

2025 ADA HOUSE OF DELEGATES – Bloom & Saxe Resolutions  
(Please download the latest version of this file and the full text from our [WEBSITE](#))

Clickable Index

Resolution 203.....	2
Resolution 204.....	3
Resolution 205.....	4
Resolution 207.....	5
Resolution 208.....	6
Resolution 209.....	7
Resolution 210.....	8
Resolution 211.....	9
Resolution 212.....	10
Resolution 213.....	11
Resolution 214.....	12
Resolution 216.....	13
Resolution 301.....	14
Resolution 302.....	15
Resolution 305.....	16
Resolution 401.....	17
Resolution 402.....	18
Resolution 406.....	19
Resolution 406B.....	20
Resolution 502.....	21
Resolution 503.....	22
Resolution 504.....	23
Resolution 506.....	24
Resolution 507.....	25
Resolution 509.....	26
Resolution 517.....	27
Resolution 519.....	28
Resolution 520.....	28
Resolution [TBD Election and Campaign Rules].....	28
Resolution [TBD Tribal Sovereignty].....	31



## Resolution 203

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

### **If you vote YES, this is what it means:**

You support creating a voluntary, ADA-affiliated union for employed dentists (NUAED) that is open only to ADA members. Membership is optional, employers are not required or expected to hire union-affiliated dentists, and the union operates in full compliance with labor, antitrust, and association law. NUAED would provide member services like legal and contract review, ethical and workplace support, and, where lawful, participation in salary and benefit negotiations. Except for initial implementation costs, it will be self-funded by its members and governed by an independent board, with an ADA implementation group helping set it up and reporting progress to the 2026 House.

### **Summary:**

More dentists, especially new graduates, begin their careers as employees in DSOs, community clinics, and large group practices, yet there is no ADA structure dedicated to protecting their workplace rights. This resolution formally establishes the National Union of ADA Employed Dentists to offer legal support, contract guidance, and ethics resources without mandating union hiring or changing private practice autonomy. The design keeps clear legal separation from ADA governance, ensures compliance with the National Labor Relations Act and FTC guidance, and sets self-funding after startup. The goal is to give employed dentists a trusted, member-run support system that strengthens ethics, reduces retaliation risks, and helps connect younger dentists with organized dentistry.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 204

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

### **If you vote YES, this is what it means:**

You support amending the ADA Bylaws to restore the House of Delegates' authority to approve the annual budget and increase transparency for major financial decisions, including large asset sales. This change ensures that elected delegates—not only the Board of Trustees—control budget allocations, review significant expenditures, and align spending with member-approved priorities.

### **Summary:**

In recent years, the ADA shifted final budget adoption from the House of Delegates to the Board of Trustees, reducing direct member oversight. This resolution reverses that change by restoring the House's historic budgetary role and codifying it in the ADA Bylaws. It also addresses the need for proactive transparency in high-value financial transactions, citing examples like the 2024 sale of ADA headquarters and costly initiatives undertaken without House review. The resolution draws on nonprofit governance best practices and examples from other associations to ensure that budgetary decisions are transparent, compliant with fiduciary duties, and consistent with House-adopted priorities.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 205

# Fiscal Responsibility and Modernization of ADA Governance Operations

### If you vote YES, this is what it means:

You support establishing a seven-member ADA Task Force on Governance Efficiency and Travel Oversight to reduce unnecessary governance costs, prioritize remote participation, review delegate representation fairness, and adopt cost-saving best practices from other associations. The task force would study the past five years of travel and meeting expenses, recommend policy updates, and ensure equitable access to governance while protecting member dues.

### Summary:

This resolution responds to member concerns over high ADA governance travel costs, citing retreats and meetings held in expensive locations with minimal business conducted. It proposes a remote-first governance culture, reserving in-person meetings for when they are justified by a cost-benefit analysis. The task force would evaluate travel spending, hybrid meeting adoption, and delegate apportionment fairness. Recommendations include stricter travel policies, per diem enforcement, zone-based meetings, and remote voting rights. The goal is to modernize ADA governance for efficiency, equity, environmental sustainability, and fiscal accountability.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 207

# Optimizing House of Delegates Size and Representation

### If you vote YES, this is what it means:

You support updating the ADA delegate apportionment formula to one voting delegate per 700 active members, while guaranteeing minimum representation for smaller states. This would better align representation with active membership levels, increase equity, and reduce costs by streamlining the size of the House of Delegates.

### Summary:

This resolution addresses concerns about fairness and cost in ADA governance by revising the delegate allocation formula. Some states currently have delegate counts disproportionate to their number of active members, while others with larger memberships have proportionally less influence. The proposal sets one voting delegate per 700 active members, ensures that no state falls below a guaranteed minimum, and rebalances representation to reflect current member demographics. The change is designed to improve decision-making efficiency, contain meeting expenses, and strengthen the connection between delegate representation and dues-paying membership.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 208

# Strengthening Financial Oversight and Accountability of the ADA Board of Trustees

### If you vote YES, this is what it means:

You support amending the ADA Bylaws and Governance Manual to make available up to three virtual House of Delegates sessions per year as needed, limit the Board of Trustees to no more than two in-person meetings annually, and adopt strict cost-saving and oversight policies. The resolution also mandates quarterly transparency reports, pre-approval for large discretionary expenses, and a forensic audit of Board and Executive Office financial activities over the past five years.

