**Official House Resolution and Board Comments Attached

Resolution 203: Establishing the National Union of ADA Employed Dentists (NUAED) to Promote Workplace Protections, Ethics, and Professional Support

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports establishing the National Union of ADA Employed Dentists (NUAED) as a voluntary, ADA-affiliated union to protect employed dentists' rights, ethics, and professional well-being.

This resolution directs the ADA to create a legally compliant, self-sustaining structure for employed dentists to access workplace advocacy, legal and contract review, ethical support, and—where permitted—collective negotiation of employment terms. It ensures no employer is required to hire union members and that no ADA dues fund its operations.

IF YOU VOTE NO

A NO vote keeps the ADA without any formal system to protect employed dentists from unethical directives, workplace retaliation, or contract abuse. It continues the pattern of inaction while other professions already provide union protections for their members. Rejecting this resolution leaves younger and employed dentists disconnected from organized dentistry and weakens ADA membership growth.

SUMMARY

This resolution creates the National Union of ADA Employed Dentists (NUAED), a voluntary organization for ADA member dentists working in DSOs, community health centers, or other employee settings. It would operate independently but under ADA oversight during setup to ensure compliance with federal labor and antitrust laws. After implementation, NUAED would be self-funded and governed by its own elected board.

The union will serve as a benefit-driven support system for employed dentists, offering legal, ethical, and professional protections while maintaining neutrality toward employers and avoiding interference in private practice ownership.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board voted to refer Resolution 203 for further study, citing questions about potential conflicts, cost, and governance structure. The Board's referral acknowledges the concept's merit and confirms the need for specialized legal and member input. We appreciate this

recognition and expect ADA legal and policy teams to proceed quickly in forming the framework for implementation and reporting progress to the 2026 House of Delegates.

TALKING POINTS

- The ADA cannot represent all dentists while ignoring the needs of employed members.
- This union is voluntary, ADA-affiliated, and self-funded, with no risk to ADA finances.
- NUAED creates value for early-career and employed dentists, helping rebuild ADA membership.
- Legal counsel will ensure full compliance with labor, antitrust, and association law.
- The Board's referral confirms the idea's merit, and the House should ensure timely action.
- This proposal aligns with ADA's mission to promote ethics, professionalism, and member support.

Prepared by Dentistry in General Advocacy Coalition

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****Official House Resolution and Board Comments Attached**

Resolution 204: Restoring Budgetary Oversight to the House of Delegates and Establishing Transparency for Major Expenditures

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports restoring final budgetary authority to the House of Delegates and requiring transparency for major ADA financial decisions. This resolution amends the ADA Bylaws so that the House, not just the Board of Trustees, adopts the Association's annual budget and maintains oversight of large expenditures, including property sales and strategic investments. It ensures that the House once again serves as the fiduciary voice of members and aligns spending with the Strategic Forecast approved by the House.

IF YOU VOTE NO

A NO vote leaves all budgetary power with the Board of Trustees, continuing the current system where the House has no vote on how members' dues are spent. It accepts ongoing multimillion-dollar deficits, failed technology investments, and major asset sales—such as the 2024 headquarters building sale—without prior consultation with the House. While the Board had legal authority to sell the property, given its symbolic and financial importance, consultation with the House would have been prudent and consistent with transparent governance. A NO vote defends a system that excludes delegates from key financial oversight.

SUMMARY

This resolution restores the House of Delegates' historical role in approving the ADA budget and mandates that major expenditures be transparent to members. It amends the Bylaws so the Board must propose, not finalize, the annual budget, giving the House the final vote. The measure also reinforces ethical standards for financial disclosure and accountability in accordance with IRS nonprofit guidelines and best practices followed by other professional associations.

Why the Board Is Wrong

The Board voted NO on this resolution. Their claim that this reform reduces "agility" ignores the real issue: loss of oversight has already led to failed initiatives, leadership instability, and declining reserves. Financial agility without accountability is not efficiency—it is risk. The House is the elected body entrusted with fiduciary authority. Restoring its budgetary power does not slow progress; it ensures responsible governance. The Board's objection to a 90-day budget notice is minor compared to the value of restoring transparency and rebuilding member trust.

TALKING POINTS

- The House must control the ADA budget—it controls dues and represents members.
- Restores checks and balances between the Board and House.
- ADA's recent financial losses and the failed Salesforce/Fonteva rollout happened without House oversight.
- The Board had legal authority to sell the ADA building, but consultation with the House should have occurred due to its magnitude and symbolism.
- Aligns ADA policy with best practices of the AMA and nonprofit governance standards.
- Transparency and accountability strengthen trust and protect member resources.
- A YES vote restores the House's rightful fiduciary authority and ends governance by exception.

Prepared by Dentistry in General Advocacy Coalition

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**Official House Resolution and Board Comments Attached

Resolution 205: Fiscal Responsibility and Modernization of ADA Governance Operations

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports creating a Task Force on Governance Efficiency and Travel Oversight to study modernization of ADA governance and fiscal responsibility.

It directs the ADA to:
- Review five years of Board retreat travel and meeting expenses.
- Recommend cost-saving strategies based on best practices from other associations.
- Adopt a remote-first model for councils, committees, and Board meetings.
- Ensure in-person gatherings are justified by clear cost-benefit analysis.
- Require hybrid participation and remote voting rights wherever feasible.
- Conduct a delegate census to ensure fair apportionment.
- Standardize travel policies and adopt a "save-first" mindset to protect member dues.

IF YOU VOTE NO

A NO vote supports continuing expensive Board travel and meetings in tourism-heavy destinations. It accepts business as usual—spending member dues on retreats and travel that could be replaced by virtual meetings. Voting NO keeps outdated systems in place and ignores proven cost-saving and inclusion methods already used by other national organizations.

SUMMARY

This resolution calls for transparency, accountability, and modernization in ADA governance. It requires an evidence-based review of meeting costs, promotes hybrid participation, and ensures the ADA models fiscal responsibility consistent with its mission and values. It establishes a seven-member Task Force that will meet virtually and report findings to the 2026 House of Delegates.

Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board voted Yes on Referral. While the Board recognizes the need for governance review, it seeks to defer all related resolutions to a future study. However, delay only extends the same inefficiencies and lack of fiscal accountability this resolution was designed to fix. The cost to members continues every year the Board postpones reform.

TALKING POINTS

• ADA must lead by example in fiscal responsibility and efficiency.

• Remote and hybrid governance works—it increases inclusion and saves money.

• Every dollar spent on unnecessary travel is a dollar taken from member priorities.

• Governance reform cannot wait for another 12-year study cycle.

• Transparency and accountability strengthen trust in our Association.

• The Task Force meets virtually, with minimal cost and high return for members.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 207 – Amendment to the Manual of the House of Delegates: Representation and Reapportionment of Delegates

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses.

This resolution updates the ADA's Manual of the House of Delegates to ensure fair and proportional representation by basing delegate allocation on active membership only, using a ratio of one delegate per 700 active members. It also reduces the minimum number of delegates per constituent from two to one, limits ASDA representation to a maximum of five delegates (or 1.5% of the House), and calls for reapportionment every three years instead of four. The goal is to modernize representation, reflect current membership trends, and uphold fiscal responsibility.

IF YOU VOTE NO

A NO vote keeps the current outdated allocation system in place. That means representation would remain tied to inflated membership categories, including retired or inactive members, rather than the active dentists who fund and serve the ADA. It would also delay reform until a future study, allowing disproportional influence and stagnant governance to continue unchecked.

SUMMARY

This resolution brings ADA governance in line with peer associations like the AMA and AAUP by adopting an equitable, membership-based apportionment formula. It reduces the overall House size proportionally to active membership, maintains protection for small constituents, and preserves a fair but limited role for ASDA. The proposal strengthens fiscal discipline, modernizes delegate representation, and aligns ADA governance with present-day membership realities.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board of Trustees unanimously recommended referral, stating that governance reform should be reviewed comprehensively as part of the upcoming governance study. While referral ensures future evaluation, this issue is urgent and central to ADA accountability. The resolution's principles—representation based on active members, fairness, and fiscal responsibility—must not be delayed.

