

Resolution: Restoring Budgetary Oversight to the House of Delegates and Establishing Transparency for Major Expenditures

The ADA has gradually shifted fiscal authority from the House of Delegates (HOD) to the Board of Trustees and staff. Major decisions, including asset sales like the ADA building and acquisitions such as the Forsyth Institute, were made without House review. Despite recurring deficits and declining reserves, the House no longer votes on the final budget. This undermines fiduciary oversight, violates nonprofit best practices, and contradicts IRS expectations for governance accountability. Other organizations like the AMA and AICPA require delegate review for significant expenditures. This resolution restores House control over ADA finances and mandates transparency for high-value transactions.

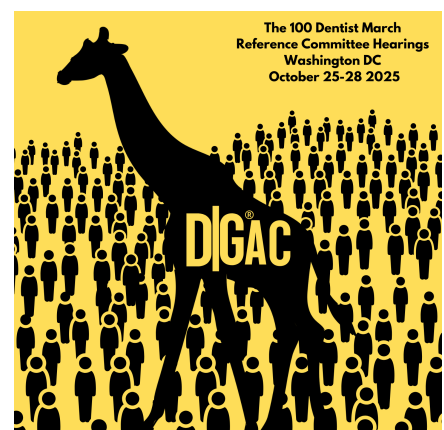
Key Issues:

- House no longer adopts the ADA's annual operating budget.
- Millions spent without advance HOD consultation or approval.
- Major fiscal decisions have been inconsistent with HOD policy or strategic direction.
- Sale of ADA headquarters occurred without House input.
- Oversight aligns with IRS Publication 557 and legal precedent (e.g., United Cancer Council v. Commissioner).

Resolved Clauses:

1. Restore final budget authority to the House of Delegates, including authority to amend, reallocate, or reject line items.
2. Require advance notification and justification for any ADA expenditure, contract, or asset transaction over \$5 million, including a 60-day review period.
3. Publish summaries of such expenditures to ADA members within 90 days of execution.
4. Amend ADA Bylaws to explicitly reflect HOD budget authority in Chapters III, V, and XII.
5. Implement changes immediately upon adoption and revise Governance Manual accordingly.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Minimum Hands-On Standards for Safe Dental Practice and CODA Governance

Many CODA-accredited dental schools no longer require students to perform a baseline number of clinical procedures on live patients. Instead, some rely on passive observation or simulation alone. This lack of hands-on clinical training has contributed to professional burnout, patient safety concerns, and insufficient preparation for independent practice. CODA is legally required to protect public welfare, yet significant variation exists between schools. Reports of minimal clinical requirements and reduced faculty oversight raise serious concerns about licensure readiness and educational integrity. The resolution calls on CODA to strengthen national standards and reform its governance practices to improve clinical competency and transparency.

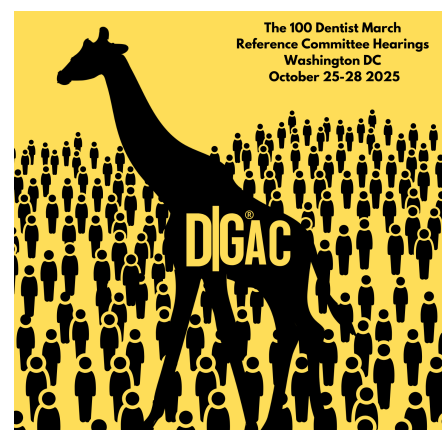
Key Issues:

- Some students graduate with limited or no patient-based experience in core disciplines.
- Observation-only training is insufficient for surgical disciplines like dentistry.
- ADA policies and CODA standards are being inconsistently enforced.
- Lack of standardization threatens public safety and undermines trust.
- CODA governance may be compromised by conflicts of interest among reviewers and site visitors.

Resolved Clauses:

1. Encourage CODA to enforce minimum national standards for patient-based clinical procedures required for graduation.
2. Require hands-on experience in operative, restorative, endodontic, periodontal, surgical, and prosthodontic disciplines.
3. Strengthen CODA conflict-of-interest rules and transparency measures for its commissioners and reviewers.
4. Improve collaboration with the ADA and other stakeholders in defining competency benchmarks.
5. Emphasize mental health and wellness in evaluating dental education quality, citing links between clinical deficiencies, debt, and burnout.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Fiscal Responsibility and Modernization of ADA Governance Operations

ADA governance has incurred increasing expenses through in-person meetings, luxury retreats, and extended travel-often without clear outcomes or cost-benefit analysis. At the same time, ADA members face financial challenges, and the organization is running annual deficits. Modern nonprofit governance requires financial discipline and technological efficiency. This resolution proposes a remote-first model, travel policy reform, and a data-driven review of how governance dollars are spent. It al...