### Summary:

Prompted by a \$142 million decline in ADA reserves from 2022 to 2025, this resolution strengthens financial governance and reduces discretionary spending. It responds to concerns about high-cost travel, retreats with minimal work hours, and risky investments. Provisions include shifting most Board meetings to virtual formats, limiting overseas travel, ensuring Finance Committee oversight of all major expenditures, and requiring public summaries of spending. A forensic audit will review five years of Board and Executive Office financial activity to rebuild trust, safeguard ADA's nonprofit standing, and align governance with best practices seen in other associations.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 209

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

### If you vote YES, this is what it means:

You support ending ADA's funding and participation in the FDI World Dental Federation starting in Fiscal Year 2026. Future involvement with FDI could only occur if approved by the House of Delegates through a formal resolution. All savings would be redirected to programs that provide measurable value to members, and the Treasurer would publish itemized annual reports on any residual FDI-related costs until concluded.

### Summary:

This resolution responds to years of ADA losses from FDI membership, travel, and services—over \$1.2 million from 2017 to 2021—with little measurable benefit to members. Recent ADA financial reporting reforms focus on strategic alignment and return on investment, yet FDI initiatives such as World Oral Health Day and policy papers have not been integrated into ADA's domestic priorities. By discontinuing funding, reallocating savings to mission-focused priorities, and requiring transparent accounting, the resolution ensures that international expenditures directly support ADA's Strategic Forecast outcomes, member engagement, and advocacy impact.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 210

# Addressing Food Insecurity Among U.S. Dental Students

### If you vote YES, this is what it means:

You support establishing a national ADA program, modeled after a successful Massachusetts initiative, to provide direct support to dental students experiencing food insecurity. The program will fund on-campus food pantries, emergency meal vouchers, awareness campaigns, and best-practice publications, with initial funding from the ADA and sustained support from the ADA Foundation.

### Summary:

National studies show that nearly one in four U.S. dental students experience food insecurity, a rate higher than the general student population. Contributing factors include long clinic hours, high tuition, housing costs, and limited work eligibility. Food insecurity harms academic performance, clinical readiness, and mental health. The Massachusetts Dental Society, led by Dr. Abe Abdulwaheed, successfully funded food programs at all three Boston dental schools, demonstrating the effectiveness of a direct-support model. This resolution calls for the ADA to adopt and expand this model nationally, starting with \$50,000 in ADA funding and ongoing ADA Foundation support. The program will target schools without existing initiatives, provide flexible implementation, and encourage collaboration with private partners.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*





## Resolution 211

# Rebuilding the Strategic Forecasting Committee as a Liaison and Oversight Body to Serve the House of Delegates

### If you vote YES, this is what it means:

You support replacing the current Strategic Forecasting Committee (SFC) section in the ADA Manual with a streamlined, more accountable, and more representative structure. The rebuilt SFC would include one voting delegate from each trustee district (with a rotation system and at least one new dentist), serve as a year-round liaison between the House, Board, staff, and councils, and have full access to strategic, financial, and operational data. It would provide real-time oversight, issue formal alerts on risks or misalignment, and report directly to the House without Board veto. The SFC would also be required to engage members through surveys and listening sessions to ensure strategic priorities reflect the lived experiences of dentists.

### Summary:

The SFC was created to ensure ADA's strategic plan reflects member priorities, but it has been criticized as bureaucratic, ineffective, and overly complex. Meanwhile, the ADA has admitted that \$142 million in reserves were spent between 2022 and 2025, including \$53 million on a failed system, without early warning from the SFC. This resolution acknowledges those failures but proposes rebuilding—not eliminating—the SFC. The new committee would be leaner, with clearer duties such as evaluating alignment of programs with the Strategic Forecast, monitoring council follow-through, reporting gaps between budgets and strategic execution, and issuing formal alerts when misalignment or risks are identified. Membership would be expanded to guarantee representation from all 17 trustee districts, plus two trustees and one outside expert, with safeguards like a rotation schedule, a new dentist requirement, and a ban on concurrent council service. Meetings would be mostly virtual to reduce cost, and reports would be transparent, timely, and shared widely. The committee would also be charged with systematically gathering member input to inform strategic direction. The goal is to strengthen oversight, prevent governance failures, and ensure strategic accountability year-round.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 212

### **Improving House of Delegates Efficiencies Through Reduced Session Length and Digital-First Practices**

#### **If you vote YES, this is what it means:**

You support streamlining the House of Delegates (HOD) by consolidating the in-person session to three days with preparatory work done virtually, moving most ceremonial activities to digital formats, limiting live speeches to four minutes, and modernizing nomination procedures with pre-recorded candidate videos made available before the first meeting. This keeps the HOD's authority intact while saving time and money and improving accessibility for working dentists.

