



Missouri Dental Association Board of Trustees Meeting

September 12, 2025 • 9:00am
MDA Executive Office Boardroom

Missouri Dental Association Board Agenda

September 12, 2025 9:00am

Note: The President may take agenda items out of order in order to expedite the business of the Board.

1. Pledge of Allegiance and Opening Prayer
2. Opening Remarks - Dr. Ron Wilkerson
 - Welcome New Board Members - Drs. Emily Hahn and Fallon Stiens
 - Disclosure of any conflicts of interest with agenda items
3. Adoption of Agenda
4. Legislative Report - Dr. Mike Berry, Nikki Strong, & Grace Riley
 - 2026 Legislative Agenda Approval
 - Legislative Excellence Award
 - OPA Program Update - Vicki Wilbers
5. President's Report - Dr. Ron Wilkerson
 - Board Training Debrief
 - Executive Session
 - Appointments
 - Action Team Leader Chair
 - State ADPAC Chair
 - Dental Board Appointment Committee
 - Education Committee Board Liaison
 - Assignments:
 - Missouri Dental Board Meetings - all virtual
 - January 9, 2026 9:00am
 - April 10, 2026 9:00am
 - July 17, 2026 9:00am
6. Executive Office Reports
 - Executive Director Report - Vicki Wilbers
 - 2025 House of Delegates Resolutions Assignments/Status Updates
 - Missouri Dental Board Update
 - New Ethics Law - Halie Payne
 - Board Members' Terms Review - Margie Kunze
7. Dr. Megan Krohn - State Dental Consultant - 11:00am
8. **LUNCH 12:00pm - 1:00pm with New Dentist Committee & Final 18 Downstairs**
9. Discussion Items
 - Membership Outreach Committee
 - ADA President-Elect's Conference/Management Conference Update & MidStates Dental Leaders Conference Update - Drs. Ron Wilkerson & Emily Mattingly
10. Decision Items
 - Action Team Leader Discussion/Election
 - House of Delegates Task Force - Dr. Amanda Fitzpatrick
 - Facilitator Proposal - Vicki Wilbers

11. Adoption of Consent Agenda
 - May 9, 2025 Board Meeting Minutes
 - Monitoring Reports
 - 1.1 Financial Condition & Activities
 - 1.4 Compensation & Benefits
 - 1.6 Treatment of Staff
 - 1.7 Treatment of Consumers
 - 1.8 Membership
 - 1.9 Membership Recruitment & Retention
 - Strategic Plan Status Updates
 - LRC Meeting Minutes
 - MODentPAC Meeting Minutes
 - MDIS Reports
 - MDIS Meeting Minutes
 - Missouri Dental Board Update
 - DDS Missouri Update
12. Resources at Your Fingertips
 - MDA Strategic Plan
 - Frequently Used Acronyms
13. Unfinished Business
14. New Business
15. Next Meeting and Announcements
 - Board of Trustees & MDIS Shareholders Meetings: November 7, 2025 - VIRTUAL
 - 2026 MDA Board of Trustees Meeting Schedule
16. Adjournment



Legislative Update

MDA Legislative Agenda 2026

Dental Medical Loss Ratio

Background: The Affordable Care Act (ACA) established that major medical plans pay certain percentages of the collected premiums for medical care vs. administrative costs. For example, large group plans must spend at least 85% of their collected premiums on care delivered to patients and no more than 15% can be spent on administrative costs and profit. No such requirement exists for dental plans, which are considered “excepted benefits.” This legislation was filed in 2024 and 2025. It was referred to committee in 2025, but due to lack of data from other states, it failed to pass.

Proposed 2026: In 2026, we will re-file the legislation. The lobbying team is currently working to identify bill sponsors and hope to pre-file the legislation. The ADA has stated there should be good data coming from states who are enacting DLRs.

OPA-EFDA

Background: In 2021, the MDA formed an exploratory workforce committee charged with investigating workforce shortages within Missouri’s dental community, and possible solutions. One solution that a few other states have adopted is a type of scaling dental assistant. The creation of this new health care role – titled “Oral Preventative Expanded Function Dental Assistant” (OPA/OPA-EFDA) – must be done through the legislative process. The rule was promulgated for the pilot project by the dental board, and patients were starting to be seen around March 2025. Data collection has been ongoing since then, and a report to the dental board will be provided later this year.

Proposed 2026: In 2026, the MDA will move forward with creating OPA to be permanently placed into laws in the State of Missouri.

Appropriations

Background: During the 2025 legislative session, we successfully increased \$90,000 to \$180,000 for Donated Dental Services and maintained \$400,000 for Elks Mobile Dental Services in the FY26 budget. Additionally, we maintained the 2022 historic rate increase for Missouri Medicaid dental providers (80% of 50th percentile of UCR), and supported an increase of general Medical Anesthesia rates.

Proposed 2026: We look forward to continuing conversations with members of the House and Senate budget committees to maintain funding for these dental items again in FY27.

MONITOR ONLY:

Dentist and Dental Hygienist Licensure Compact

Background: The Dentist and Dental Hygienist Compact, finalized in 2022 by the Department of Defense and Council of State Governments, is a legally binding agreement among states that provides a pathway through which dentists and dental hygienists can obtain compact privileges which authorize practice in states where they are not licensed. A state must enact the compact model legislation through the state's legislative process to join the Compact. Dentists and dental hygienists who are licensed in one compact member state can practice in another participating state by obtaining a compact privilege. There are currently 10 states that have joined the compact, with two more pending. In 2025, the ADSO put forth legislation for Missouri to enter the compact. The legislation was close to the finish line and failed to pass due to circumstances out of the MDA's control the last week of session.

Proposed 2026: The ADSO has confirmed they will re-file this legislation. We will monitor this legislation and offer support as appropriate.

MISSOURI DENTAL ASSOCIATION BOARD RESOLUTION

Resolution Subject: 2025 MDA Legislative Excellence Awards	
Submitted By: Vicki Wilbers, Grace Riley, Halie Payne, Jorgen Schlemeier, Nikki Strong	Date Submitted: 09/02/25
Financial Implication: \$ 0	Ad Hoc Committee Needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Resolution to be considered at the September board meeting.	
Policy Division: Governance Process	

Background Information: The MDA Executive Director, Professional Affairs Director, and Contract Lobbyist team consulted to determine recommendations for the MDA Legislative Excellence Award. The recommendation this year is:

Jessica Dresner, MO HealthNet Deputy Director

The team chose Ms. Dresner because she has consistently welcomed collaboration with the MDA and other stakeholders to resolve issues within the Dental Medicaid environment. Most recently, she was instrumental in helping to secure the funding increase for general anesthesia rates in 2025 and continues to be a valued partner within the regulatory side of government.

Resolution: Resolved, that Jessica Dresner, MO HealthNet Deputy Director, be awarded the 2025 MDA Legislative Excellence Award for her collaboration with the MDA and other stakeholders to resolve issues within the Dental Medicaid environment and most recently, her instrumental help in securing the funding increase for general anesthesia rates in 2025.

OPA-EFDA Pilot Project Interim Report 7-2-25

Missouri Dental Board Meeting July 11, 2025

Executive Summary

1. **Patient Protection, Data Integrity, Bias Control:** One individual submitted questions regarding patient protection, data integrity, and bias control. Because these questions deal with ethics, integrity, and bias, we will start by putting these issues to rest. Prior to the start of the study, we submitted the entire OPA-EFDA study protocol to an Institutional Review Board registered with the U.S. Department of Health and Human Services Office for Human Research Protections. Registered IRBs are mandated to review human study constructs, ensure that adequate safety protocols are in place to protect participants, review the study hypotheses and metrics to ensure there is a high likelihood the study will collect data necessary to confirm or deny hypotheses, examine for and recommend corrections for study biases if they exist, and determine if the study meets all federal guidelines applicable to human studies. The study was reviewed and approved by the federally authorized IRB as safe, soundly constructed, and in compliance with all federal regulations. The first section of this report outlines the IRB recommendations that were incorporated into the study protocol, as well as the IRB's observations regarding incremental evaluations as the study progresses.
2. **Study Status Update:** OPA-EFDAs have seen 304 patients from March 3 to May 31, 2025. No adverse events have been reported. One clinic had to withdraw from the study because their OPA-EFDA left their employment to work in a dental lab. That leaves 7 clinics and 16 OPA-EFDAs participating in the clinical study.
3. **Patient Evaluations of OPA-EFDA Care:** Patient performance evaluations of the 16 OPA-EFDAs' care have been exemplary. 440 patient evaluations of OPA-EFDA care have been collected, yielding an average patient rating of **9.7 out of 10**. This rating is slightly superior to the 9.5 rating given by 959 patients in the same diagnostic categories treated by doctors and hygienists in the control group data collection phase of the study. The section on OPA-EFDA Performance Evaluation contains details on the collection and interpretation of patient evaluations of OPA-EFDA care.
4. **OPA-EFDA Performance Reviews:** The study protocol requires OPA-EFDA clinical supervisors to report a mid-term and a final performance review of OPA-EFDAs. The performance evaluations rate OPA-EFDAs on eight specific criteria that align with the educational objectives of the OPA-EFDA curriculum, using a 1-10 scale. The average global rating was an **9.3 out of 10**. The section on performance evaluation provides a detailed description of the mid-term performance evaluations.

5. **Impact of OPA-EFDAs on Clinic Service Capacity as a measure of Access to Care:**

Basic service capacity data is reported for participating clinics during the first 3 months of the OPA-EFDA study (March-May 2005) and compared with service capacity data for the same period in 2024. Results were mixed between clinics and could best be described as a learning curve for clinics on how to best utilize OPAs. Clinics realized they needed to schedule OPAs more like dentists and hygienists if they are to productively capture the time OPAs frees for other providers. This section presents data, discusses confounding factors, and previews scheduling systems clinics have just started implementing.

6. **Change in Data Collection Protocol for some 2024 -2025 Clinic Service**

Comparisons: Starting in mid-April, the majority of participating clinics encountered difficulties getting their practice management software to generate some of the necessary custom report comparisons between 2024 practice statistics and 2025 practice statistics required by the study protocol. Specifically, clinics were unable to run reports that would use age or periodontal diagnoses as one of the sort criteria. Dentrux was the primary (but not the only) software offender. Even though the data was in their system, they were unable to run reports to retrieve it. After 2 months of engaging technical support, we found the software companies either unable or unwilling to develop custom search and reporting programs necessary. Currently, we are not able to present the 2024-2025 data comparisons using those two sort criteria. It appears that the only solution is a time-consuming manual chart audit.

Section 1: Institutional Review Board Recommendations and Observations

Prior to the start of the OPA-EFDA study, the entire study protocol was submitted to an Institutional Review Board certified by the U.S. Department of Health and Human Services Office for Human Research Protections (OHRP) for review, recommendations, and approval. The process was comprehensive and lengthy. The following were recommendations and observations that might be relevant to the Dental Board oversight considerations:

- The stated objectives of the study and the risk assessment to the participants were deemed to warrant the execution of the study.
- There are specific standards for patient consent as defined by OHRP. OPA-EFDA consents were reviewed, slightly modified, and deemed satisfactory and appropriate.
- Inclusion and exclusion criteria for participants were reviewed and determined to be appropriate.
- The metrics used were deemed to be appropriate for the adjudication of the study's hypotheses.

- Several modifications in data management were made to reduce the risk of bias and protect the anonymity of participants. For example,
 - Patients and sites are doubly de-identified, first at the site level and then by the ODH Data Analyst.
 - A data management software, REDCap, is utilized to automatically and securely transfer data directly from the clinical site to the DHSS server, thereby eliminating the risk of bias due to selective data inclusion that might confirm study hypotheses.
 - The funding agency has no ability to manipulate data; the ODH data analyst maintains the data reservoir.
 - The ODH data analyst will transfer the data to the American Dental Association Health Policy Institute for final analysis and reporting.
- Several IRB recommendations were incorporated into the study:
 - The study needed to be of sufficient duration to reduce seasonal confounding factors. The data collection periods for the control group and interventional group should mirror each other. Eight months, from March to October, were deemed adequate to meet participant recruitment goals and that period avoided winter months with the greatest risk of weather becoming a significant confounding factor. If participant recruitment failed to meet projected goals, the study could be extended.
 - The size of the data pool should be large enough to minimize the impact of eccentric data points. The goal of 750-1,000 participants in each arm was deemed to be minimally adequate. The more participants, the greater the validity.
 - Participating clinics should be selected to describe how the hypotheses impact different settings, including urban, metropolitan, and rural areas, as well as small, medium, and large clinics.
 - Other confounding factors need consideration:
 - Changes in staffing levels in clinics between comparison periods require mathematical equalization to prevent analysis distortion.
 - Short-term, incremental evaluations should focus on reporting safety factors, such as adverse consequences, and unforeseen obstacles that require changes in protocol. Attempting to draw detailed conclusions from short-term evaluations risks distortion from temporary confounding factors, such as staff turnover and training new support staff, weather, illness, vacations, and facility availability due to construction or repair.

Section 2: Review of Project Objectives and Study Phases

There are three primary objectives of the OPA-EFDA Study captured in the following questions:

1. Do the treatment outcomes of OPA-EFDAs for healthy and gingivitis patients meet expectations from a clinical and patient perspective, compared to treatment outcomes for healthy and gingivitis patients treated by dentists and hygienists?
2. Does the addition of OPA-EFDAs improve access to care by helping to treat periodontally healthy patients and those with gingivitis, thus creating more opportunities for patients to schedule portal entry appointments?
3. Does the addition of OPA-EFDAs to the oral healthcare team enhance access to care for patients with more serious periodontal needs by allowing hygienists and dentists to reallocate time previously spent on periodontally healthy patients to those with more pressing periodontal requirements?

There are 3 Phases of the OPA-EFDA Pilot Project:

- **Phase 1, Educational Phase: Time Frame January 3 – September 27, 2024.**
A minimum score of 80% on the final comprehensive exam was required to move to Phase 2. Refer to the April report for more details.
- **Phase 2, Clinical Practicum: Time Frame January 3 – February 28, 2025.**
The purpose of the clinical practicum was to enable a newly trained clinician to gain experience treating patients in a closely supervised environment. The OPA-EFDA Pilot Project required satisfactory completion of 49 highly structured evaluation and mentoring sessions to matriculate to the clinical study phase. Refer to the April report for more details.
- **Phase 3, OPA-EFDA Clinical Study: Time Frame March 3 – October 31, 2025.** This phase collects information on the outcomes of patient care delivered by OPA-EFDAs from the perspectives of patients and clinical supervisors, as well as clinic data on the services delivered, to assess the impact on clinic service capacity.

Section 3: OPA-EFDA Performance Evaluation

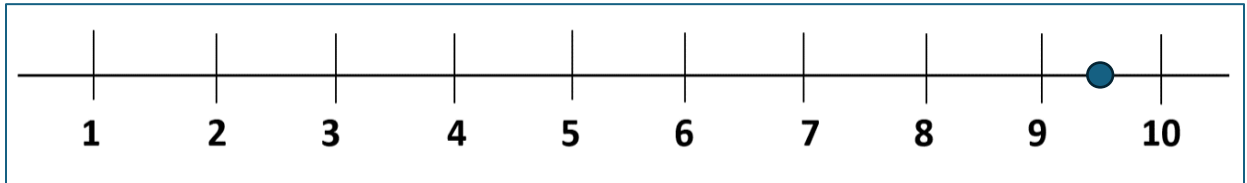
3A: Patient Evaluation of OPA-EFDA Care Compared to Doctor–Hygienist Care

Patient evaluation of OPA-EFDA care of healthy and gingivitis patients, as compared to patient evaluation of care in the same diagnostic category by doctors and hygienists, was one of the primary endpoints of the study. This was accomplished by administering a Likert Scale patient evaluation instrument at the end of every appointment for both healthy patients and those with gingivitis. Copies of the instruments are identical, except for the reference to the caregiver, and are contained in the appendix to this report. To minimize bias, the protocol was as follows:

- Patients were told in advance that part of the study included them providing a confidential evaluation of the care they received.
- At the end of their appointment, patients were instructed on how to complete the simple form by the attending staff, instructing them to indicate their evaluation on the 1 to 10 scale, with 1 being a very low level of satisfaction and 10 being a very high level of satisfaction.
- The attending staff exit the room to allow patients privacy when completing the evaluation.
- Due to published studies indicating that a positive bias may occur if subjects believe their reviews may be read by the service providers being reviewed, whenever possible, evaluations were collected using an electronic tablet using REDCap data management software. This enabled patients to submit the review, with the screen reverting to the homepage after submission. Patients were advised of this in advance.
- It should be noted that two clinics had difficulty incorporating tablets into their environment until early in the data collection phase of the interventional group (OPA-EFDA). In those clinics, paper forms were used, and patients were advised to fold the forms and pass them to the receptionist as they exited. This may have increased the risk of positive bias in the collection of all reviews of care by doctors and hygienists in those clinics before the technical issues with tablets were resolved. Going forward, all clinics will be using tablets and REDCap.

The results of the patient evaluation of care surveys are as follows:

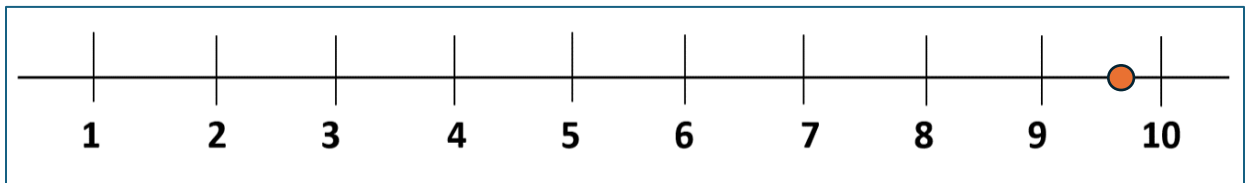
Healthy and Gingivitis Patient Evaluation of Care Provided by Doctors and Hygienists



N= 923

Mean Score: **9.5** /10

Healthy and Gingivitis Patient Evaluation of Care Provided by OPA-EFDAs



N= 440

Mean Score: **9.7**/10

Discussion: Patients with healthy gums and those with gingivitis rated the care they received in the participating clinics very highly for both doctors and hygienists, as well as for OPA-EFDAs. In fact, patients rated OPA-EFDA care slightly higher, at 9.7 out of 10 versus 9.5 out of 10 for doctors and hygienists. These are exceedingly lofty ratings, ranking in the “Excellent, strongly exceeds expectations” descriptive category. Please refer to the reference article ***Using Likert Scale Evaluations in Performance Assessments and Customer Satisfaction Surveys*** in the addendum to this report for details regarding the use and analysis of Likert evaluations.

3B: Clinical Supervisor Mid-Term Evaluation of OPA-EFDA Performance

Performance evaluations of OPA-EFDAs by clinical supervisors were a secondary endpoint of the OPA-EFDA study, intended to assess the adequacy of the OPA-EFDA curriculum in preparing OPA-EFDAs to deliver care and the resulting competency of the OPA-EFDAs as observed by their supervisors in their daily practice. The study protocol instructs supervisors to evaluate OPA-EFDAs twice during the study: once at approximately the midpoint and once at the conclusion. The evaluation instrument requires supervisors to assess the OPA-EFDAs’ performance on eight specific criteria that align with the educational objectives of the OPA-EFDA curriculum, using a 1-10 Likert scale with opportunities for comments. The assessment was distributed to clinical supervisors on June 27 and returns were

requested by July 1. The instructions were to complete the evaluation candidly. If there were more than one supervisor, the supervisors could collaborate. To ensure the anonymity of individual OPA-EFDAs, supervisors were instructed to code the evaluation using a number, rather than the OPA's name, before communicating the results. A copy of the performance review instrument is contained in the appendix to this report.

The following is an aggregate summary of the OPA-EFDA's performance evaluations submitted by their clinical supervisors:

Category: Asepsis Technique and Infection Control



N= 16
Mean Score: 9.9/10

Category: Dental Charting & Diagnostic Imaging



N= 16
Mean Score: 9.8/10

Category: Periodontal Probing



N= 16
Mean Score: 8.6/10

Category: Supragingival Scaling



N= 16
Mean Score: 9.2/10

Category: Coronal Polishing



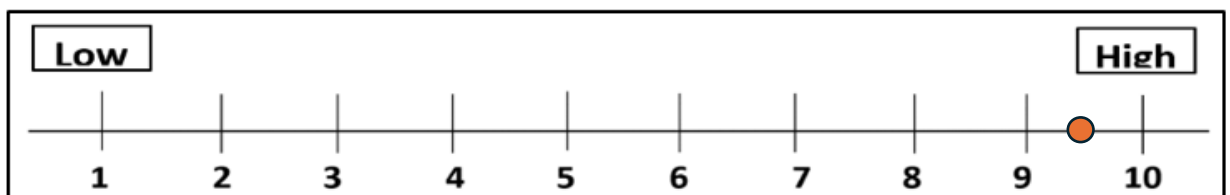
N= 16
Mean Score: 10/10

Category: Placement of Sealants & Fluoride



N= 16
Mean Score: 9.8/10

Category: Delivery of Oral Hygiene Instructions



N= 16

Mean Score: **9.4/10**

Category: Global Performance Assessment



N= 16

Mean Score: **9.3/10**

Discussion: OPA-EFDAs average midterm performance rankings as evaluated by their clinical supervisors ranged between 8.3 (Exceeds expectations) to 10 (Top tier performance). Please refer to the reference article ***Using Likert Scale Evaluations in Performance Assessments and Customer Satisfaction Surveys*** in the addendum to this report for details regarding the use and analysis of Likert evaluations.

Sampling of Supervisor’s comments:

“Overall, with the OPA we have been able to see more patients. We have received excellent feedback from the patients.”

“_____ has shown excellent progression toward proficiency! Her ability to connect and educate patients is perfect!”

“Fantastic at explaining things to patients!” (oral hygiene instructions) “She connects!”

“_____ is doing great! I have confidence in her hand (supragingival) scaling and (periodontal) probing. She has recognized subgingival calculus when probing and let her supervisor know.”