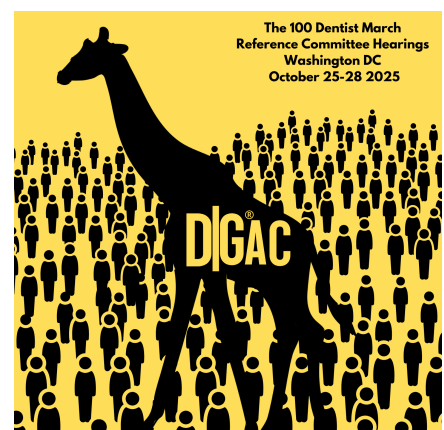
Key Issues:

- Repeated high-cost retreats for limited business activities.
- Travel and venue expenses contribute significantly to ADA's financial strain.
- Remote technology is underused despite pandemic-era success.
- Some states retain many delegate seats with low participation.
- Other associations like the AMA and ABA have adopted cost-saving, remote governance models.

Resolved Clauses:

1. Create a Task Force to evaluate five years of governance travel and recommend savings based on best practices.
2. Make Zoom or equivalent virtual platforms the default for ADA governance, requiring justification for in-person meetings.
3. Expand hybrid access and remote voting across ADA entities.
4. Conduct a "delegate census" to examine participation and adjust delegate apportionment accordingly.
5. Standardize per diem enforcement, zone-based meetings, and cost-control policies to uphold fiscal responsibility.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Develop the Dental School Educational Value Index (DEVI)

Dental school tuition has skyrocketed, with some students graduating over \$500,000 in debt. Meanwhile, clinical experience varies significantly, and many students report food insecurity and mental health challenges. Pre-dental applicants lack reliable tools to evaluate program quality. This resolution establishes the Dental School Educational Value Index (DEVI), a public, outcomes-based index designed to help applicants make informed choices and to encourage school accountability.

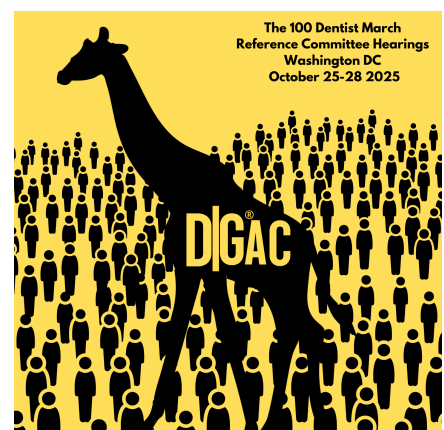
Key Issues:

- No standardized, transparent data for comparing dental schools exists today.
- Students often rely on outdated rankings or hearsay.
- Poor education value decisions contribute to long-term debt and burnout.
- Institutions with strong clinical programs and support services deserve recognition.
- DEVI would highlight metrics like clinical procedures, faculty ratios, mental health resources, and student satisfaction.

Resolved Clauses:

1. ADA shall develop and publish DEVI, based on verified, voluntarily submitted school data.
2. Encourage all accredited dental schools to participate and share key outcomes like number of procedures performed, educational cost, wellness services, and support for diversity.
3. Promote DEVI as a collaborative tool to inform applicants and support schools committed to transparency and excellence.
4. Explore collaboration with CODA to incorporate DEVI-aligned metrics into the accreditation self-study process, while maintaining DEVI as an independent ADA initiative.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Rebuilding the Strategic Forecasting Committee as a Liaison and Oversight Body

The Strategic Forecasting Committee (SFC) was designed to guide ADA's long-term planning, yet currently lacks the access, authority, and independence needed to fulfill its purpose. It is often excluded from critical data and decisions by ADA staff and the Board of Trustees. In contrast, similar committees in the AMA and ABA report directly to their legislative bodies. This resolution restructures the SFC to operate transparently, report to the House of Delegates, and monitor alignment between strategy and ADA's actions.

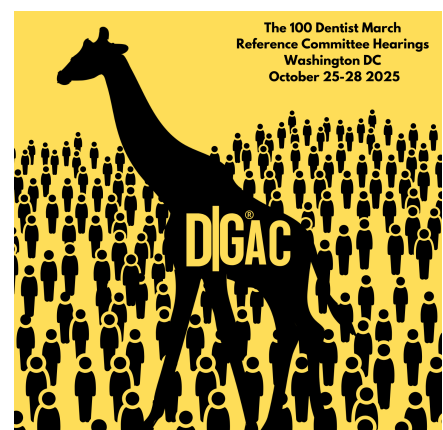
Key Issues:

- SFC lacks independent oversight power or reliable data access.
- House-approved strategy plans are sometimes ignored or poorly implemented.
- SFC must be empowered to track progress, flag misalignments, and recommend reforms.
- Better alignment between strategy and execution improves member trust and effectiveness.

Resolved Clauses:

1. Restructure the SFC to serve as the formal liaison between the House of Delegates, Board, Councils, and ADA staff.
2. Authorize SFC to evaluate program alignment with the Strategic Forecast and propose reforms.
3. Require quarterly and annual SFC reports to the House, with published summaries for ADA members.
4. Mandate full and timely compliance by ADA staff and trustees with SFC information requests.
5. Set SFC meeting frequency and require geographic diversity among trustee members.
6. Allocate staff and resources to enable the SFC's operations and assessments.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Establishing the National Union of ADA Employed Dentists (NUAED)

More than 25% of new dental graduates now join Dental Service Organizations (DSOs) or institutional employers. These dentists often lack workplace protections and support when facing ethical concerns, unfair contracts, or retaliation. Unlike other healthcare professionals, dentists have no national union. This resolution establishes a voluntary, ADA-affiliated union (NUAED) to support employed dentists-focusing on ethics, legal guidance, and professional advocacy.