#### **Summary:**

The HOD is the ADA's supreme governing body, but its current four-day in-person format, paper-heavy materials, and ceremonial programming create avoidable costs and barriers to participation. This resolution updates operations to match modern expectations: (1) transition most ceremonial and non-governance activities to official digital acknowledgments to reduce travel, production, and staff time; (2) set concise four-minute limits for live speeches by the President, President-Elect, and Executive Director; (3) revise nomination procedures so candidates submit short video nomination and acceptance statements in advance, ensuring delegates can review materials before the first meeting; (4) rely on a digital-first approach to reduce paper waste and environmental impact; and (5) consolidate the in-person HOD to three days with virtual pre-meetings to maintain full deliberation while increasing efficiency. Together these changes honor member dues, support environmental responsibility, and make service in the HOD more feasible for early- and mid-career dentists—without diminishing the House's deliberative authority.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 213

# Growing ADA Membership Through Transparent and Accessible Governance

If you vote YES, this is what it means:

**\*\*\*(Pay Attention to the Speaker's Out-of-Order Ruling on the Board of Trustees Manual and Our Request for The House to Overturn It)**

You support reforms to grow membership by making ADA governance more open and accessible. This includes requiring access to *all governance manuals listed in Chapter XIV—including the Organization and Rules of the Board of Trustees, a manual that exists but has been withheld from members.* The resolution also promotes modern leadership pathways based on skill and readiness rather than years served, pilots new models such as open nominations or project-based roles, and limits executive sessions to circumstances defined by parliamentary authority. **One clause on the Board of Trustees manual has been ruled out of order by the Speaker, but the sponsor objects and is asking the House of Delegates to overrule the speaker.**

### Summary:

ADA membership has been in steady decline, dropping to **52.8% market share in 2024**, down 2.4% in one year. Research shows that early-career dentists want leadership opportunities, yet outdated officer ladders and withheld information discourage participation. This resolution tackles both issues. It urges adoption of modern, inclusive leadership models already used by other associations and ensures members have access to all required governance manuals, **including the Board of Trustees manual that has been kept secret.** It also restricts executive sessions to clearly defined situations. By increasing transparency and opening leadership pathways, the ADA can rebuild trust, attract new members, and protect its credibility as the national voice for dentistry.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 214

### Adoption of Mission-Based Accounting Framework

#### **If you vote YES, this is what it means:**

You support adopting mission-based accounting as the official budgeting and financial reporting system for the ADA. This approach will track program costs, measure alignment with the ADA's mission, and make spending transparency a formal policy. The rollout would be phased, starting with select departments, and culminate in full adoption across all ADA departments and subsidiaries by 2028.

#### **Summary:**

The ADA has historically lacked the ability to track whether spending aligns with its mission of helping dentists succeed and advancing public health. Large investments—such as in technology platforms, research partnerships, and startups—have sometimes proceeded without performance metrics or program-level financial reporting. The 2024 Treasurer's Report documented systemic accounting deficiencies, noting the absence of cost tracking for mission delivery. Mission-based accounting would assign every program a cost profile and an alignment score tied to the ADA Strategic Forecast, allowing the House of Delegates and members to evaluate return on mission. This resolution directs the Board to implement the system in phases, report annual milestones, ensure nonprofit financial expertise, and include public summaries with each budget starting in 2027 with full adoption across all ADA departments and subsidiaries by 2028.

.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 216

# Establishment of the Standing Committee on Oversight of ADA Communications and Public Trust

### **If you vote YES, this is what it means:**

You support creating a permanent ADA standing committee to safeguard brand integrity, protect public trust, and ensure non-scientific ADA communications align with adopted policy and ethical standards. The committee would review ADA-controlled communications such as CE advertising, vendor promotions, ADA News, Morning Huddle, JADA opinion pieces, and ADA social media. It would have authority to flag reputational risks, recommend corrections or removals, and refer CE concerns to the Commission for Continuing Education Provider Recognition (CERP). The process includes notice, response, and an appeal option, ensuring fairness while protecting ADA credibility.

### **Summary:**

This resolution responds to member concerns about unvetted CE promotions, vendor affiliations causing reputational harm, and ADA-branded editorial content that may conflict with adopted policy or member values. Specific examples include vendor-sponsored CE that blurs specialty standards, endorsement partnerships that damaged trust, and opinion content published without review for alignment with ADA policy. The proposed Standing Committee on Oversight of ADA Communications and Public Trust would consist of seven House delegates with expertise in communications, CE, editorial oversight, ethics, or reputational risk, appointed by the Speaker for two-year terms (renewable up to four years). Its role is to review ADA-controlled non-scientific communications, identify misrepresentation or reputational risks, and coordinate with existing bodies like the Council on Communications and CERP to address concerns. Peer-reviewed scientific content and clinical guidelines remain excluded. Operations would be designed for cost-efficiency, using virtual meetings and existing resources. The goal is to strengthen oversight, preserve ADA credibility, and protect the profession's reputation and public trust.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 301

### **Establishment of a Dentist-Facing ADA Certification Program for Dental Software and Imaging Platforms**

#### **If you vote YES, this is what it means:**

You support creating a voluntary, vendor-funded ADA certification program that identifies dental software and imaging systems meeting strict standards for security, interoperability, regulatory compliance, and dentist data ownership. Certified products must allow full, user-controlled data exports directly within the software, use modern encryption, and—if involving diagnostic imaging—hold current FDA Class II clearance. Vendors must affirm in writing that dentists own their data. The program would be a member-exclusive benefit to help dentists choose safe, compliant, and future-ready systems without being locked in by restrictive vendors.