“We are excited to integrate OPAs into our team. We’ve had trouble recruiting hygienists to our location. Our plan is to pair an OPA with every hygienist to serve more patients better.”

“Thank you for giving us the opportunity to participate and help with the dental workforce shortage in Missouri.”

“_____ has an impressive knowledge of dentistry, patient care protocol, and periodontal education!”

“Phenomenal candidate; wonderful attention to detail; great rapport with patients!”

“_____’s hand skills are impeccable! Initially, was not confident with patient communication. This has improved greatly with repetition and practice.”

“Patients love this provider! She received many patient care compliments from patients and parents.”

Section 4: Impact of OPA-EFDAs on Clinic Capacity Data

A. Study Protocol: A primary objective of this study was to determine whether the addition of OPA-EFDAs could improve access to care by helping to treat periodontally healthy patients and those with gingivitis, thereby creating more opportunities for patients to schedule portal entry appointments. To assess the impact of OPA-EFDAs on clinic capacity, we tracked the following data each month in each participating clinic:

- Total clinic services in number of appointments
- Total clinic services in dollars
- Number of new patients
- Total exams

B. Confounding Factors: There were several confounding factors that had to be mitigated to assess the impact of OPA-EFDAs:

- **Staffing Level Changes:** Several clinics increased or decreased the presence of doctors and/or hygienists when comparing March, April, or May of 2025 to the same months in 2024. To remove staffing level change as a confounding factor in assessing the impact of OPA-EFDAs, the productive daily value of a dentist and a hygienist were computed from each clinic's 2024 practice data. That daily value was used as a multiplier for 2025 data when staffing differed to remove staff-level differences as a confounding factor when evaluating the impact of OPAs.
- **Scheduling Systems:** Scheduling systems were a major confounding factor in all participating clinics during the first few weeks of the OPA-EFDA pilot. Clinics discovered that they needed to schedule OPAs more like dentists and hygienists if they are to productively capture the time OPAs free for other providers. None of the clinics had ever scheduled assistant time or reserved operatory time for assistants. Their experience with OPAs during Phase 2 of the project (clinical practicum) involved allowing OPAs to practice by occasionally taking patients from the doctor's or the hygienist's schedules. That enabled the doctor or hygienist to observe and mentor during that training period. The scheduling didn't change through the first part of the clinical study, so when the OPA provided service, the supervising clinician took a break. No increase in service capacity occurred in most clinics for the first 6 weeks until we reviewed the monthly data. At our last bi-monthly meeting in April, we discussed the need for each office to schedule OPA-EFDA time more intentionally and to coordinate with the OPA's clinical colleagues. Those

staff meetings, which occurred in May, resulted in changes to the clinic's scheduling system. The changes typically reserved an operator for the OPA and involved discussions about when supervising clinicians could see other patients and the times when they needed to be available for the OPA. Those changes, frankly, are just being put into practice.

- **Staff Turnover:** One participating clinic had to withdraw from the pilot program because its only OPA-EFDA left their employ to work in a dental lab, reportedly for a better compensation package. Those things happen in the real world. If this were not a pilot project with strict rules about who can participate, the clinic would have replaced the employee and arranged OPA training.
- **Illness and Accident:** In one participating clinic, an OPA experienced a stroke at work. The good news is that the symptoms were observed quickly, interventional care was coordinated within minutes, and the prognosis is good. In that clinic, the chances are that the OPA will not return for a significant period.

C. Section 4 Case Studies: Clinic capacity data from 3 participating clinics are illustrative of the observed impact of OPA-EFDAs in the clinical trial so far. Clinic names have been redacted to assure anonymity. To echo the advice of the IRB, be cautious about over generalizing and drawing detailed conclusions from short-term evaluations. Short term evaluation risk distortion from temporary confounding factors.

Case Study Example 1

Site Name	Month	May				
All data should be for the WHOLE CLINIC, not just OPA.		2025		2024		Difference
TOTAL Clinic Production (Dollars) For the previous month compared to the same period in 2024.		\$839,505		\$840,442		- \$907 - (.1%)
TOTAL Clinic Production (# of Appointments) For the previous month compared to the same period in 2024.		#2290		#2283		+ 7 # + (.3%)
TOTAL New Patients Seen the previous month compared to the same period in 2024.		#187		#184		+ 3 # + (.15%)
Adults/Children Breakdown of New Patients (Optional, if you can provide easily)		A #	C #	A #	C #	
TOTAL Exams (All types, All doctors) Delivered the previous month compared to the same period in		#930		#1080		- 150 -(13.9%)
Clinic Workdays (#) (Sum of total days clinic saw patients during reporting month. Indicate partial days as decimal)		#20		#21		+ 1 +(5%)
Doctor Workdays (#) (Sum of total # of doctor workdays during month. 3 doctors working on 1 day = 3 doctor workdays. Indicate partial days as		#118		#98		+ 20 +(21%)
Hygienist Workdays (#) (Sum of total # of hygienist workdays during month. 3 hygienists working on 1 day = 3 hygienist workdays. Indicate partial		#141		#136		+ 5 +(3.7%)
Relevant Reporting Comments: (Add comments that may affect clinic production or capacity, like staff vacation, staff attrition, new staff training, facility problems reducing operatory access, etc.)						
Analysis: May of 2024 and May of 2025 were virtually identical in all aspects of this large group practice. Interviews indicate that the assistants, including many EFDAs, are fully engaged in assisting dentists in restorative and prosthetic care. Until recently, they didn't have the time to practice their increased OPA scope. After a meeting to discuss scheduling changes, OPAs' schedules have been blocked to execute skills associated with OPA-EFDA training. The next three months will tell if OPA's increase this clinic's capacity. This scenario is very similar to the initial implementation of the EFDA program in 2000-2010: even after excellent training, implementing systems change in clinics to fully realize the benefits of EFDA training may take time.						

Case Study Example 2

Dental March -May 2024 -2025 Comparison

	March						April						May					
	2025		2024		Difference	2025		2024		Difference	2025		2024		Difference			
Total Clinic Prod \$\$	\$471,000		\$502,000		- \$31,000 - (6.2%)	\$451,00		\$542,000		- \$91,000 - (16.8%)	\$454,000		\$528,000		+/- \$ +/- (#%)			
Total Clinic Prod Appt	807		772		+ 35 + (4.5%)	773		846		- 73 - (8.6%)	#777		#721		+/- # + (7.8%)			
Total New Patients	142		131		+ 11 +/(8.4%)	129		139		- 10 +/- (7.2%)	#116		#102		+ 14# + (13.7%)			
Adult / Child	A 46	C 96	A 41	C 90		A 82	C 47	A 82	C 57		A 192	C 116	A 212	C 142				
Total Exams	435		374		+ 56 (15%)	308		373		- 65 - (17.4%)	#328		#354		- 26 (#%)			
Clinic Workdays	19		18		- 1 - (5.5%)	22		20		+ 2 + 10%	#22		#21		+ 1			
Doctor Workdays	27		31		- 4 - (12.9%)	32		29		+ 3 + 10.3%	26		30		-4 - (13.3%)			
Hygienist Workdays	9		0		+/- #	9		0			9		0		+9			

- **March – May Production \$ Comparison**
 - 2024: 502,000+ 542,000+528,000= \$1,572,000
 - 2025: 471,000+451,000+454,000= \$1,376,000
 - Difference: -\$196,000 **(-12.5%)**
- **March – May Appointment Comparison**
 - 2024: 772+846+721=2339
 - 2025: 807+773+777=2357
 - Difference = + 18 **(+ 0.7%)**

- **March – May New Patients Comparison**
 - 2024: 131 + 139+ 102= 372
 - 2025: 142+129+116 = 387
 - Difference = 15 **(+3.9%)**
- **March – May Exams Comparison**
 - 2024: 374+ 373+354= 1101
 - 2025: 435+308+328= 1071
 - Difference: -30 **(-2.7%)**

- **Clinic Workdays Comparison**
 - 2024: 18+20+21= 61
 - 2025: 19+22+22= 63
 - Difference: +2 **(-3.3%)**
- **Doctor Workdays**
 - 2024: 31+29+30=90
 - 2025: 27+32+26=85
 - Difference = - 5 **(- 5.5%)**

- **Hygienist Workdays**
 - 2024: 0
 - 2025: 9+9+9=27
 - Difference = 27

Analysis: This 3-dentist, one part-time hygienist rural clinic had 5.5% fewer doctor–patient treatment time availability during March–May of 2025 compared to the same period in 2024 due to the lead doctor’s leadership commitment to other organizations. Despite less doctor-patient time, the addition of a part-time hygienist and 4 OPAs allowed the clinic to see 4% more new patients and marginally more patients in general. As internal scheduling systems are implemented to capture more accurately the time OPAs free doctors, and as the lead doctor balances work with public service, the change in workforce should translate into improved access to care for patients in the clinic’s hinterland that currently have extended wait times for appointments.

Case Study Example #3

Site Name	Month	May				
All data should be for the WHOLE CLINIC, not just OPA.		2025		2024		Difference
TOTAL Clinic Production (Dollars) For the previous month compared to the same period in 2024.		\$705,716		\$569,091		+\$136,625 +(24%)
TOTAL Clinic Production (# of Appointments) For the previous month compared to the same period in 2024.		1235		1178		+57 (4.8%)
TOTAL New Patients Seen the previous month compared to the same period in 2024.		246		44		+202 (459%)
Adults/Children Breakdown of New Patients (Optional, if you can provide easily)		A 218	C 24	A 42	C 4	
TOTAL Exams (All types, All doctors) Delivered the previous month compared to the same period in		513		453		+60 (13.2%)
Clinic Workdays (#) (Sum of total days clinic saw patients during reporting month. Indicate partial days as decimal)		21		22		-1
Doctor Workdays (#) (Sum of total # of doctor workdays during month. 3 doctors working on 1 day = 3 doctor workdays. Indicate partial days as		111		128		-17 -13.2%
Hygienist Workdays (#) (Sum of total # of hygienist workdays during month. 3 hygienists working on 1 day = 3 hygienist workdays. Indicate partial		79		51		+28 +55%
Relevant Reporting Comments: (Add comments that may affect clinic production or capacity like staff vacation, staff attrition, new staff training, facility problems reducing operatory access, etc.)						
Analysis: This 6-dentist practice decreased doctor days by 13.2%, increased hygiene days by 28 and added 2 OPA-EFDAs in 2025 compared to 2024. They started dedicated scheduling of OPAs in May. Comparing 2025 to 2024, they increased their total service provided by 24%, they quadrupled their new patients and increased their total exams by 13.2%. That is a remarkable jump in capacity. We'll continue to track monthly data to determine if this trend continues.						

Section 5: Primary Investigator's Observations

1. OPA-EFDAs appear to be very well trained. They get unusually high reviews from both patients and doctors.
2. In the first few weeks of the OPA-EFDA Clinical Trial, all participating clinics either decreased their clinical capacity or maintained it. No clinic increased their clinical capacity immediately due to OPA-EFDAs in the first 6-8 weeks.
3. Larger clinics seem to have had an easier time developing and implementing a new scheduling system to make best use of OPA-EFDAs increased scope. That is probably because larger clinics have greater staffing flexibility.
4. We saw one larger clinic have an extraordinary jump in capacity in May just after they implemented a new scheduling system for their OPAs. We will continue to document data and see if that trend continues. We will see if other clinics follow as they implement their new scheduling systems to best utilize OPA-EFDAs.
5. Confounding factors like staffing changes, training new personnel, illnesses or accidents happen all the time in small to intermediate-sized businesses like dental clinics. We will honestly share that information and try to account for it.
6. We will try to move forward with a manual chart review to capture the age and periodontal diagnostic patient data we intended to examine to evaluate pre and post OPA-EFDA trends affecting access. I have some concerns that the smaller clinics, especially, will not have the staffing to conduct an extensive manual chart audit to capture months of 2024 data. I am hopeful that the demographic and periodontal characteristics of patients won't vary a great deal from month to month in each unique clinic and a sampling will suffice.
7. One final note: To my knowledge, this is the largest dental study ever done in the state of Missouri. When complete, it will approach 2,000 patients. I am appreciative of the contributions and sacrifices made by the participating clinics. I am also frankly in awe of the efforts of the OPA-EFDAs to uptrain themselves, improve their knowledge, and strive to provide better care to more people with no promise that opportunity will continue when the pilot project is completed. Regardless of one's predisposition to the concept of OPA-EFDAs, I believe every clinic in Missouri would welcome them as a contributing member of their treatment team.

Respectfully Submitted,
Guy Deyton DDS
Primary Investigator

Using Likert Scale Evaluations in Performance Assessments and Customer Satisfaction Surveys

(Reference: Malik MA, Mustapha MF, Mohamad Sobri N, et al. Optimal Reliability and Validity of Measurement Model in Confirmatory Factor Analysis: Different Likert Point Scale Experiment. *JCIT*. 2021;11(1):105-112.

Likert Scale evaluations are the most commonly used instruments in performance evaluations and in customer satisfaction surveys. For example, the following organizations use Likert Scale Performance Assessment Instruments: Google, Deloitte, General Electric, and the U.S. Office of Personnel Management. The following organizations utilize Likert scale customer service surveys: Mayo Clinic, Cleveland Clinic, Johns Hopkins Medicine, Amazon, Apple, Google, and Microsoft. A 10-point Likert scale has been found to optimize reliability and validity.

The following is a commonly used consensus-based interpretation of a 1-10 Likert Evaluation:

Score	Interpretation	Description
10	Outstanding / Exceptional	Far exceeds expectations; rare, top-tier performance; role model level.
9	Excellent	Strongly exceeds expectations; high-quality and consistent performance.
8	Very Good	Exceeds expectations; above average; reliable and commendable.
7	Good / Satisfactory Plus	Slightly exceeds expectations; dependable and competent.
6	Satisfactory / Meets Expectations	Fully meets job requirements; acceptable performance.
5	Marginal / Needs Some Improvement	Inconsistently meets expectations; performance gaps may exist.
4	Needs Improvement	Below expectations; requires corrective action or additional support.
3	Poor	Significantly below expectations; persistent issues.
2	Very Poor	Severely underperforming; major deficiencies; urgent improvement needed.
1	Unacceptable / Failing	Complete failure to meet job requirements; may warrant disciplinary action.

Oral Preventive Assistant Pilot Project

Patient / Guardian Assessment of Doctor and Hygienist Care (Control Group)

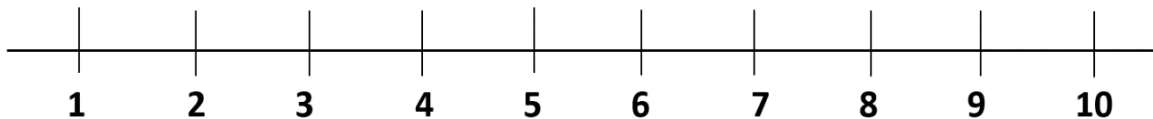
(This is the analog version of the RedCap form.)

Individual Responding (please circle) : Patient Family Member Health Advisor

Month/Year: _____

On a 1 to 10 Scale rate your level of satisfaction with the care provided by the care your doctor and or hygienist contributed to your cleaning or gingivitis treatment. Use the scale below in which:

- 1 indicates a very low level of satisfaction
- 10 indicates a very high level of satisfaction.



Comments / Suggestions: _____

If you would like to be contacted so we could discuss how we might improve our care efforts, please leave your name and telephone number:

Oral Preventive Assistant Pilot Project

Patient-Guardian Assessment of OPA-EFDA Care (Interventional Group) v10-8-24

(This is the analog version of the RedCap form.)

Individual Responding (please circle) : Patient Family Member Health Advisor

Date: _____

On a 1 to 10 Scale rate your level of satisfaction with the care provided by the care your OPA-EFDA has contributed to the treatment of your healthy or gingivitis patients in the last month. Use the scale below in which:

- 1 indicates a very low level of satisfaction
- 10 indicates a very high level of satisfaction.



Comments / Suggestions: _____

If you would like to be contacted so we could discuss how we might improve our care efforts, please leave your name and telephone number:

Oral Preventive Assistant Pilot Project

Supervising Clinician Assessment of OPA-EFDA Performance

(This form is to be completed by clinical supervisors at the midpoint and at the end of the OPA-EFDA Clinical Study)

Clinic Site: _____

OPA-EFDA De-Identified # : _____

Reviewing Supervising Clinician (✓): _____ Dentist

_____ Hygienist

Date: _____

Directions: Please complete this form candidly. On a 1 to 10 Scale circle your level of satisfaction with the care provided by your OPA-EFDA. 1 indicates a very low level of satisfaction. 10 indicates a very high level of satisfaction. Use comments for elaboration. You may wish to use your mentoring and evaluation guides as a reference.

Category: Asepsis Technique and Infection Control

Low										High
1	2	3	4	5	6	7	8	9	10	

Comments: _____

Category: Dental Charting & Diagnostic Imaging

Low										High
1	2	3	4	5	6	7	8	9	10	

Comments: _____

Category: Periodontal Probing

Low										High
1	2	3	4	5	6	7	8	9	10	

Comments: _____

Category: Supragingival Scaling

Low										High
1	2	3	4	5	6	7	8	9	10	

Comments: _____

Oral Preventive Assistant Pilot Project

Supervising Clinician Assessment of OPA-EFDA Performance

Clinic Site: _____

OPA-EFDA Name: _____

Category: Coronal Polishing

Low									High
1	2	3	4	5	6	7	8	9	10

Comments: _____

Category: Placement of Sealants & Fluoride

Low									High
1	2	3	4	5	6	7	8	9	10

Comments: _____

Category: Delivery of Oral Hygiene Instructions

Low									High
1	2	3	4	5	6	7	8	9	10

Comments: _____

Category: Global Performance Assessment

Low									High
1	2	3	4	5	6	7	8	9	10

Comments: _____

General Comments: _____



President Report



Executive Session



President Appointments

Appointments

- **Action Team Leader Chair**
- **State ADPAC Chair**
- **Dental Board Appointment Committee**
- **Education Committee Board Liaison**



President Assignments

MISSOURI DENTAL BOARD 2026 MEETING DATES

January 9, 2026

9:00am - Virtual WebEx

April 10, 2026

9:00am - Virtual WebEx * *Conflicts with Midwest Dental Conference*

July 17, 2026

9:00am - Virtual WebEx



Executive Office Reports

2025 MDA House of Delegates Resolutions Status Updates

2025H-5 Legislative and Regulatory Committee Members' Terms

This resolution called for the terms of LRC members to change from a term of one year to a term of four years, with the option for multiple terms. The Bylaws have been revised to reflect the new terms. The MDA team worked to stagger the current committee terms so that current committee members terms did not all expire the same year. All future LRC committee members will have 4-year terms. See attached. *Status: Completed.*

2025H-6 Supporting Dentists in All Practice Modalities

This resolution established as policy that the Missouri Dental Association advocates for the profession of dentistry, striving for a culture of inclusion and belonging for every dentist in each stage of their career and in all practice modalities and settings allowed by Missouri law. Also, that the MDA supports the ability of dentists to freely choose a practice modality that best suits their professional and personal preferences and that the ADA advocates that all dental settings should provide the ability for independent clinical judgment, preserve the doctor-patient relationship, and uphold the ADA's and MDA's established ethical Standards. And finally, that the MDA encourages the local dental societies to be inclusive of and build strategic engagement with dentists in all practice modalities allowed by Missouri law. *Status: Completed.*

2025H-7 Transitioning to Participatory Governance

This resolution called for a task force to be created to be charged with increasing participatory governance and exploring alternatives to the MDA House of Delegates. The task force members will be based on representation by percentage of active membership by component society and will be appointed by the Speaker of the House in consultation with the Board of Trustees. The task force shall identify a structure or process to ensure continued membership engagement and input on policy matters and will report back the House of Delegates through the Board at the 2026 House. An email invitation was sent from Dr. Amanda Fitzpatrick, MDA Speaker, July 8 to all active members of the MDA inviting them to self-nominate for the position if interested. Additionally, the component officers and Executive Directors were notified that they may also nominate individuals for the task force. The task force will be capped at 15 members, with Dr. Fitzpatrick serving in a parliamentary capacity and Vicki Wilbers and Margie Kunze are serving as staff liaisons. Dr. Fitzpatrick has selected task force members and will consult with the board at the September 12 board meeting before announcing task force members and beginning work. *Status: In progress.*

2025-8 Election of the MDA Delegates to the ADA House of Delegates

This resolution presented a different way to elect delegates to the ADA House of Delegates. The Reference Committee recommendation was to vote no on this resolution, however, discussion from the House floor suggested the resolution be referred to the Board of Trustees because resolutions of a similar nature have been presented before and similarly voted down. The official vote of the House was to refer to the Board of Trustees. The board could work on a potential solution or refer this to the new House of Delegates task force giving guidance or input from the House discussion.

On August 28, 2025, the MDA was notified by the ADA that Missouri was allocated an additional delegate and alternate, from 7 delegates and alternates to 8 delegates and alternates. When the allocation was recalculated, the additional delegate/alternate was allocated to Outstate. See report attached which should alleviate the need for the Board of Trustees to become involved in this issue. *Status: Completed.*

2025H-9 Private Equity Ownership in Healthcare

This resolution called for the LRC and the MDA to work with other states and healthcare organizations to monitor laws regarding private equity and its impact on healthcare and encourage Attorney Generals to monitor and intercede when necessary to protect the public. The MDA team will review any laws in Missouri and continue to monitor other activity on this issue. *Status: In progress.*

2025H-10 ERISA Law Relating to Governing of Dental Benefits

This resolution called for the MDA to direct its LRC to lobby the Attorney General to join the suit with Oklahoma and encourage them to join other attorney generals to have the Supreme Court act on the abuse of ERISA laws. At the LRC meeting, Ms. Wilbers stated that after conversations with the ADA, the Supreme Court refused to hear the case. This means part of this resolution is no longer relevant.