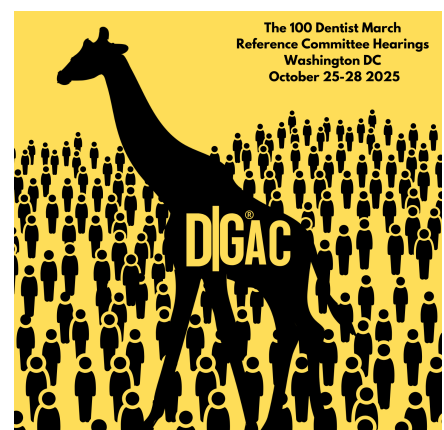
Key Issues:

- New dentists face high debt, loss of autonomy, and exploitative conditions.
- Organized dentistry offers little workplace support to employed members.
- Other professions (e.g., physicians, nurses) benefit from union protections.
- Membership in the proposed union would be optional and limited to ADA members.
- No employer would be required to hire union members.

Resolved Clauses:

1. ADA shall create the National Union of ADA Employed Dentists (NUAED), as an optional membership benefit for ADA members.
2. NUAED will operate legally independent from ADA governance, while receiving startup support.
3. The union will offer legal and contract review, ethical case support, and, where allowed, collective negotiation guidance.
4. ADA will form a task force to oversee development and report progress to the House within 12 months.
5. The union aims to enhance workplace protections, attract new members, and promote a culture of transparency and professionalism.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Optimizing House of Delegates Structure and Operations

The House of Delegates (HOD) remains the largest body in ADA governance, but its size and ceremonial structure no longer reflect the financial realities or engagement preferences of members. Despite a 25% drop in active membership since 2005, delegate counts remain unchanged. This resolution proposes resizing the House based on current membership, reducing ceremonial time, and adopting digital-first governance tools to enhance accessibility, efficiency, and environmental sustainability.

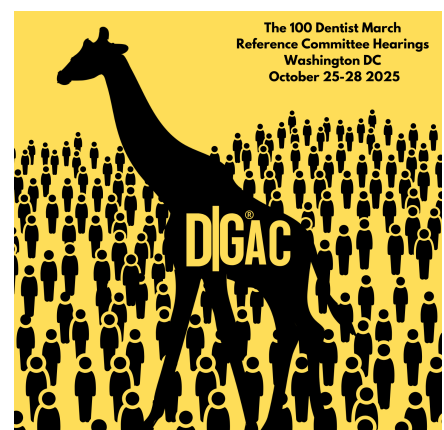
Key Issues:

- House size is no longer proportional to membership.
- Ceremonial speeches and activities consume significant time and travel costs.
- Printed materials and in-person-only formats are environmentally and financially outdated.
- Shorter, hybrid sessions would increase participation from working dentists and reduce cost.

Resolved Clauses:

1. Reduce HOD size to reflect a ratio of approximately one voting delegate per 700 members, while preserving guaranteed representation for all states and key groups.
2. Transition ceremonies (e.g., officer recognitions, speeches) to digital or pre-recorded formats.
3. Adopt a digital-first model by default for documents, reference committee reports, and testimony, with printed materials available only upon request.
4. Create a task force to study a hybrid governance model, with a condensed three-day in-person session and virtual prep meetings.
5. Ensure reference committee hearings are scheduled after the initial House meeting to support procedural continuity.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Strengthening Financial Oversight and Accountability of the ADA Board

The ADA Board of Trustees has come under scrutiny for unapproved spending, excessive travel, luxury events, and major financial losses-including asset sales and questionable investments. These actions have eroded member trust and threaten the ADA's nonprofit credibility. This resolution strengthens oversight by limiting discretionary Board spending, shifting to virtual meetings, requiring external audits, and mandating financial transparency.

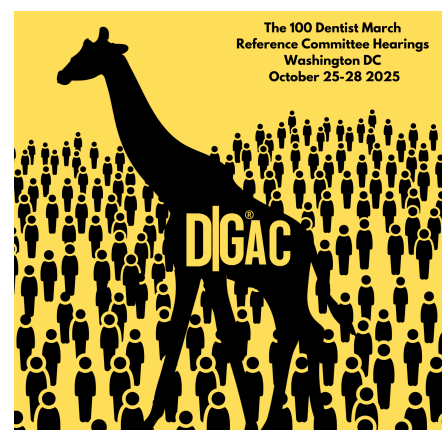
Key Issues:

- ADA reserves have been significantly depleted over recent years.
- Board travel and discretionary spending often exceed what is reasonable or necessary.
- International travel and luxury events have occurred without House review or clear benefit.
- Other major nonprofits have adopted forensic audits and virtual-first governance to restore credibility.