#### **Summary:**

Dentists rely on increasingly complex software for records, imaging, and practice operations, but many platforms trap practitioners with proprietary formats, hidden or fee-based export functions, and weak security. Imaging systems add another layer of risk: most qualify as Class II medical devices under federal law (CFR Title 21, §892.2050) and require FDA clearance, yet some are marketed without it, exposing dentists to liability. This resolution establishes a trusted ADA certification, modeled after successful federal health IT programs, to verify vendor claims and protect members. Certification standards include encryption (TLS 1.3, AES-256), multi-factor authentication, practical user-controlled exports in common formats (CSV, JSON, XML, JPEG, PNG, STL, MP4), and a written guarantee that data ownership rests with the dentist. A dedicated ADA task force—drawing on dental informatics, cybersecurity, and regulatory experts—will design the program, including a standard export schema to simplify migration and compliance. The program will be vendor-funded, with a transparent fee structure to sustain it, ensuring no cost to members. Certification status may be public, but evaluation materials, schema documentation, and implementation tools will be restricted to ADA members, reinforcing this as an exclusive membership benefit.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 302

# Universal Ownership and Management Disclosure for All Dental Offices

### **If you vote YES, this is what it means:**

You support requiring all dental practices to clearly disclose the legal name of the owner and any affiliated management company that controls day-to-day nonclinical operations. This information must appear on office signage, websites, advertisements, stationery, and patient communications. The policy applies to all practices—independent, group-owned, or DSO-managed—and aims to increase transparency, patient trust, and accountability.

### **Summary:**

Patients often cannot tell who truly owns or manages a dental office, especially when the same company operates multiple locations under different names. This lack of transparency can mislead patients into thinking they are switching providers when they are not, and it can make resolving complaints harder for both patients and employees. This resolution calls for universal disclosure rules so patients know before they receive care who is legally and operationally responsible for the practice. Required disclosures include both the owner of record and any dental support organization (DSO) or management firm directing daily operations. By applying equally to all business models, the measure promotes fairness and prevents selective targeting of practice types. The ADA would also develop sample signage and disclosure templates to help practices comply, supporting a consistent, ethical standard nationwide. Public visibility of ownership and management is intended to strengthen trust in the profession and encourage higher ethical standards.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 305

### **Provisional Credentialing to Support Patients, Early-Career Dentists, Practice Owners, and ADA Membership Growth**

#### **If you vote YES, this is what it means:**

You support the ADA creating a task force to design a model for provisional insurance credentialing, allowing licensed and liability insured dentists actively applying to join a network to treat patients at in-network rates while full credentialing is completed. This would reduce delays for patients, help early-career dentists change jobs without income gaps, and assist practice owners in onboarding associates faster.

#### **Summary:**

Credentialing delays in dentistry can stretch from six weeks to six months, creating confusion for patients, financial strain for dentists, and growth barriers for practices. These lags persist despite tools like CAQH ProView and newer AI-based systems such as LightSpun, because bottlenecks often occur on the insurer's side. Younger dentists are hit especially hard, as each job change restarts the credentialing clock, limiting career mobility and sometimes trapping them in poor work environments. Practice owners also lose productivity when new associates cannot see patients at contracted rates. Provisional credentialing, already common in medicine, allows providers to work at in-network rates while full credentialing proceeds—protecting patients from surprise bills and supporting care continuity. The resolution directs the ADA to build a voluntary, non-binding model with safeguards such as verifying licensure, malpractice coverage, and compliance with payer integrity standards. The task force will study medical field best practices, explore ADA-run credentialing support services (e.g., background checks, document verification), and recommend timelines such as 15-day provisional eligibility with 60-day completion. The Council on Dental Benefit Programs would review the framework and consider its adoption as ADA policy in 2026, with interim use for advocacy. All work would follow federal and state antitrust laws.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*





## Resolution 401

### **Minimum Hands-On Standards for Safe Dental Practice and CODA Governance Reform**

#### **If you vote YES, this is what it means:**

You support urging the Commission on Dental Accreditation (CODA) to set and enforce a national minimum standard for patient-based clinical procedures required for graduation. This would ensure competency is proven through direct performance, not observation, and strengthen CODA's governance, transparency, and conflict-of-interest safeguards. It also calls for increased collaboration with ADEA, AGD, and specialty groups to address educational quality, student wellness, and workforce readiness.

#### **Summary:**

CODA is the sole accrediting body for U.S. dental education, yet its current standards allow wide variation in clinical experience, with some graduates completing school having performed few or no essential procedures. This resolution emphasizes that dentistry is a surgical discipline requiring deliberate, repetitive, patient-based practice—observation alone is inadequate for competency. Reports show some institutions lowering or waiving minimum procedural thresholds, compromising public safety and graduate readiness. Rising tuition, expanded class sizes, and insufficient faculty exacerbate the problem, while inadequate clinical training undermines licensure portability and erodes trust in the profession. The resolution directs the ADA to strongly encourage CODA to adopt and enforce verifiable patient-centered experience in core areas like operative dentistry, prosthodontics, endodontics, periodontics, and oral surgery. It also calls for reforms to CODA's conflict-of-interest policies, citing federal requirements under 34 CFR § 602.15(a)(6) and the precedent set in *North Carolina State Board of Dental Examiners v. FTC*. Finally, it promotes stronger ADA-CODA communication and stakeholder collaboration to align accreditation with public protection, educational quality, and the profession's long-term health.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 402

# Development of the Dental School Educational Value Index (DEVI)

### If you vote YES, this is what it means:

You support creating a public-facing, outcomes-based Dental School Educational Value Index (DEVI) to help pre-dental students make informed choices, promote transparency in dental education, and highlight institutional strengths. DEVI would use voluntarily submitted, verifiable data on clinical experience, faculty ratios, costs, wellness resources, and graduate outcomes. Participation would be voluntary, non-punitive, and legally structured to avoid antitrust or defamation risks.