2025 MDA House of Delegates Resolutions Status Updates

However, there is still relevancy to look at the transparency of insurance companies. The ADA is looking for documentation of plans using ERISA exemptions – and are encouraging dentists to send this documentation to their state associations. Ms. Wilbers discussed beginning to explore outreach to members to find the issues the ADA mentioned, as well as other opportunities to follow-up the 2022 Missouri Attorney General meeting and/or a meeting with the Department of Insurance. *Status: In progress.*

2025H-11 Increase in Annual Leadership Development Offerings for MDA Members

This resolution called for specific enhancements to the current leadership development program offered by the MDA. The current budget allots for money towards this annual offering. The budget along with the specifics for leaders and this event being open to membership will have to be considered when determining how the 2026 Leadership Summit is arranged. Agenda, facilitator, space arrangements, will all need to be taken into consideration. The budget for 2026 included this event to again be following Dental Day at the Capitol, due to its success. *Status: In progress.*

2025-12 MDA Membership Committee

This resolution was ruled out of order by the MDA Speaker of the House. However, the MDA Board of Trustees at its May 9 meeting approved the development of a standing membership committee of the board with its composition and charge to be developed by the Board of Trustees. The MDA team has put together items for the board to consider when developing the committee charge and composition.

2025-13 Fall Meeting of the House of Delegates

This resolution was defeated.

Proposed LRC Staggered Terms					
Seat #	Entity	Initial Term	Term Ends	Next Term Length	
1	GSDS	4	2029	4	2033, 2037...
2	SWDS	4	2029	4	
3	CDS	3	2028	4	2032, 2036...
4	SEDS	3	2028	4	
5	GSLDS	2	2027	4	2031, 2035...
6	NWDS	2	2027	4	
7	NEDS	1	2026	4	2030, 2034...
8	GKCDS	1	2026	4	

LRC TERMS

Last Name	First Name	Component	Term Expires
Berry	Mike	CHAIR	2027
Popejoy	Ashley	GSDS	2029
Nine	Anna	SWDS	2029
Jansson	Erick	CDS	2028
Nguyen	Dennis	SEDS	2028
Riordan	Danielle	GSLDS	2027
Mattingly	David	NWDS	2027
Lynn	Adrienne	NEDS	2026
Gerhardt	Jared	GKCDS	2026

2026 – 2029 ADA Delegation

On August 28, 2025, the MDA received the notification below from the ADA along with an allocation table changing Missouri's allocation of ADA Delegates and Alternates from 7 Delegates and Alternate Delegates to 8 Delegates and 8 Alternate Delegates (see attached):

Sent on behalf of Dr. Elizabeth A. "Betsy" Shapiro, ADA Interim Executive Director and Secretary of the House of Delegates, to the constituent dental societies, the five federal dental services and the American Student Dental Association:

In accordance with the Manual of the House of Delegates, delegates shall be reallocated by the Secretary of the House of Delegates every four (4) years based on the Delegate Allocation Methodology found in the "Representation of Constituents and Periodic Reapportionment of Delegates and Alternate Delegates" section of the Manual of the House of Delegates.

The current delegate allocation for 2022-2025 took effect beginning with the 2022 House of Delegates and will end at the close of the 2025 House of Delegates. The reallocation of delegates for 2026-2029 is required to be announced in 2025 using year-end 2024 membership numbers, with the announced allocations taking effect with the 2026 House.

The new allocation was computed using the exact methodology used to arrive at the 2014-2017, 2018-2021 and 2022-2025 delegate allocations.

The new 2026-2029 allocation is attached and will go into effect beginning with the 2026 House of Delegates.

The allocation for ADA delegates using end of year membership numbers was recalculated using 8 delegates and 8 alternates, which resulted in Outstate gaining an additional delegate and alternate delegate seat.

	# members	divided by total # MDA members	x8	whole #s totaled	ranking	allocated from ranking	total
KC	575	0.2278	1.823	1	2	1	2
Outstate	892	0.3534	2.827	2	1	1	3
SL	1057	0.4188	3.350	3	3	0	3
	2524	1.0000	8.000				8

The allotment for the additional delegate is to be determined by the Greater Missouri Caucus. In looking through the rotational schedule, the MDA team submits the attached new rotation schedule for consideration, which would allow each component society to be

represented at the ADA level. In referring to the Bylaws, we do not feel this requires a Bylaws change because the above allocation was done according to the Bylaws below.

CHAPTER IX • DELEGATION TO THE AMERICAN DENTAL ASSOCIATION

Section 10. NUMBER:

The number of delegates and alternate delegates to the House of Delegates of the American Dental Association shall be determined in accordance with the Bylaws of the American Dental Association. ADA Delegates will be apportioned among the Greater St. Louis Dental Society, the Greater Kansas City Dental Society, **and the remaining components taken as a whole (the Greater Missouri Component) proportionally based upon their number of active, life and retired members as of December 31 of the previous year. Fractions of delegates will be rounded up beginning with that closest to the next whole number and proceeding until all available delegates are allocated. For each delegate allocated, the respective component will also be allocated an alternate delegate.**

The new rotation was developed using the current rotation as a guideline to continue the rotation as closely as possible and allowing for a term of two years as an alternate delegate and two years as a delegate. Central Dental Society for the year 2026 would move up from an alternate to a delegate position. The reason CDS was chosen is because in terms of membership numbers of the Outstate component societies, Greater Springfield has the largest number of members at 284 members, but they do not have an alternate or delegate currently attending who would be ready to move into a delegate position. The next largest membership is Central at 237, and they currently have a member attending the ADA House of Delegates who has the experience to move into a delegate position. This member would serve for 1 year as an alternate and 2 years as a delegate. It would be up to the component society if the member would be eligible to serve in the position again.

There obviously could be other possibilities for the Greater Missouri Caucus to consider, we wanted to outline a beginning for addressing what will need to be considered soon as the MDA Board approves elected positions at their November Board meeting.

MDA Delegate and Alternate Delegate Rotation for the ADA House of Delegates

PROPOSED ROTATION WITH 8

Current rotation of 7 in RED

Year	St. Louis	Kansas City	Springfield	Central	Southeast	Southwest	Northeast	Northwest
2026	3/3 3/3	2/2 2/2	0/1 0/0	1/0 0/1	1/0 1/0	0/1 0/0	1/0 1/0	0/1 0/1
2027	3/3 3/3	2/2 2/2	0/1 0/0	1/0 1/0	0/1 0/0	0/1 0/1	1/0 1/0	1/0 0/1
2028	3/3 3/3	2/2 2/2	1/0 0/1	0/1 1/0	0/1 0/0	1/0 0/1	0/1 0/0	1/0 1/0
2029	3/3 3/3	2/2 2/2	1/0 0/1	0/1 0/0	1/0 0/1	1/0 1/0	0/1 0/0	0/1 1/0

BOARD MEMBER TERMS

Last Name	First Name	Position	Term Begin	Term Expiration	Next Position	Expires	Next Position	Expires
Wilkerson	Ron	President	2025	2026	Imm PP	2027		
Mattingly	Emily	President Elect	2025	2026	President	2027	Imm PP	2028
Taylor	Mack	Treasurer	2022	2027				
Fitzpatrick	Amanda	Speaker	2022	2027				
Batson	Phil	Trustee	2022	2027				
Bosch	Lisa	Trustee	2024	2028				
Copeland	Jon	Imm Past Pres	2025	2026				
Hahn	Emily	Trustee	2025	2029				
Meyer	Ashley	Trustee	2022	2027				
Parker	Rachael	New Dentist Trustee	2024	2027				
Reagan	Jon	Trustee	2021	2026				
Schoolman	Steven	Trustee	2024	2028				
Steins	Fallon	Trustee	2025	2026				
Weimer	Wendy	Trustee	2025	2029				
Wyckoff	Doug	Editor	No term					
Berry	Mike	LRC Chair	2025	2029				

Lisa Bosch filled unexpired term for Amanda Fitzpatrick from 2022-2024. Started her own term 2024-2028

Fallon Stiens is filling one year of unexpired term for Emily Mattingly June 2025-June 2026

Steve Schoolman filled and unexpired term for Mack Taylor from 2022-2024. Started own term June 2024

Wendy Weimer filled unexpired term until 2025 and started own term June 2025

Mike Berry filled unexpired term for Ron Wilkerson until 2025. started own two year term in 2025. Can serve two 2 year terms through 2029

NOTE: Amanda Fitzpatrick plans to run for PELECT next year and we will need a Speaker



~ Dr. Megan Krohn
State Dental Consultant



Missouri Dental
A S S O C I A T I O N

Discussion Items

Membership Committee

At the May 9, 2025 Board of Trustees meeting, the following motion was approved: **Resolved, that a Membership Outreach Committee be formed as a Standing Committee of the Board with composition and charge to be developed by the Board of Trustees.**

This resolution directs the board to define both the structure and responsibilities of the new committee. While the MDA team may provide input and suggestions for board consideration, team members agreed that, given the central importance of membership recruitment, retention, outreach, and engagement to the MDA's strategic direction, the full board should engage in a thorough discussion about the committee's charge before addressing its composition or related policies. Defining the committee's purpose and scope thoughtfully is more critical than moving quickly to form the group. That said, MDA team members brainstormed preliminary ideas to help guide and stimulate board discussion. Please consider the following bullet points and sample committee charge as a starting point only.

- Retention is just as important (and often more cost-effective) than recruitment.
- Engagement leads to stronger participation in events, committees, and leadership.
- Members who feel connected are more likely to renew, advocate for the profession, and refer new members.

Example Committee Charge:

"The Membership Outreach (Engagement?) Committee is charged with developing and implementing strategies to strengthen member connections to the Association, foster professional networking and involvement, and ensure members are aware of and benefit from the resources, programs, and services available to them."



Decision Items

Action Team Leader Recommendations

2026 Action Team Leader Nominees:

Original Nomination	District/Legislator
Kirthi Tata	1 st District – Wesley Bell
Robert Butler	2 nd District - Ann Wagner
Mark Zust	3 rd District - Blaine Luetkemeyer
Ashley Meyer	4 th District - Mark Alford
Aaron Bumann	5 th District - Emanuel Cleaver
Lisa Bosch	6 th District - Sam Graves
Alan McQuigg	7 th District - Eric Burlison
Kati Pyle	8 th District - Jason Smith
	U.S. Senate
Ron Wilkerson	Josh Hawley
Emily Mattingly	Eric Schmitt
New Dentist Nominee	
Chloe Stuck (CDS)	

2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

The respondent's email (**meg@stlouisdental.org**) was recorded on submission of this form.

Email *

meg@stlouisdental.org

ATL Nominee Name *

Kirthi Tata

ATL Email Address *

ktata13@yahoo.com

Nominee Cell Phone # *

334-329-4844

Congressional District *

1

Name of Legislator *

Wesley Bell

Does nominee have a personal relationship with Legislator or their staff? *

☐

Yes

☒

No

If yes, please explain below:

Component Society *

Greater St. Louis Dental Society

Nomination submitted by *

Meg Stagina

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).

To access the **NEW DENTIST ATL** application, click [HERE](#).

The respondent's email (**meg@stlouisdental.org**) was recorded on submission of this form.

Email *

meg@stlouisdental.org

ATL Nominee Name *

Robert Butler

ATL Email Address *

drbob@butlerstl.net

Nominee Cell Phone # *

(314) 265-6406

Congressional District *

2

Name of Legislator *

Ann Wagner

Does nominee have a personal relationship with Legislator or their staff? *



Yes



No

If yes, please explain below:

past fundraiser

Component Society *

Greater St. Louis Dental Society

Nomination submitted by *

Meg Stagina

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).

To access the **NEW DENTIST ATL** application, click [HERE](#).

The respondent's email (**meg@stlouisdental.org**) was recorded on submission of this form.

Email *

meg@stlouisdental.org

ATL Nominee Name *

Mark Zust

ATL Email Address *

DrZust@FamilyDentistrySP.com

Nominee Cell Phone # *

314-374-8560

Congressional District *

3

Name of Legislator *

Blaine Luetkemeyer

Does nominee have a personal relationship with Legislator or their staff? *



Yes



No

If yes, please explain below:

I'm not for certain, but Dr. Zust has served as ATL for this District for several years now.

Component Society *

Greater St. Louis Dental Society

Nomination submitted by *

Meg Stagina

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

gkcds@att.net

ATL Nominee Name *

Dr. Aaron Bumann

ATL Email Address *

aaron.bumann@gmail.com

Nominee Cell Phone # *

605-222-9805

Congressional District *

5

Name of Legislator *

Emanuel Cleaver

Does nominee have a personal relationship with Legislator or their staff? *



Yes



No

If yes, please explain below:

Component Society *

GKCDS

Nomination submitted by *

Sam Silvey

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

Imbosch@atsu.edu

ATL Nominee Name *

Lisa Bosch

ATL Email Address *

Imbosch@atsu.edu

Nominee Cell Phone # *

573-819-1261

Congressional District *

6th

Name of Legislator *

Sam Graves

Does nominee have a personal relationship with Legislator or their staff? *

☐ Yes

☒ No

If yes, please explain below:

Component Society *

Northeast

Nomination submitted by *

Self

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

kylewilsondds@gmail.com

ATL Nominee Name *

Dr. Alan McQuigg

ATL Email Address *

alanmcquigg@gmail.com

Nominee Cell Phone # *

832-425-9773

Congressional District *

Southwest (7)

Name of Legislator *

Eric Burlison

Does nominee have a personal relationship with Legislator or their staff? *

☒

Yes

☐

No

If yes, please explain below:

Personal Professional Relationship

Component Society *

Southwest

Nomination submitted by *

Kyle Wilson

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

pyles.smiles@gmail.com

ATL Nominee Name *

Kati Pyle

ATL Email Address *

pyles.smiles@gmail.com

Nominee Cell Phone # *

4178725061

Congressional District *

Live in 8, Practice in 7

Name of Legislator *

Jason Smith/Eric Burlison

Does nominee have a personal relationship with Legislator or their staff? *

☐

Yes

☒

No

If yes, please explain below:

Component Society *

GSDS

Nomination submitted by *

Ashley Meyer originally, GSDS, Formed filled by Kati Pyle

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

rwilker82@gmail.com

ATL Nominee Name *

Ron Wilkerson

ATL Email Address *

rwilker82@gmail.com

Nominee Cell Phone # *

6189772889

Congressional District *

8th

Name of Legislator *

Josh Hawley

Does nominee have a personal relationship with Legislator or their staff? *

☐ Yes

☒ No

If yes, please explain below:

Component Society *

CDS

Nomination submitted by *

Ron Wilkerson

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2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

emily@msmdental.net

ATL Nominee Name *

Emily Mattingly

ATL Email Address *

emily@msmdental.net

Nominee Cell Phone # *

6602473128

Congressional District *

6th

Name of Legislator *

Eric Schmitt

Does nominee have a personal relationship with Legislator or their staff? *



Yes



No

If yes, please explain below:

ATL for Schmitt 2025

Component Society *

NWDS

Nomination submitted by *

Emily Mattingly

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Google Forms

2026 Action Team Leader Nomination - ADA Dentist and Student Lobby Day

Please review the Action Team Leader Overview [HERE](#).
To access the **NEW DENTIST ATL** application, click [HERE](#).

Email *

camp6d@gmail.com

ATL Nominee Name *

Chloe Stuck

ATL Email Address *

camp6d@gmail.com

Nominee Cell Phone # *

4175296145

Congressional District *

8th

Name of Legislator *

Jason Smith

Does nominee have a personal relationship with Legislator or their staff? *

☐

Yes

☒

No

If yes, please explain below:

.....

Component Society *

Central

Nomination submitted by *

Chloe Stuck

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Google Forms

Chloé Ann Stuck

12270 Alexandria Ct. Rolla, MO 65401

(417)-529-6145

email: cstuck@fourrivers.org

EDUCATION:

- Webb City High School, Webb City MO – High School Diploma–May 2008
- University of Missouri Kansas City – B.S. Biology major, Chemistry minor – Pre-Dental Emphasis - Dec. 2011
- University of Missouri Kansas City – DDS –May 2017

WORK & VOLUNTEER EXPERIENCE:

07/17 – Present Four Rivers Community Health Center (Formally: Your Community Health Center) - Rolla, MO

Dental Director (2020 – Present)

- General Dentist 2017 - 2020
- Comprehensive dental care for patient base (full time employment)
- Complete lab work, sterilization, and organization of instruments.
- Management of dental and administrative staff (dental assistants, hygienists)

03/12 – 08/13 Access Family Care – Joplin, MO

Dental Assistant

- Assist dentist with operatory procedures
- Complete lab work, sterilization, and organization of instruments.
- Position requires intensive knowledge of dental instruments, procedures, and x-rays.

01/12-03/12 International Student Affairs Office – University of Missouri Kansas City

Enrollment Service Coordinator 01/2012 – 03/2012

Student Assistant (Jr. Enrollment Service Coordinator) 09/2008 – 12/2011

- Aid potential international students in the college application process/review applications for completeness
- Communicate with international student applicants to acquire information needed for enrollment.
- Position requires command of excellent communication skills, customer service, and time management. fax machine, Microsoft Office Suite including Outlook, Pathway, Image Now and telephone.

05/07-2009 Joplin Community Clinic

Volunteer (Dental)

- Dental Assistant; Office Assistant
- Worked in lab processing x-rays, cleaning dental instruments, and sterilizing dental office after procedures.

ACTIVITIES & ORGANIZATIONS

04/2024

Missouri Dental Association Action Team Leader

03/2023– Present

Missouri Dental Association Foundation Board

- Member
- Access Committee 2023
- Nomination Committee 2024

08/13 – Present

American Dental Association (ADA)/Missouri Dental Association (MDA)/Central Dental Association (CDA)

- Student Member 08/13-05-17
- Dentist Member 05/17-Present

09/19 – Present

Ozark Dental Society Study Club

- Dentist Member

06/2023

Central Dental Society Delegate – MDA House of Delegates

05/17-2020

Academy of General Dentistry (AGD)

- Member

08/13 – 05/17

American Association of Women Dentists

- Member
- Community Service events with Children's Mercy Hospital, Ronald McDonald House, and Harvester's Food Bank

08/13 – 05/17

Psi Omega Fraternity – Phi Rho Chapter

- Elected as Social Chair 2015/2016
- Basic Member 08/13 – 05/15

07/16 – 05/17

Restorative Honors Student – University of Missouri – Kansas City School of Dentistry

- Monthly academic meetings, clinical presentations,
- Advanced clinical dental education opportunities/mentorship from clinical faculty

08/13 – 05/17

DDS Class of 2017 Officer University of Missouri – Kansas City School of Dentistry

- Secretary
- Organizes class schedules/meetings, weekly newsletters, records meeting minutes

08/08-05/09

University of Missouri – Kansas City Pre-Dental Society

- Attend weekly meetings at UMKC's Dental School and Volker campus
- Volunteer at UMKC School of Dentistry
- Smile Academy/Team Smile Member

08/2004-05/2008

National Honor Society

- Obtained GPA to be a member of the National Honor Society for 4 years

AWARDS & ACHEIVEMENTS

- National Health Service Corps Students 2 Service award recipient 05/2017
- Missouri Dental Association Scholarship 2015
- Cultural Competency Program for Health Professionals– U.S. Department of Health & Human Services
- 2011 Vice Chancellor's Honor Award for Graduating Seniors 12/11
- Chancellor's Scholarship & Marie Rogers Scholarship 08/09-12/11

REFERENCES

- Ron Wilkerson DDS – St. James Dental Center – (618) 977-2889 - rwilker82@gmail.com
- David Dumbach DDS – Four Rivers Community Health Center – (573) 645-4694 - ddumbach@fourrivers.org
- Allison Blacksher PA – Mercy – (417) 793-3034 – aeblacksher@gmail.com

House of Delegates Task Force

Dr. Amanda Fitzpatrick, Speaker of the House of Delegates

We received 19 nominations for the House of Delegates Task Force. All were self-nominated.

- 4 from the Central Dental Society: Drs. Phil Batson, Chris Kollath, JC Standlee, and Jordan Weiss.
- 3 from Greater Kansas City Dental Society: Drs. Aaron Bumann, Garret Cochran, and Wendy Weimer.
- 7 from Greater St Louis Dental Society: Drs. Bob Butler, Jon Copeland, Emily Hahn, Robyn Hayes, Megan Lenahan Danielle Riordan, and Robby Thompson.
- 1 from Northeast Dental Society: Dr. Lynne Barbour.
- 1 from Southeast Dental Society: Dr. Dennis Nguyen.
- 1 from Greater Springfield Dental Society: Dr. Ahad Saqib.
- 1 from Northwest Dental Society: Dr. Rachael Parker.
- 1 from Southwest Dental Society: Dr. Aldo Del Sol Martinez.

Using end of year membership numbers 2024, the percentages were allocated to allow 1 active member from CDS, 2 from SP, 3 from KC, 6 from SL, and 3 from the remaining components who submitted nominees.

	#active members	# active members	x15	Whole # rounded up
CDS	174	0.0940	1.410	1
KC	407	0.2199	3.298	3
NE	41	0.0222	0.332	0
NW	59	0.0319	0.478	0
SL	773	0.4176	6.264	6
SE	95	0.0513	0.770	1
SW	81	0.0438	0.656	1
SP	221	0.1194	1.791	2
	1851	1.0000	15.000	

It is my intention to cap the task force at 15 members. Because every component society submitted at least one nominee, and since the nominees were a variety of past leaders, current leaders and members who have not yet been involved, and because I feel it is important to include a good mix of all of these groups, I have chosen to submit the following task force members for the Board's consideration.

Name	Component
Phil Batson	Central
JC Standlee	Central
Christopher Kollath	Central
Aaron Bumann	Greater Kansas City
Wendy Weimer	Greater Kansas City
Garret Cochran	Greater Kansas City
Emily Hahn	Greater St. Louis
Bob Butler	Greater St. Louis

Robyn Hayes	Greater St. Louis
Danielle Riordan	Greater St. Louis
Robert Thompson	Greater St. Louis
Megan Lenahan	Greater St Louis
Ahad Saqib	Greater Springfield
Aldo Del Sol Martinez	Southwest
Dennis Nyugen	Southeast
Rachael Parker	<i>NDC Liaison – non-voting</i>

I will serve in an advisory/parliamentary role and Vicki Wilbers and Margie Kunze will be the MDA staff liaisons.