Resolved Clauses:

1. Limit the Board of Trustees to two in-person meetings per year; require all others be virtual to reduce costs.
2. Require cost-saving policies for travel, hotels, retreats, and events-ensuring travel is necessary and staff representation is limited to essentials.
3. Mandate pre-approval by an independent review body for any discretionary Board expenditure over \$10,000.
4. Prohibit use of member dues for international travel unless approved by the House of Delegates.
5. Commission an independent forensic audit covering five years of Board and executive financial activity.
6. Require quarterly reporting on Board travel, partnerships, and discretionary spending, with public summaries available to ADA members.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Establishment of a Dentist-Facing ADA Certification Program

Many dentists struggle to evaluate dental software and imaging platforms for data security, ownership rights, and interoperability. Vendors often make it difficult to access or export patient records, especially when transitioning systems. The ADA currently has no certification or guidance program to help members navigate this technology landscape. This resolution creates a voluntary, vendor-funded certification program to promote transparency, security, and usability standards for dental practice...

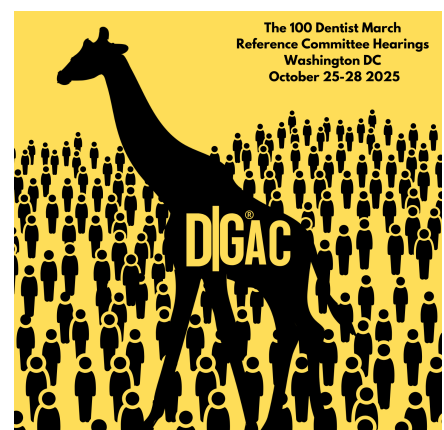
Key Issues:

- Some platforms restrict data exports or charge excessive fees to access patient records.
- Proprietary formats and vendor lock-in make it difficult for dentists to switch systems.
- Most dentists lack the technical expertise to evaluate cybersecurity or compliance.
- Imaging software is often Class II medical devices under FDA regulations but lacks user-facing documentation.
- A neutral certification program would empower dentists and reward ethical vendors.

Resolved Clauses:

1. Create a voluntary ADA Certification Program to evaluate dental software and imaging systems on security, interoperability, and regulatory compliance.
2. Require certified platforms to support modern encryption, multi-factor authentication, and direct user access to export all data in non-proprietary formats.
3. Mandate FDA Class II clearance for any diagnostic modules and require vendors to affirm that the dentist owns all patient/practice data.
4. Convene a Task Force on Technology Certification to finalize criteria and implement the program without further pilot delays.
5. Publish a standardized export schema to ensure certified platforms are usable, portable, and vendor-neutral.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Enhancing Trustee Accountability and Expanding Member Access to Policy Making

Current ADA policies allow sitting trustees to campaign for national office while still serving, creating conflicts of interest. Grassroots members cannot submit resolutions without going through official channels, and candidate interviews are restricted unless all opponents agree to participate. These policies limit member engagement, transparency, and fairness. This resolution proposes reforms to trustee campaigning, resolution access, vote reporting, and candidate media participation.

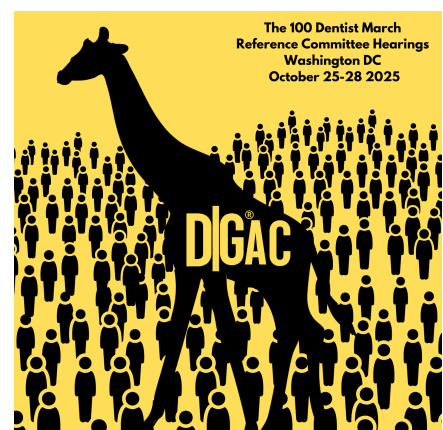
Key Issues:

- Sitting trustees can campaign while serving, which compromises fiduciary focus.
- Board votes lack explanation or context, reducing transparency.
- Only delegates or societies can submit resolutions-most ADA members are excluded.
- Modern digital platforms require updated campaign media policies that reflect fairness, not gatekeeping.
- These barriers discourage younger and early-career dentists from participating.

Resolved Clauses:

1. Prohibit sitting trustees from running for ADA President-Elect while still in office to preserve impartial governance.
2. Require publication of majority and minority reports for every Board of Trustees vote.
3. Allow any three ADA members in good standing to co-submit resolutions for House consideration, with optional formatting assistance from state societies or experienced delegates.
4. Permit individual candidate interviews if the interviewer signs an affidavit offering equal opportunity to all candidates, submitted to the Election Commission and made public.
5. Require implementation of these changes for the 2025 governance cycle, including necessary bylaw and rule revisions by CEBJA.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Ending Unproductive Spending on FDI and Reinvesting in Member-Focused Priorities

The ADA spends over \$450,000 annually on membership, travel, and staffing related to the FDI World Dental Federation. Yet the campaigns and initiatives led by FDI-like World Oral Health Day-are rarely adopted by ADA or seen as relevant by U.S. dentists. In contrast, ADA's own Global Oral Health Initiatives (GOHI) provide more targeted international engagement aligned with member needs. As ADA faces budget shortfalls, these FDI funds could be better spent on direct member services and strategic go...