### Summary:

Dental education costs have surged—often exceeding \$300,000 in debt—while clinical experience and faculty availability have declined. Students, especially those from disadvantaged backgrounds, lack access to objective, outcomes-based comparisons between schools, relying instead on prestige rankings or unverified online sources. DEVI addresses this gap by providing standardized, verifiable metrics such as average procedures completed in core disciplines, student-to-faculty ratios, total program cost, and access to mental health and wellness resources. Schools that participate can showcase strengths and demonstrate accountability, while applicants gain a clearer picture of where they are most likely to succeed. The resolution emphasizes protecting patients by ensuring graduates meet competency expectations, promoting equity by leveling the informational playing field, and encouraging institutional improvement through transparency. DEVI would be developed collaboratively with ADEA, AGD, specialty associations, ASDA, and potentially CODA, while remaining an ADA-led initiative separate from the accreditation process.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 406

### **Compact Neutrality, Standards Integrity, and Governance Accountability in National Licensure Portability**

#### **If you vote YES, this is what it means:**

You support ensuring that any ADA-backed licensure portability compact preserves high professional standards, state licensing authority, and public protection. This resolution prohibits the ADA from endorsing or lobbying for any compact until it is formally adopted by the House of Delegates, directs the Council on Dental Education and Licensure (CDEL) to establish criteria requiring either a hand-skills-based exam or a structured PGY-1 pathway for initial licensure, and requires that any future compact grant full state licenses and preserve state board oversight.

#### **Summary:**

The ADA has policy supporting national licensure portability (Transactions 2018:341), but no specific compact has been adopted as official policy. Promoting a compact before House action undermines the authority of the House. This resolution affirms that only the House of Delegates can adopt a compact as ADA policy. It also requires that any compact supported by ADA protect patient safety, maintain state board authority, and uphold high clinical standards.

The physician model (Interstate Medical Licensure Compact) offers a framework that preserves state licensure and board oversight while enabling fast portability, with most approvals in under three weeks. In contrast, the Enhanced Nurse Licensure Compact has been criticized for oversight failures and loss of state authority, with a 2023 Massachusetts Nurses Association report warning it undermines state standards. For dentistry, clinical readiness is critical: manikin-based hand-skills exams are accepted in 49 states and D.C. as of 2025, and a structured PGY-1 pathway is another valid option. Both must be part of any future portability model.

By requiring House adoption, hand-skills or PGY-1 standards, and preserved state authority, this resolution ensures that licensure portability strengthens the profession without lowering safeguards or weakening public trust.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 406B

# Feasibility Study of a Postgraduate Year One (PGY-1) Licensure Pathway

### If you vote YES, this is what it means:

You support directing the ADA Council on Dental Education and Licensure (CDEL) to study the feasibility of creating a nationally available Postgraduate Year One (PGY-1) licensure pathway for dentists. This pathway would be similar to medical and pharmacy residency models, providing structured, competency-based assessment over a year instead of relying solely on a single, high-stakes clinical exam.

### Summary:

Licensure for dentists in the U.S. has historically relied on high-stakes, one-day clinical examinations, often involving manikin or patient-based testing. While forty-nine states and the District of Columbia now permit manikin-based exams, concerns remain about variability in graduate readiness and whether such tests adequately measure competence for safe, independent practice. The PGY-1 model, already common in medicine and pharmacy, provides a year-long, supervised experience focused on clinical skill refinement, decision-making, and professional judgment. A feasibility study would examine how a PGY-1 pathway could align licensure expectations across states, preserve rigorous standards, and potentially improve portability while addressing public protection and workforce readiness. The Council on Dental Education and Licensure (CDEL) would be tasked with conducting the study and presenting findings and recommendations to the 2026 House of Delegates.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 502

# Transparency in Practice Ownership to Protect Patients and Professional Integrity

### If you vote YES, this is what it means:

You support requiring all dental practices to clearly disclose the legal name of the owner and any affiliated management company or controlling entity, including those under private equity influence, that directs nonclinical operations. Disclosures would appear on signage, websites, advertisements, and patient communications, giving patients clarity about who is ultimately responsible for their care.

### Summary:

Patients often assume that the dentist they meet owns and operates the practice, when in reality decision-making authority—especially in business, staffing, and treatment policies—may rest with private equity-controlled entities or non-dentist corporate owners. Such arrangements can create conflicts where financial priorities outweigh patient care considerations. Lack of transparency makes it harder for patients to address complaints or for regulators to enforce accountability. This resolution establishes a universal disclosure requirement, applying equally to all ownership models, to identify the legal practice owner and any management or controlling entity involved in daily operations. Clear, public disclosure helps patients make informed choices, reinforces professional accountability, and protects against hidden control by entities whose primary obligation may be to investors rather than patient health. The ADA would also develop sample signage, website templates, and communication guidelines to help practices comply, promoting nationwide consistency while minimizing administrative burden.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 503

### **Protection of State Autonomy and Governance Transparency in ADA Advocacy**

#### **If you vote YES, this is what it means:**

You support amending ADA policy to prohibit national leadership and staff from promoting or implementing legislative initiatives, partnerships, or compacts without House of Delegates approval and written consent from affected state societies. This resolution also requires quarterly public reporting on referred resolutions, council actions, and related advocacy activity.