TALKING POINTS

- ADA delegate numbers have not decreased despite a 25% drop in active membership since 2005.

- This resolution corrects the imbalance by tying representation to active members only.
- Aligns ADA with national peer organizations that use membership-based representation formulas.
- Ensures smaller states and federal services retain guaranteed seats.
- Protects the integrity of proportional representation and member trust.
- Limits ASDA's voting share to maintain balance and fairness in the House.
- Encourages fiscal responsibility by right-sizing governance to match membership levels.
- Reflects ADA's commitment to modern, data-driven governance.

Prepared by Dentistry in General Advocacy Coalition

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****Official House Resolution and Board Comments Attached**

Resolution 208: Strengthening Financial Oversight and Accountability of the ADA Board of Trustees

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses.

This resolution directs the ADA to strengthen financial oversight by limiting discretionary Board spending, holding virtual meetings to reduce costs, and commissioning an independent forensic audit of the last five fiscal years. It amends the ADA Bylaws and Governance Manual to add virtual sessions of the House of Delegates and restrict in-person Board meetings to two per year. It also requires quarterly public financial reports and pre-approval for high-cost travel or expenditures.

IF YOU VOTE NO

A NO vote keeps the current system where the Board of Trustees manages its own travel, meetings, and spending with limited oversight. Voting NO accepts the ongoing decline in ADA reserves, repeated expensive retreats, and lack of forensic transparency.

SUMMARY

This resolution responds to a major drop in ADA cash and reserves—from $205 million in 2022 to $63 million in 2025—by restoring fiduciary accountability. It modernizes governance to include virtual meetings, mandates stricter travel controls, and seeks an external forensic audit. The goal is to rebuild member trust and ensure the ADA meets nonprofit financial standards by reducing waste and increasing transparency.

WHY THE BOARD IS WRONG

The Board unanimously voted NO, claiming this reform would cost too much and should wait for a future "governance study." However, the ADA has already lost over $140 million without any forensic review. The Board's argument delays action, protects the status quo, and ignores the urgency of restoring fiscal discipline now. The House of Delegates, not the Board, holds ultimate fiduciary authority. Waiting until 2027 for another internal study risks further erosion of reserves and credibility. Immediate action—especially an independent audit—is the only responsible course.

TALKING POINTS

- ADA reserves have fallen from $205 million to $63 million in just three years.
- The resolution establishes mandatory quarterly financial reporting and forensic auditing.

- Virtual Board and House sessions reduce unnecessary travel, hotel, and retreat costs.
- Strong oversight aligns ADA governance with national nonprofit standards.
- A YES vote restores trust, transparency, and fiscal responsibility to member leadership.
- A NO vote defends unchecked Board spending and delays reform for years.

Prepared by Dentistry in General Advocacy Coalition

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****Official House Resolution and Board Comments Attached**

Resolution 209 – Ending Unproductive Spending on FDI and Reinvesting in Member-Focused Priorities

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports discontinuing all ADA funding and participation in the FDI World Dental Federation starting in Fiscal Year 2026. It requires that any future proposal to rejoin FDI must be approved by the ADA House of Delegates and backed by a financial report of prior FDI spending. It also redirects the freed funds toward strengthening ADA programs, improving member services, and advancing strategic priorities that deliver measurable value to members.

IF YOU VOTE NO

A NO vote accepts continued high-cost spending on the FDI World Dental Federation, even though it has shown little measurable return for ADA members. It supports ongoing participation in an organization whose programs and policies have not been integrated into ADA priorities or communications and maintains an unproductive allocation of funds that could otherwise serve members directly.

SUMMARY

This resolution ends ADA's financial and operational involvement with the FDI World Dental Federation beginning in FY2026. It ensures accountability by requiring any future re-engagement with FDI to receive House approval. The goal is to eliminate spending that does not provide measurable member value and to reallocate those funds to strengthen ADA's domestic programs, advocacy, and strategic priorities aligned with mission-based budgeting and member outcomes.

WHY THE BOARD IS WRONG

The Board's defense of continued FDI spending overlooks the fact that the ADA's own mission-based budgeting model demands measurable member benefit and accountability. The Board admits that FDI costs have reached $700,000–$800,000 per year and only recently dropped to $560,000, yet no evidence has been provided that this spending produces quantifiable value for ADA members. Claims about "global influence" and "networking" do not meet the ADA's new standards for measurable outcomes. The ADA already has ample opportunities for global collaboration without paying excessive dues to an external federation. Continuing this expense violates the spirit of fiscal discipline and transparency set forth in the Treasurer's Report and Strategic Forecasting framework. According to the 2024 House of Delegates Report of the Treasurer (pages 9–11), measurable value is defined by alignment with the ADA's Strategic Forecast, financial sustainability, and documented impact on advocacy, engagement, or member services.

TALKING POINTS

- ADA has spent over half a million dollars annually on FDI without any documented return on investment.
- No ADA reports show measurable benefit from FDI programs or policies.
- Mission-based budgeting requires that every dollar advance the ADA's Strategic Forecast and deliver value to members.
- Reallocating FDI funds will strengthen domestic programs, advocacy, and member services.
- House approval for any future FDI re-entry ensures accountability and protects against unapproved international spending.
- A YES vote prioritizes transparency, fiscal responsibility, and measurable value for every ADA member.

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Official House Resolution and Board Comments Attached

Resolution 210 – Addressing Food Insecurity Among U.S. Dental Students

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports creating an ADA-led national program to address food insecurity among dental students. The resolution asks the ADA to establish a support program modeled on the Massachusetts Dental Society's direct-action initiative led by Dr. Abe Abdulwaheed, which funds on-campus food pantries and emergency meal programs. It also calls on the ADA Foundation to help sustain this effort through fundraising and grant distribution.

A YES vote means the ADA takes leadership in solving this national problem, rather than leaving it to local societies with limited resources.

IF YOU VOTE NO

A NO vote accepts the Board's weaker substitute version, which only "encourages" others to take action instead of establishing an ADA program. It leaves responsibility to state and local groups without the ADA's national coordination or resources. A NO vote allows the ADA to acknowledge the crisis while doing nothing meaningful to address it.

SUMMARY

This resolution declares food insecurity among dental students an urgent threat to the wellbeing of future oral health professionals. It directs the ADA to establish a national support program for U.S. dental schools, modeled on the proven Massachusetts Dental Society initiative created by Dr. Abe Abdulwaheed, which has already launched food pantries and emergency meal support at all three Boston dental schools. The program would provide startup and operational grants, emergency meal vouchers, and awareness campaigns, in collaboration with the ADA Foundation for sustained funding and nationwide implementation.

Why the Board Is Wrong

The Board of Trustees introduced a substitute (210B) that strips out the ADA's leadership role and replaces it with vague encouragement for local action. This undermines the purpose of the original resolution, which is to have the ADA itself lead a coordinated national effort.

The Board's edits also attempted to remove references to Dr. Abe Abdulwaheed, despite his documented leadership in Massachusetts and his model's proven success. There is no ADA policy or procedure prohibiting recognition of a dentist's name in a resolution, and erasing it diminishes the transparency and integrity of the record.

The Board's approach shifts responsibility downward to state societies and schools, many of which lack the funding, staffing, or infrastructure to act on their own. A national program backed by the ADA Foundation can leverage national donors, sponsorships, and institutional partnerships to reduce local burdens and ensure consistent access to food support for students everywhere.