PREPARED FOR:



GOVERNANCE REVIEW PROPOSAL



Who We Are

Vista Cova brings an extensive background in facilitation. With each engagement, we ask difficult questions, listen deeply to varied perspectives, identify points of insight and consensus, and craft a shared vision. This focus ensures clients know it is THEIR perspective, expertise, and passion that are represented.

Vista Cova and our advisors have decades of non-profit and association experience across all domains of association management. In both consulting roles, and as full-time association staff, Vista Cova's team has worked with organizations of various sizes across multiple industries to create new and refine existing strategies.

Vista Cova differentiates itself by customizing our approach and team based on the needs of each individual client. We bring organizations master level facilitation, so they can in turn craft stronger visions and paths to achieving those visions, impacting their members, communities, society, and the world. We are adept at identifying the core areas of discussion needed in facilitated sessions and nimbly maneuvering through complex issues to get to the heart of the matter being addressed.

For more information about Vista Cova and a list of our services, visit www.vistacova.com.

Our Approach

Vista Cova's approach enables individuals of differing perspectives to build a common vision of what the organization is trying to achieve. We approach our engagements with curiosity as a core tenet, seeking to learn together how to better structure your association to advance mission. Early in the engagement we spend time with your leadership gaining a deep understanding of your organizational context. Questions we ask include: what are your core strengths, where are the opportunities for growth, where are the strongest voices of dissent and support, and what outcomes are you seeking.

These conversations lay the groundwork for our immersion into your environment, giving us the insight to identify the core areas of discussion needed in facilitated sessions and nimbly maneuver through complex issues to get to the heart of the matters being addressed.

We know that a full-scale organizational governance review is at once a place of great potential as well as an endeavor with a high profile and associated risk. Our approach is intended to keep these polarities at balance, working to be inclusive of perspective, bringing representative external examples of excellence, and ultimately designing a structure that is focused on advancing organizational mission, elevating the volunteer experience, and creating an inclusive, transparent governance system. We work collaboratively to understand that role each level of leadership plays and will structure a final approach that will account for MDA's current strengths and opportunities. What follows is a single, proposed approach – one that we will refine and strengthen through a collaborative design effort should we be selected.

Our Structure

The Vista Cova team consists of expert consultants (advisors) with decades of non-profit and association experience across all domains of association management including governance design, strategic planning, organizational development, chapters and components, research, and global growth strategies. The advisors proposed for this engagement can be found in [Appendix A](#), and we may incorporate other individuals as expertise is needed during the course of the engagement.

Proposal Overview

The Missouri Dental Association (MDA) is a non-profit organization serving over 2,000 dental professionals of all dental areas through advocacy, community, and education. The MDA is a state component of the American Dental Association (ADA).

MDA went through a number of operational changes in the early 2000's where they adopted the John Carver Policy Governance Model. A task force has recently addressed governance topics and membership engagement amongst other related issues and determined the organization should invest in a full governance review.

MDA is seeking a facilitator who can guide the organization's effort to create a strong, functional governance structure with solid relationships between all organizations and the Board/CEO that reflect best practices. As Vista Cova has the pleasure of working with a variety of dental groups, including the American Dental Association and Georgia Dental Association, we bring a unique understanding and experience to the project, which will encompass the following:

- Clearly articulate the roles of the board of directors, including who can vote and serve on the board.
- Assess the effectiveness of the current structure.
- Facilitate at times difficult conversations revolving around potential change.
- Evaluate MDA's governance structure and make recommendations to the task force to ensure a model that allows the organization to be effective and evolve, ensuring growth and the ability to progress in mission and vision.

Vista Cova will work closely with the MDA task force to ensure their experience and feedback play a vital role in the forming of new recommendations.

Project Scope

We recommend a phased approach to allow flexibility and ensure we regularly realign to MDA's desired outcomes. We have provided a detailed scope and pricing over a four-phase process.

Phase 1 – Discovery & Foundation Building

- Vista Cova and MDA leadership will partake in a kick-off meeting to discuss objectives and finalize the timeline and lines of research inquiry.
- During this phase, Vista Cova will also review any existing strategy and research documents pertinent to MDA's governance to fully understand the context of the current governance structure and the various visions of the future structure.
- This first phase will conclude with a virtual convening of the Task Force leading this effort where the history that led to the current system is outlined, current best practices shared, and input into the research approach collected.

Phase 2 – Research

To inform MDA's governance audit, we propose a three-stage discovery process that blends qualitative depth with broad member input. This approach ensures that insights are both grounded in leadership experience and validated across the full membership.

- Stage 1 - Exploratory Interviews (10 total): Confidential conversations with leaders and key stakeholders to uncover lived experiences, perceptions of governance effectiveness, and barriers to participation.
- Stage 2 - Structured Focus Groups (4 sessions): Interactive exercises with delegates, component leaders, and emerging voices to generate tangible outputs that clarify where stakeholders believe responsibilities should lie within MDA's governance system.
- Stage 3 - Member Survey (all members): A broad-based survey to quantify perceptions of representation, fairness, transparency, and pathways to engagement in MDA's governance.
- For a full summary of research please see below.

Phase 3 - Retreat

- After the research presentation, a first round of recommendations will be drafted. This could be done independently by MDA leadership or by Vista Cova – the final approach of which will be determined in process.
- With draft recommendations in hand, Vista Cova and leadership will facilitate an in-person meeting with the Task Force to review the draft recommendations and refine them for a final version that can be presented to the Board and any key stakeholders.

Phase 4 - Presentation of Recommendations

- Vista Cova will work with MDA leadership to prepare for and virtually present the recommendations to the Board of Directors for approval.

Timeline

Vista Cova has a long history of successfully meeting the needs, and timeline, of our clients. While the final timeline with specific milestones will be determined, and agreed upon, between Vista Cova and MDA following is a proposed timeline for consideration.

Fall 2025

Phase 1 – Discovery & Foundation Building

- Virtual kickoff meeting between organization leadership and Vista Cová.
- Vista Cová to review relevant background documents.
- Virtual convening of TF for process start.

Fall 2025 –
Winter 2026

Phase 2 - Research

- Researcher to hold exploratory interviews.
- Researcher to conduct focus groups.
- Researcher to administer survey.
- Findings analyzed and presented in a summary report.

Winter 2026

Phase 3 - Retreat

- Draft the first draft of recommendations.
- Facilitate an in-person or virtual retreat to refine and finalize the drafted recommendations.

Early Spring 2026

Phase 4 – Presentation of Recommendations

- Presentation of recommendations to the board.

PROJECT OUTCOME

At the conclusion of this process, MDA will have:

- A full report analyzing the current systems of governance, reflecting where those systems exist in a place of excellence, where there is opportunity for evolution, and what those changes could look like.
- A list of recommendations for how various elements of governance will be adjusted to ensure they are working most efficiently and in support of the mission.
- Clarity in the roles of the board of directors, the CEO/staff, and the various governing bodies.



Fee Structure

Item	Cost
Governance Review:* Phase 1, 3 & 4 <i>Includes discovery, in-person retreat, recommendations, and virtual final presentation.</i>	\$30,000
Research:* <i>The fees below are inclusive of all research administration, use of tools and subscriptions to conduct the research, preparation of results, and delivery of report to MDA leadership. Any travel expenses incurred through the administration of this research will be billed separately.</i> <i>While Vista Cova believes that these three activities together will provide the richest outputs for the MDA governance task force, MDA may choose to pursue any combination of research in their final scope.</i> <i>Ten 30-minute interviews: \$3,500 (additional interviews billed at a rate of \$350 per)</i> <i>Four 60-minute focus groups: \$6,000 (additional focus groups billed at a rate of \$1,500 per)</i> <i>Member-wide 10-minute survey: \$8,000</i>	TBD

*Travel expenses not included and billed as incurred.

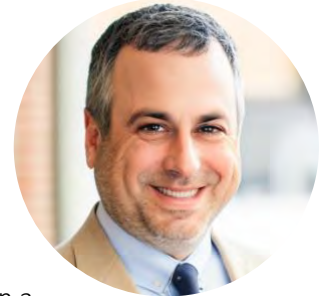
Confidentiality

This proposal and scope of work is the property of Vista Cova and should be treated as confidential. It may not be distributed beyond the intended client staff and volunteer leadership without written permission. Unauthorized use or sharing of this proposal may be a violation of federal copyright laws and the federal Economic Espionage Act of 1996.

Appendix A - BIOs

CEO

Lowell Applebaum, EdD, FASAE, CAE, CPF is the CEO of Vista Cova – a company that partners with organizations on strategic visioning and planning, reviewing & aligning governance structures, training stronger Board members, and providing expert facilitation. As an IAF Certified™ Professional Facilitator, Lowell frequently provides dynamic sessions to organizations - getting volunteers, members, and staff involved through experiential learning approaches.



After starting his career in the informal education realm, over the course of more than a decade, Lowell worked inside associations as a COO as well as in the realms of membership, volunteer leadership establishment and growth, and global alliance building. His passion for facilitation led to the founding of Vista Cova where he has worked with hundreds of nonprofit organizations from local to global, from trade to individual member and foundations.

In addition to his role as CEO, Lowell is actively involved in various leadership capacities within the ASAE, including serving on the ASAE Research Committee and as a past Chair for the overseeing commission for the Certified Association Executive (CAE) credential. He also chaired ASAE's Task Force on CEO Pathways and previously led as Chair for ASAE's Component Relations Council. He serves on the Curriculum Committee and as an instructor for the US Chamber of Commerce's IOM program. Additionally, Lowell has contributed significantly to the field, co-executive editing and contributing as an author for ASAE's Component Relations Handbook, 2nd edition, and contributing chapters to the latest versions of Professional Practices of Association Management and Membership Essentials. He is committed to building a stronger future for nonprofits and associations, co-founding the CAE Scholarship and serving as a mentor for ASAE's Diversity Executive Leadership Program.

In Winter 2023, Lowell completed his doctorate in education with a focus on organizational leadership from St. Mary's University of Minnesota, further enriching his expertise in the field. Lowell has served on the Board and in volunteer capacities for Sheppard's Table, the Cystic Fibrosis Foundation and is currently serving on the organizing committee for the Brain Ball for the Alzheimer's Association. Most importantly, his most important job is as dad to his three littles who give daily feedback on his terrible/wonderful dad jokes.

CLIENT EXPERIENCE ARCHITECT

Jennifer Lipsey began her career as a marriage and family therapist. Jennifer transitioned into the association industry supporting certification, membership, program standards, and professional development. She has served in a variety of association positions ranging from Membership & Database Manager, Certification Manager, Director of Operations, to CEO. Each role has provided her with a breadth and depth of experience with a variety of programs and services. As a CEO she combined her institutional wisdom with intentional change – valuing organizational legacy while innovative new programs were launched, and stagnant ones were ended.



Jen's core principles of active listening, attunement, and reflective practice bolster leadership efforts to identify key resources and ideas to reach new strategic heights. Her innate interest in systems and operations yields

organized action plans designed to engage specific stakeholders in delivery of key organizational strategies. Jen learns where each association is, wants to be, and co-designs how to get there, with whom, and by when.

Jen volunteers at her daughters' elementary school and has a B.A. in Child & Family Development from San Diego State University and applies principles of reflective practice and systemic thinking gained from her M.A. in Marriage & Family Therapy to reinforce or expand how others approach strategy, decision-making, and change management. Jen resides in Virginia where she embraces the silliness, grit, wonder and awe that comes with raising her 10- and 7-year-old daughters.

RESEARCH

Chelsea R. Killam

Chelsea knew she had a future in research from the moment she wrote her first survey question as an undergraduate at the Rochester Institute of Technology. Fifteen years later, and she hasn't stopped asking questions! She spent the first decade of her career in association management, earning her CAE and IOM while serving as the Director of Research at ASAE, leading studies like the landmark *Decision to...* series, *Policies & Procedures in Association Management*, and multiple industry-level environmental scans. Chelsea then spent a few years in the corporate world driving consumer insights for a Fortune 50 telecom and building a research capability for a pre-IPO fintech. She now uses this cross-industry experience to empower the organizations she works with to make informed, confident decisions using a variety of rigorous and right-sized research technique.



Appendix B – Research

To inform MDA’s governance audit, we propose a three-stage discovery process that blends qualitative depth with broad member input. This approach ensures that insights are both grounded in leadership experience and validated across the full membership.

1. Exploratory Interviews (10 total): Confidential conversations with leaders and key stakeholders to uncover lived experiences, perceptions of governance effectiveness, and barriers to participation.
2. Structured Focus Groups (4 sessions): Interactive exercises with delegates, component leaders, and emerging voices to generate tangible outputs that clarify where stakeholders believe responsibilities should lie within MDA’s governance system.
3. Member Survey (all members): A broad-based survey to quantify perceptions of representation, fairness, transparency, and pathways to engagement in MDA’s governance.

Findings from all three stages will be synthesized into a summary report that highlights key insights and provides a foundation for MDA’s next steps.

Stage One: Exploratory Interviews

Objective

To gain candid, in-depth perspectives from individuals who have direct experience with MDA’s governance system. These conversations will surface narratives that reveal cultural dynamics, leadership conflicts, perceptions of fairness, and barriers to participation that may not be apparent in formal documents.

The purpose of these interviews is to surface key themes and priority issues for deeper exploration in later stages of discovery. Interview participants will be selected for both their depth of institutional knowledge and their ability to reflect their constituency’s perspectives while considering the broader interests of MDA as a whole.

Sample Topics to be Covered

- Experience within the system of governance serving on the Board, House of Delegates, committees, components, or staff.
- Perceptions of governance clarity and effectiveness.
- Reflections on fairness, inclusivity, and representation across various segments (i.e., based on geography, career stage, specialty, practice type, etc.).

Logistics

- Ten thirty-minute one-on-one interviews, conducted virtually.
- Vista Cova will prepare all draft materials, including interview invitation email copy and interview discussion guide, with feedback from MDA.
- Conversations will be semi-structured, allowing for exploration of both core questions and emergent themes.
- Interviews will be scheduled at the convenience of participants using Calendly.
- Discussions will be recorded with consent of the interviewee for the purposes of analysis. Since these interviews are confidential, recordings/transcripts will not be shared.
- Qualitative analysis will be conducted on the interviews to identify issues for deeper exploration in stages 2 and 3. Direct quotes will also be used to illustrate insights in the final report.

Stage Two: Structured Focus Groups

Objective

To gather input from a broader cross-section of leaders and members in a structured, interactive environment. These sessions will create tangible artifacts that illustrate stakeholder views on MDA's governance infrastructure and practices.

Sample Topics to be Covered

- Perceptions of the respective roles of the Board, House of Delegates, committees, and components.
- Perspectives on decision-making authority versus advisory roles.
- Aspirations for a governance system that feels both effective and participatory.

Logistics

- Four focus groups, each with up to 8 participants. For MDA's particular needs, we might consider composing these groups with a diverse cross-section of the MDA community rather than the typical homogeneous approach to focus groups, allowing for more generative discourse and debate on core topics. This will be determined once the research kicks-off.
- Vista Cova will prepare all draft materials, including interview focus group email copy and discussion guide, with feedback from MDA.
- Vista Cova will also assist with scheduling the focus groups by using a tool like Doodle to identify optimal times of aligned availability.
- Sessions will use structured, interactive exercises to generate visual and comparative outputs, complemented by group discussion.
- Sessions will last 60 minutes and be conducted virtually. Note: live focus groups are also possible if MDA in-person convenings align with project timeline.
- The outcomes of the focus groups will inform stage 3, but will also be woven into the final synthesis report.

Stage Three: Member Survey

Purpose & Objective

To gain a more representative perspective on the findings from interviews and focus groups across the full membership, quantifying the extent of perceptions and ensuring all members have the opportunity to provide input.

Since fostering participatory governance is a stated goal of MDA's this stage will not only serve as a direct exercise in governance participation across the MDA membership, but will also serve to identify barriers and opportunities toward advancing this objective.

Topics to be Covered

- Perceptions of representation across multiple member.
- Understanding of governance structures and processes.
- Perceived fairness and transparency of decision-making.
- Awareness of and access to pathways for governance involvement.

Logistics

- A member-wide online survey with a mix of closed-ended and open-ended questions.
- Designed to be brief (10 minutes or less) to maximize participation.
- Survey will be programmed and hosted by Vista Cova and distributed by MDA to all members via email.
- Vista Cova will draft the survey instrument as well as all email communications (invite, reminders).

- The survey will remain open for approximately two weeks. Vista Cova will provide periodic updates on participation numbers and make recommendations around reminder cadence.
- Results will be analyzed across segments of interest and synthesized into a final report along with findings from the previous two stages.

Deliverables

The results of all 3 stages of research will be integrated into a comprehensive synthesis report that elevates priority areas for attention and articulates member and leader perspectives on those priority areas. We'll look for things that members believe work well within the current governance infrastructure, as well as those practices and structures that may not be serving the organization effectively. The goal of the report will be to focus the governance task force's attention, and equip them with the voices of their community as they enter deliberations and craft recommendations.

In addition to the synthesis report, the raw survey data will be anonymized and shared in Excel format.

Sample Timeline

Week 1: Research kick-off to align on activities, logistics, and learning objectives

Week 2-3: Draft and iterate on interview guide; identify invitees for interviews

Week 4-6: Conduct interviews and identify key themes; begin drafting focus group discussion guide and identifying invitees for focus groups

Week 7-9: Schedule focus groups; finalize focus group discussion guide; facilitate focus groups

Week 10-12: Draft and iterate on survey instrument; prepare survey invitation list; deploy survey

Week 13-14: Survey in field

Week 15-16: Analyze all results and prepare summary report

Appendix C - Experience & References

Andrew Black

Chief of Staff and Chief Public Affairs Officer
American Association for the Advancement of Science
ablack@aaas.org



Lindsay Currie, CAE

Executive Officer
Council on Undergraduate Research
lcurrie@cur.org



Nick Marzano

Chief of Strategy
Society of Hospital Medicine
nmarzano@hospitalmedicine.org



Appendix D – Abbreviated List of Clients by Industry

Building/Construction/Real Estate/Housing

Air Barrier Association of America (ABAA)
American Architectural Manufacturers Association (AAMA)
American Institute of Architects - Long Island Chapter (AIALIC)
American Institute of Architects, New York State (AIANYS)
American Mold Builders Association (AMBA)
American Public Works Association (APWA)
Associated General Contractors of Virginia (AGCVA)
CCIM - CO/WY Chapter
CCIM Institute
CCIM San Diego Chapter
Chicago Association of Realtors
Construction Specifications Institute (CSI)
Georgia Apartment Association (GAA)
International Institute of Building Enclosure Consultants (IIBEC)
Kentucky Association of Highway Contractors (KAHC)
National Association of the Remodeling Industry (NARI)
Plumbing-Heating-Cooling Contractors
Residential Real Estate Council (RRC)
Virginia Land Title Association

Business/Financial/Legal

American Society of Medical Association Counsel (ASMAC)
Angel Capital Association (ACA)
Association of Legal Administrators (ALA)
Association of Legal Administrators (ALA)
Boston Estate Planning Council
Customer Experience Professionals Association (CXPA)
Financial Planning Association (FPA)
Florida Surplus Lines Association (FSLA)
Grant Professionals Association (GPA)
Independent Beauty Association
League of Wisconsin Municipalities
Mid-South Independent School Business Officers (MISBO)
National Association of Enrolled Agents (NAEA)
National Tax Association (NTA)
New York State Funeral Directors Association (NYSFDA)
Northeast Business Group on Health (NEBGH)
Private Directors Association (PDA)
Radiology Business Management Association (RBMA)

Society for Corporate Governance (SCG)
Tennessee Society of CPAs (TSCPA)

Certification

ABRET Neurodiagnostic Credentialing & Accreditation
Accrediting Bureau of Health Education Schools (ABHES)
Center for Public Safety Excellence (CPSE)
Institute for Credentialing Excellence (ICE)

Education/Museum

American Association of Physics Teachers (AAPT)
Association of Children's Museums (ACM)
Association of College and University Housing Officers - International (ACUHO-I)
Council for Exceptional Children (CEC)
Distributive Education Clubs of America (DECA)
Klein Independent School District (Klein ISD)
National Association for Gifted Children (NAGC)
National Association for Pupil Transportation (NAPT)
National Commission on Orthotic and Prosthetic Education
National Parent Teacher Association (PTA)
New York Library Association
Society for College and University Planning (SCUP)
Texas Library Association (TLA)

Engineering/Science/Technology

American Association for the Advancement of Science (AAAS)
American Council of Engineering Companies New York (ACEC NY)
American Geophysical Union
American Ornithological Society (AOS)
American Water Resources Association (AWRA)
ARMA International
Association for Biomolecular Resource Facilities
Association of Technology Leaders in Independent Schools (ATLIS)
DiscoverE
International Society of Automation (ISA)
National Society of Professional Engineers (NSPE)
NiUG International
Offshore Technology Conference (OTC)
Society of Environmental Toxicology and Chemistry (SETAC)
Society of Tribologists and Lubrication Engineers (STLE)

Structural Engineers Association of New York (SEAoNY)
The Association for Smart Home Professionals (CEDIA)

Foundation

Alpha Omega Foundation of the US
Mathcounts Foundation (MATHCOUNTS)
North State Building Industry Association Foundation
Elizabeth Taylor Aids Foundation (ETAF)

Manufacturing/Automobile

Advanced Textiles Association (ATA)
American Public Gas Association (APGA)
American Traffic Safety Services (ATSSA)
Colorado Automobile Dealers Association
Fenestration & Glazing Industry Alliance (FGIA)
Maryland Motor Truck Association (MMTA)
MEA Energy Association
National Association of Trailer Manufacturers (NATM)
National Communication Association (NCA)
National Truck Equipment Association (NTEA)
National Utility Contractors Association (NUCA)
Specialty Equipment Market Association (SEMA)
Tennessee Gas Association (TGA)
The Interstate Natural Gas Association of America