#### **Summary:**

The ADA House of Delegates holds exclusive authority to set Association policy, yet there have been repeated instances of ADA leadership and staff promoting specific legislative initiatives before House approval, sometimes in direct conflict with constituent society positions. Examples include public testimony by the ADA supporting a national licensure compact, supported by CSG and opposed by the Maryland State Dental Association, and entering into a policy development agreement on Dental Loss Ratio (DLR) legislation with NADP, which undermined state-level efforts in Rhode Island. These actions violate ADA policy and ethical obligations requiring transparency, respect for constituent authority, and compliance with Resolution 203H-2024 and the longstanding Legislative Assistance by the Association policy. This resolution reinforces those safeguards by: requiring House approval for any external advocacy partnership, ensuring state consent for in-state advocacy, and mandating a quarterly Governance Transparency Report on ADA.org detailing referred resolution progress, council and staff actions, related advocacy, and update timelines. The goal is to protect state autonomy, maintain the tripartite structure, and ensure member trust in ADA governance.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 504

### **Empowering the Council on Communications to Safeguard ADA Editorial Integrity and Transparency**

#### **If you vote YES, this is what it means:**

You support strengthening the authority and responsibility of the ADA Council on Communications to ensure that all ADA publications, continuing education (CE) promotions, and digital communications align with adopted policy, uphold the ADA Code of Ethics, and remain free from undisclosed commercial or political influence. The Council would gain clear oversight, review, and reporting duties.

#### **Summary:**

Recent incidents—including CE promotions for sedation training by non-CERP providers, marketing of imaging devices lacking FDA clearance, and publication of unbalanced opinion pieces favoring corporate ownership models—highlight the need for stronger editorial governance. This resolution empowers the Council on Communications to serve as the primary guardian of ADA’s editorial integrity. The Council would be tasked with: (1) reviewing content for consistency with ADA policy and the Code of Ethics; (2) ensuring clear labeling of sponsored content and non-policy opinion pieces; (3) verifying CE provider status and product regulatory compliance; and (4) conducting regular audits of ADA content channels. The Council would report its findings to the House of Delegates annually, creating transparency and accountability. A 2023 JAMA study on private equity-acquired physician practices illustrated how financial influence can shift care decisions toward profit over patient health, underscoring the importance of an empowered oversight body. By clearly defining the Council’s authority, this measure ensures the ADA’s communications remain credible, ethical, and aligned with the profession’s values.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 506

# One-Year Delay for Trustees and the Speaker of the House Before Running for ADA President-Elect

### If you vote YES, this is what it means:

You support amending ADA eligibility rules so that no sitting trustee or the Speaker of the House of Delegates may run for ADA President-Elect or any other elective office until the Annual Meeting following the completion of their term of office. This change removes the conflict of interest created when leaders campaign while still serving, ensuring that Board and House decisions remain focused solely on the profession's and public's best interests.

### Summary:

Under current ADA rules, trustees and the Speaker may announce candidacy for ADA President-Elect during their final year in office, allowing active campaigning while still shaping Association policy. This creates an unavoidable conflict of interest, as decisions may be influenced by electoral considerations rather than the ADA's mission. The proposed one-year cooling-off period aligns with best practices in other major membership organizations. The American Medical Association, for example, states in its Bylaws that "The Chair of the Board of Trustees is not eligible for election as President-Elect until the Annual Meeting following completion of the term as Chair of the Board of Trustees" (AMA Bylaws, July 2025, §3.2.1.3 P26). The American Psychiatric Nurses Association prohibits officers and directors from being candidates for any other elected office until the expiration of their current term (APNA Bylaws, §3). The measure also reflects nonprofit governance principles prohibiting private benefit and inurement, reducing both real and perceived bias in leadership actions. By implementing this eligibility restriction immediately, the ADA would protect governance integrity, strengthen public trust, and ensure that Board and House deliberations are free from the influence of active campaigns. This policy would be codified both in a new Candidate Eligibility section of the Election Commission and Campaign Rules and in Chapter VI of the Governance and Organizational Manual.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*





## Resolution 507

### **Supporting Dr. Ayer’s Antitrust Lawsuit to Protect Fair Reimbursement and Competition**

#### **If you vote YES, this is what it means:**

You support directing the ADA to formally back plaintiffs in a landmark federal antitrust lawsuit against Zelis and major insurers, alleging collusion to suppress out-of-network dental reimbursement rates. The ADA would provide financial support, expert resources, and relevant claims data to strengthen the case and help restore competition in the dental insurance market.