TALKING POINTS

- Food insecurity affects nearly one in four dental students, impacting clinical readiness, academic performance, and mental health.
- The Massachusetts Dental Society's program—created by Dr. Abe Abdulwaheed—has already proven that this model works.
- The ADA must take the lead, not defer to local societies with limited capacity.
- There is no rule preventing recognition of Dr. Abdulwaheed's leadership; attempts to strike his name are arbitrary.
- A national ADA program ensures equal support for students in all accredited dental schools.
- The ADA Foundation can sustain and expand this effort through grants and philanthropy.
- Voting YES means the ADA leads. Voting NO means letting others handle it alone.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 211 – Amendment to the Manual of the House of Delegates: Strategic Forecasting Committee

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports rebuilding the Strategic Forecasting Committee (SFC) into a streamlined, accountable, and transparent standing committee of the House of Delegates. This resolution amends the ADA Constitution and the Manual of the House of Delegates to restore proper oversight, give every district a voice, and ensure the House monitors alignment between ADA strategy, budget, and operations. It replaces the current 14-page, overly complex SFC structure with a simpler, more effective version that strengthens communication between the Strategic Forecasting Committee, the Board of Trustees, and the ADA councils. The SFC will serve as a year-round liaison between these entities and the House of Delegates to ensure coordination, accountability, and responsiveness to member priorities.

IF YOU VOTE NO

A NO vote keeps the existing Strategic Forecasting Committee system in place—one that has failed to identify major financial and governance risks. It accepts the current structure that allowed $142 million in ADA reserves to be spent between 2022 and 2025, including $53 million on a failed software project, without early warning or corrective action. A NO vote means continuing a system that is too bureaucratic, disconnected, and unable to provide real oversight on behalf of the House.

SUMMARY

This resolution restores the Strategic Forecasting Committee as a true liaison between the House of Delegates, the Board of Trustees, and the ADA councils. It gives each of the 17 districts one voting delegate, adds limited Board participation, and defines clear duties for monitoring alignment between strategy, budgets, and operations. It ensures that the SFC has access to timely financial and operational data, authority to issue findings, and independence from Board suppression. By improving cross-communication and coordination, the new structure allows information to flow effectively among the House, Board, and councils, ensuring unified governance and transparency. The goal is to strengthen communication, accountability, and trust so the House—not the Board—remains the governing body of the ADA.

Why the Board Is Wrong

The Board of Trustees voted No, calling the resolution “premature.” That position ignores the urgent need for reform. The Board’s own July 2025 open letter confirmed $142 million in reserves were depleted, with no warning from the current SFC. The failures of the existing system are already documented. Saying reform is premature is an excuse for

inaction. Rebuilding the SFC is not premature—it is overdue. If we delay again, the same structural gaps that allowed these losses will remain. The House has both the authority and responsibility to act now to prevent further financial and governance breakdowns.

(According to ADA News, July 10 2025: "ADA Board provides information on finances, association management system.")

TALKING POINTS

- YES vote empowers the House to oversee ADA strategic alignment year-round.
- The current SFC failed to flag $142 million in spending losses—proof it is broken.
- The new structure gives every district a voting seat and direct voice.
- Strengthens communication between the SFC, Board of Trustees, and ADA councils.
- Establishes SFC as a liaison to the House of Delegates for ongoing accountability.
- SFC gains independence to access data without Board approval or suppression.
- Protects member dues by identifying inefficiencies early and ensuring transparency.
- Reforms the system without adding cost or bureaucracy.
- The House must reclaim its oversight role—the Board cannot monitor itself.

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Official House Resolution and Board Comments Attached

Resolution 212 — Optimizing the House of Delegates Structure and Operations

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses.

This resolution directs the ADA to modernize House of Delegates operations by transitioning ceremonial and non-governance activities to digital formats by 2026, limiting speeches to four minutes, and updating nomination and election procedures to allow pre-recorded video submissions instead of live floor nominations. The goal is to reduce travel, cost, and paper waste, align with ADA's digital strategy, and improve accessibility for working dentists.

IF YOU VOTE NO

A NO vote keeps the House bound to outdated and costly traditions. It accepts current Board behavior and resists reform that would make the ADA more efficient, sustainable, and accessible to members. Saying NO means continuing unnecessary ceremonies, excess travel, and paper waste when practical, modern alternatives are available.

SUMMARY

This resolution strengthens the House of Delegates as ADA's supreme governing body by focusing its time on policy, not ceremony. It replaces non-governance activities with digital recognition, shortens speeches, and updates the Manual and Standing Rules to allow video nominations and speeches. These changes respect tradition while saving time, cost, and environmental impact.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board agrees governance reform is needed but recommends referral to the upcoming governance study, now accelerated to 2026 instead of 2027. While the Board's recognition of urgency is appreciated, the House should ensure these improvements are not delayed or diluted. Referral is acceptable only if followed by swift, transparent implementation reflecting the members' directive.

TALKING POINTS

- Modernizes HOD operations for fiscal responsibility and efficiency.
- Reduces travel, cost, and environmental waste through digital tools.
- Keeps the House focused on its true role: policymaking, not ceremony.

- Enhances access for working dentists through shorter, hybrid meetings.
- Implements technology already available and tested since 2012.
- Upholds ADA's fiduciary duty to members by cutting wasteful practices.
- Encourages transparency and accessibility in officer nominations.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 213 — Growing ADA Membership Through Transparent and Accessible Governance

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution calls for the ADA to develop and share voluntary model policies that open leadership to more members based on skill, readiness, and interest, not seniority. It asks for a national pilot to test new leadership pathways such as open nominations, merit-based appointments, and short-term project roles. It also urges limits on closed sessions and requires an annual report to the House on progress toward modern, transparent governance.

IF YOU VOTE NO

A NO vote accepts the status quo and supports the Board's view that current internal programs are sufficient. It keeps leadership tracks slow and inaccessible for many qualified dentists and continues allowing governance sessions to remain closed to members. This position risks further disconnecting the ADA from its membership base and reinforces barriers that discourage new leaders.

SUMMARY

This resolution aims to grow ADA membership by strengthening trust and transparency in leadership. It seeks to modernize outdated officer ladders that block participation and to make leadership more accessible to early-career and busy dentists. By supporting voluntary model policies, pilot projects, and annual reporting, the ADA can demonstrate that it values inclusivity, accountability, and member-driven leadership—key factors in reversing declining membership.

Why the Board Is Wrong

The Board voted NO, claiming similar work is already being done by the Council on Membership and other programs. However, those efforts are limited in scope and lack House oversight. This resolution gives the House a role in shaping leadership reform and ensures accountability through annual reports. By rejecting this resolution, the Board preserves an opaque system that deters participation and erodes member trust. True transparency means sharing all governance manuals, reducing closed sessions, and opening leadership to all qualified members—not just those who can wait years in officer pipelines.

TALKING POINTS

- ADA membership has dropped below 53 percent, signaling a crisis of confidence.
- Outdated leadership ladders discourage younger members from serving.
- Open nominations and project-based leadership attract new voices.
- Transparency in governance builds trust and engagement.
- Annual progress reports keep the House and members informed.
- This resolution costs nothing and strengthens member connection to the ADA's mission.
- Saying YES supports accessible leadership, trust, and growth.
- Saying NO supports barriers, opacity, and continued decline.

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Official House Resolution and Board Comments Attached

Resolution 214 — Adoption of Mission-Based Accounting Framework

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution directs the ADA Board of Trustees to formally adopt a mission-based accounting framework, beginning with phased implementation by department. It calls for transparent reporting of how each dollar supports the ADA's mission and strategic goals. It requires a 2026 implementation plan, annual milestones, and future budget summaries that show what percentage of ADA spending advances mission-aligned programs.

IF YOU VOTE NO

A NO vote accepts the Board's decision to reject mission-based accounting and to continue relying on older "direct cost" methods that obscure how funds connect to the ADA's mission. It defends the same opaque system that has failed to show members how programs and investments serve their interests. This choice maintains confusion, weakens accountability, and undermines trust in financial stewardship.

SUMMARY

This resolution ensures that every ADA expenditure can be tied to mission impact. It responds directly to past reports noting that the ADA "focused on accounting for reams of paper, but not our mission." By establishing clear metrics, transparent reporting, and phased implementation, this policy would align the ADA's financial system with its stated mission—helping dentists succeed and improving public health—while rebuilding trust in leadership.

Why the Board Is Wrong

The Board voted NO, arguing that past experiments in mission-based accounting were too complex. But complexity is a management challenge, not a reason to reject transparency. Delegates and members deserve to know whether ADA spending actually advances the mission. The Board's current "simplified" approach hides program costs and limits oversight. Mission-based accounting does not require bureaucracy—it requires commitment. A phased rollout, department by department, ensures both accuracy and accountability. This resolution restores the House's authority to demand mission alignment, not just financial balance.

