

Resolution 503 — Protection of State Autonomy

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It strengthens the ADA's accountability to the House of Delegates and reaffirms that no policy, compact, or legislative partnership may be advanced as ADA policy without formal approval by the House.

This resolution ensures that constituent societies are respected before national leadership acts, requiring a formal process and a quarterly Governance Transparency Report to keep members informed of referred resolutions, staff actions, and partnerships.

IF YOU VOTE NO

A NO vote accepts the current pattern where ADA leadership and staff can act without explicit House approval. It allows policies, compacts, or legislative agreements to move forward without member oversight and permits continued public advocacy that may contradict constituent societies.

SUMMARY

This resolution amends the ADA's policy on Legislative Assistance by the Association (Trans.1977:948; 1986:530; 2019:310). It requires that all legislative partnerships, model policies, compacts, or advocacy activities with outside organizations be formally reviewed and approved by the House of Delegates before promotion or implementation.

It also mandates a quarterly Governance Transparency Report on ADA.org, listing referred resolutions, council and staff actions, advocacy partnerships, and timelines for updates to the House. The resolution preserves the ADA's agility while ensuring member representation and transparency.

Why the Board Is Wrong

The Board argues that Resolution 503 would "hamstring" advocacy, but the opposite is true. This resolution does not block engagement, it ensures that engagement follows ADA governance rules.

The House of Delegates alone has authority to set policy. When leadership acts without House approval—such as publicly supporting one version of a licensure compact or partnering with outside insurance groups on Dental Loss Ratio legislation—it violates

established ADA policy and damages trust with state societies.

The resolution simply restores the required checks and communication already promised in Resolution 203H-2024 and existing Legislative Assistance policy. Transparency and consent strengthen, not weaken, advocacy.

TALKING POINTS

- The House, not staff, sets ADA policy.
- State societies must consent before ADA advocates in their jurisdiction.
- The resolution reinforces the tripartite structure and constituent autonomy.
- It prevents future unapproved partnerships or legislative deals.
- Quarterly transparency reports keep members informed of staff actions.
- Promotes honesty, accountability, and consistency with ADA ethics.
- Protects members from unauthorized political commitments.



Prepared by Dentistry in General Advocacy Coalition

<https://dentistryingeneral.com/digac>

Resolution No. 503 New

Report: N/A Date Submitted: April 3, 2025

Submitted By: Dr. Spencer Bloom, delegate, Illinois

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

Total Net Financial Implication: \$75,000 Net Dues Impact: \$1

Amount One-time: _____ Amount On-going: _____

ADA Strategic Forecast Outcome: Tripartite: Promote Tripartite stability, success, and future growth.

1 PROTECTION OF STATE AUTONOMY

2 The following resolution was submitted on Friday, April 3, 2025, by Dr. Spencer Bloom, delegate, Illinois.

3 **Background:** The ADA House of Delegates (HOD) holds exclusive authority to establish official policy for
4 the American Dental Association. This authority is explicitly defined in the ADA *Bylaws* and reinforced
5 within the ADA *Governance and Organizational Manual*, which clearly prohibits ADA leadership and staff
6 from implementing or publicly advocating for any policy, program, partnership, or initiative without formal
7 approval by the House of Delegates

8 Despite this binding mandate, ADA leadership and administrative staff have repeatedly promoted specific
9 legislative initiatives, political partnerships, and policy proposals before they were formally approved by
10 the HOD. This conduct undermines the tripartite structure and erodes trust among members and
11 constituent societies, particularly when these actions conflict with the will of constituent organizations

12 A prominent example involves the ADA's continued promotion of national licensure compacts. While the
13 HOD has authorized the exploration of licensure portability in general, it has not approved any specific
14 compact as ADA policy. Compact-related resolutions have been referred back to councils for further study
15 and were not adopted by the House of Delegates. Despite this, ADA staff and leadership have publicly
16 supported one version of a compact in multiple states, including testifying in Maryland in direct opposition
17 to the position of the Maryland State Dental Association. These public statements occurred without HOD
18 authorization and in contradiction to constituent society guidance.