#### **Summary:**

On June 11, 2025, the In Re: Zelis Repricing Antitrust Litigation was refiled in federal court in Massachusetts, consolidating multiple class actions brought by healthcare providers, including Dr. Dennis Ayer, DDS. The lawsuit alleges a horizontal conspiracy between Zelis Healthcare entities and major insurers (UnitedHealth Group, Elevance Health, Aetna, Humana, and Cigna) to artificially suppress out-of-network reimbursement through shared pricing algorithms. This is one of the first cases to invoke the Competitive Health Insurance Reform Act of 2020, which restored federal antitrust enforcement authority over dental and health insurers. The case targets coercive repricing practices, code bundling, and other insurer tactics long documented by the ADA Health Policy Institute (HPI). By supporting this litigation, the ADA can provide state-by-state fee analyses, denial and bundling evidence, and economic data critical to proving systemic harm. The resolution directs the ADA to allocate funding, deploy HPI experts, collaborate with plaintiffs’ legal counsel, file or support amicus briefs, and urge the DOJ and FTC to investigate insurer collusion. This action aligns with the ADA’s recent public comments to federal regulators and demonstrates a commitment to protecting fair reimbursement, competition, and the economic sustainability of dental practice. \*\* This resolution may be updated as legal proceedings are updated.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 509

### **Fully Funded ADA Advocacy Realigned with Dentist Priorities Through State-Focused Investment and National Collaboration**

#### **If you vote YES, this is what it means:**

You support a fundamental shift in ADA's advocacy strategy—fully funding advocacy efforts, aligning them with what dentists rank as their top priorities, and focusing on state-level successes that deliver tangible benefits for members. This includes strong insurance reform advocacy, rejecting insurer-driven models, and building a national coalition to amplify reform efforts.

#### **Summary:**

ADA members consistently rank advocacy as the most influential benefit of membership, yet the Association's recent federal advocacy track record shows millions spent with few meaningful wins. The repeal of McCarran-Ferguson yielded no tangible gains for practicing dentists. Licensure compacts advanced despite a lack of broad support from member dentists or many state societies. The ADA's push for dental loss ratio (DLR) bills has too often reflected insurer priorities rather than those of dentists, with the NCOIL DLR model serving as a prime example—a weak, insurer-friendly template that undermines real reform and should not be endorsed. This resolution directs the ADA to fully fund its advocacy work while pivoting to a state-priority model that empowers constituent societies, targets member-identified pain points like low reimbursements and network leasing, and delivers measurable results. It also calls for forming a national coalition—including patient advocates, small business groups, and other healthcare providers—to strengthen reform campaigns. By reallocating resources toward member-driven priorities, rejecting failed federal-first strategies, and holding the ADA accountable for outcomes, this measure seeks to restore trust and effectiveness in organized dentistry's advocacy.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 517

### **Closing Implementation Loopholes in ADA Dental Loss Ratio Policy (306H-2024)**

#### **If you vote YES, this is what it means:**

You support refining the ADA's 2024 dental loss ratio policy (306H-2024) to close gaps in how the standard is applied and enforced. This amendment makes it clear that benchmarks must be calculated for each individual plan—not averaged across all plans—ensuring that every dental plan delivers fair value to patients. It also strengthens the ADA's negotiating position against the current models implementation that defeats the purpose of a dental insurance reform.

#### **Summary:**

In October 2024, the House of Delegates adopted Resolution 306H-2024, which significantly improved ADA's official policy on dental loss ratios by eliminating loopholes related to broker fees, charitable contributions, and non-clinical Quality Improvement Activities. However, since its adoption, a key gap has become apparent: the policy does not specify whether its loss ratio benchmarks apply on a plan-by-plan basis or as a carrier-wide average. Without that clarity, insurers can meet the standard on paper while still offering poor-value plans to some patients. This resolution amends 306H-2024 to require plan-level calculation, following the Massachusetts model that holds promise in ensuring real value. It also embeds clear definitions and implementation details to guide future ADA negotiations with external organizations, avoiding reliance on weaker definitions and ineffective enforcement mechanisms. By adopting this amendment, the ADA strengthens its reform policy, safeguards patient interests, and provides a stronger foundation for state and federal advocacy.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 519

# Empowering Members in Good Standing to Submit Resolutions Directly to the ADA House of Delegates

### If you vote YES, this is what it means:

You support changing the Standing Rules of the House of Delegates to allow any three ADA members in good standing to co-submit a resolution directly to the House, without needing to go through a constituent or component society. Existing safeguards like deadlines, formatting requirements, and reference committee review would still apply. Members may request optional formatting support from their constituent leadership or ADA staff, but any suggested edits must be limited to order or formatting and cannot be incorporated without the submitting members' agreement.

### Summary:

The ADA has faced nearly two decades of membership decline. The Treasurer's 2024 Report warned that market share could fall below 40 percent in the next five to ten years if action is not taken (2024 Treasurer's Report, p. 7). The ADA's *Common Ground 2025: Strategic Plan* identifies "increased participation" and "broader representation" as priorities for reversing this trend (ADA Strategic Plan 2020–2025, p. 3). Yet under current rules (2024 Manual of the House of Delegates, p. 11), only certain entities—including councils, constituent societies, trustee districts, and individual delegates—can submit resolutions. This excludes the vast majority of members from directly proposing ideas to the House. Several state dental associations, including Illinois and Georgia, already allow members to submit resolutions directly, with no governance disruption. Current ADA practice often forces grassroots ideas through multiple layers of review, where they can be delayed, altered, or weakened. Allowing any three members in good standing to co-submit a resolution directly would preserve urgency, protect innovation, and show members that their voices have real value. Optional formatting support ensures accessibility while prohibiting interference with content, and the existing review process ensures fairness. By opening the door for direct member participation, the ADA demonstrates its commitment to member engagement and begins to address the very membership decline threatening its future.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution 520

# Strengthening ADA Transparency Through Majority and Minority Board Reports

### **If you vote YES, this is what it means:**

#### **If you vote YES, this is what it means:**

You support giving ADA members the right to request written majority and, when applicable, minority reports explaining the reasoning behind significant Board of Trustees votes. For six categories of key decisions—policy changes, insurance reform, interstate compacts, legislative advocacy, financial transactions over \$250,000, and governance structure changes—any member in good standing may request a report within 12 months of the vote. For all other matters, a request must be made within 60 days. The Board must then publish the report within 30 days, making it available to members and the public. This system ensures transparency while keeping costs low by producing reports only when members ask for them.