TALKING POINTS

- The ADA Treasurer's 2024 report admitted leaders "didn't know" what programs cost or if they advanced the mission.
- Mission-based accounting links every dollar to a clear strategic purpose.
- Transparent budgeting builds confidence among members and delegates.
- The system can be phased in without major cost increases.
- Annual milestones and public reporting keep leadership accountable.
- Saying YES means measurable mission impact and restored trust.
- Saying NO means continuing confusion and weak oversight.

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Official House Resolution and Board Comments Attached

Resolution 216 — Establishing a Standing Committee on Oversight of ADA Communications and Public Trust

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution creates a permanent Standing Committee of the House of Delegates to oversee all ADA-controlled, non-scientific communications and ensure alignment with adopted policy and member values. It charges the committee with monitoring ADA publications, advertising, and social media for misinformation or brand misuse, and coordinating corrective action with the Board of Trustees. The resolution explicitly excludes scientific and peer-reviewed content and focuses only on communications, branding, and public trust.

IF YOU VOTE NO

A NO vote supports the Board's position that existing committees can manage communications oversight without new structure. It preserves a system where vendor advertising, promotional content, and non-scientific editorials can appear under the ADA name without consistent review. This approach risks continued reputational damage, member distrust, and public confusion about ADA endorsement standards.

SUMMARY

This resolution safeguards the ADA's credibility and restores member trust by creating a formal governance mechanism to oversee ADA-branded communications. The proposed Standing Committee on Oversight of ADA Communications and Public Trust would monitor advertising, editorial content, and public messaging for consistency with ADA policy and ethics. It ensures transparency, rapid response to misinformation, and alignment between ADA leadership, members, and the public.

Why the Board Is Wrong

The Board voted NO, citing concerns about cost and "censorship," but those arguments miss the point. This resolution does not censor scientific work—it ensures accountability in public communications. The Board's alternative, Resolution 218, merely "encourages alignment" and lacks the authority or structure needed for true oversight. Without a standing committee, the ADA risks further erosion of trust from members who expect ethical consistency and brand protection. A $150,000 annual investment is minimal compared to the cost of reputational damage.

TALKING POINTS

- The ADA's credibility is its most valuable asset.
- Member trust declines when ADA media promotes unvetted CE or vendor content.
- Oversight ensures ADA communications align with adopted policy, not personal opinion.
- The resolution excludes peer-reviewed science and protects editorial independence.
- The House—not staff—should safeguard the ADA brand and public trust.
- A small, defined annual cost yields long-term transparency and stability.
- Saying YES supports accountability, consistency, and professionalism.
- Saying NO leaves reputation and policy alignment to chance.

Prepared by Dentistry in General Advocacy Coalition
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Official House Resolution and Board Comments Attached

Resolution 301 — Establishment of a Dentist-Facing ADA Certification Program for Dental Software and Imaging Platforms

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports creation of a voluntary ADA Certification Program for dental software and imaging platforms. This program would identify systems that meet clear, verifiable standards for security, interoperability, compliance, and data ownership. It ensures that dentists—not vendors—retain access and control of their patient data, and that certified software meets modern encryption, export, and FDA compliance requirements. A YES vote protects the profession from vendor lock-in, opaque data practices, and rising cybersecurity risks.

IF YOU VOTE NO

A NO vote supports the status quo where dentists must trust vendors without independent oversight. It allows proprietary data formats, paid export restrictions, and weak security to continue unchecked. Voting NO means continued frustration for dentists trying to migrate or back up their data, and continued loss of control over patient information that belongs to the dental practice.

SUMMARY

This resolution directs the ADA to establish a voluntary, vendor-funded certification program for dental software and imaging systems. The certification would be based on transparent, objective standards verified by experts in software engineering, cybersecurity, and regulatory compliance. It would mirror the federal ONC Health IT model, ensuring ADA-certified products use strong encryption, allow full user-controlled data export, and maintain current FDA clearance for diagnostic modules. Certification would be dentist-facing, ADA-member exclusive, and self-funded by participating vendors—not by member dues.

Why the Board Is Wrong

The Board argues that vendor participation is uncertain and that the program might cost more than estimated. But the resolution already specifies a vendor-funded model, not dues-funded. There is no financial burden on the ADA membership. The Board also ignores the urgency: dentists today are locked into proprietary software, unable to retrieve their own data without paying extra fees or filing support tickets. This is a member-value issue and directly supports ADA strategic goals for transparency, security, and professional autonomy. If the ADA can certify dental materials and laboratories, it can certainly certify the software dentists depend on to manage patients and comply with privacy laws.

TALKING POINTS

- A YES vote empowers dentists with trusted, ADA-verified software choices.
- Vendor funding keeps this program self-sustaining and protects ADA dues.
- Certification means better security, transparent data ownership, and easier interoperability.
- Dentists should never need permission or a support ticket to access their own patient data.
- This strengthens ADA relevance in a digital era where members need guidance and protection.
- The Board's refusal preserves vendor control, not member value.

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Official House Resolution and Board Comments Attached

Resolution 303 — Supporting Tribal Self-Determination in Oral Health Workforce Decisions

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports amending ADA policy to respect the sovereign right of federally recognized tribal nations to govern their own oral health workforce models. It acknowledges that tribal governments, not states or the ADA, have authority to determine how care is delivered within their health systems. This resolution updates ADA policy to ensure that when tribes choose to use community-based providers such as Dental Health Aide Therapists, the ADA will not oppose their right to do so. A YES vote affirms the ADA's ethical commitment to autonomy, justice, and respect for self-determination.

IF YOU VOTE NO

A NO vote defends outdated restrictions that force sovereign tribal nations to seek state permission to provide care for their own people. It sustains a federal barrier that undermines self-governance and prevents local solutions to severe oral health disparities in tribal communities. Voting NO means the ADA continues to impose its policies over sovereign nations, an approach inconsistent with both ethics and respect for tribal authority.

SUMMARY

This resolution amends two ADA policies—"Diagnosis or Performance of Irreversible Dental Procedures by Nondentists" and "Comprehensive Policy Statement on Allied Dental Personnel"—to recognize that federally recognized tribal nations may authorize and regulate their own workforce models. It also creates a new ADA policy, "Tribal Self-Determination in Oral Health Workforce Decisions," ensuring the ADA will not oppose efforts by tribal nations to change federal laws restricting their authority. The resolution reaffirms that sovereignty and patient access can coexist with ADA's commitment to quality care.

Why the Board Is Wrong

The Board claims ADA policy already serves as guidance, not mandate, and that tribes already have freedom to act. In practice, federal law still blocks tribes from using proven, culturally appropriate models like the DHAT program unless state governments approve. By voting NO, the Board effectively preserves that barrier and maintains ADA opposition to tribal workforce autonomy. This resolution does not require the ADA to endorse nondentist procedures nationally—it simply requires the ADA to respect tribal sovereignty and provide

support when asked. Failing to adopt this amendment contradicts the ADA's stated values of justice and respect for all communities.

TALKING POINTS

- A YES vote upholds tribal sovereignty and respects self-determination.
- This resolution removes ADA opposition to tribal health systems managing their own workforce.
- It aligns with the ADA's Principles of Ethics, including Patient Autonomy and Justice.
- Tribal nations deserve the same respect for independence that the ADA extends to other sovereign nations.
- The ADA should lead with collaboration, not control, in addressing oral health disparities.
- A NO vote keeps barriers in place that deny care to communities most in need.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 305 — Provisional Credentialing to Support Patients, Early-Career Dentists, Practice Owners, and ADA Membership Growth

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the creation of a task force to develop a model framework for provisional credentialing of dentists. It directs the ADA to work with insurers, regulators, and technology partners to allow licensed, insured dentists to begin treating patients at in-network rates while full credentialing is completed. A YES vote helps patients avoid surprise out-of-pocket costs, supports early-career dentists who face career delays, and strengthens ADA membership value through practical solutions.