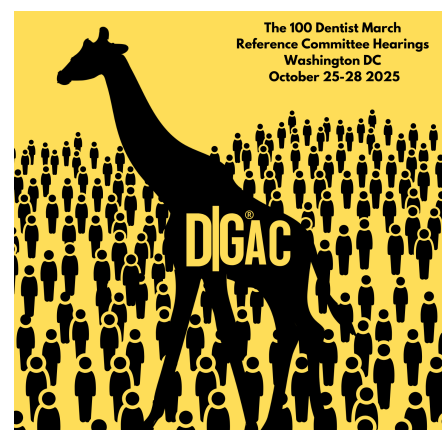
Key Issues:

- FDI initiatives have limited relevance to U.S. dentists and are not used in ADA programming.
- The ADA's internal international outreach (GOHI) already addresses global engagement effectively.
- ADA Strategic Plan emphasizes mission-aligned budgeting and member value.
- Reallocating funds could strengthen ADA programs or support member priorities.

Resolved Clauses:

1. Discontinue all ADA funding and participation in FDI World Dental Federation beginning in Fiscal Year 2026.
2. Require any future FDI involvement to be approved by formal House of Delegates resolution.
3. Reinvest funds previously used for FDI membership into ADA initiatives that provide measurable member value.

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Resolution: Supporting Dr. Ayer's Lawsuit to Promote Fair Reimbursement and Transparency in Dental Insurance

In April 2025, Dr. Dennis Ayer filed a landmark antitrust lawsuit against Zelis Healthcare and several major insurers, alleging that virtual leasing and repricing of dental networks is harming dentists and patients. The ADA has not formally supported this case despite its implications for practice sustainability and insurance reform. This resolution directs the ADA to support the lawsuit in a neutral, legal manner-emphasizing fairness, transparency, and ethical contracting.

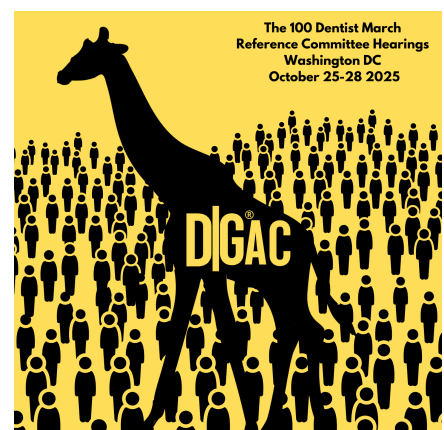
Key Issues:

- The case highlights opaque insurance practices that suppress provider reimbursement.
- ADA policy already opposes silent PPOs and virtual leasing without consent.
- Supporting the lawsuit would align with longstanding House positions.
- A favorable ruling could empower state-level legislation and insurer accountability.
- ADA has a history of engaging in amicus briefs for issues of national significance.

Resolved Clauses:

1. Direct ADA to submit an amicus brief in support of the core legal arguments raised in the Ayer v. Zelis case.
2. Frame support as pro-transparency, pro-fairness, and consistent with adopted ADA policy-not as an endorsement of any party.
3. Collaborate with the Academy of General Dentistry and other aligned stakeholders to demonstrate unified support for ethical contracting.
4. Require the ADA to provide an update to the House of Delegates by March 2026 on the outcome and any legal, policy, or financial implications for the profession.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Ensuring Fair and Equitable ADA Elections Through Campaign Finance Reform

There are currently no limits on how much money a candidate for ADA national office can receive from individuals or organizations. In recent elections, state societies have contributed tens of thousands of dollars to candidates from their own trustee districts, giving them a structural advantage over candidates from less-resourced regions. This resolution proposes reasonable contribution caps, standardized disclosures, and an optional donor-matching program to protect election fairness and ADA's n...

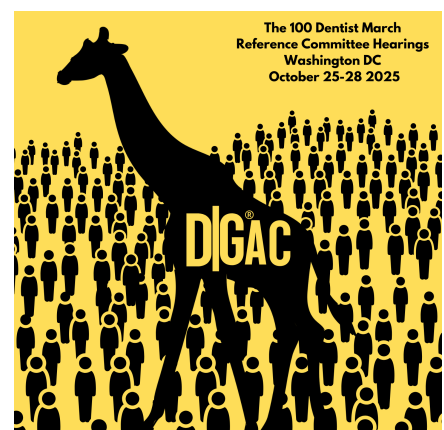
Key Issues:

- Unlimited campaign contributions undermine fairness and may discourage participation.
- Large contributions from state societies create financial imbalance across districts.
- Current rules lack contribution limits despite requiring financial disclosures.
- Excessive spending risks portraying the ADA as out of touch, especially to young dentists.
- The IRS requires that member-directed nonprofits operate with transparency and oversight.

Resolved Clauses:

1. Set contribution caps at \$2,500 per individual, \$5,000 per organization, and \$15,000 from a candidate's home state association.
2. Require quarterly reporting of all campaign income and spending, with public summaries 14 days before each House session.
3. Disqualify candidates from seeking office if they fail to comply with these transparency rules.
4. Develop additional safeguards like centralized reporting and contribution limits by category to improve equity.
5. Create a voluntary donor-matching program for small-dollar donations beginning in 2026, with enhanced transparency requirements.
6. Assign oversight to the ADA Election Commission, in consultation with the Council on Ethics, Bylaws and Judicial Affairs (CEBJA), with all updates codified by March 1, 2026.