Medical/Healthcare

Academy of Managed Care Pharmacy (AMCP)
American Art Therapy Association (AATA)
American Association for Anatomy
American Association of Immunologists (AAI)
American Cleft Palate-Craniofacial Association (ACPA)
American College of Emergency Physicians (ACEP)
American College of Rheumatology (ACR)
American Counseling Association
American Orthotic & Prosthetic Association (AOPA)
American Psychological Association (APA)
American Registry of Radiologic Technologists (ARRT)
American Society for Clinical Pharmacology & Therapeutics (ASCP)
American Society for Microbiology (ASM)
American Society of Clinical Oncology (ASCO)
American Speech-Language-Hearing Association (ASHA)
America's Blood Centers (ABC)
Association for Prevention Teaching and Research (APTR)
Association of Child Life Professionals (ACLP)
Association of Community Cancer Centers (ACCC)
Association of Rheumatology Professionals (ARP)
Eye Bank Association of America (EBAA)
International Society for Heart and Lung Transplantation (ISHLT)

Mission MSA (Multiple Systems Atrophy)
National AHEC Organization
Ohio Osteopathic Association
Society of Hospital Medicine
Wound Ostomy and Continence Nurses Society (WOCN)

Social Welfare/Emergency Services

Forum of Incident Response and Security Teams (FIRST)
National Volunteer Fire Council (NVFC)
Supervised Visitation Network (SVN)

Society for Association Executives

African Society of Association Executives (AfSAE)
American Society of Association Executives (ASAE)
Association Societies Alliance (ASA)
Australasian Society of Association Executives
Colorado Society of Association Executives (CSAE)
Empire State Society of Association Executives (ESSAE)
Georgia Society of Association Executives (GSAE)
Indiana Society of Association Executives - ISAE
Kansas City Society of Association Executives (KCSAE)
Kentucky Society of Association Executives (KSAE)
Mid-Atlantic Society of Association Executives (MASAE)
New England Society of Association Executives (NESAE)
Ohio Society of Association Executives (OSAE)
Oklahoma Society of Association Executives (OKSAE)
South Carolina Society of Association Executives (SCSAE)
Texas Society of Association Executives (TSAE)
Virginia Society of Association Executives (VSAE)
Washington Society for Association Excellence (WSAE)
Wisconsin Society of Association Executives (WSAE)

Travel/Hospitality/Tourism

Airports Council International - North America
Asian American Hotel Owners Association, Inc.
Finger Lakes Tourism Alliance
Hospitality Finance and Technology Professionals

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Missouri Dental
A S S O C I A T I O N

Consent Agenda

Major Actions of the Missouri Dental Association Board of Trustees May 9, 2025

- Meeting called to order by Dr. Jon Copeland at 10:04 a.m.
- Officers present: Jon M. Copeland, President, Wildwood; Ronald D. Wilkerson, President-Elect/Secretary, St. James; Mack A. Taylor, Treasurer, Bernie; and Amanda L. Fitzpatrick, Speaker, Macon. Dr. Taylor attended the meeting via Zoom.
- Board members present: Philip A. Batson, Columbia; Michael W. Berry, Moberly; Lisa M. Bosch, Edina; Emily A. Mattingly, Chillicothe; Ashley D. Meyer, Springfield; Rachael M. Parker, Independence; Jon L. Reagan, Joplin; Lori W. Roseman, St. Peters; Steven R. Schoolman, Cape Girardeau; Wendy J. Weimer, Kansas City; and Douglas A. Wyckoff, Cameron.
- Board member absent: Dr. Jeremy L. Bowen, Independence.
- Staff members present: Vicki Wilbers, Executive Director; Melissa Albertson, Communications Director; Riley Bernskoetter, Programs Manager; Stacey Hemmel, Operations Director; Devin Jungmeyer, Digital Content and Marketing Manager; Margie Kunze, Governance Manager and Executive Assistant; Mandy Lewis, Education and Events Director; Halie Payne, Professional Affairs Director; and Donna Anderson, Administrative Assistant.
- Guest present: Grace Riley.
- Dr. Copeland led the board in the Pledge of Allegiance.
- Dr. Wyckoff led the board in prayer.
- Dr. Copeland welcomed new MDA team members Riley Bernskoetter and Donna Anderson.
- Dr. Copeland requested that board members review the agenda and disclose possible conflicts of interest with any agenda items. Dr. Copeland reported that he has continued making materials for the removable and fixed EFDA course with his 3-D printer, that he is an advisor of SmileBrilliant, and that he is a sitting board member of a DSO. Dr. Wilkerson disclosed that he is also a sitting board member of a DSO.
- Dr. Wilkerson moved and the board approved the adoption of the agenda.
- Ms. Grace Riley provided an update including:
 - Dental Medical Loss Ratio: Representative Kent Haden filed House Bill 439 and Senator Jill Carter filed Senate Bill 680, which was referred to the Senate Committee on Insurance and Banking. In the revised legislation, charitable contributions have been excluded from the numerator when calculating the dental loss ratio (DLR). Additionally, we incorporated a penalty clause for delayed rebate payments to ensure timely compliance and accountability. Once more states start implementing it and we can show legislators that (1) it does not raise premiums and (2) not every insurer leaves the state. With this data, we could really start seeing movement.
 - OPA-EFDA: The Oral Preventive Assistant Pilot Project was officially promulgated in rule and the cohorts began their clinical training December 1st. The American Legislative Exchange Council (ALEC) adopted the ADA-crafted Dental Access Model Act which consisted of three parts including, authorization of oral preventive assistants, based on a pilot program created by the MDA. Reporting of the OPAs will continue through end of October 2026, and interim reports to the Missouri Dental Board will be given throughout the six months of data collection.
 - Dental Anesthesia: The lobbying team collaborated with Jessica Dresner and her team at MO HealthNet to address the reimbursement structure for in-office procedures and

assess how these changes could reduce the backlog of patients needing hospital-based treatment. The legislature passed a general anesthesia rate increase of \$1,028,897, going from 51% to 63% of the Medicare conversion. MO HealthNet FFS Dental Program will now cover CDT codes D9222 (deep sedation/general anesthesia-first 15 minutes) and D9223 (deep sedation/general anesthesia-each subsequent 15-minute increment) for adults age 21 and older, in addition to children.

- Dental Sales and Use Tax: The MDA has received inquiries regarding the tax status of dental items like retainers, dental straighteners, and aligners, with confusion surrounding whether these items are subject to sales or use tax when purchased by dentists or sold to patients. We believe these items should be treated the same as braces, which are tax-exempt. To address this, we asked the Missouri Department of Revenue (DOR) to pause sales tax audits requiring payments on these items and to update its Tax Matrix to exempt them at both purchase and sale levels. The DOR responded that it would review audits conducted in the last two years if provided the audited entity's name and would examine the Tax Matrix for needed clarifications. MDA continues to work with the DOR to resolve this issue and ensure dentists are not unfairly burdened with tax collection responsibilities. New tax matrices were posted for dental supply companies and dentists & orthodontists. The Department reviewed the statutes and regulations and still has mouth guards, retainers, dental straighteners, and aligners as taxable when a dentist or orthodontist purchases these items. Dental items placed permanently in a patient's mouth are exempt. Anytime a dentist or orthodontist purchases something from the purchase area of the matrix that is marked as taxable, and they don't pay sales tax they should accrue consumer's use tax. After receiving a legal opinion, our team will be meeting with Trish Vincent, the Director of the Department of Revenue, and her team to explain how we think they are misinterpreting the statute.

MONITOR ONLY:

- Dentist and Dental Hygienist Licensure Compact: The ADSO refiled licensure compact legislation: House Bill 56, sponsored by Representative Jeff Coleman, which passed the House (140–8), and Senate Bill 327, sponsored by Senator Ben Brown, which passed out of the Senate Committee on Emerging Issues and Professional Registration. Both bills establish the Dentist and Dental Hygienist Licensure Compact, allowing licensed dentists and dental hygienists in participating states to practice in other Compact states, which there are now 12 of, without additional requirements. However, we oppose Senate Bill 109, sponsored by Senator Justin Brown, and House Bill 1290, sponsored by Representative Cameron Parker. These bills establish an Interstate Dental and Dental Hygienist Licensure Compact and only accept the ADEX exam for licensure, creating a conflict of interest, as the ADEX exam is owned by the American Association of Dental Boards (AADB). Both bills received committee hearings but did not advance. Additionally, the DDH Compact has been added to Senate Bill 7, Senate Bill 61, Senate Bill 94, and House Bill 943.

Appropriations

- An additional \$200,000 was allocated to Elks Mobile Dental Services, bringing the total to \$600,000.
- Donated Dental Services was maintained at \$180,000.
- Medicaid Reimbursement Rates: Maintained (80% of 50th percentile of UCR on 1/1/25)
- Maintained dental anesthesia at 80% of 50th percentile of UCR on 1/1/24 and extraction rates at 38.5% of the 50th percentile of the comparable UCR on 1/1/24, for parity with Medicare rates.
- Dr. Taylor moved and the board approved motion that Drs. Amy Gillihan, Rolfe McCoy, and Calvin Mott be submitted to the Director of the Division of Professional Registration on behalf of the MDA Board of Trustees for consideration by the Governor as a candidate for appointment to the Missouri Dental Board.

- Drs. Bosch provided an update on the Rural Health Initiative Ad Hoc. She said their meetings with the dental school deans went well. They've met as a committee once since then to go over their findings. They also had the goal of reaching out to the students and retiring dentists in rural communities. Reaching the students was fairly easy. Reaching the retiring dentists in rural communities has been more of a challenge. The committee is working on ways to help gather more accurate data to affect the HRSA scores in rural communities because they know the information is incorrect. Dr. Bosch said in Knox County, it shows they have three practicing dentists, when in reality, two of those teach at the dental school, but they maintain their dental licenses. This skews the data in a way that keeps someone from qualifying for a Health Resources and Services Administration (HRSA) grant to go to that community which in turn hurts access for the patients. She referred to a survey that was included when renewing dental licenses that the committee is encouraging dentists and hygienists to complete. The survey is through the University of Missouri Office of Health Outreach, Policy & Education Center for Health Policy. The MDA team will share the survey link through an eNews. Ms. Payne referred to a loan repayment bill that was filed last year that did not include pharmacists, so the bill was killed. This year the bill was refiled to include pharmacists. The interim UMKC School of Dentistry Dean, Russ Melchert, suggested the MDA work with the Missouri Pharmacy Association on this piece of legislation. If the legislation doesn't pass, we will work to start collaborating with them for next session.
- Dr. Wilkerson moved and the board approved motion that the following members be appointed to the Legislative and Regulatory Committee (LRC): Drs. Jared Gerhardt (GKCDS), Erick Jansson (CDS), Adrienne Lynn (NEDS), David Mattingly (NWDS), Dennis Nguyen (SEDS), Anna Nine (SWDS), Ashley Popejoy (GSDS), and Danielle Riordan (GSLDS).
- Dr. Copeland presented the redlined version of Executive Limitations Policies and asked for comments and questions. Dr. Berry moved and the board approved the revisions as presented.
- Dr. Copeland presented the redlined version of Governance Process Policies and asked for comments and questions. Dr. Wilkerson moved and the board approved the revisions as presented.
- Dr. Copeland presented the redlined version of Board-Management Linkage Policies and asked for comments and questions. Dr. Wilkerson moved and the board approved the revisions as presented.
- The board convened into executive session.
- The board reconvened into regular session.
- Dr. Taylor provided an update on the 2024 audit. He said the income for the year was up 10% from 2023. This was due to gains mainly with EFDA course fees, MDIS and investments. The consolidated expenses increased by 10% from 2023. The consolidated operating revenue in 2024 was \$507,000. In 2023 it was \$458,000, and in 2022 it was \$31,000. This is a 10% increase change from 2023. There was no Employee Retention Credit (ERC) in 2024. The Association received \$186,835 in 2023, with interest of \$8,192, for a total of \$195,027 in a Treasury Bond. The IRS is still auditing work for erroneously or fraudulently filed claims. Due to known increases in review of these claims it is reasonably possible that the Association's ERC claim could be reviewed and deemed noncompliant with eligibility requirements. This could lead to a denial of the claim, and it could require the Association to repay the full amount received and any additional interest or penalties. Our reserve balance is 22 months. It is recommended that we have 3-6 months in reserve. This is a strong cash position. The audit notes are the same as

usual. We are noted for not having appropriate segregation of duties, due to limited staff. This is quite common for offices of our size, and we try to mitigate risk to the best of our abilities given staff size. Dr. Wilkerson moved and the board approved the 2024 Audit Report.

- Dr. Taylor highlighted areas of the 2026 budget and answered questions. The Finance Committee is presenting the budget with a dues decrease of \$24 for active members, from \$474 to \$450, which will lower dues for members who are eligible for a discount. The 2025 dues were lowered by \$5. Resolution 2025-4 Approval of 2026 Dues will be before the MDA House of Delegates. The budget is being presented with a \$2,148 profit.
- Dr. Berry moved and the board approved the 2026 MDA budget.

• **HOUSE OF DELEGATES**

Drs. Copeland and Fitzpatrick and Ms. Wilbers explained that all resolutions received each year are sent to MDA legal counsel for review. This is to ensure that any content in the resolution, whether in the background or resolved clauses, is not potentially harmful to the Association, or the component society submitting the resolution. Legal returned two resolutions with concerns. Those resolutions were returned to the component society with the attorney's comments, and the society was asked to revise the resolutions by the date of the MDA Board of Trustees meeting. The board discussed resolutions to be considered by the House of Delegates and took formal recorded positions on resolutions. (Board Vote Sheet Attached).

The following resolutions were included on the consent calendar and were moved and approved by the board to be recommended for adoption:

- 2025-1 Approval of the 2025 House of Delegates Agenda
- 2025-2 Approval of the 2025 Manual of the House of Delegates
- 2025-3 Approval of the June 2024 House of Delegates Minutes

Following discussion, the board voted to recommend the adoption of the following resolutions:

- 2025-4 Approval of the 2026 Dues
- 2025-5 Legislative and Regulatory Committee Members' Terms
- 2025-6 Supporting Dentists in All Practice Modalities
- 2025-7 Transitioning to Participatory Governance
- 2025-8 Election of the MDA Delegates to the ADA House of Delegates

The board voted to recommend that the following resolutions be defeated:

- 2025-9 Private Equity Ownership in Healthcare
- 2025-10 ERISA Law Relating to Governing of Dental Benefits
- 2025-11 Increase Annual Leadership Development Offerings for MDA
- 2025-13 Fall Meeting of the House of Delegates

The board voted to submit the following substitute resolution to the House of Delegates with the recommendation that it be adopted:

2025-11BS-1 RESOLVED, that the Missouri Dental Association increase its annual leadership development offerings to current members to foster continued growth within the organization, enhance member engagement, and strengthen alignment with the Association's strategic objectives.

and be it further,

RESOLVED, that the annual leadership development offerings be associated with a major non-CE centric MDA membership event such as Dental Day at the Capitol or the House of Delegates, and that participation be open to all MDA members.

- Resolution 2025-12 Membership Committee was ruled out of order by Dr. Amanda Fitzpatrick, Speaker of the House of Delegates. Dr. Fitzpatrick explained that because the resolution calls for the Membership Committee Chair to serve as a new Board of Trustees member, additional Bylaws revisions were necessary in Chapter IV Board of Trustees in Sections 10 Composition, 30 Term of Office, 40 Selection and 50 Vacancies. Additionally, the resolution included section which states "The Chair shall serve as an ex-officio member of the Board without the right to vote and shall be seated on the floor of the House with all privileges of the House except the right to vote (unless the member also serves as a member of the House). Dr. Fitzpatrick explained that the MDA Bylaws stipulate that Members of the Board of this Association shall not be elected or appointed as delegates or alternate delegates of the House by component societies. Therefore, this is in direct conflict with the Bylaws and must be ruled out of order.
- The board voted to submit the following officer nominations to the MDA House of Delegates:
President-Elect/Secretary: Dr. Emily Mattingly
Treasurer: Dr. Mack Taylor
Speaker: Dr. Amanda Fitzpatrick
- Ms. Wilbers provided an Executive Office update which included:
 - ADA Update: The ADA leaders held a State of the ADA webinar for the ADA Delegation and Executive Directors. The webinar focused on the costs and continual instability of the new Association Management/Customer Management System, Fonteva. The ADA officers outlined a plan for stabilization of the system and finances of the ADA. Additionally, they outlined their work towards transparent and continual communications with the members. Ms. Wilbers said her biggest concern continues to be dropping membership market share.
 - Missouri Dental Board update: The Dental Board approved a rule change proposal to clarify CE requirements for license renewal through an online portal called CE Broker. When the rule is promulgated, every licensee and permit holder will have to document their CE within this portal upon renewal.
- Dr. Berry moved and the board approved motion to adopt the consent agenda which included the following:
 - January 26, 2024 Board Meeting Minutes
 - Monitoring Reports
 - 1.0 Global Executive Constraint
 - 1.1 Financial Condition & Activities
 - 1.2 Asset Protection
 - 1.3 Emergency ED Succession
 - 1.9 Membership Recruitment & Retention
 - MDIS Reports
 - MDIS Meeting Minutes
 - MDAF Meeting Minutes
 - Missouri Dental Board Report
 - Missouri DDS Update
 - Frequently Used Acronyms
 - MDA Strategic Plan
- Dr. Copeland asked if there was any unfinished business and there was none.
- Dr. Copeland asked if there was any new business. Dr. Bosch said even though the resolution for a Membership Committee was ruled out of order, she felt the idea had merit. Dr. Bosch moved and the board approved motion that a Membership Outreach Committee be formed as a Standing Committee of the Board with composition and charge to be developed by the Board of Trustees.

- Dr. Copeland reminded board members that the delegation relies on them during the reference committee hearings to explain the board recommendations from the Board Vote Sheet so please be prepared to testify during the hearings.
- Dr. Copeland reminded the board of the mandatory board training zoom meeting Monday, May 12 at 6:00pm on Anti-Trust with the ADA.
- Dr. Copeland reminded the board that the First Session of the House of Delegates will be held virtually June 9 at 6:00pm and it is a mandatory meeting.
- With no further business, the meeting was adjourned at 2:38 p.m.

2025 MDA Board of Trustees Vote Sheet

In keeping with the concept of the Board's governance policy of "speaking with one voice," and at the advice of our Governance Consultant, the MDA Board of Trustees does not report individual Board members' votes on House of Delegates resolutions. The following is the Board of Trustees recommendation on each resolution.

RESOLUTION:	2025-1: Approval of the 2025 House of Delegates Agenda
RECOMMENDATION:	VOTE: YES

RESOLUTION:	2025-2: Approval of the 2025 Manual of the House of Delegates
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-3: Approval of the June 2024 House of Delegates Minutes
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-4: Approval of 2026 Dues
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-5: LRC Members' Terms
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-6: Supporting Dentists in All Practice Modalities
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-7: Transitioning to Participatory Governance
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-8: Election of the MDA Delegates to the ADA House of Delegates
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-9: Private Equity Ownership in Healthcare
RECOMMENDATION:	VOTE: NO
BOARD COMMENTS:	The Board was concerned about the language of this resolution, including its legal implications. The Board requests the Society to withdraw this resolution.

RESOLUTION:	2025-10: ERISA Law Relating to Governing of Dental Benefits
RECOMMENDATION:	VOTE: NO
BOARD COMMENTS:	It was discussed this is already being worked on legislatively and the way it is worded restricts the ability of MDA staff and the LRC to do even more advocacy on this issue.

RESOLUTION:	2025-11: Increase Annual Leadership Development Offerings for MDA
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	Members
RECOMMENDATION:	VOTE: NO
BOARD COMMENTS:	The Board felt the second resolve clause was too restrictive and thus offered a substitute resolution.

RESOLUTION:	2025-11BS-1 Increase Annual Leadership Development Offerings for MDA Members
RECOMMENDATION:	VOTE: YES
BOARD COMMENTS:	

RESOLUTION:	2025-12: MDA Membership Committee
RECOMMENDATION:	VOTE: Ruled Out of Order by Speaker of the House
BOARD COMMENTS:	This resolution was missing Bylaws revisions to address a new BOT member and is in conflict with current Bylaws. The Board can create a standing committee at its discretion; because the Board agreed there is validity to create a committee of this type, but did not want to place it in the Bylaws, the Board created a standing Membership Committee, similar to the MDA New Dentist Committee (which also is a standing committee of the Board).

RESOLUTION:	2025-13: Fall Meeting of the House of Delegates
RECOMMENDATION:	VOTE: NO
BOARD COMMENTS:	The Board does not feel this resolution is fiscally responsible and has included relevant documents that show financial implications.



Monitoring Reports

MONITORING REPORT

July 15, 2025

1.1. financial condition, activities and budgeting

1.1 Financial Condition, Activities and Budgeting. With respect to the organization's budgeted and actual financial condition and planned activities for any fiscal year (defined as the year ending December 31) or the remaining part of any fiscal year, the ED shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities.

Interpretation: budgeted and actual financial condition and planned activities. The budget is an educated guess of annual operating costs to provide for all planned activities that must be balanced by the actual financial condition of the association. As the year progresses, some of the costs change because circumstances change, or programs are added. Development of fiscal jeopardy, the ED shall not allow programs or purchases to cause the association's financial resources to dwindle to the point of causing use of reserve funds to pay for the operational needs of the association, nor cause the operational expenses to escalate to the point where programs cannot continue. Material deviation of actual expenditures from board priorities established in Ends policies. Interpretation: Board priorities established in the Ends policies shall be the guiding principle when developing activity budgeting.

Further, without limiting the scope of the foregoing by this enumeration, the ED shall not:

(1) Fail to include reports of all income and expense or fail to include credible projections of revenues and expenses; separation of operational, reserve, Relief Fund and other funds; and disclosure of planning assumptions in financial budgeting for any fiscal year or the remaining part of any fiscal year.

Interpretation: credible projections, the ED shall research past operational costs, predict those costs for the ensuing year based on previous history and increase in CPI; include a study of how the expenses were incurred and ferret out any unnecessary expenditures or programs that can be eliminated or scaled down or funded using another income source; investigate possible sources for generating income and make an educated assumption of the amount of that projected income.