IF YOU VOTE NO

A NO vote maintains long, inefficient credentialing delays that harm patients and slow down dental practices. It keeps new dentists trapped in months-long waiting periods before they can see patients under insurance plans and forces practices to lose revenue and staff productivity. Voting NO means accepting that insurance companies—not the ADA or its members—will continue to control the pace of credentialing.

SUMMARY

This resolution calls for a one-year ADA task force to design a provisional credentialing model similar to what exists in the medical field. It would ensure dentists with valid licenses and malpractice coverage can provide care at in-network rates while their full credentialing is pending. The resolution also directs the ADA to explore offering credentialing support services—such as background checks, license verification, and secure document exchange—as a member benefit. It emphasizes voluntary, non-binding collaboration with insurers and full compliance with antitrust laws.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board agreed with the intent and referred the matter to the Council on Dental Benefit Programs (CDBP). We appreciate the Board's recognition that credentialing delays are a serious burden on both patients and providers. The referral must lead to action. Dentists need practical tools, not just evaluation. We trust the ADA will use this referral to expedite solutions that deliver real, measurable improvements for members and their patients.

TALKING POINTS

- A YES vote moves credentialing from months to days—helping both dentists and patients.
- Provisional credentialing is already standard in medicine; dentistry deserves the same efficiency.
- This supports young dentists entering the workforce and practice owners hiring associates.
- The ADA can deliver real membership value by leading on this issue.
- Referral should not be a stall—it must result in swift, actionable progress.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 402 — Development of the Dental School Educational Value Index (DEVI)

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It directs the ADA, in collaboration with ADEA, AGD, specialty organizations, and ASDA, to develop and publish a public-facing Dental School Educational Value Index (DEVI).

YES means promoting transparency, accountability, and fairness in dental education. The index would use verifiable data—such as clinical experience, student-to-faculty ratios, total educational cost, and access to wellness resources—to help future students make informed decisions and encourage schools to invest in student and clinical excellence.

IF YOU VOTE NO

A NO vote supports the current lack of transparency, where applicants must rely on rumors, prestige, or unverified online forums to select a dental school. It accepts a system that hides true program quality and allows rising tuition and shrinking clinical training to go unchecked.

SUMMARY

This resolution creates the Dental School Educational Value Index (DEVI), a voluntary, outcomes-based reporting system that gives pre-dental students objective, comparable information about U.S. dental schools. It would measure verified metrics such as procedural experience, student support services, and educational costs.

DEVI promotes fairness, helps underrepresented applicants make informed choices, and motivates schools to improve. It strengthens public trust by showing that dental education is accountable, ethical, and transparent—protecting students, patients, and the profession alike.

Why the Board Is Wrong

The Board opposed the resolution, claiming that ADEA or CODA should study these issues instead and expressing concern that schools might not participate. This argument avoids the central problem: there is no existing, ADA-supported mechanism that allows public comparison of dental education quality or value.

DEVI is voluntary, objective, and safe from legal risk. It empowers students with verified data and allows institutions to highlight their strengths. Refusing to act leaves students and the public in the dark while debt climbs and clinical readiness declines.

Transparency does not damage relationships—it strengthens them. An ADA-led index would enhance trust, elevate educational standards, and restore confidence in the profession's future.

TALKING POINTS

- Pre-dental students deserve access to transparent, verified data about dental schools.
- DEVI helps students make informed, equitable, and financially responsible decisions.
- Transparency drives improvement and strengthens public confidence.
- Rising tuition and declining hands-on training demand accountability.
- Participation is voluntary, protecting institutions while rewarding leadership.
- ADA leadership in DEVI aligns with its mission to protect both the public and the profession.
- A YES vote builds fairness, trust, and educational excellence.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 406 — Compact Neutrality, Standards Integrity, and Governance Accountability in National Licensure Portability

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It ensures that the House of Delegates—not the Board or outside groups—retains control over which licensure compact, if any, becomes official ADA policy.

YES means protecting professional standards, state board authority, and patient safety. It directs the ADA to require any compact it supports to include verifiable hand-skills-based or PGY-1 clinical competency assessment, preserve full state licensure, and maintain oversight by state boards.

IF YOU VOTE NO

A NO vote gives the Board and external organizations freedom to promote or endorse compacts before the House has reviewed or approved them. It allows the ADA to support portability models that could weaken state authority, reduce entry safeguards, and lower clinical standards for licensure.

SUMMARY

This resolution establishes clear, ethical, and professional standards for ADA involvement in any future licensure portability compact. It requires that the House of Delegates formally adopt any compact before the ADA endorses or lobbies for it, ensuring governance accountability.

It directs CDEL to set minimum clinical competency criteria—requiring either a hand-skills-based clinical exam or a structured PGY-1 program—to protect patient safety and preserve the profession's integrity. The resolution also safeguards full state licensure and board authority across all participating jurisdictions.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board recommended referral to the appropriate ADA agencies, acknowledging that the subject matter requires expert review and further development by CDEL. This referral is appropriate because the resolution calls for formal criteria and governance structure, not immediate implementation. The key is for the referred agencies to act promptly, preserving the House's oversight and ensuring that any compact reflects high clinical standards and public protection.

TALKING POINTS

- The ADA must not endorse any licensure compact without House approval.
- Licensure portability must protect patient safety and uphold clinical standards.
- Only a hand-skills-based or PGY-1 pathway ensures readiness for independent practice.
- Full state licensure and disciplinary authority must remain intact in every compact.
- Compact neutrality keeps the ADA independent and credible.
- The House of Delegates—not the Board—sets ADA policy.
- A YES vote maintains professional integrity and protects public trust.

Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 410 — Feasibility Study of a Postgraduate Year One (PGY-1) Licensure Pathway

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clause. It directs the Council on Dental Education and Licensure (CDEL) to conduct a formal feasibility study on creating a nationally available postgraduate year one (PGY-1) licensure pathway and to report findings to the 2026 House of Delegates.

YES means exploring a structured, evidence-based alternative to one-day licensure exams that could improve clinical readiness, reduce variability in preparedness, and align licensure standards across states.

IF YOU VOTE NO

A NO vote accepts the current fragmented licensure system that depends heavily on high-stakes, single-day exams. It delays consideration of a structured postgraduate model that could provide a fairer, more educationally sound route to independent practice.

SUMMARY

This resolution asks the ADA to study the feasibility of a postgraduate year one (PGY-1) licensure pathway for dentistry, modeled after similar systems in medicine and pharmacy.

A PGY-1 program would allow new graduates to demonstrate competency through supervised practice rather than a one-time test. It could strengthen clinical training, encourage consistency among states, and protect patient safety while preserving professional standards. The study would guide the ADA House in determining if this approach should become an official licensure pathway.

We Appreciate the Board's Support

The Board of Trustees unanimously supported Resolution 410, recognizing that exploring a PGY-1 pathway is an important step toward strengthening the profession's licensure process. By directing CDEL to evaluate feasibility and report back to the House, the Board is advancing responsible innovation while maintaining public protection and professional integrity.

TALKING POINTS

- PGY-1 provides a structured, competency-based alternative to high-stakes exams.
- Aligns dentistry with medicine and pharmacy models of professional readiness.
- Encourages consistency among states while preserving licensure standards.

- Strengthens clinical experience and public trust in graduate competence.
- Reduces exam-related stress and promotes long-term educational growth.
- Supported by the Board of Trustees and aligned with ADA strategic goals.
- A YES vote promotes fairness, quality, and accountability in licensure.

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Official House Resolution and Board Comments Attached

Resolution 401 — Minimum Hands-On Standards for Safe Dental Practice and CODA Governance

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It directs the ADA to urge the Commission on Dental Accreditation (CODA) to establish enforceable, patient-based minimum clinical standards for graduation and to strengthen its governance, transparency, and collaboration with ADEA, AGD, and the ADA.

YES means protecting patient safety and the integrity of dental education by ensuring every dental graduate demonstrates real, hands-on competency through direct clinical performance, not observation. It also promotes reform of CODA's conflict-of-interest policies and better communication with ADA governance.