Submitted by Dr. Saxe - Full text at <https://dentistryingeneral.com/digac>



Resolution: Reinforcing Editorial Integrity and Transparency by Empowering the Council on Communications

ADA communications-ranging from JADA News and ADA News to email, website, and social media-are often managed by staff without Council on Communications oversight. This has led to messaging that sometimes contradicts House policy or lacks balance, especially in reporting on controversial initiatives like licensure compacts or corporate partnerships. This resolution restores editorial oversight and authority to the Council on Communications and ensures transparency and balance in all public-facin...

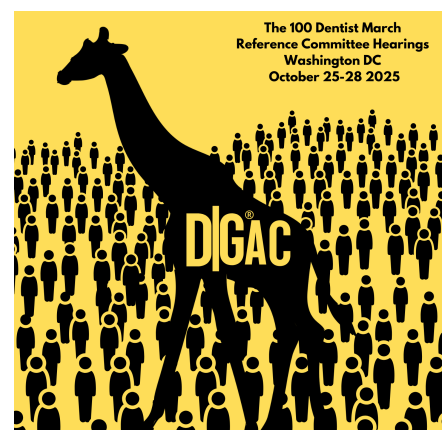
Key Issues:

- Council on Communications lacks formal editorial control over ADA messaging.
- Staff-driven messaging may contradict House resolutions or member sentiment.
- ADA members deserve transparency in all official public-facing communications.
- The Governance Manual currently does not require editorial review of public content.

Resolved Clauses:

1. Amend the ADA Bylaws to authorize the Council on Communications to oversee and approve all non-scientific public-facing content, including social media, web updates, and newsletters.
2. Update the Governance Manual to require Council review and final edit approval for all official communications issued by staff, including JADA News and ADA News articles related to policy.
3. Require ADA.org to publish a permanent archive of communications and press statements, indexed by topic and date.
4. Assign CEBJA to draft final governance edits by March 1, 2026, and present implementation to the 2026 House of Delegates.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Transparency in Dental Practice Ownership and Corporate Investment

Patients deserve to know who owns and controls the dental practices where they receive care. Increasingly, private equity and non-dentist corporations purchase multiple practices and rebrand them under different names, while retaining centralized ownership. These arrangements may reduce patient autonomy and create conflicts of interest. This resolution promotes disclosure and transparency in dental ownership, ensuring patients can make informed choices.

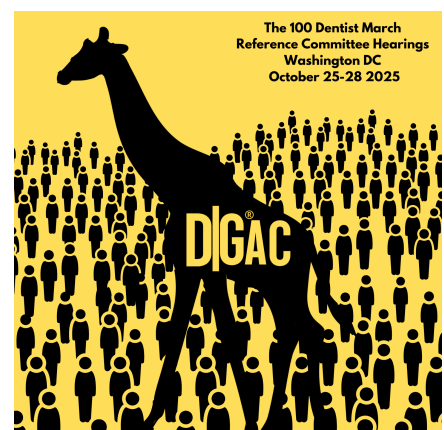
Key Issues:

- Private equity often masks ownership across multiple practices using unique brand names.
- Patients may unknowingly be treated at multiple locations by the same owner.
- Transparency in ownership promotes trust and informed decision-making.
- State laws on disclosure are inconsistent and rarely enforced.
- Clear ADA policy will guide better state-level regulation and patient rights.

Resolved Clauses:

1. Support federal and state legislation that requires all dental offices to publicly disclose their true ownership structure, including corporate parent companies and investors.
2. Require that ADA members who own multiple practices under separate names disclose this to patients upon request or via website.
3. Encourage state dental boards to adopt enforceable ownership disclosure rules.
4. Create a public awareness campaign to help patients understand what "independent" dental practice means.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Universal Ownership and Management Disclosure for All Dental Offices

Patients often cannot tell if a dental practice is independently owned, corporately managed, or part of a larger chain. This lack of transparency erodes trust and prevents informed choices. ADA policy should support clear, public disclosure of practice ownership, management structure, and whether the doctor providing care is also the owner. This resolution strengthens patient protections and encourages ethical business models.

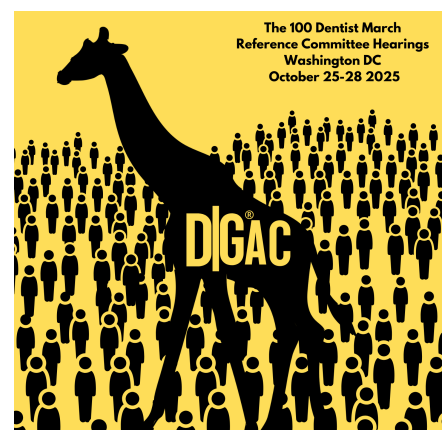
Key Issues:

- Some patients prefer to be treated by a dentist who owns the practice.
- Corporate entities often operate under multiple names to avoid detection.
- Transparency in healthcare settings is a core ethical and legal expectation.
- Other countries and healthcare sectors already require ownership disclosure.