Evidence: The June 30, 2025, Balance Sheet and Income Statement will be used for this report. As of this date, we had \$66,044.44 in the general checking account; we are in line with FDIC limits.

Income and Expenses:

Dues – We collected \$631,177.38 in dues, which is 84% of budget expectations. This is down 5% compared to June 2024.

CE Events –

Missouri Dental Association			
CE Program Actual Profit/Loss Compared with Budgeted Profit/Loss			
June 30, 2025			
	Actual Profit/Loss	Budgeted Profit	Difference
Connect4Success	\$ 39,262.07	\$ 21,901.00	\$ 17,361.07
EFDA	\$ 63,069.39	\$ 23,410.00	\$ 39,659.39
MERIT	\$ (73.78)	\$ (964.00)	\$ 890.22
Travel & Learn	\$ (2,512.38)	\$ 6,000.00	\$ (8,512.38)
CE Other (BS/NO)	\$ (33,519.88)	\$ 9,670.00	\$ (43,189.88)
CE Virtual Events	\$ 39,262.07	\$ 1,901.00	\$ 17,361.07
	\$ 66,255.42	\$ 60,017.00	\$ 6,208.42

General Administrative – We received dividends of \$216,033.00 as of June 2025 from MDIS we budgeted \$130,000. A total of \$217,456.00 was received for 2024.

Investment Accounts - Our investment accounts had a gain of \$31,595.66 in dividends and had an unrealized gain on investments of \$103,816.05 through June 30, 2025.

Overall, income collected is 76% of budget expectations for the year.

Expenses: Overall expenses are at 50% of budget expectations for the year.

Separation of operational, restricted reserve, Relief Fund and other funds, the ED shall not project the use of monies in other funds to balance the activities of another. The restricted reserve has a defined purpose and shall not be used otherwise and the same applies to the Relief Fund. Other funds would refer to unrestricted reserve funds available to the association in time of extreme need and available only upon approval of the entire board. Item 4 gives an alternative that will be explored then. Cash Flow depicts monies readily available in the operating fund to cover the day-to-day expenses of providing services. It is to be carefully monitored by constant surveillance of income vs expenses and review of monthly income and expense reports. Predictions must be made monthly to assure that the income stream aligns with the budgeted income

projections. Disclosure of planning assumptions in financial budgeting and ... any remaining part of (the) fiscal year, it is the responsibility of the ED to disclose to the finance committee and the entire board any assumptions made when developing the annual budget for the ensuing fiscal year and to make at least quarterly projections as to the outcome of those assumptions in the specified monitoring reports.

Evidence: No funds were transferred from the reserve funds during this reporting period.

Additionally, the ED shall not:

- a. Fail to maintain daily liquidity requirements in the operating fund of the Missouri Dental Association.**

Interpretation: Fail to maintain daily liquidity requirements: The necessity to maintain enough funds to pay the daily operating expenses of the association without dipping into reserves.

Evidence: Daily operating expenses are currently within budgeted expectations. The budget is reviewed monthly to determine if any cost and/or income expectations should be changed to maintain future liquidity.

- (i) Fail to maintain a cash reserve fund balance of a minimum 35% of the association's annual operating budget (excluding grant and assessment funds); and furthermore, the ED shall not fail to maintain within the reserve funds a minimum of 10% of the operating budget in FDIC insured accounts.**

Interpretation: The MDA Board determines the minimum reserve fund balance. It has been determined that our reserves should be no less than 35% of budget minus grants received. This calculation was amended in 2011.

Evidence: Reserve funds currently total \$3,171,431.33. These cash funds include \$2,769,658.41 in mutual funds and \$401,431.33 in money market accounts. After grant income is removed, MDA has a projected income budget of \$1,636,487.00. Current reserves total 186% of the association's annual operating budget.

- b. Fail to comply with the MDA Investment Policy as stated in Executive Limitations Policy 1.2 (9)**

Interpretation: Our current operating budget is in excess of \$1,540,000 which would indicate that there should be over \$110,000 in FDIC insured accounts.

Evidence: We exceed each of these requirements.

We currently maintain 2 money market accounts totaling \$401,431.33. This well exceeds the \$163,649 minimum of this policy.

(2) Fail to use an accrual basis of accounting for budgeted and actual finances.

Interpretation: (Not changed since the last report) This was changed by board action to use “accrual” basis for accounting purposes. Revenue is recorded in the period when it’s earned whether or not payment has been received – it is recorded in accounts receivable until actually received. Expenses are recorded when they’re actually incurred rather than when paid and are recorded as accounts payable until actually paid. This can best be represented such as payroll, vacation time and sick time, depreciation – items for which you will never receive an invoice but are liable for.

(3) (shall not) Plan the expenditure in any fiscal year or remaining part of any fiscal year of more funds than are conservatively projected to be received.

Interpretation: Present a balanced budget using conservative revenue projections. Constantly monitor income to assure adequate to cover projected expenditures and if necessary, delay purchases or postpone trips.

Evidence: Daily operating expenses are currently within budgeted expectations.

(4) (shall not) Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.

Interpretation: cash flow must be monitored to ensure there are sufficient funds to pay fixed expenses such as salaries, utilities, etc. If cash flow becomes an issue at the end of the calendar year, unrestricted reserves can be tapped if dues income for the following year will be available within 60 days and the reserves can be replenished.

Evidence: There are sufficient funds available to cover fixed expenses.

(5) (shall not) Remove monies from reserve funds; or use any restricted reserves without prior notification of the board.

Interpretation: Remove monies from reserve funds. The only time monies would be removed from reserve funds are to cope with the issue of cash flow to meet fixed expenses, but this has not been necessary. Shifting of funds would have to be approved by the Finance Committee.

Evidence: At the April 2023 Board meeting, it was approved to renovate the vacant lease space in the basement. This space has become a training center for dental assistants. In July 2023, the money market at First Mid Bank and Trust was moved from the money market account to general checking to cover the cost of this renovation. The renovation is complete. All invoices for the training center have been paid in full.

(6) (shall not) Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain, otherwise unencumbered revenues within 30 days.

Interpretation: inter-fund shifting moving monies from operational fund to unrestricted reserves is done to realize the most interest revenue.

Evidence: Moving money from the unrestricted account to the operational account will only be done within the limits of the amount of money placed in the unrestricted reserves (money market) from the operational account.

(7) Fail to settle payroll and debts in a timely manner.

Interpretation: payroll would include payroll and all associated encumbrances such as payment of FICA, payroll deductions and matching pension amounts. Debts would be all other payables incurred through the operation of the association. Timely manner would be within acceptable limits established by the creditor, on schedule payment of salaries.

Evidence: All have been settled in a timely manner.

(8) (shall not) Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.

Interpretation: tax payments and other government ordered payments or filings (such as ethics commission reports) are filed on time.

Evidence: Payroll tax filings are completed by the company that does the association payroll and are electronically filed and paid. This ensures that the filings are on time and accurate.

(9) Fail to depreciate fixed assets according to the IRS Modified Accelerated Cost Recovery System (MACRS) method over the applicable life of the asset.

Interpretation: The assets of the building will be depreciated over time according to the MACRS method.

Evidence: The new building fixed assets have been inventoried and given to the accountant and are being depreciated properly.

(10) (shall not) Acquire, encumber or dispose of real property.

Interpretation: Real Property shall be real estate (land and buildings) and not what could be interpreted as personal property (furniture, computers, etc.)

Evidence: Real Property has not been acquired, encumbered, or disposed of.

(11) Fail to aggressively pursue receivables after a reasonable grace period:

Interpretation: Other than payments due to the association for advertising, there are very few receivables. Reasonable grace period is interpreted to be 60 days.

Evidence: The June 30, 2025 Balance Sheet shows an Accounts Receivable balance of \$38,239.70. All receivables are current. Receivables are reviewed monthly to identify late payments. Staff is then assigned responsibility to pursue payments for outstanding debts.

(12) (shall not) Provide less for board prerogatives during the year than is set forth in the “Cost of Governance” policy.

Interpretation: (No change) these items are considered fixed expenses when developing the budget, therefore the board would be responsible for determining where additional funding would be taken from should the need arise.

Evidence: Appropriate funds have been budgeted for board activities, including board meetings, strategic planning, committee ad hocs and board processes.

(13) Fail to provide monies for the general operation of the House of Delegates.

Interpretation: provide monies in the budget for the following year’s House expenses and it would be the responsibility of the Speaker and the Secretary of the House to determine whether enough has been placed in the budget. General Operations would include the mandated directives of the House such as the Friday evening social function as well as the cost for providing space and materials for the House to operate. This does not include costs for functions of the various components and their caucuses other than the room necessary for their meeting.

Evidence: Appropriate funds have been budgeted for House of Delegates activities.

(14) Fail to convene a finance committee composed of the President, President-Elect, Treasurer and any other persons that he/she deems appropriate for consultation on the budget, related matters and unbudgeted expenditures in excess of \$5,000.

Interpretation: Convene a Finance Committee to discuss the proposed staff budget in a manner that will allow sufficient time for staff to prepare a final proposal to present to the BOT at their regularly scheduled summer meeting.

Evidence: The MDA staff keeps the Treasurer up to date on necessary transactions related to funds. The Finance Committee meets to determine the budget to present to Board and each year.

(15) Fail to have the approval of the Finance Committee prior to making an unbudgeted expenditure in excess of \$5,000.

Interpretation: anytime the ED wants to make a purchase or fund a project in excess of \$5,000, the Finance Committee must be convened by a judicious means to discuss the expenditure and either approve or disapprove. The decision is binding unless the ED appeals the decision to the entire board and the board rules otherwise.

Additionally, the ED shall not

- a. **Fail to give the Finance Committee 7 days to reply before making an unbudgeted expenditure in excess of \$5000.**

Interpretation: the ED must give all members of the Finance Committee ample opportunity to reply to the request, which being a minimum of 72 hours after making every concerted effort to seek a reply.

- b. **Fail to appeal to the Board if the majority of the Finance Committee rejects the recommendation. The Board shall have 7 days to respond; all non-responses will be considered to favor recommendation.**

Interpretation: Should the Finance Committee reject the request; the ED has the option to appeal the decision to the entire board. Every effort must be expended to receive a reply from each board member; if no reply is made within 7 days from any board member, it shall be considered a positive vote.

Evidence: There have been no unbudgeted funds over \$5,000 expended during this period.

(16) Fail to have the approval of the Finance Committee prior to allocating unbudgeted income in excess of \$5,000.

Interpretation: The ED must have the approval of the Finance Committee prior to allocating unbudgeted income toward a purchase, investment, etc. that is in excess of \$5000.

Additionally, the ED shall not:

- a. **Fail to give the Finance Committee 7 days to reply before allocating unbudgeted income in excess of \$5,000.**

Interpretation: the ED must give all members of the Finance Committee ample opportunity to reply to the request, that being a minimum of 72 hours after making every concerted effort to seek a reply.

- b. Fail to appeal to the Board if the majority of the Finance Committee rejects the recommendation. The Board shall have 7 days to respond; all non-responses will be considered to favor the recommendation.**

Interpretation: Should the Finance Committee reject the request, the ED has the option to appeal the decision to the entire board. Every effort must be expended to receive a reply from each board member; if no reply is made within 7 days from any board member, it shall be considered a positive vote.

Evidence: No unbudgeted income in excess of \$5,000 was spent during this time period.

- (17) Fail to confer with the board annually regarding possible additional principal payments towards the MDA building loan.**

Interpretation: After the auditor presents the final audit to the Board, the Board will decide if an additional mortgage payment should be made.

Evidence: The board approved at the August 2016 Board of Trustees meeting to pay off the building loan.

- (18) Fail to review the IRS 990 form with the Financial Director and MDA Treasurer prior to signing and submitting to the IRS by annual deadline.**

- (20) Fail to comply with the MDA Dues Statement Policy:**

Dues Statement Policy

1. The MDA dues statement will include one section listing Mandatory Dues (ADA, MDA, Component) and one section listing Voluntary Suggestions. One "Total Suggested Payment" amount containing both mandatory and voluntary will be listed at the bottom. No voluntary contribution amounts will appear in the mandatory amounts section.
2. Only groups/subsidiaries that fall under the umbrella of the ADA, MDA and/or Components will be included in the voluntary suggested contributions. These organizations/entities are: ADA Foundation, ADPAC, MODentPAC, MDA Foundation, MDA Well Being Foundation or subsequent foundations and any component dental foundations.

I certify that I am in compliance with this Limitation.

Vicki Wilbers, Executive Director, July 2025

Missouri Dental Association

Balance Sheet

As of June 30, 2025

	Jun 30, 25
ASSETS	
Current Assets	
Checking/Savings	
105100 · Petty Cash	50.00
105150 · General Checking (105150)	66,044.44
105200 · MERIT - Checking (105200)	31,354.28
Total Checking/Savings	97,448.72
Accounts Receivable	
115000 · Accounts Receivable (115000)	38,239.70
Total Accounts Receivable	38,239.70
Other Current Assets	
Inventory Asset	-179.98
110000 · Reserve Accounts (110000)	
1100A1 · American Funds (1100A1)	
1100A10 · SmallCap World Fund	53,917.57
1100A11 · The Bond Fund of America	63,247.05
1100A12 · Intermediate Bond Fund of Ameri	67,492.22
1100A2 · Balanced Fund (1100A2)	399,015.16
1100A4 · Capital World Growth and Income (1100A4)	149,112.29
1100A8 · New Perspective (1100A8)	50,161.91
1100A9 · American Washington Mutual Inve	426,826.71
Total 1100A1 · American Funds (1100A1)	1,209,772.91
1100AB1 · LPL Financials	482,928.79
1100AC1 · LPL Financials - US Treasury B1	739,379.83
1100AD1 · LPL Financials - US Treasury B2 (ERC Funds - Hold until audit perio...	215,442.57
1100B0 · Lord Abbett (1100B0)	
1100B2 · Lord Abbett Short Duration Inc (1100B2)	122,134.31
Total 1100B0 · Lord Abbett (1100B0)	122,134.31
1100H0 · River Region Credit Union	226,446.98
1100J0 · Mid America Bank MM	174,984.35
Total 110000 · Reserve Accounts (110000)	3,171,089.74
120000 · Undeposited Funds (Funds received, but not yet deposited to a bank acc...	100.00
Total Other Current Assets	3,171,009.76
Total Current Assets	3,306,698.18
Fixed Assets	
120100 · MDA FIXED ASSET	
120140 · New Land & Building (120140)	456,210.59
120145 · Furniture & Equip - New Bldg (120145)	158,183.50
120200 · Building (120200)	1,199,315.82
120250 · Equipment & Automobile (120250)	187,068.29
120300 · Less-Accum. Depreciation (120300)	-997,111.82
Total 120100 · MDA FIXED ASSET	1,003,666.38
120270 · ROU Assets	5,146.20
120500 · Accumulated Amortization	-915.86
Total Fixed Assets	1,007,896.72
Other Assets	
125200 · Prepaid Insurance (125200)	2,547.00
125250 · Prepaid Taxes (125250)	6,016.00
130150 · Investment - MDIS (130150)	1,013,401.90
Total Other Assets	1,021,964.90
TOTAL ASSETS	5,336,559.80

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Accrual Basis

Missouri Dental Association

Balance Sheet

As of June 30, 2025

	Jun 30, 25
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
201500 · Accounts Payable (201500)	7,996.63
Total Accounts Payable	7,996.63
Credit Cards	
201520 · Business Card (201520)	
BOA - Melissa	-31.49
US Bank - Denise	96.00
Total 201520 · Business Card (201520)	64.51
Total Credit Cards	64.51
Other Current Liabilities	
201513 · Lease Payable (201513)	3,269.68
201513A · ROU Lease Payable-Current	960.66
201800 · Accrued Vacation (201800)	18,298.15
201950 · Cafeteria Plan - AFLAC (201950)	57.22
202000 · Cafeteria Plan - FSA/Dep Care (202000)	866.80
202010 · Cafeteria Plan - United Way (202010)	60.00
202020 · 202020 - Cafeteria Plan - Life	676.00
202230 · 401(K) Employee Contrib (202230)	-14.34
Total Other Current Liabilities	24,174.17
Total Current Liabilities	32,235.31
Total Liabilities	32,235.31
Equity	
294000 · Retained Earnings (294000)	4,672,894.40
295500 · Restricted Earnings For MERIT (295500)	30,569.14
Net Income	600,860.95
Total Equity	5,304,324.49
TOTAL LIABILITIES & EQUITY	5,336,559.80

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
INCOME					
Communications					
Advertising	\$ 7,925.00	\$ 34,090.00	\$ 60,500.00		
Component Assistance	\$ -	\$ 500.00	\$ 1,200.00		
Grant Income	\$ -	\$ -	\$ -		
Sponsorships	\$ -	\$ -	\$ 8,000.00		
Subscriptions	\$ -	\$ 1,300.00	\$ 1,275.00		
Total Communications Income	\$ 7,925.00	\$ 35,890.00	\$ 70,975.00	\$ (35,085.00)	51%
Continuing Education/Programs					
Connect4Success					
Meals and Entertainment	\$ 1,640.00	\$ 3,335.00	\$ 900.00		
Registration Fees	\$ 9,411.00	\$ 38,805.00	\$ 45,964.00		
Sponsorships	\$ 38,250.00	\$ 56,650.00	\$ 65,000.00		
Subtotal Connect4Success	\$ 49,301.00	\$ 98,790.00	\$ 111,864.00	\$ (13,074.00)	88%
EFDA					
Course Fees	\$ 21,060.00	\$ 116,913.00	\$ 194,750.00		
Dental Assisting Book/Kits	\$ -	\$ 100.00	\$ -		
Licensing Fees	\$ -	\$ 3,400.00	\$ 1,400.00		
Donation	\$ -	\$ -			
Grant Income	\$ -	\$ -			
Sponsorships		\$ -	\$ -		
Subtotal EFDA	\$ 21,060.00	\$ 120,413.00	\$ 196,150.00	\$ (75,737.00)	61%
MERIT					
Interest Income	\$ 3.86	\$ 22.87	\$ 36.00		
Registration Fees	\$ -	\$ 3,285.00	\$ 3,125.00		
Sponsorships	\$ -	\$ -	\$ 250.00		
Subtotal MERIT	\$ 3.86	\$ 3,307.87	\$ 3,411.00	\$ (103.13)	97%
Travel & Learn					
Registration/Room Fees	\$ -	\$ -	\$ 500.00		
Sponsorships	\$ -	\$ 8,000.00	\$ 6,000.00		
Subtotal Travel & Learn	\$ -	\$ 8,000.00	\$ 6,500.00	\$ 1,500.00	123%
Virtual CE Meetings					
Registration Fees	\$ -	\$ -	\$ -		
Sponsorships	\$ -	\$ -	\$ -		
Subtotal CE Virtual Meetings	\$ -	\$ -	\$ -	\$ -	100%
Continuing Education - Other					
CE Accreditation	\$ -	\$ 737.50	\$ 4,500.00		
Course Fees - Basic Skills/Nitrous	\$ 2,450.00	\$ 19,074.00	\$ 15,750.00		
Study Club Affiliation	\$ -	\$ -	\$ 900.00		
Subtotal Other Continuing Education	\$ 2,450.00	\$ 19,811.50	\$ 21,150.00	\$ (1,338.50)	94%
Total Continuing Education/Programs	\$ 72,814.86	\$ 250,322.37	\$ 339,075.00	\$ (88,752.63)	74%
General Administrative					
Dividends (MDIS)	\$ -	\$ 216,033.00	\$ 130,000.00		
Dues	\$ 14,169.64	\$ 631,177.38	\$ 750,565.00	\$ (119,387.62)	84%
Interest Income	\$ 507.10	\$ 3,177.09	\$ 4,400.00		
Meals & Entertainment	\$ -	\$ -	\$ -		
Miscellaneous Income	\$ -	\$ -	\$ 200.00		
Professional Services	\$ -	\$ 1,000.00	\$ 46,000.00		
Rebates/Refunds	\$ -	\$ 3,388.39	\$ 30,500.00		
Rent	\$ 3,092.00	\$ 24,005.00	\$ 60,522.00		
Royalties	\$ 1,898.71	\$ 51,284.04	\$ 50,000.00		103%
Sales	\$ 819.20	\$ 3,280.00	\$ 5,600.00		
Sale of Equipment	\$ -	\$ -	\$ -		
Service Fee Agreement	\$ 5,000.00	\$ 26,500.00	\$ 53,000.00		
Sponsorships	\$ -	\$ -	\$ -		
Total General Administrative	\$ 25,486.65	\$ 959,844.90	\$ 1,130,787.00	\$ (170,942.10)	85%