IF YOU VOTE NO

A NO vote defends the current status quo, allowing CODA to continue accrediting schools without requiring verifiable, patient-based procedural experience. It accepts a system that tolerates wide variations in graduate readiness, contributes to student debt and burnout, and risks public safety.

SUMMARY

This resolution ensures that dental graduates are competent to practice safely and independently by requiring a national baseline of direct, patient-based procedural training. It calls on CODA to revise accreditation standards, close loopholes that permit observation-only training, and reinforce accountability measures to protect the public.

It also calls for review of CODA's conflict-of-interest policies and for stronger collaboration between CODA, ADEA, AGD, and the ADA through existing workgroups, to align accreditation with professional and ethical obligations.

Why the Board Is Wrong

The Board opposed this resolution, arguing that CODA already complies with federal conflict-of-interest rules and that the maker did not consult the Council on Dental Education and Licensure (CDEL). However, this misses the point.

Compliance with minimum federal regulations does not guarantee educational consistency or patient safety. CODA's own standards require competence in core clinical disciplines, yet those standards are interpreted unevenly, allowing some schools to graduate students with minimal or no direct procedural experience.

This resolution does not replace CODA's independence; it reinforces its duty to the public. The ADA has an ethical responsibility to speak when accreditation standards fail to ensure safe, consistent clinical education. Relying solely on self-reporting and internal committees ignores the profession's duty to protect patients and preserve trust in the dental degree.

TALKING POINTS

- Dentistry is a surgical discipline. Competence cannot be proven through observation alone.
- CODA must define and enforce minimum hands-on procedural requirements for graduation.
- Inconsistent clinical training threatens public safety, licensure portability, and the profession's credibility.
- Rising tuition and shrinking patient access create inequity and early burnout in new graduates.
- CODA's governance must be transparent and free from conflicts of interest.
- Stronger collaboration between CODA, ADA, ADEA, and AGD ensures accountability and ethical alignment.
- A YES vote protects patients, strengthens education, and restores public trust in U.S. dental training.

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Official House Resolution and Board Comments Attached

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.

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Official House Resolution and Board Comments Attached

Resolution 504 — Reinforcing Editorial Integrity and Transparency by Empowering the Council on Communications

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It ensures that all ADA-branded publications, news, emails, and social media content reflect adopted House policy and professional ethics.

This resolution gives the Council on Communications the authority to oversee all non-scientific ADA content to ensure accuracy, neutrality, and consistency with member-approved policy. It also establishes a subcommittee of volunteer member dentists to advise on editorial standards and fairness.

IF YOU VOTE NO

A NO vote supports the status quo where ADA staff and administrative bodies can publish or promote content under the ADA name without structured member oversight. It continues a system where official ADA communications may not always align with House-adopted policy or professional values.

SUMMARY

Resolution 504 amends the ADA Constitution and Bylaws and the Governance and Organizational Manual to formally vest editorial oversight for all non-scientific ADA communications in the Council on Communications.

It requires that ADA communications—digital, print, and social media—reflect official policy and provide balanced perspectives when addressing controversial or profession-impacting topics. It ensures ADA communications promote professionalism and transparency, protecting against the commoditization of dentistry.

The resolution does not limit speech or scientific discussion. It ensures official ADA channels reflect the voice of the membership, not individual opinions or administrative narratives.

Why the Board Is Wrong

The Board claims Resolution 504 would be "cost prohibitive" and slow communications. In reality, oversight and integrity strengthen the ADA's reputation and member trust. A subcommittee model allows efficient review without burdening staff.

The Board's argument overlooks the root issue: repeated instances of ADA publications promoting positions not approved by the House, including editorials endorsing value-based care and DSO-affiliated practice models without balanced counterpoints.

This resolution restores trust by aligning ADA communication with adopted policy. It reinforces transparency, prevents biased editorial influence, and ensures that members—not staff—determine how the ADA's voice represents the profession.

TALKING POINTS

- ADA communications must reflect House-adopted policy, not staff opinion.
- The Council on Communications is the proper body for editorial oversight.
- Protects professional autonomy and public trust.
- Prevents unapproved promotion of controversial or corporate-affiliated models.
- Creates a member-dentist subcommittee to ensure fairness and balance.
- Encourages transparency and accountability in all ADA-branded communications.
- Strengthens ADA integrity and restores confidence among members.

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Official House Resolution and Board Comments Attached

Resolution 506 — Delaying Board of Trustees Members and Speaker of the House Eligibility to Run for Elected Office to Protect Governance Integrity

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It protects ADA governance integrity by ensuring that sitting Board of Trustees members and the Speaker of the House complete their service before running for higher office.

This resolution introduces a one-year waiting period after a trustee or speaker's term ends before they can seek elective office. The goal is to prevent conflicts of interest, preserve fiduciary focus, and keep Board decisions free from campaign influence or personal ambition.

IF YOU VOTE NO

A NO vote supports allowing sitting Board members and the Speaker to campaign for ADA President-elect or other offices while still serving. It accepts the risk that campaign activity can influence Board decisions and public trust in the ADA's neutrality.

SUMMARY

Resolution 506 amends the Election Commission and Campaign Rules and the ADA Governance and Organizational Manual to prohibit any sitting member of the Board of Trustees or the Speaker of the House from running for elective office until one year after completing their term.

This ensures impartial governance, prevents conflicts of interest, and restores confidence that decisions made by the Board are guided by the ADA mission—not campaign strategy. The amendment includes an exception for the Treasurer and Speaker seeking a second consecutive three-year term.

The resolution mirrors ethical standards found in other national professional associations, including the American Medical Association and the American Psychiatric Nurses Association, both of which restrict active officers from campaigning while in office to protect organizational integrity.

Why the Board Is Wrong

The Board argues that sitting trustees should not be barred from running for higher office, but that stance prioritizes convenience over integrity. This resolution is not about denying opportunity—it is about maintaining trust.

Campaigning while serving creates an unavoidable conflict of interest. Every Board vote, strategic decision, and public statement risks being influenced by election optics. Requiring a one-year gap restores impartiality and ensures decisions are based solely on what is best for the ADA and its members.

Professional integrity and public confidence depend on eliminating even the perception of political self-interest within governance. The Board's objection ignores that transparency and accountability are the foundation of leadership.

TALKING POINTS

- Ensures trustees serve with full fiduciary focus and no political distraction.
- Prevents campaign influence on Board decisions and policy direction.
- Aligns ADA governance with national standards set by other associations.
- Builds member trust in the fairness of ADA elections.
- Upholds integrity, transparency, and ethical leadership.
- Protects the profession's reputation by separating governance from campaigning.

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Official House Resolution and Board Comments Attached

Resolution 507 — Supporting Plaintiffs in Re: Zelis Repricing Antitrust Litigation Lawsuit to Promote Fair Reimbursement and Transparency in Dental Insurance

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It directs the ADA to stand with the plaintiffs in the In Re: Zelis Repricing Antitrust Litigation, a landmark federal case exposing insurer collusion that suppresses out-of-network reimbursement rates and undermines fair competition.

This resolution urges the ADA to provide expert resources, financial support, and data through the Health Policy Institute (HPI) to aid the case, strengthen enforcement of the Competitive Health Insurance Reform Act of 2020, and push the U.S. Department of Justice and Federal Trade Commission to investigate alleged anticompetitive practices in dental insurance.

IF YOU VOTE NO

A NO vote accepts a weaker approach where the ADA limits its involvement to passive observation. It signals tolerance for insurer manipulation of dental reimbursement and forfeits an opportunity for the ADA to defend dentists and patients in one of the most important antitrust actions since the repeal of McCarran-Ferguson immunity.

SUMMARY

Resolution 507 calls for the ADA to actively support plaintiffs in a national class-action antitrust lawsuit against Zelis Healthcare and major insurers including UnitedHealth, Aetna, Cigna, Humana, and Elevance Health. The lawsuit alleges a coordinated scheme to fix and suppress dental reimbursement rates using shared repricing algorithms.