#### **Summary:**

Currently, the Board records individual votes but does not publish formal explanations or dissenting views, creating the perception that debate is limited. This resolution establishes a member-driven system of majority and minority reporting. By request, members can ensure that both the majority rationale and dissenting viewpoints are preserved in the official record. This aligns with best practices in governance seen in the AMA, Congress, the Supreme Court, and other professional associations.

Concerns about high costs have been addressed: reports are not automatic, only produced when members request them. Trustees already deliberate and are compensated, and staff support with AI-assisted transcription keeps additional workload minimal. Costs are projected under \$10,000 annually.

The ADA Strategic Plan lists integrity and commitment to members as core values, and the Code of Ethics calls for acting for the benefit of the public and the profession. This resolution delivers on both by making the decision-making process more transparent, accountable, and responsive to members.

*Submitted by Dr. Saxe*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*



## Resolution [TBD]

### **Amending ADA Campaign Rules to Protect Election Integrity and Member Trust**

#### **If you vote YES, this is what it means:**

You support strengthening ADA Campaign Rules to ensure fairness, transparency, and equal opportunity for all candidates. Voting yes means you believe election conduct should be free from ambiguity, unequal enforcement, or the perception of favoritism, and that clear standards and enforcement will protect the credibility of ADA leadership elections. This resolution modernizes ADA campaign rules by embracing digital formats, lowering costs, and allowing all candidates to appear freely without veto by another. It creates a more open and fair process that favors merit and vision rather than insider influence or restrictive rules.

#### **Summary:**

ADA elections determine who will guide our profession's future. But when campaign rules are unclear, unevenly enforced, or open to interpretation, the process risks losing member trust. This resolution addresses those risks head-on by setting out clear, enforceable boundaries on campaigning, closing loopholes that allow back-channel advantages, and ensuring that every candidate competes on equal footing. It strengthens disclosure requirements, so members know who is financially supporting each candidates. Importantly, it establishes a fair, timely, and transparent process for investigating and resolving complaints, with results reported to the House of Delegates. These changes are not just procedural—they are about protecting the dignity of our elections, the trust of our members, and the credibility of those who lead us. By adopting this resolution, the ADA ensures that leadership must be earned in the open, by merit and vision, not through influence or manipulation. This resolution updates the ADA's campaign rules to reflect modern realities by incorporating digital and virtual formats that reduce campaign costs and make candidates more accessible to members. It removes the ability of one candidate to veto the appearance of another, ensuring that all qualified candidates may present themselves freely. These reforms allow members to better evaluate candidates on merit



and vision, rather than on insider access or restrictive rules, and open the process to a broader range of leadership voices.

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*

## Resolution [TBD]

### **Supporting Tribal Self-Determination in Oral Health Workforce Decisions**

#### **If you vote YES, this is what it means:**

You support amending current ADA policies that prohibit nondentists from performing irreversible procedures to carve out an exception for federally recognized tribal nations governing care for their own members. This resolution directs that ADA shall not oppose tribes seeking federal statutory changes to exercise this authority, and requires ADA to provide written acknowledgement of support when requested by a tribal nation. Voting yes means recognizing tribal sovereignty in health workforce decisions, without changing standards for the rest of the United States.

#### **Summary:**

American Indian and Alaska Native communities face the nation's highest oral disease rates—nearly 80% of children and 60% of adults have untreated decay (CareQuest, 2023). Alaska's Dental Health Aide Therapist model, authorized through the federal Community Health Aide Program, has safely expanded access for more than 40,000 Alaska Natives. Yet federal law (25 U.S.C. §1616l(d)(2)) blocks other tribes from using this model unless states grant permission, undermining tribal sovereignty. The Swinomish Tribe in Washington has already licensed its own DHATs to meet urgent local needs.

The ADA currently has policies opposing nondentists performing irreversible procedures (Trans.2004:328; 2010:494; 1996:699; 2021:330). Applying these blanket restrictions to sovereign nations is an overreach. We do not dictate how Mexico or Canada structure their health systems; we should not dictate to sovereign tribal nations. This resolution carves out a clear exception: ADA policy will continue to apply nationally, but will not apply within sovereign tribal health systems.

Respecting tribal authority aligns with the ADA Principles of Ethics—Patient Autonomy and Justice—and ensures that ADA policy does not block tribes from addressing their own people's needs. By amending our current policies, pledging non-opposition to statutory changes, and providing written acknowledgement when asked, the ADA can uphold its ethical duties while strengthening relationships with sovereign tribal nations and protecting its credibility.



2025 ADA HOUSE OF DELEGATES – Bloom & Saxe Resolutions  
(Please download the latest version of this file and the full text from our [WEBSITE](#))

*Submitted by Dr. Bloom*

*Full text and videos can be found at <https://dentistryingeneral.com/digac>*