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
Board of Trustees					
<i>Sponsorships</i>	\$ -	\$ 5,500.00	\$ 12,000.00		
Subtotal Board of Trustees	\$ -	\$ 5,500.00	\$ 12,000.00	\$ (6,500.00)	46%
House of Delegates					
<i>Meals & Entertainment</i>	\$ 445.00	\$ 1,390.00	\$ 2,650.00		
<i>Sponsorships</i>	\$ 5,500.00	\$ 8,000.00	\$ 12,000.00		
Subtotal House of Delegates	\$ 5,945.00	\$ 9,390.00	\$ 14,650.00	\$ (5,260.00)	64%
6th District					
<i>Registration Fees</i>		\$ -	\$ -		
Subtotal 6th District	\$ -	\$ -	\$ -	\$ -	
Total Governance	\$ 5,945.00	\$ 14,890.00	\$ 26,650.00	\$ (11,760.00)	56%
Legislative					
<i>Grant Income</i>	\$ -	\$ 67,500.00	\$ 85,000.00		
<i>Meals & Entertainment</i>	\$ -	\$ -	\$ -		
<i>Sponsorships</i>	\$ -	\$ -	\$ 1,000.00		
Total Legislative	\$ -	\$ 67,500.00	\$ 86,000.00	\$ (18,500.00)	78%
Public Education					
<i>Grant Income</i>	\$ -	\$ -	\$ 59,500.00		
Total Public Education	\$ -	\$ -	\$ 59,500.00	\$ (59,500.00)	0%
Recruitment/Retention					
<i>Grant Income</i>	\$ -	\$ -	\$ -		
<i>Meals & Entertainment</i>	\$ -	\$ -	\$ -		
<i>Sponsorships</i>	\$ -	\$ 19,000.00	\$ 68,000.00		
Total Recruitment/Retention	\$ -	\$ 19,000.00	\$ 68,000.00	\$ (49,000.00)	28%
Total Income	\$ 112,171.51	\$ 1,347,447.27	\$ 1,780,987.00	\$ (433,539.73)	76%
EXPENSES					
Communications					
<i>Art/Graphics</i>	\$ -	\$ (209.00)	\$ 200.00		
<i>Consultant</i>	\$ -	\$ -	\$ -		
<i>Copies & Print</i>	\$ -	\$ 5,179.02	\$ 11,700.00		
<i>Dues & Subscriptions</i>	\$ 573.99	\$ 3,731.24	\$ 22,903.75		
<i>Grant Expense</i>	\$ -	\$ -	\$ -		
<i>Legal</i>	\$ -	\$ -	\$ -		
<i>Postage</i>	\$ -	\$ 2,019.80	\$ 4,000.00		
<i>Prizes & Giveaways</i>	\$ -	\$ -	\$ -		
<i>Salaries</i>	\$ 5,912.73	\$ 39,967.63	\$ 94,021.00		
<i>Stipends/Per Diems</i>	\$ -	\$ 1,400.00	\$ 4,150.00		
<i>Supplies</i>	\$ -	\$ 140.45	\$ 763.00		
<i>Telephone</i>	\$ -	\$ -	\$ 720.00		
Total Communications	\$ 6,486.72	\$ 52,229.14	\$ 138,457.75	\$ 86,228.61	38%
Continuing Education					
Connect4Success					
<i>Copies & Print</i>	\$ -	\$ 436.55	\$ 750.00		
<i>Hotel Expenses</i>	\$ -	\$ -	\$ 2,600.00		
<i>Meals & Entertainment</i>	\$ 2,000.00	\$ 2,000.00	\$ 27,350.00		
<i>Postage</i>	\$ -	\$ 701.23	\$ 875.00		
<i>Prizes & Giveaways</i>	\$ 3.75	\$ 3.75	\$ 200.00		
<i>Salaries</i>	\$ 14,443.54	\$ 23,979.19	\$ 19,588.00		
<i>Speaker Expenses</i>	\$ 31,511.00	\$ 31,511.00	\$ 36,400.00		
<i>Staff Travel</i>	\$ 203.70	\$ 279.30	\$ 1,900.00		
<i>Supplies</i>	\$ 410.67	\$ 616.91	\$ 300.00		
Subtotal Connect4Success	\$ 48,572.66	\$ 59,527.93	\$ 89,963.00	\$ 30,435.07	66%

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
EFDA					
Consultant	\$ -	\$ -	\$ -		
Dues & Subscriptions	\$ -	\$ 480.00	\$ 3,000.00		
Gifts and Contributions	\$ -	\$ -	\$ 200.00		
Insurance	\$ -	\$ -	\$ 3,000.00		
Furniture & Equipment	\$ -	\$ -	\$ 1,000.00		
Legal	\$ 660.00	\$ 1,708.00	\$ 800.00		
Meals & Entertainment	\$ 485.00	\$ 1,101.55	\$ 3,380.00		
Miscellaneous	\$ -	\$ -	\$ -		
Postage	\$ 181.81	\$ 1,371.16	\$ 750.00		
Repairs & Maintenance	\$ -	\$ 120.21	\$ -		
Salaries	\$ 1,777.37	\$ 16,668.73	\$ 80,310.00		
Speaker Expenses	\$ -	\$ -	\$ -		
Staff Travel	\$ -	\$ -	\$ 1,000.00		
Stipends/Per Diems	\$ 2,000.00	\$ 21,000.00	\$ 43,700.00		
Supplies	\$ 4,173.51	\$ 14,893.96	\$ 35,600.00		
Telephone	\$ -	\$ -	\$ -		
Volunteer Travel	\$ -	\$ -	\$ -		
Subtotal EFDA	\$ 9,277.69	\$ 57,343.61	\$ 172,740.00	\$ 115,396.39	33%
MERIT					
Copies & Print	\$ -	\$ 89.60	\$ -		
Meals & Entertainment	\$ -	\$ 677.37	\$ 750.00		
Room Rental	\$ -	\$ 300.00	\$ 300.00		
Speaker Expenses	\$ -	\$ 1,000.00	\$ 2,050.00		
Staff Project Management	\$ -	\$ 1,000.00	\$ 1,000.00		
Supplies	\$ -	\$ -	\$ -		
Volunteer Travel	\$ -	\$ 314.68	\$ 275.00		
Subtotal MERIT	\$ -	\$ 3,381.65	\$ 4,375.00	\$ 993.35	77%
Travel & Learn					
Copies & Print	\$ -	\$ -	\$ -		
Salaries	\$ -	\$ 10,262.38	\$ -		
A/V & Rental	\$ -	\$ 250.00	\$ 500.00		
Staff Travel	\$ -	\$ -	\$ -		
Subtotal Travel & Learn	\$ -	\$ 10,512.38	\$ 500.00	\$ (10,012.38)	100%
CE Virtual Events					
Dues & Subscriptions	\$ -	\$ -	\$ -		
Salaries	\$ -	\$ -	\$ -		
Speaker Expenses	\$ -	\$ -	\$ -		
Subtotal CE Virtual Meetings	\$ -	\$ -	\$ -	\$ -	0%
Continuing Education - Other					
Copies & Print	\$ -	\$ -	\$ -		
Cerp Application Fee	\$ -	\$ 823.00	\$ 800.00		
Furniture & Equipment	\$ -	\$ 33,373.62	\$ -		
Legal - Basic Skills/Nitrous	\$ -	\$ -	\$ -		
Meals & Entertainment	\$ -	\$ 62.57	\$ 450.00		
Program Development	\$ -	\$ -	\$ -		
Salaries	\$ 239.13	\$ 4,382.77	\$ 5,480.00		
Stipends/Per Diems	\$ -	\$ 6,275.00	\$ 4,500.00		
Supplies - Basic Skills/Nitrous	\$ 49.96	\$ 8,414.42	\$ 250.00		
Telephone	\$ -	\$ -	\$ -		
Subtotal Cont. Ed other	\$ 289.09	\$ 53,331.38	\$ 11,480.00	\$ (41,851.38)	465%
Total Continuing Education	\$ 58,139.44	\$ 184,096.95	\$ 279,058.00	\$ 94,961.05	
General Administration					
Accounting & Auditing	\$ -	\$ 15,369.00	\$ 13,000.00		
Automobile/Mileage	\$ -	\$ -	\$ 150.00		
Capital Expenses	\$ -	\$ 12,015.00	\$ -		
Consultant	\$ -	\$ 1,800.00	\$ 3,600.00		
Copies & Print	\$ (18.80)	\$ 4,909.30	\$ 6,800.00		

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
<i>Credit Card Processing</i>	\$ 2,439.16	\$ 31,692.46	\$ 47,000.00		
<i>Dues & Subscriptions</i>	\$ 279.00	\$ 4,871.99	\$ 9,594.00		
<i>Employee Insurance/Benefits</i>	\$ 3,479.35	\$ 22,062.41	\$ 71,265.00		
<i>Employee Retirement</i>	\$ 3,699.12	\$ 22,109.16	\$ 53,136.00		
<i>Equipment Leases</i>	\$ -	\$ 571.68	\$ 1,800.00		
<i>Furniture & Equipment</i>	\$ -	\$ 5,216.05	\$ 5,000.00		
<i>Gifts & Contributions</i>	\$ 126.02	\$ 7,788.88	\$ 2,000.00		
<i>Income Tax</i>	\$ -	\$ -	\$ 2,000.00		
<i>Insurance</i>	\$ 5,826.00	\$ 14,530.00	\$ 24,700.00		
<i>Legal</i>	\$ 145.00	\$ 4,190.00	\$ 5,000.00		
<i>Meals & Entertainment</i>	\$ -	\$ 63.62	\$ 1,000.00		
<i>Miscellaneous</i>	\$ (71.21)	\$ 5,637.49	\$ 500.00		
<i>Payroll Expenses and Taxes</i>	\$ 5,233.08	\$ 31,107.52	\$ 66,500.00		
<i>Postage</i>	\$ (62.97)	\$ 1,299.35	\$ 4,000.00		
<i>Prizes & Giveaways</i>	\$ -	\$ -	\$ 150.00		
<i>Property Taxes</i>	\$ -	\$ -	\$ 35,000.00		
<i>Repairs & Maintenance</i>	\$ 1,544.84	\$ 15,895.40	\$ 29,560.00		
<i>Salaries</i>	\$ 28,126.83	\$ 177,881.98	\$ 404,181.00		
<i>Staff Education</i>	\$ -	\$ 100.00	\$ 300.00		
<i>Staff Travel/Retreat</i>	\$ 908.00	\$ 14,054.27	\$ 25,250.00		
<i>Supplies</i>	\$ 996.90	\$ 2,692.71	\$ 11,500.00		
<i>Telephone</i>	\$ 692.18	\$ 4,088.11	\$ 8,900.00		
<i>Utilities</i>	\$ 841.08	\$ 6,204.58	\$ 16,060.00		
<i>Volunteer Travel</i>	\$ -	\$ -	\$ -		
Total General Administration Expenses	\$ 54,183.58	\$ 406,150.96	\$ 847,946.00	\$ 441,795.04	48%
Governance					
6th District					
<i>Dues & Subscriptions</i>	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00		
<i>Gifts & Contributions</i>	\$ -	\$ -	\$ -		
<i>Meals & Entertainment</i>		\$ -	\$ -		
<i>Miscellaneous</i>	\$ -	\$ -	\$ -		
<i>Per Diems</i>	\$ -	\$ -	\$ 3,750.00		
<i>Staff Travel</i>	\$ -	\$ -	\$ 1,325.00		
<i>Supplies</i>	\$ -	\$ -	\$ -		
<i>Telephone</i>	\$ -	\$ -	\$ -		
<i>Volunteer Travel (airfare)</i>	\$ -	\$ -	\$ 4,500.00		
Subtotal 6th District	\$ 3,000.00	\$ 3,000.00	\$ 12,575.00	\$ 9,575.00	24%
ADA					
<i>Meals & Entertainment</i>	\$ -	\$ -	\$ 150.00		
<i>Per Diems</i>	\$ 222.40	\$ 4,785.62	\$ 22,500.00		
<i>Salaries</i>	\$ 872.80	\$ 4,700.74	\$ 19,587.00		
<i>Staff Travel</i>	\$ -	\$ -	\$ 8,775.00		
<i>Telephone</i>	\$ -	\$ -	\$ -		
<i>Volunteer Travel (airfare)</i>	\$ -	\$ -	\$ 5,250.00		
Subtotal ADA	\$ 1,095.20	\$ 9,486.36	\$ 56,262.00	\$ 46,775.64	17%
Board of Trustees					
<i>Consultant</i>	\$ -	\$ -	\$ -		
<i>Dues & Subscriptions</i>	\$ -	\$ 99.00	\$ -		
<i>Gifts & Contributions</i>	\$ -	\$ -	\$ -		
<i>Hotel Expense</i>	\$ -	\$ -	\$ -		
<i>Legal</i>	\$ 297.00	\$ 1,177.50	\$ 1,000.00		
<i>Meals & Entertainment</i>	\$ 537.32	\$ 2,124.48	\$ 2,200.00		
<i>Registration Fee</i>	\$ -	\$ 781.88	\$ -		
<i>Salaries</i>	\$ 1,525.96	\$ 24,934.63	\$ 39,175.00		
<i>Speaker Expenses</i>	\$ -	\$ 4,449.67	\$ -		
<i>Staff Travel</i>	\$ -	\$ 907.73	\$ -		
<i>Stipends/Per Diems</i>	\$ -	\$ 14,029.00	\$ 29,108.00		
<i>Supplies</i>	\$ 36.56	\$ 36.56	\$ 90.00		

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
<i>Telephone</i>	\$ -	\$ -	\$ -		
Subtotal Board of Trustees	\$ 2,396.84	\$ 48,540.45	\$ 71,573.00	\$ 23,032.55	68%
House of Delegates					
<i>Dues & Subscriptions</i>	\$ -	\$ -	\$ -		
<i>Gifts and Contributions</i>	\$ 794.00	\$ 794.00	\$ 750.00		
<i>Hotel Expense</i>	\$ -	\$ -	\$ 4,100.00		
<i>Legal</i>	\$ -	\$ 594.00	\$ 500.00		
<i>Meals & Entertainment</i>	\$ -	\$ -	\$ 10,525.00		
<i>Prizes and Giveaways</i>	\$ -	\$ -	\$ -		
<i>Registration Fee</i>	\$ -	\$ 781.87	\$ -		
<i>Salaries</i>	\$ 7,338.13	\$ 20,247.01	\$ 15,670.00		
<i>Staff Travel</i>	\$ 69.44	\$ 393.00	\$ 350.00		
<i>Supplies</i>	\$ -	\$ 635.00	\$ 766.00		
<i>Volunteer Travel (Students)</i>	\$ 697.19	\$ 697.19	\$ 500.00		
Subtotal House of Delegates	\$ 8,898.76	\$ 24,142.07	\$ 33,161.00	\$ 9,018.93	73%
Total Governance Expenses	\$ 15,390.80	\$ 85,168.88	\$ 173,571.00	\$ 88,402.12	49%
Legislative					
<i>Automobile/Mileage</i>	\$ -	\$ -	\$ 500.00		
<i>Consultant</i>	\$ 6,025.83	\$ 47,154.98	\$ 99,530.00		
<i>Copies & Print</i>	\$ -	\$ -	\$ -		
<i>Dues & Subscriptions</i>	\$ -	\$ -	\$ 137.00		
<i>Gifts & Contributions</i>	\$ -	\$ 30.00	\$ -		
<i>Legal</i>	\$ 8,170.00	\$ 8,599.00	\$ 2,000.00		
<i>Meals & Entertainment</i>	\$ -	\$ 1,017.80	\$ 5,000.00		
<i>Postage</i>	\$ -	\$ -	\$ -		
<i>Prizes and Giveaways</i>	\$ -	\$ 120.00	\$ 300.00		
<i>Registration Fee</i>	\$ -	\$ 10.45	\$ -		
<i>Salaries</i>	\$ 6,464.20	\$ 51,095.03	\$ 56,804.00		
<i>Sponsorship</i>	\$ -	\$ -	\$ 1,500.00		
<i>Staff Travel</i>	\$ -	\$ 3,646.90	\$ 8,575.00		
<i>Stipends/Per Diems</i>	\$ -	\$ 2,140.00	\$ 4,280.00		
<i>Supplies</i>	\$ -	\$ 317.82	\$ 200.00		
<i>Telephone</i>	\$ -	\$ -	\$ -		
<i>Volunteer Travel</i>	\$ -	\$ -	\$ 20,800.00		
Total Legislative Expense	\$ 20,660.03	\$ 114,131.98	\$ 199,626.00	\$ 85,494.02	57%
Public Education					
<i>Dues & Subscriptions</i>	\$ -	\$ -	\$ -		
<i>Grant Expenses - DHSS Joint Venture</i>	\$ -	\$ -	\$ -		
<i>Postage</i>	\$ 64.03	\$ 155.91			
<i>Salaries</i>	\$ 194.88	\$ 2,817.52	\$ 7,835.00		
Total Public Education Expenses	\$ 258.91	\$ 2,973.43	\$ 7,835.00	\$ 4,861.57	38%
Recruitment & Retention					
<i>Consultant</i>	\$ -	\$ -	\$ -		
<i>Copies & Print</i>	\$ -	\$ -	\$ -		
<i>Dues & Subscriptions</i>	\$ -	\$ -	\$ -		
<i>Grant Expense</i>	\$ -	\$ -	\$ -		
<i>Grants</i>	\$ -	\$ 1,965.97	\$ 13,000.00		
<i>Meals & Entertainment</i>	\$ 1,754.28	\$ 4,709.62	\$ 17,500.00		
<i>Postage</i>	\$ -	\$ -	\$ -		
<i>Prizes & Giveaways</i>	\$ -	\$ 7,320.00	\$ 11,510.00		
<i>Salaries</i>	\$ 1,599.55	\$ 23,303.64	\$ 63,856.00		
<i>Scholarships</i>	\$ -	\$ 1,000.00	\$ -		
<i>Sponsorships</i>	\$ 500.00	\$ 3,500.00	\$ 9,000.00		
<i>Staff Travel</i>	\$ 712.52	\$ 2,676.49	\$ 7,100.00		
<i>Supplies</i>	\$ 3.77	\$ 23.17	\$ 100.00		
<i>Telephone</i>	\$ -	\$ -	\$ -		

Missouri Dental Association					
Income Statement					
June 30, 2025					
	Current Month	Year to Date	2025 Annual Budget	Budget Variance	Budget %
<i>Volunteer Travel</i>	\$ 642.00	\$ 642.00	\$ -		
Total Recruitment & Retention Expenses	\$ 5,212.12	\$ 45,140.89	\$ 122,066.00	\$ 76,925.11	37%
Total Expenses	\$ 160,331.60	\$ 889,892.23	\$ 1,768,559.75	\$ 878,667.52	50%
Net Profit (Loss)	\$ (48,160.09)	\$ 457,555.04	\$ 12,427.25		
Restricted Reserve Investment Activity					
<i>Dividends on Investment</i>	\$ 31,595.66	\$ 38,498.19			
<i>Unrealized Gain (Loss) on Investments</i>	\$ 103,816.05	\$ 104,807.72			
Total Investment Activity	\$ 135,411.71	\$ 143,305.91	\$ -		
Restricted Merit Income/Loss:	\$ 3.86	\$ (73.78)	\$ (964.00)		
	\$ 87,247.76	\$ 600,934.73	\$ 11,463.25		\$ 1,636,487.00

**Missouri Dental Association
Reserve Account Analysis
6/30/2025**

Investment Fund Name	Value 1/1/2010	Additions/ Withdrawals	Total Investment	Value 6/30/2025	Gain/ Loss	Annualized Return Since Investment
Euro Pacific Growth Fund-A	-	(23,038.89)	(23,038.89)	-	23,038.89	
New Perspective Fund-A	69,282.51	(124,377.54)	(55,095.03)	50,161.91	105,256.94	-18.81%
Capital World Growth and Income Fund-A	-	30,087.06	30,087.06	149,112.29	119,025.23	10.99%
American Balanced Fund-A	133,784.40	(70,000.00)	63,784.40	399,015.16	335,230.76	11.73%
SmallCap World Fund A	-	30,000.00	30,000.00	53,917.57	23,917.57	8.61%
Washington Mutual	-	175,000.00	175,000.00	426,826.71	251,826.71	12.44%
The Bond Fund of America	-	60,000.00	60,000.00	63,247.05	3,247.05	1.66%
Intermediate Bond Fund	-	62,046.51	62,046.51	67,492.22	5,445.71	2.66%
Short Duration Income A	-	91,942.38	91,942.38	122,134.31	30,191.93	2.44%
LPL Financial 5348-3568	-	406,000.00	406,000.00	482,928.79	76,928.79	
LPL Financial - US Treasury Bill 4828-4584	-	600,014.15	600,014.15	739,379.83	139,365.68	
LPL Financial - US Treasury Bill-ERC\$ 5696-7995	-	195,026.98	195,026.98	215,442.57	20,415.59	
<hr/>						
	203,066.91	1,432,700.65	1,635,767.56	2,769,658.41	1,133,890.85	
Reserve Accounts	Value 1/1/2010	Additions/ Withdrawals	Total Investment	Value 6/30/2025	Gain/ Loss	Current Interest Rate
First Mid Bank and Trust Money Market	67,317.47	167,289.26	236,495.10	-	-	
Hawthorne Bank Money Market		11,000.00	11,000.00	-	(11,000.00)	
Mid-America Bank Money Market		246,000.00	246,000.00	174,984.35	(71,015.65)	0.65%
River Region Credit Union Money Market		240,000.00	240,000.00	226,446.98	(13,553.02)	2.10%
<hr/>						
	67,317.47	664,289.26	733,495.10	401,431.33	(95,568.67)	
	270,384.38	2,096,989.91	2,369,262.66	3,171,089.74	1,038,322.18	

Monitoring Report

July 1, 2025

1.4 Compensation and Benefits. With respect to employment, compensation, and benefits to employees, the Executive Director shall not cause or allow jeopardy to fiscal integrity or to public image.

Interpretation: The Executive Director (ED) shall manage the human resources of the MDA. This includes hiring, firing, determining employment compensation and benefits packages and ensuring that all employees are treated equally in that respect. The ED shall always protect the public image of the Association ensuring that information published and/or presented by its employees is appropriate in nature. In doing this, the ED will not cause the Association to be in financial jeopardy or in jeopardy of the integrity of its image.

Evidence is as follows:

Further, without limiting the scope of the foregoing by this enumeration, the ED Shall not:

- (1) **Change his or her compensation.** The ED has not changed her compensation and would not do so without the approval of the Board. Once approved this compensation would need to be submitted by the President or Treasurer of the Association to the finance manager for MDA, in order for adjustment to payroll. It is the Board's responsibility to assign and/or establish the contract for the ED. It is the Board's responsibility to evaluate the ED according to the contract. The MDA Board approved a contract with the ED in November of 2022. The contract became effective on January 1, 2023 and remains in effect through December 31, 2025 when it can be renewed for one additional term of 2 years.
- (2) **Change his or her benefits, except as those benefits are consistent with package for all other employees.** Current benefits package is in compliance with the contract signed with the board and is otherwise consistent with the other employees of the association. MDA health insurance plan is provided through United Healthcare, after a change to MDIS/MDA health plan originally through Anthem BC/BS. This was due to significant rising costs of that plan. Employees can take part in a HSA, a traditional PPO plan and new offering that provides a zero deductible option. The ED takes part in the PPO plan. The MDA 401K in 2011 became the same plan offered for the membership of the MDA through MDIS. A multiple employer plan through Lincoln Financial Group. The MDIS Life Insurance plan became the MDA's life insurance benefit and supplemental plan offering in 2016.
- (3) **Promise or imply permanent or guaranteed employment.** The ED has not implied, promised or guaranteed employment to any employees.

