	8,365,378
Grants and awards	2,336,964	—	—	—	—	2,336,964	473,583	400,828	—	25,000	—	(25,000)	3,211,375
ADASRI Service Fee Expense and ADAF Foundation Grant	10,081,811	—	—	—	—	10,081,811	—	682,634	—	—	—	(11,049,099)	(284,654)
Endorsement expenses	1,597,428	—	—	—	—	1,597,428	—	—	—	—	—	—	1,597,428
Depreciation and amortization	5,520,060	—	—	—	—	5,520,060	—	—	446,777	2,339	605,226	—	6,574,402
Bank and credit card fees	1,982,754	—	—	—	—	1,982,754	29,659	—	1,467	1,260	1,323	—	2,016,463
Other expenses	1,676,615	—	—	—	—	1,676,615	2	66,755	183,293	129,404	284,527	(448,902)	1,891,694
Pension – and postretirement health plan – net periodic benefit cost other than service cost	578,039	—	—	—	202,801	780,840	—	—	—	—	—	—	780,840
In-kind administrative expenses	—	—	—	—	—	—	663,543	284,655	—	—	—	(948,198)	—
Total expenses	130,390,709	—	—	—	(3,858,663)	126,532,046	1,334,535	2,560,530	12,904,927	2,349,029	3,288,313	(12,892,047)	136,077,333
Net income (loss) before income tax expense and pension and postretirement health plan – related changes other than net periodic pension cost	(2,093,909)	(2,802,523)	—	16,024,567	11,153,150	22,281,285	817,004	491,646	1,227,017	275,865	(3,001,961)	2,802,523	24,893,379
Income tax expense	1,009,216	—	—	—	—	1,009,216	500	(3,573)	—	76,428	—	—	1,082,571
Pension and postretirement health plan – related changes other periodic benefit cost	(9,104,099)	—	—	—	(781,189)	(9,885,288)	—	—	—	—	—	—	(9,885,288)
Change in net assets	6,000,974	(2,802,523)	—	16,024,567	11,934,339	31,157,357	816,504	495,219	1,227,017	199,437	(3,001,961)	2,802,523	33,696,096
Net assets (deficit) at beginning of year	(19,061,174)	4,815,584	8,662,496	73,504,073	69,438,930	137,359,909	658,720	18,608,822	2,198,431	3,924,655	890,927	(4,815,584)	158,825,880
Equity transfers / transactions	2,769,891	2,711,906	4,239,733	12,990,312	(22,711,843)	(1)	—	—	—	—	2,711,907	(2,711,906)	—
Net assets (deficit) at end of year	$ (10,290,309)	4,724,967	12,902,229	102,518,952	58,661,426	168,517,265	1,475,224	19,104,041	3,425,448	4,124,092	600,873	(4,724,967)	192,521,976

See accompanying independent auditors' report.