Official House Resolution and Board Comments Attached

Resolution 509 – Fully Funded ADA Advocacy Realigned with Dentist Priorities Through State-Focused Investment and National Collaboration

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution requires the ADA to fully fund and prioritize advocacy that directly benefits member dentists and patients. It calls for maintaining and expanding all advocacy budgets, requiring annual increases tied to inflation, and targeting a $25 million annual advocacy investment within five years. It redirects 80% of advocacy spending toward state-led initiatives where results are real and measurable and dedicates 30% of all advocacy resources to fixing dental insurance abuses like network leasing, third-party payments, and weak dental loss ratio laws.

IF YOU VOTE NO

A NO vote supports the status quo: a top-down advocacy strategy centered in Washington, D.C., with high costs and minimal results. It defends continued spending on consultants and federal lobbying that has failed to deliver meaningful change for practicing dentists. A NO vote accepts that ADA advocacy will remain misaligned with member priorities and disconnected from state-level success stories that actually improve dentists' daily lives.

SUMMARY

This resolution ensures that ADA advocacy reflects the priorities of the dentists who fund it. Members overwhelmingly list advocacy as their top reason for joining the ADA, yet millions have been spent with little return. By shifting the focus and funding to state-based issues such as insurance reform, fair reimbursement, and transparency, Resolution 509 brings advocacy back to where it works. It also mandates clear reporting to show members how their dues are used and what wins are achieved each year.

Why the Board Is Wrong

The Board voted NO, claiming the resolution lacks fiscal detail and could limit flexibility. This argument misses the point: the ADA has had decades of flexibility and has failed to deliver results that matter to members. Resolution 509 does not create chaos, it creates accountability. It defines measurable advocacy goals, prevents diversion of funds, and demands transparency in spending. By opposing this, the Board defends the same federal-heavy structure that has cost millions without improving dentists' financial or regulatory environment.

TALKING POINTS

- • ADA advocacy spending must reflect what dentists value most: results.
- • Redirects funding to the states where legislative victories actually happen.
- • Preserves all advocacy positions and adds CPI-based annual growth.
- • Prioritizes insurance reform—dentists' number-one concern nationwide.
- • Creates annual public reporting so members can see exactly what they're getting.
- • Ends wasteful top-down lobbying and refocuses ADA on real, measurable wins.
- • A YES vote puts advocacy back in the hands of dentists, not consultants.

Prepared by Dentistry in General Advocacy Coalition
https://dentistryingeneral.com/digac

Resolution No. 509 New

Report: N/A Date Submitted: July 11, 2025

Submitted By: Dr. Steven Saxe, delegate, Nevada

Reference Committee: D (Legislative, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time: Amount On-going:

ADA Strategic Forecast Outcome: Tripartite: Align member value across the Tripartite.

FULLY FUNDED ADA ADVOCACY REALIGNED WITH DENTIST PRIORITIES THROUGH STATE-FOCUSED INVESTMENT AND NATIONAL COLLABORATION

The following resolution was submitted on Friday, July 11, 2025, by Dr. Steven Saxe, delegate, Nevada.

Background: Advocacy is consistently ranked by ADA members as the most influential benefit of membership, with lobbying on behalf of dentists cited as the top reason for renewing, according to the Council on Membership's 2024 report. Given that early career dentists also rank advocacy and volunteer opportunities as key priorities, this strongly suggests that advocacy is not only critical to retention—but also serves as a powerful tool for recruiting non-members, especially younger practitioners who are evaluating whether the ADA reflects their professional interests

Yet, ADA's current federal advocacy efforts have consumed millions of dollars over the last decade while producing few wins. The repeal of the McCarran-Ferguson exemption cost years of lobbying investment and yielded no tangible benefit to practicing dentists. The push for licensure compacts was not broadly supported by member dentists or many state societies, but still moved forward. Meanwhile, the ADA's advocacy around dental loss ratio (DLR) bills has often failed to reflect the real interests of dentists, resulting in weak or counterproductive legislation. One major example is the NCOIL DLR model, which is now cited as a national template despite being toothless and detrimental to meaningful reform. The NCOIL model should not be referenced or endorsed by the ADA, as it lacks meaningful protections for dentists and undermines efforts to achieve substantive dental loss ratio reform.

Despite sustained investment of time, staff, and financial resources, ADA's federal advocacy efforts have yielded few tangible results in recent years. While the Association has consistently pushed high-priority legislation through coordinated lobbying, coalition efforts, and member mobilization, most major federal bills have stalled or failed to pass. These repeated outcomes suggest that federal advocacy, while well-intentioned, has produced limited return on investment—especially when compared to more nimble and successful efforts at the state level. The following examples highlight federal initiatives that consumed significant attention and resources without achieving legislative success:

- REDI Act (Resident Education Deferred Interest Act)
- Medicaid Dental Benefit Act of 2023
- Ensuring Lasting Smiles Act (ELSA, 117th Congress)
- SMILED Act (Strengthening Medicaid Incentives for Licensees Enrolled in Dental Act, H.R. 1422)

This top-down approach has failed to reflect what most member dentists actually want. Instead of focusing on what dentists need in their own states, ADA federal efforts have prioritized large, expensive campaigns that are poorly aligned with real member pain points.