- 19 1. Maryland State Dental Association Testimony (opposed):
20 https://www.youtube.com/live/NhYr-w_Vw3A?t=16350
- 21 2. ADA Staff Testimony (in support):
22 https://www.youtube.com/live/NhYr-w_Vw3A?t=18821 [5, 6]

23 Additionally, the ADA entered into a policy development agreement with the National Association of
24 Dental Plans (NADP) and the National Council of Insurance Legislators (NCOIL) to co-develop national
25 model Dental Loss Ratio (DLR) legislation, known as the "NCOIL DLR." This agreement—also made
26 without HOD approval—undermined legislative efforts in Rhode Island, where the dental association had
27 pursued a different DLR approach modeled after Massachusetts Question 2. This interference was
28 [documented in a public interview](#) with the President of the Rhode Island Dental Association, who
29 confirmed that the ADA's support for the NCOIL DLR hampered state-level negotiations.
30 <https://youtu.be/e-1MRTI6Pk4> [3]

31 As noted above, these actions not only violate ADA policy, but also contradict the ADA *Principles of*
32 *Ethics and Code of Professional Conduct* requires national leadership to operate with honesty,
33 transparency, and respect for constituent authority.

1 In addition, Resolution 203H-2024, requires communication with state societies before launching new
2 initiatives. Furthermore, ADA policy on Legislative Assistance by the Association (*Trans.*1977:948;
3 1986:530; 2019:310) prohibits advocacy in any state without the expressed consent of that state's dental
4 society.

5 The below resolution does not oppose compact development or innovation in national policy. This
6 resolution calls for the ADA to establish a formal process to ensure that any proposed compact,
7 legislative partnership, or advocacy agreement involving external political entities is reviewed through
8 appropriate internal channels and brought to the House of Delegates before being promoted as official
9 ADA policy.

10 Recognizing that the legislative process can move quickly, this resolution does not seek to limit ADA
11 engagement—it seeks to ensure that such engagement is informed by representative governance. To
12 support timely and effective advocacy, the ADA should develop and present a range of compact or policy
13 options with clear legal and professional implications, allowing the House to direct advocacy efforts in
14 alignment with the profession's priorities.

15 This resolution recommends an amendment to the policy on Legislative Assistance by the Association
16 (*Trans.*1977:948; 1986:530; 2019:310) and proposes that an ADA quarterly Governance Transparency
17 Report be published on ADA.org, include the status of referred resolutions, actions taken by councils and
18 staff, related advocacy or partnership activity, and timelines for updates to the House of Delegates.

19 **Resolution**

20 **503. Resolved**, that the ADA policy, Legislative Assistance by the Association (*Trans.*1977:948;
21 1986:530; 2019:310) be amended as follows (additions underscored; deletions are ~~stricken~~):

22 **Resolved**, that the American Dental Association shall not assist any organization, agency, group
23 or individual who is attempting to alter the laws of a state without the written consent and
24 approval of the constituent society, and be it further

25 **Resolved**, that when the American Dental Association is aware of pending legislation within a
26 state which is in opposition to existing Association policy or is otherwise detrimental to the best
27 interests of the public, the Association shall inform the constituent society of the implications of
28 such legislation, urge the constituent society to take appropriate action and offer assistance in
29 addressing the issue, and be it further

30 **Resolved**, that the ADA shall require that all legislative initiatives, partnerships, model policies,
31 compacts, or public advocacy efforts with external organizations be formally reviewed and
32 approved by the House of Delegates before they are publicly promoted or implemented as official
33 ADA policy; and be it further

34 **Resolved**, that the Association shall support constituent societies when asked to collaborate in
35 state-level advocacy and shall provide timely guidance if proposed legislation may impact ADA
36 policy or the public interest.

37
38 and be it further

39 **Resolved**, that the ADA will publish a quarterly Governance Transparency Report on ADA.org,
40 which will summarize:

41 1. the progress of referred resolutions,

- 1 2. actions taken by councils and staff,
- 2 3. any related advocacy or partnership activity, and
- 3 4. clear timelines for updates to the House of Delegates.

4 **BOARD COMMENT:** The adoption of Resolution 503 is not feasible as drafted and could significantly
 5 hinder the ADA’s ability to engage in timely and effective advocacy on behalf of its members. If adopted,
 6 the resolution would hamstring the Association’s ability to discuss public policy with various groups and
 7 understand what outside groups intend to present or offer alternatives to those proposals. This could
 8 result in missed opportunities to influence policy outcomes in ways that protect the profession and benefit
 9 the patients we serve.

10 Existing governance mechanisms, including the ability of councils and the Board to act within established
 11 policy parameters, already provide oversight and accountability without compromising the Association’s
 12 agility in advocacy.

13 **BOARD RECOMMENDATION: Vote No.**

14 **Vote: Resolution 503**

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