Resolved Clauses:

1. Update ADA policy to support mandatory, visible disclosure of dental practice ownership and management at the point of care, online, and in marketing materials.
2. Define key terms such as "owner," "clinical director," "corporate affiliate," and "chain practice" for consistent use.
3. Create a voluntary ADA-managed database where members can self-report their practice ownership, management structure, and affiliations.
4. Educate patients on how to find out who owns and manages their dental practice, and why it matters for clinical autonomy and care quality.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Oversight of ADA External Advocacy and Agreements to Protect State Autonomy

ADA leadership and staff have promoted legislative initiatives, such as dental licensure compacts and policy partnerships, without always securing input from the House of Delegates. Several agreements have been signed with external organizations that may conflict with ADA policy or state priorities. This resolution establishes a framework requiring full transparency, state society consultation, and House approval for major advocacy efforts and external agreements.

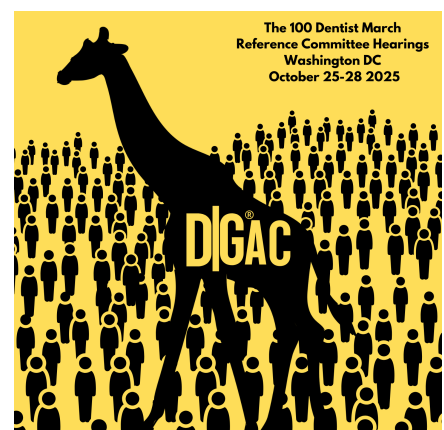
Key Issues:

- Advocacy on licensure compacts and workforce models lacked proper member review.
- Some agreements (e.g., with NCOIL or NADP) may contradict ADA policy.
- ADA staff often act as signatories without House approval or transparency.
- State societies deserve notice and input when national policies may affect their members.

Resolved Clauses:

1. Require all ADA agreements with external advocacy groups to be publicly disclosed before signing, with clear documentation of policy alignment.
2. Require ADA staff to provide a summary of all external legislative and advocacy partnerships to state societies and the House of Delegates quarterly.
3. For agreements with potential policy implications, require House of Delegates approval or explicit ratification.
4. Establish an Oversight Task Force composed of House delegates to monitor ADA advocacy actions and report annually on alignment with adopted policy.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Addressing Food Insecurity Among U.S. Dental Students - The Abdulwaheed Resolution

Nearly one in four dental students in the U.S. experience food insecurity. Rising tuition and cost of living, combined with limits on federal student loans, contribute to this crisis. The ADA has not taken formal action despite clear evidence that basic needs insecurity harms student well-being, academic performance, and long-term mental health. This resolution proposes a public awareness campaign, partnership with dental schools, and efforts to expand emergency aid access.

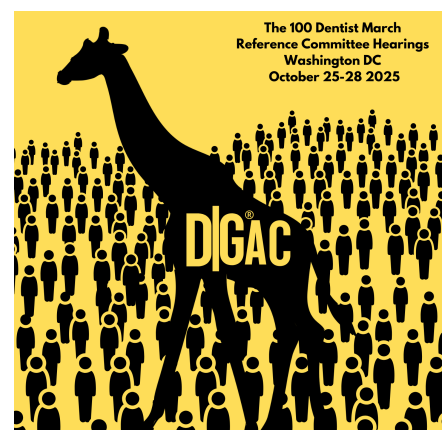
Key Issues:

- Up to 24% of U.S. dental students report food insecurity, according to published research.
- Federal loan caps often leave students unable to meet basic needs, especially in high-cost cities.
- Students with food insecurity face higher rates of depression and academic difficulty.
- ADA has an ethical duty to advocate for future members' health and success.

Resolved Clauses:

1. Launch a national ADA awareness initiative focused on food insecurity in dental education, in partnership with student leaders.
2. Encourage dental schools to provide emergency food and housing assistance, including on-campus food pantries and meal stipends.
3. Advocate for expansion of financial aid eligibility and reform of federal loan limits to meet actual student cost of attendance.
4. Provide data summaries, school-level best practices, and student resource guides through ADA.org/education.
5. Name the campaign in honor of Dr. Abdulwaheed, a former student delegate who championed equity and wellness in dental education.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Formal Withdrawal from the NADP/NCOIL DLR Model Agreement

In January 2024, the ADA entered an agreement with the National Association of Dental Plans (NADP) to jointly promote a dental loss ratio (DLR) model law drafted by the National Council of Insurance Legislators (NCOIL). However, this NCOIL model allows insurers to count administrative expenses as patient care and weakens enforcement of meaningful spending rules. Several state dental associations have rejected the model and urged withdrawal. This resolution terminates ADA endorsement of the agree...

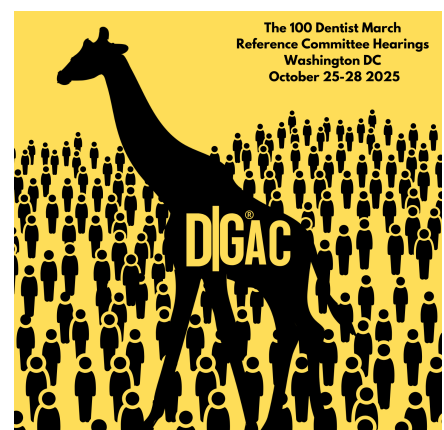
Key Issues:

- NCOIL DLR model permits insurers to game medical ratio thresholds by redefining costs.
- The ADA agreement was signed without full House review.
- State societies report being undermined by national promotion of a weak model.
- Existing ADA policy supports stricter DLR rules in line with federal standards (e.g., 80/20 rule).