Dentists consistently rank insurance-related problems—such as low reimbursements, network leasing, virtual credit card fees, and lack of transparency—as their top practice concern. These issues affect patient care, professional autonomy, and office sustainability. Yet ADA's national strategy has not treated insurance reform as a flagship advocacy priority. Dentists across the country want action, and they want it led from the ground up. Focusing our advocacy structure around supporting state-level insurance reform is not just good strategy—it's necessary to remain relevant to the profession.

In contrast, impactful legislative wins have happened at the state level, driven by the dentists who live and work in those communities. The Illinois State Dental Society (ISDS), for example, secured legislation in 2024 that:

- Banned mandatory use of virtual credit cards by insurers
- Required insurers to notify providers before leasing their contracts to third-party networks
- Protected early-career dentists from abusive non-compete agreements

These state-level changes are meaningful, measurable, and highly visible. They show dentists that advocacy can work—and when dentists see results, they are more likely to engage, support, and join.

However, the ADA's current resource allocation still centers on federal activities: Washington offices, lobby day events, high-level consultant fees, and legislative campaigns that may or may not reflect adopted House policy. Redirecting a significant share of that spending toward state-specific support will both improve results and increase member satisfaction.

The ADA already provides State Public Affairs (SPA) grants to help fund state campaigns. However, these grants are not always distributed based on strategic alignment with mission or impact. Several states report inefficiencies in how SPA funds are used. A mission-based, outcome-driven model is overdue.

Additionally, dentistry suffers from fragmentation in advocacy efforts. The ADA, AGD, ADEA, AAOMS, and other specialty groups often lobby on overlapping issues without coordination. This duplication weakens dentistry's influence and wastes limited resources. A unified coalition effort would increase our power, credibility, and results.

To lead effectively, the ADA must fully staff and fund its Government Affairs Division, expand support for states, and serve as a responsive, listening partner—not the driver of top-down campaigns. Every dollar invested in advocacy must be a dollar that helps members see results they can believe in.

Finally, because advocacy is the most important thing to current members and a top reason non-members say they would join, the ADA must not only preserve advocacy resources—it must grow them. Investing in impactful, publicized wins will help reverse our membership decline and show the next generation that the ADA is worth belonging to.

Resolution

509. Resolved, that the American Dental Association urges the Board of Trustees to protect and maintain all existing advocacy funding, including but not limited to the Government Affairs and State Public Affairs (SPA) budgets, contracted advocacy services, and staff positions directly supporting advocacy functions, and to increase such funding annually by at least the Consumer Price Index (CPI) or comparable inflationary measure, and to target an annual advocacy investment of at least $25 million within five years of the adoption of this resolution, unless an extension is authorized by the House of Delegates through a resolution submitted by the Finance Committee, and be it further

Resolved, that the appropriate ADA agencies shall publish an annual advocacy performance report detailing state and federal policy outcomes, use of SPA funds, key member-facing wins (including but not limited to legislative or regulatory outcomes that directly benefit dentists or their patients), and

the Association's progress toward its advocacy investment target, and that this report shall be made publicly available to demonstrate the value of ADA advocacy to members and prospective members alike, and be it further

Resolved, that the Board of Trustees be urged to fully fund the Government Affairs Division at levels sufficient to support both federal and state initiatives, and redirect no less than 80% of the Government Affairs budget including but not limited to staff, contracts, consultant services, travel, lobby day expenditures, policy development, media campaigns, and research, toward supporting state-led legislative efforts that address issues specific to each state's needs and priorities, and shall structure SPA grants and other state-level funding support based on strategic alignment with mission-based legislative objectives, with documentation of planning, execution, and measurable outcomes required as a condition of future disbursements, and be it further

Resolved, that the Board of Trustees be urged to prioritize insurance reform as a core component of its advocacy strategy, and dedicate no less than 30% of its total advocacy budget annually to supporting state and federal efforts that address insurance-related legislation, including but not limited to network leasing abuses, third-party payment practices, lack of fee transparency, and advancing meaningful dental loss ratio reform aligned with House of Delegates policy, as well as other member-identified insurance concerns.

BOARD COMMENT: The Board is concerned with the financial and operational implications of this resolution. As drafted, this resolution would negatively impact ADA's budget by $25 million or more within 60 months with no clear fiscal guidance on how these funds will be procured. Moreover, the restrictive nature of the resolution inhibits the ADA's ability to reasonably adapt and prioritize advocacy priorities and limits the bulk of ADA's advocacy work to supporting state activity. Further, the ADA presently reports its advocacy activity through a variety of publications including, but not limited to, CGA Annual Reports, ADA News Articles, social media, and other published materials, including ADA.org.
As such, the Board recommends a No vote on Resolution 509.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 509

BERG	No	DOWD	No	KNAPP	No	STUEFEN	No
BOYLE	No	GRAHAM	No	MANN	No	TULAK-GORECKI	No
BROWN	No	HISEL	Absent	MARKARIAN	No	WANAMAKER	No
CAMMARATA	No	HOWARD	No	MERCER	No		
CHOPRA	No	IRANI	No	REAVIS	Absent		
DEL VALLE-SEPÚLVEDA	No	KAHL	No	ROSATO	No		