The resolution authorizes the ADA to:
- Provide financial and expert support through the HPI,
- Share relevant data and analytics,
- Collaborate with plaintiffs' counsel and regulators, and

- File or assist in amicus briefs defending fair competition and transparency.

This case directly aligns with ADA-adopted priorities for insurance reform, transparency, and advocacy for fair reimbursement. It would demonstrate that the ADA stands behind its own members and the patients they serve.

We Appreciate the Board's Support

The Board's substitute version (507B) retains most of the author's intent and recommends a YES vote. The substitute modestly refines administrative language while preserving the ADA's commitment to support plaintiffs and use HPI data in the litigation.

The Board's support shows recognition that this lawsuit addresses the systemic insurer behavior the ADA itself documented in its May 2025 DOJ public comment on the lack of competition in dental insurance. The House should endorse full participation and ensure adequate funding to protect dentists and patients nationwide.

TALKING POINTS

- The Zelis lawsuit is the first major test of the Competitive Health Insurance Reform Act of 2020.
- ADA data and expertise can strengthen the case and advance member interests.
- Insurer collusion directly harms dental practices and patient access.
- Supporting this litigation aligns with ADA public policy on transparency and competition.
- The Board's substitute maintains fiscal oversight while affirming the ADA's moral and legal role.
- A YES vote puts the ADA on the side of its members and the profession's integrity.

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Official House Resolution and Board Comments Attached

Resolution 508 – Amendment to the ADA Election Commission and Campaign Rules

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution replaces the existing ADA Election Commission and Campaign Rules with a single, modernized framework that promotes fairness, transparency, and nonprofit compliance. It removes outdated barriers that favor incumbents, eliminates veto power over campaign appearances, sets contribution limits, and allows modern digital communication tools such as podcasts, livestreams, and social media. It ensures that all candidates have equal access to delegates, standardizes enforcement, and requires financial disclosures to strengthen trust and integrity in ADA elections.

IF YOU VOTE NO

A NO vote keeps the current system in place, which allows structural inequities, insider advantages, and unrestricted campaign spending. Voting NO protects rules that limit access for newer candidates, allow single-candidate vetoes over campaign events, and exclude digital engagement tools. It also accepts the ongoing risk of reputational harm and inconsistent enforcement under current Board-controlled procedures.

SUMMARY

This resolution overhauls the ADA's election and campaign process to make it fair, transparent, and inclusive. It aligns ADA election conduct with 501(c)(6) nonprofit standards by ensuring equal access for all candidates, placing spending limits, introducing financial transparency, and supporting modern campaign methods that do not depend on wealth or insider access. It protects ADA's credibility, empowers members, and updates rules that have not kept pace with ethical and digital norms.

Why the Board Is Wrong

The Board unanimously voted NO, citing the existence of a separate task force and claiming the proposal is "deficient." This response ignores that the resolution provides a complete, fully documented framework—including a side-by-side comparison of every change—and directly addresses fairness and access concerns that the Board's own task force did not resolve. Relying solely on the Board's internal task force preserves control over campaign procedures by those already in power. The Board's version in Resolution 515 was written without open member input and leaves the same structural inequities intact. Resolution 508 provides the comprehensive reform that members and delegates have repeatedly requested: equal access, transparency, and accountability.

TALKING POINTS

- • ADA election rules must reflect nonprofit fairness and equal access, not insider privilege.
- • Eliminates “announcement timing” advantage and allows all qualified members to run on a level field.
- • Removes single-candidate veto power over forums and appearances.
- • Caps campaign contributions and requires financial transparency for all candidates.
- • Modernizes communications by allowing social media, podcasts, and livestreams under ethical oversight.
- • Reaffirms that campaign fairness strengthens ADA integrity and member trust.
- • The Board’s “task force version” fails to fix the core inequities that Resolution 508 corrects.

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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.

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Official House Resolution and Board Comments Attached

Resolution 517 – Amendment to ADA Policy on Medical (Dental) Loss Ratio

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution strengthens and clarifies ADA Policy on the Medical (Dental) Loss Ratio (DLR) by closing loopholes and aligning policy with the successful Massachusetts Question 2 model. It specifies that benchmarks of 85% for large group and 83% for small/individual plans must apply to each insurance plan, not market-wide averages, and requires transparency, public reporting, and plan-level accountability. It also directs the ADA to develop model statutory language and implementation guidance for states to use, ensuring insurers rebate excess profits and comply with fair limits on administrative spending.

IF YOU VOTE NO

A NO vote defends weak and inconsistent DLR policy language that allows insurers to manipulate averages and avoid meaningful compliance. It maintains loopholes that exaggerate loss ratios through charitable donations, broker commissions, and non-clinical activities. A NO vote accepts continued insurer control and fails to protect dentists and patients from inflated administrative costs and poor value.

SUMMARY

Resolution 517 updates ADA DLR policy so it reflects real-world performance standards that hold dental insurers accountable. It ensures each plan—not the market as a whole—must meet the DLR threshold, eliminates non-clinical cost padding, and requires public disclosure of plan data, surplus levels, and rebate mechanisms. This gives state dental societies the tools to negotiate or legislate strong DLR laws modeled after Massachusetts' success and ensures ADA remains the leading voice for fair, transparent dental insurance reform.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board recommended referral to the Council on Dental Benefit Programs, recognizing that the maker's intent has merit. The proposed clarifications strengthen the ADA's ability to influence state and national reform, and prompt referral will ensure that these protections become part of official ADA policy without delay.

TALKING POINTS

- • Strengthens ADA's official DLR policy with plan-level accountability.
- • Ends manipulation of loss ratio averages by requiring per-plan compliance.

- • Adopts Massachusetts' model as the national benchmark for fairness.
- • Prevents insurer loopholes using broker fees, charity, or QIA padding.
- • Requires transparency, public reporting, and timely rebates to purchasers.
- • Protects patients and providers from inflated premiums and hidden profits.
- • The Board's referral allows ADA to move this forward with speed and focus.

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ALERT: HOSTILE AMENDMENT BY THE BOARD OF TRUSTEES

Official House Resolution and Board Comments Attached

Resolution 519 – Enable Member Participation in Governance by Allowing Resolution Submission by ADA Members

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote on Resolution 519 supports the action requested in the resolving clauses. It protects the right of every ADA member to have a voice in their own Association by allowing any three members in good standing to co-submit a resolution directly to the House of Delegates. This creates a fair, transparent pathway for ideas from the membership to reach the floor for open discussion. Resolution 519 does not weaken order or structure. It keeps all existing safeguards such as formatting requirements, submission deadlines, and reference committee review. It simply ensures that member ideas cannot be blocked, delayed, or altered before reaching the House. Immediately after you vote YES on Resolution 519, you must vote NO on 519B. The Board's substitute version is a direct assault on member participation. It not only rejects the right of members to submit resolutions, it also eliminates the right of individual delegates to do so. It takes power away from both the members and their elected representatives.

IF YOU VOTE NO

A NO vote on Resolution 519 supports the current restrictive system and the Board's proposed substitute, 519B. That version removes the right of members to submit resolutions and strips away the ability of individual delegates to bring forward new business. It concentrates all control at the top, turning what should be a member-driven professional association into a system where ideas flow only one way: downward. Voting NO is not a neutral choice. It is a vote to silence members and weaken the House of Delegates. It is a vote for hierarchy over representation, and it continues a disturbing pattern of the Board consolidating power while limiting the voice of those it serves.

SUMMARY

Resolution 519 restores balance to ADA governance. Under the current Standing Rules, only agencies, constituent societies, trustee districts, and individual delegates can file resolutions. Regular ADA members, those who pay dues, treat patients, and sustain the Association financially, have no direct path to bring forward their own ideas. The proposed change adds just one phrase: 'and any three members in good standing.' This is a simple, transparent reform that broadens participation and demonstrates that the ADA truly belongs to its members. The Board's substitute version (519B) reverses that intent. It not

only blocks members from submitting resolutions, it goes further by removing the existing right of individual delegates to do so. This is a hostile amendment that would permanently shift control away from the House and toward the Board of Trustees. It is an unmistakable attempt to take power from the many and hand it to the few.