Resolved Clauses:

1. Immediately withdraw ADA endorsement and promotion of the NADP/NCOIL model dental loss ratio agreement.
2. Affirm support for state legislation that enforces meaningful DLR standards and administrative transparency aligned with federal benchmarks.
3. Require the ADA to consult with state societies and the House of Delegates before entering into future legislative model partnerships affecting reimbursement or insurance regulation.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Supporting Tribal Self-Determination in Oral Health Workforce Decisions

American Indian and Alaska Native communities face some of the worst oral health disparities in the U.S. Many of these communities support the use of dental therapists-especially where dentists are scarce. ADA has long opposed dental therapy, but this position may conflict with the principle of tribal sovereignty. This resolution reaffirms the right of Tribal Nations to make their own oral health workforce decisions without interference.

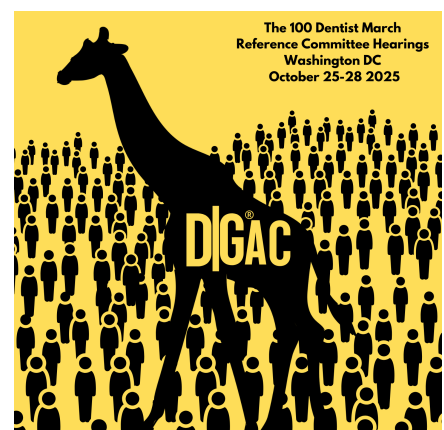
Key Issues:

- Tribal governments have endorsed dental therapy as part of their community health strategy.
- ADA opposition can be seen as undermining tribal sovereignty.
- Access to dental care in Indian Country remains severely limited.
- The ADA can maintain its general policy stance while supporting self-determination.

Resolved Clauses:

1. Amend ADA policy to affirm that Tribal Nations have the sovereign right to determine their own oral health workforce models.
2. Recognize that ADA opposition to dental therapy does not extend to Tribal self-governance or their workforce decisions.
3. Engage in good-faith consultation with Tribal governments on oral health access and professional support.
4. Support research and dialogue on outcomes of oral health delivery models in Tribal communities.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Growing ADA Membership Through Transparent and Accessible Governance

With ADA membership falling to roughly 50% of licensed dentists in the U.S., rebuilding trust and transparency is critical. Many younger and mid-career dentists cite lack of representation, unclear governance, and disconnect from real-world concerns as reasons for not joining. This resolution addresses those barriers through improved communication, inclusive structures, and better integration of local voices into ADA policy.

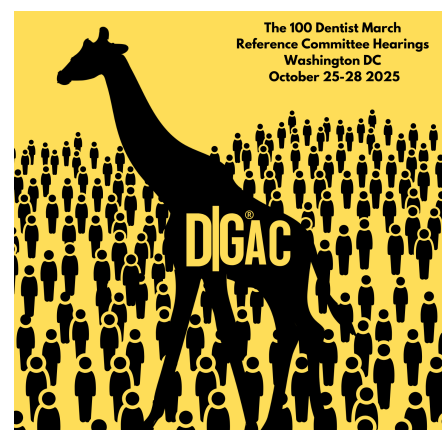
Key Issues:

- Membership decline threatens ADA's financial and policy influence.
- Current governance is viewed as opaque, outdated, or overly hierarchical.
- Members want to see how their input affects policy and priorities.
- Younger dentists prioritize transparency, representation, and mission alignment.

Resolved Clauses:

1. Require ADA to publish plain-language summaries of all Board decisions and House resolutions, accessible via ADA.org and emailed to members quarterly.
2. Expand delegate eligibility criteria to allow early-career dentists and dental school faculty to serve as alternates or observers in governance settings.
3. Launch an ADA Listening Tour to be held annually in each district, collecting structured feedback on member priorities and trust barriers.
4. Direct CEBJA to propose bylaw changes supporting inclusive governance by March 2026, in consultation with state societies and diverse member groups.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>



Resolution: Modernizing Campaign Rules for ADA Elections and Protecting the Association's Nonprofit Status

ADA's current campaign rules severely restrict when and how candidates may communicate with members. These limitations disadvantage non-incumbents and raise legal concerns about viewpoint discrimination and IRS compliance. ADA must modernize its election policies to allow fair, transparent communication while preserving the Association's nonprofit integrity and neutrality.

Key Issues:

- Current rules limit campaign periods, restrict early outreach, and prohibit some digital formats.
- These rules may suppress member education and discourage participation.
- The IRS requires 501(c)(6) nonprofits to maintain fair election access and cannot favor insiders.
- Younger members expect open, digital-first election dialogue.

Resolved Clauses:

1. Direct CEBJA to conduct a legal review of all ADA campaign rules for compliance with nonprofit law and IRS regulations by March 2026.
2. Update ADA election policies to allow year-round candidate Q&A, interviews, and digital campaigning, provided content is factual and disclosed to all parties.
3. Prohibit ADA entities from favoring candidates with preferential access to publications or events unless equally offered to all qualified nominees.
4. Require plain-language campaign rule summaries to be published alongside the ADA's election calendar and governance manual.

Submitted by Dr. Bloom - Full text at <https://dentistryingeneral.com/digac>