Why the Board Is Wrong

The Board claims that its substitute ensures fiduciary oversight and structural order. In truth, it dismantles one of the most fundamental rights in a member-governed association: the ability of delegates and members to initiate policy. This is not about efficiency. It is about control. For years, the Board has slowly increased its authority while reducing transparency and accountability to the House of Delegates. The substitute version of 519 is part of that pattern. It would give the Board the ability to block ideas before they ever reach the House, effectively controlling the entire policy pipeline. Delegates are not employees of the Board; they are the elected representatives of the profession. The House of Delegates is, by ADA Bylaws, the supreme authority of the Association. Allowing the Board to silence both delegates and members is an unacceptable power shift. The ADA cannot claim to be member-driven if it prohibits members from driving change.

TALKING POINTS

- • Resolution 519 empowers members by allowing any three members in good standing to submit a resolution.
- • Keeps all safeguards: proper formatting, submission deadlines, and reference committee review.
- • Expands access to the House without sacrificing structure or oversight.
- • The Board's substitute, 519B, removes the right of members and delegates to file resolutions.
- • Centralizes power within the Board of Trustees and weakens the House of Delegates.
- • Continues a clear pattern of the Board reducing transparency and controlling governance outcomes.
- • Voting YES on 519 and NO on 519B protects democracy within the ADA and preserves the rights of every member and delegate.
- • The House must not allow its authority to be diminished or its voice silenced.

Official House Resolution and Board Comments Attached

Resolution 520 – Strengthening ADA Transparency to Grow and Retain Membership Through Majority and Minority Board Reports

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution calls for the ADA Board of Trustees to prepare and publish written majority and minority reports for significant Board votes, ensuring that the reasoning behind decisions is transparent, recorded, and available to members. It promotes accountability, openness, and trust by requiring that the Board's rationale—both for and against—be made part of the permanent record and accessible to the public and members on ADA.org.

IF YOU VOTE NO

A NO vote keeps the current system where dissenting opinions by the Board are not published and members must personally contact individual trustees to learn the reasoning behind votes. This defends a closed culture that discourages open discussion and keeps members in the dark about major decisions affecting the profession.

SUMMARY

Resolution 520 amends ADA Bylaws Chapter V, Section 80, by adding a new duty requiring the Board of Trustees to prepare and publish written majority and minority reports for all votes involving major policy, financial, advocacy, or governance actions. These include policy changes, dental insurance issues, compacts, legislative advocacy, financial commitments over $250,000, or any change to the structure or authority of the House, Board, or standing committees. For all other votes, a report must be produced upon request of any ADA member. This measure ensures transparency, documents debate, and allows members to see how and why decisions were made—restoring confidence in governance and encouraging broader participation.

WHY THE BOARD IS WRONG

The Board argues that minority reports are already "an available option" under parliamentary procedure and that requiring them would burden operations. In reality, optional systems have failed to produce consistent transparency, leaving members uninformed. Merely allowing dissenting members to "be contacted" does not meet the standard of public accountability or written record required in professional governance. The Board's claim that this requirement would "chill debate" reverses the truth:

transparency fosters honest discussion, protects dissenting voices, and assures members that debate occurred before decisions. The resolution follows the long-established practices of the AMA, Congress, and the Supreme Court, all of which maintain written majority and minority reports as a cornerstone of legitimacy and trust.

TALKING POINTS

• A YES vote creates an official record of both majority and minority viewpoints, increasing transparency and trust.

• Members have the right to know how and why the Board makes decisions that affect them.

• Optional procedures have not delivered consistent transparency; this resolution makes it a duty.

• Majority/minority reporting is standard in respected institutions and essential for credibility.

• Transparency strengthens, not weakens, unity and confidence in leadership.

• The ADA's own values—Integrity, Excellence, and Commitment to members—demand openness.

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Official House Resolution and Board Comments Attached

Resolution 522 – Transparency in Dental Practice Ownership, Management, and Outside Investors

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution establishes ADA policy requiring transparency in dental practice ownership and control. It ensures that patients can clearly see who owns and manages their dental office, including any Dental Service Organizations or outside investors that hold financial or operational control. A YES vote affirms that patients have the right to know who is ultimately responsible for their care and that licensed dentists retain accountability for all treatment decisions.

IF YOU VOTE NO

A NO vote protects the current system that allows private equity and management firms to hide behind layers of corporate structure. It leaves patients unaware of who truly controls their dental office and weakens accountability when problems arise. It accepts the continued blurring of lines between clinical responsibility and investor control, putting financial interests ahead of patient trust.

SUMMARY

Resolution 522 adopts a new ADA policy on transparency in ownership, management, and outside investors. It encourages state dental boards to require that every dental office clearly disclose:
1. The name of the registered owner and licensed dentist(s) responsible for patient care.
2. Any management company, DSO, or investor with a controlling interest.
3. Visible posting of this information at the front desk, on websites, signage, and marketing materials.

This transparency aligns with state laws in Illinois, Oregon, and Washington that affirm a dentist's ultimate clinical accountability. It also follows existing federal disclosure standards under 42 CFR § 455.104 for healthcare ownership. The goal is not to restrict business models but to restore clarity, integrity, and trust for patients and practitioners alike.

WE APPRECIATE THE BOARD'S SUPPORT

While the Board questioned background wording, it endorsed the substitute resolution 522B and recommended a YES vote. The substitute still supports public transparency and

state-level adoption of ownership disclosure rules. DIGAC welcomes this support as a step toward protecting patients, clarifying accountability, and reinforcing professional ethics.

TALKING POINTS

• Transparency in ownership protects patients and reinforces ethical accountability.

• Patients have a right to know who controls their dental office.

• Non-dentist investors must not obscure who is responsible for care decisions.

• This mirrors federal disclosure rules and modernizes ADA ethics for today's market.

• Honest, visible ownership information strengthens public trust in dentistry.

• A YES vote aligns with integrity, professionalism, and patient-first values.

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Official House Resolution and Board Comments Attached

Resolution 527 – Coordinating Dental Advocacy Through a National Task Force for Greater Unity and Impact

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution directs the ADA to convene a Dental Advocacy Alignment Task Force to improve coordination among major dental organizations, reduce duplication, and strengthen advocacy impact. It calls for collaboration among the ADA, ADEA, AGD, AAOMS, state societies, and specialty groups to unify strategies, ensure efficient use of resources, and include early-career dentists in the process.

IF YOU VOTE NO

A NO vote maintains the status quo, where advocacy remains fragmented across multiple organizations with overlapping goals and disconnected messaging. This wastes member dues, weakens the profession's influence, and undermines our collective voice in public policy. Saying no keeps dentistry divided when unity is essential for national advocacy strength.

SUMMARY

Resolution 527 establishes a cross-organizational Dental Advocacy Alignment Task Force to bring together major stakeholders in dentistry for coordinated advocacy. The group would identify shared goals, reduce redundant efforts, and report back to the House of Delegates by 2026. Representation would include national organizations, state societies, specialty groups, and at least one new dentist within 10 years of graduation. By collaborating instead of competing, organized dentistry can present unified positions to lawmakers and the public, saving resources and amplifying influence.

WHY THE BOARD IS WRONG

The Board claims the ADA already communicates regularly with other organizations and that coordination is "sufficient." However, communication is not the same as strategy. Occasional meetings or shared conferences do not replace structured, goal-oriented collaboration. This resolution formalizes coordination, sets measurable objectives, and ensures accountability through a report to the House. Rejecting this resolution means continuing fragmented advocacy that weakens dentistry's national presence. The Board's "Vote No" recommendation protects inefficiency instead of embracing leadership. True unity requires intentional, transparent alignment—not casual contact.

TALKING POINTS

• A YES vote strengthens the ADA's leadership role in national advocacy.

• Coordination across dental organizations reduces waste and duplication.

• Fragmented advocacy confuses policymakers and weakens our influence.

• This task force ensures younger dentists have a voice in advocacy strategy.

• A unified approach demonstrates professionalism, efficiency, and vision.

• Dentistry needs one strong voice—not scattered messages—to protect our profession and patients.

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