- (4) **Fail to establish compensation and benefit package to attract and retain high achievers.** The ED establishes compensation for positions reflective of industry standards when reviewing state dental associations and local organization and association's packages. Information contained in surveys conducted by the American Society of Constituent Executive Directors and by the Missouri and American Society of Association Directors also is used to help analyze and determine position compensation. The ED conducts an annual evaluation and determines salary increases based on merit. Consistent communication with employees is important and is encouraged throughout the year. In order to ensure employee satisfaction, other forms of flexibility and/or benefits are considered.

The review of the pay administration plan has been conducted every 2-3 years. This study allows the MDA to remain consistent and competitive in the marketplace by analyzing internal, external and employee-specific contribution factors. The plan provides benchmarks for compensation for all employees; however, compensation must also stay in line with the revenue expectations of the Association. The Compensation & Pay Administration plan was updated in 2025 and shared with the officers.

The Association has considered the amount of staffing resources that are provided for other subsidiaries of MDA and adjusted contracts for the services provided by MDA team members to this organization. The MDA for several years collected staff time data spent on all projects. This information for affiliated organizations continued to be collected. The accountants suggest that MDA team members continue to track overall staff time for projects, so it continued to be collected since 2020. The information is recorded and considered for budgeted purposes and for remuneration from subsidiaries and component societies for component assistance. This data assists with documenting staff time on various projects and for various organizations the MDA supports. Staffing resources for projects is essential to have when considering the return on investment on overall strategic priorities of the MDA.

All employees receive a compensation package which includes health insurance, dental direct reimbursement plan, vacation/sick leave, short-term disability, flexible hours, 401K, a cafeteria plan and Aflac plan for employees interested in enrolling and paying for premiums.

- (5) **Establish or change pension benefits so as to cause unpredictable or inequitable situations, including those that: a) Incur unfunded liabilities. b) Provide less than some basic level of benefits to all full-time eligible employees, though differential benefits to encourage longevity are not prohibited. c) Allow any employee to lose benefits already accrued from any foregoing plan. d) Treat the ED differently from other key employees.** As stated above benefits are consistent for all employees, permanent or guaranteed employment is not promised and the ED is not treated in a different manner than other employees, unless clarity is written within the ED contract.

Recruitment and retention of employees for the MDA is taken very seriously by the ED. Getting the right person on board to provide services to the Association members and to be a part of a congenial work force is very important and consistently sought after; keeping the right person in the job is equally as important. Employees have opportunities for flexible work schedules, trips, adjusted work schedules, and educational opportunities, etc. Employees have continually stated their appreciation of these items and the benefits package. In January 2015, the ED submitted a bonus incentive plan to the MDA Board for consideration and adoption. It was discussed over several Board meetings and approved by the Board in 2016. At the April 2017 meeting of the Board, the plan was changed no longer allowing for the profit of the MDA to be considered as the deciding factors for determining bonus amounts. The Board determined to place an amount in the budget each year for consideration. The actual distribution is determined by the ED, a bonus is not necessarily considered for the ED with the contractual agreement signed between ED and MDA. As many employees choose to remain a valuable part of the MDA team and we continue to employee them for their results, consideration of the above-mentioned concessions including remote work, a host of benefits and the bonus plan have become important for retaining valued employees.

I contend that I am in compliance with the Executive Limitation 1.4, Compensation & Benefits. *Vicki Wilbers, Executive Director. 7/1/2025*

Highlighted areas indicate new information.

MONITORING REPORT

1.6 Treatment of Staff

August 1, 2025

1.6 Treatment of Staff. With respect to the treatment of paid and volunteer staff, the ED may not cause or allow conditions that are unfair, unsafe, undignified, disorganized, or unclear.

Interpretation/Evidence:

The paid and occasional volunteer staff is treated with respect and dignity and as a result there is harmony within the team. The conditions of the office and the controls for admittance to the building lead to a safe environment for staff. Entrances to the building involve pass keys held by each employee, the janitorial staff person and the system administrator. Organization and clarity are key ingredients to the smooth operation and cohesiveness the staff generates. Any misconceptions or ambiguities are ferreted out and clarified through constant communication.

Further, without limiting the scope of the foregoing by this enumeration, the ED shall not:

(1) Operate without written personnel rules that:

- (a) clarify rules for and responsibilities of staff,**
- (b) provide for effective handling of grievances, and**
- (c) protect against wrongful conditions, such as nepotism and preferential treatment for personal reasons.**

(2) Discriminate against any staff member for non-disruptive expression of dissent.

(3) Prevent staff from grieving to the board when:

- (a) internal grievance procedures have been exhausted, and**
- (b) the employee alleges that board policy has been violated to his or her detriment.**

(4) Fail to acquaint staff with the ED's interpretation of their protections under this policy.

Interpretation/Evidence:

There is a personnel manual that each team member must review and acknowledge their receipt. This manual is part of their property that fully describes the office policies regarding all matters of employment. The manual was updated by legal counsel in 2010 to ensure compliance with HR laws. Internal policies are continuously reviewed, added too, or updated as necessary. There are job descriptions and standard operating procedure (SOP) manuals in place. There are also internal policies such as smoke free workplace, cell phone usage, scheduling/flexibility, use of social media, use of remote access, remote working and COVID-19 related policies were developed, all to guide the team. In 2024, Jerri Wildhaber, Stacey Hemmel and Vicki Wilbers updated the MDA & MDIS employment manuals making them more in sync across the organizations. In 2025, due to the pending passage of Proposition A, several areas of the manual were reviewed relating to PTO. After legal review, changes were made that will be established starting January of 2026. Changes were needed even without the appeal that subsequently was approved by the legislature.

The Executive Director has an open-door policy for team communication. Additionally, during the temporary absence of the Executive Director, the directors and managers of the MDA, consulting with the Board President or President-Elect, will continue to manage the Association with the same responsibilities and restrictions of the Executive Director until the next scheduled Board meeting where a temporary replacement can be made to ensure the continued operations of the MDA.

Performance measurements are discussed yearly with each team member or as needed. Performance measurements for team members are reflected around measurements to achieve the success of the strategic plan as well as individual success on key aspects of each position.

Regular team meetings are conducted to address current priorities, strategic program measurements on all programs and services and to brainstorm new initiatives. This stimulates teamwork and decision making on a group level. Since 2017 both MDIS & MDA teams have events together including regular meetings to brainstorm ideas, health and wellness challenges, and more. These activities are great for team bonding. MDIS has supported this with some gift items which make the challenges a little more competitive and interesting. We are fortunate to have MDIS support various incentives and meals for the team members.

Hiring of new personnel is an office wide process. Often when hiring, a collective decision is reached by the team and a recommendation is made to the executive director who then conducts the final interview with the prospect. References are checked prior to hiring. The qualifications of the person being hired are instrumental in running a smooth effective operation; however, one criterion that is also very important is how well a person fits within the team. Compatibility is essential. An orientation program for new employees is in place.

Every team member is encouraged to participate in every discussion and decisions are often made with full staff participation. Without input from each affected member, it is hard for them to take ownership of the operation of the office. We work very hard at having staff take ownership of the decisions which affect them, fostering an atmosphere of good working conditions and cooperation.

- (5) Fail to report to the Board prior to the meeting at which the budget and salaries are discussed, the results of an anonymous performance review of the Executive Director by staff. The report shall summarize a standardized written instrument chosen by the Executive Director and completed by every member of the staff. The review will be conducted on a bi-annual basis.**

Interpretation and Evidence:

Staff members have conducted reviews of the Executive Director on a bi-annual basis. Recent evaluations by MDA team and Board have been in 2015, 2017, 2018, and 2021. An ED evaluation was conducted in April of 2025 and shared with Board.

I contend that I am in compliance with the matters addressed in this limitation. Additions from previous reports are highlighted.

Vicki A. Wilbers, Executive Director
August 2025

MONITORING REPORT

1.7 Treatment of Association's Consumers

August 2025

1.7 Treatment of Association's Consumers. With respect to association interactions with its consumers or those applying to be its consumers, the ED shall not cause or allow conditions, procedures, or decisions that are unsafe, undignified, or unnecessarily intrusive.

Where consumers is defined as any individual or group that the MDA has a relationship with to include but not be limited to:

- Active member dentists
- Active life members
- Retired members
- Spouse and families of all member categories
- MDA staff
- General public with questions and complaints
- Vendors and agencies with client relationships to MDA
- MDA component dental societies
- ADA
- Hygienists and assistants of member dentists
- UMKC School of Dentistry, ATSU Missouri School of Oral Health and KCU School of Dental Medicine
- American Student Dental Association (ASDA), national and local chapters
- Dental hygiene and assisting educational programs in Missouri
- MCOH Missouri Coalition for Oral Health
- Dental Board
- State legislators
- State bureaus and agencies affecting dentistry
- Other state and component dental societies
- Federal legislators
- Federal bureaus and agencies affecting dentistry
- Non-member dentists
- Non-client non-dental vendors and agencies

Interpretation and Evidence: The word consumer is broadly interpreted to mean, but not limited to, members, nonmembers, spouses and staff of same, students and faculty of dental, dental assisting and hygiene schools, hygienists, dental assistants, component dental society staff, federal and state legislators, federal and state bureaus and agencies, ADA, other state and component dental societies, other organizations and associations whether or not related to dentistry, general public with questions and/or complaints, vendors and delivery personnel, including phone calls and e-mails from any of the above. Interpreting the five subcategories, for a lack of a better descriptive, this is a description of how it is handled.

Further, without limiting the scope of the foregoing by this enumeration, the ED shall not:

- (1) Use application or registration forms that elicit information for which there is no clear necessity.**

Interpretation and Evidence:

Application and registration forms are very scrutinized to require as little information as the objective requires. The ADA application for membership has been reduced to one simple page. Registration forms have been reduced to a bare minimum while trying to be inclusive enough to not be confusing

and requiring phone calls to the registrant for clarification. Many times, special confinements dictate the amount of information that can be solicited; but I assure you that only essential information is requested. The current associate membership application complies with these guidelines. The ADA has spent a considerable amount of time working to alleviate unnecessary processes for membership applications, dues payments, transfers and other membership processes. Stacey Hemmel has been involved in this evaluation process and has been instrumental in helping to make change for the ease of the member.

(2) Use methods of collecting, reviewing, transmitting, or storing consumer information that fail to protect against improper access to the material elicited.

Interpretation and Evidence:

Any personal information that is retrieved is carefully monitored, stored and protected. MDA has adopted several internal policies (including a FACTA policy) to protect information gathered from members. The membership information, any labels or lists requested do not carry the fax number or the e-mail address. This is intended to prevent anyone from using the list to send unsolicited faxes or e-mails. Registration for courses and/or meetings when done on-line is completed through a secure site. When onsite registration is conducted and when any credit cards are processed on paper receipts with credit card information is shredded. We have been assured by ADA of PCI compliance with the credit card information that is processed through the ADA Aptify membership database. In 2020, we finalized an internal cyber security policy to address any gaps of concern we identified. It is the plan of both MDIS/MDA to work on disaster recovery plans internally (for the MDA/MDIS office) and externally (when related to membership, such as a flooding, tornado, or other mass disaster). MDIS does have an encrypted service for sending information and MDA is able to use this when needed. With the 2022 ADA cyberattack, MDA did hire the cybersecurity firm, Black Talon Security, to conduct an outside audit of computer systems. Systems were checked and validated that we have good security within our systems, noting the need for constant changes to passwords and possibly two-factor authentication. MDA team members also received training on cyber security matters. The services from this firm were conducted at no cost to State Dental Associations across the country. MDA has continued the services of Black Talon to provide cybersecurity protection at a minimal cost to the association, this includes training on security matters which all members of the team must take. In addition, a new server was purchased and installed in 2023 which includes more protections with full offsite (cloud based backup services) and a VPN connection which allows for advanced security with remote access for MDA team members. MDA team members continue to receive regular training from Black Talon on proper security within the workplace.

(3) Fail to operate facilities with appropriate accessibility.

Interpretation and Evidence:

Failure to operate facilities without appropriate accessibility has the opportunity to be interpreted in different manners. It could mean an accessible building that clients can easily maneuver around including handicapped; or it could mean having operating facilities such as the web site accessible and if so I interest “appropriate” to mean a secure but friendly. The MDA building does offer appropriate accessible facilities that comply with codes. The website offers an area of the site accessible to “members only” for certain restrictive information. In 2017, appropriate changes were made to the alarm system as new tenants were added to the downstairs space. In 2018, a verbal threat was made towards the MDA offices and its tenants from a deranged individual. This person had also made contact with the Missouri Dental Board and another dental office. The offices were placed on a soft lockdown for several weeks. The MDA and the tenants of the building participated in an active shooter class and is working on an emergency plan for these situations. The MDA has since evaluated its security system and measurements and the finance committee has approved a security system allowing for the office building to always be locked. The monitored system allows quick accessibility for the staffers in the office and those approved to enter. The security system became completely

functional in 2019. The office is always on a soft lockdown (meaning always closed) and in the front desk areas are allowed to easily open the doors to let delivers enter easily. There are security monitors (front and back of building) that can be viewed on any MDA team member computer system.

(4) Fail to establish with consumers a clear understanding of what may be expected and what may not be expected from the service offered.

Interpretation and Evidence:

Expectations of the consumers are our expectations of ourselves. If a “consumer” calls or e-mails with a request, we make every effort to fulfill that request. We make every attempt to avoid saying “no” or “we can’t do...” We are honest with every request and will juggle our time or whatever attempting to fulfill a consumer’s desire. We consider ourselves the prime resource for any membership requests and work very hard to fulfill requests and be the resource. We will reach out to the ADA and other resources to assist with determining answers. We confirm membership in the MDA prior to providing services. Non-members do not receive the same services MDA members receive. The MDA team is professional to non-members and might describe to them the service which could be provided if the dentist were a member. We will use our own judgment as to when we feel assisting a non-member could be appropriate. During the onset of the COVID-19 pandemic in 2020, the MDA team worked to answer many questions from our members, patients, dental team members and other persons that contacted us regarding dental related matters. We shared many resources up through July 1, 2020 when most of ADA & MDA resources which are online and continue to be updated, are now only available to members. Peer review services are provided through some of the component societies. The new CRM membership system provided through ADA we hope will eventually use AI to generate what members and customers want from ADA, the state or local societies and generate expectations specific to the member.

(5) Fail to inform consumers of this policy, or to provide a way to be heard for persons who believe they have not been accorded a reasonable interpretation of their protections under this policy.

Interpretation& Evidence:

Staff is not reluctant to pass on a disgruntled “consumer” to another staff person or the executive director to handle complaints the individual may have not only with the office operation but treatment by other “consumers”. We always try to mediate the issue. Peer Review correspondence has been continually revised, as an example of trying to provide accommodation stipulated in this subcategory. “Consumers” calling or e-mailing with concerns about oral health, referrals for care or whatever the reason are given our immediate attention and often times these matters are researched by contacting appropriate state agencies or dentists to completely fulfill the request. Referrals for care are not provided or handled as MDA does not want to be held liable for any referral statement made.

Component dental society staff members are essential in working with the state office to bring about grassroots efforts on various initiatives; legislative, membership and beyond. ADA & MDA team members work to be a resource for the components, assist the non-staffed components through the component assistance program and work together to provide the best membership experience for every dentist. The ADA’s Centers for Professional Success is continually updated and enhanced providing a host of research, videos and assistance for the dental professionals.

In 2014, the MDA team reached out through conference calls to non-staffed component society leadership to help determine what resources the MDA might be able to provide to their component officers and members. If components are successful, MDA will be successful and vice versa. We identified areas in communications, component leadership manuals, assistance with programs and more and are working towards being able to assist the components in a variety of continued and new

ways. In 2015, we have continued to work more closely with the smaller components to assist them with management of these component societies, offering help with new dentist activities and beyond. We have also spent more time coordinating efforts consistently with all components and with MDIS on membership outreach activities. In 2016 and 2017, the above work continues with the smaller components as well as having MDA & MDIS more visible at the larger component events. In 2019 MDA developed an Ad hoc due to a House resolution to consider redistricting. Various concerns were again addressed related to the work and volunteers needed within components due to the structured systems within organized dentistry. Although, the MDA team does its best to assist the unstaffed component societies, there is still a need for ways to make this better and more efficient. That could be structural changes; it could mean something completely different. The report from this committee with recommendations/solutions was recently shared with the full MDA Board and will be addressed at their August 2019 Board meeting. Discussions that ensued following the MDA Board and MDA House meeting in 2019 focused on considerations of changes for the outstate components. The MDA assisted with developing a Greater Missouri Trustee list to serve for conversations to occur. The Chair, Dr. Amanda Fitzpatrick, has attempted to begin discussions on the listserv but that resulted in just one response. A listserv for the entire Greater Missouri delegation could be created should the Greater Missouri Trustees deem it necessary to fully address any concerns with the current structure. The Northwest Dental Society has been in discussions with the Greater Kansas City Dental Society about joining together for CE programs. A leadership summit was held with various component leadership and Board leadership to address both the membership model changes that are forthcoming and the need to consider addressing changes to the House of Delegates. Although the membership model change was met with concern due to the lack of financial modeling for the state and locals, the idea of a new structure was overall supported. There is resistance to removing the MDA's House of Delegates meeting all together, although it seems there should be discussions and possible changes to make the meeting more efficient and effective for delegations that are required to attend. In 2025, the Leadership Summit continued with a focus on governance without boundaries. Following the June 2025 House, a taskforce of the House will be created to address increasing membership involvement through participatory governance. There will be a focused discussion on the structure of the MDA.

Most recently, as it is for all organizations, it has become more important for the MDA to consider its commitment to diversity and inclusion. This affects all aspects of the MDA from boards to members, non-members, and more. It is not just about ethnicity and the need to be inclusive, it's about the need to be inclusive to all practice modalities chosen, to women, men, sexual orientation choices, and young, old and middle aged. MDA is a great organization of dental professionals that should embrace a policy that outlines the challenges we face. The MDA team has been working with the MDA President to present ideas similar to the aspects contained in the ADA's diversity and inclusion policy and strategic plan. MDA House of Delegates adopted a DEI policy in 2022. In 2023 at the June House meeting the House adopted an MDA Member Conduct policy showing the commitment of the MDA to diversity and inclusion and the appropriate behavior to demonstrate interactions with colleagues and legislators. Additionally, a D& I statement was adopted by the Association.

I contend that I am in compliance with the matters addressed in this limitation.

Vicki A. Wilbers, Executive Director August 2025

MONITORING REPORT

August 2025

1.8 Membership

1.8 Membership With respect to the membership, the ED shall not:

- (1) **Deny membership to an organization or individual that meets the criteria outlined in MDA's by-laws.**

Interpretation: Deny membership, to prevent a qualified entity that is not under sanction from becoming a member. To an organization, currently the only organizations that could be eligible are the eight components – we do not have an organizational category in the bylaws. Or an individual, would include a dentist working in MO in a practice, professional school or as an employee or administrator in a dentally related position; a retired dentist residing anywhere who desires to maintain membership; to a dentist working or living anywhere who would want to be an affiliate member; to a non-dentist employee of an active or active life member of this association; a student enrolled in a CODA accredited dental school, or residency program or advance training program; that is not under sanction by the Ethics Committee of the ADA, this state or another state. For associate/dental team members include registered dental hygienists, expanded function dental assistants, certified dental assistants, certified Dental lab Technicians, and personnel with certifications in nursing that are sponsored by an MDA member dentist Meets the criteria outline in MDA's bylaws, members of any category are delinquent for lack of dues payment as of March 1, and according to the bylaws are to be dropped as of Mar 31 of each year. The MDA developed an installment program and in accordance with the ADA membership dues on an installment plan are due by October 1 of each year. Reinstatement allows former members to pay back dues up to three years in order to maintain continuity of membership toward active/retired life status. Member may be expelled for a violation under conditions of Chapter XI, Section 20 of the MDA bylaws and may later reapply for membership through the component and MDA.

Evidence: No application for membership was denied. MDA currently has categories of membership and policies for dropping members, these policies are in agreement with the ADA policies and categories. In 2016, the MDA HOD changed the delinquent date to March 31 to correspond with the ADA date.

- (2) **Charge membership dues or assessments in excess of that set by the House of Delegates.**

Interpretation: shall assure that the dues statements reflect the appropriate dues as established at the most recent House of Delegates session where dues were established by a valid and proper vote of the Delegates.

Evidence: Dues statements are sent in mid-November with the dues charges in agreement with the latest House mandate.

- (3) **Fail to be consistent with ADA Bylaws regarding membership (i.e., lapse of membership, reinstatement of members, etc.).**

Interpretation: Consistent with ADA Bylaws to ensure that MDA Bylaws reflect any necessary changes made in regard to delinquent dates, dropping of members, reinstatement dates made by the ADA.

Evidence: MDA currently has categories of membership and policies that, for the most part, concur with the ADA bylaws. The MDA Board and House do not adopt every dues payment change that occurs at the ADA level. The MDA also has a membership for associate members that became available following the 2008 House of Delegates. A consideration for a change to the dues amount for associate members and bylaws changes for an easier enrollment for dental team members was considered and approved at the 2016 MDA HOD. In 2017, the MDA House adopted a policy for active life members to pay 75% of full active dues. This is consistent with ADA policy. At the MDA 2018 House of Delegates a change was initiated to follow suit with ADA. The change made was to the membership qualifications that an active member must have an

active license in order to belong to organized dentistry. The ADA made the change in 2016/2017, removing a barrier to membership. By adding language that someone can have an equivalent degree, it allows new dental school graduates or residents who have not yet completed the licensure process, dental school faculty and administrators who are not licensed to practice in the state of their dental school or those in exclusive employ of serving on active duty in one of the federal dental services, to become a member. In 2019, the ADA House of Delegates approved dues streamlining structure to begin with the 2021 dues cycle. The MDA Board addressed this at their May 2020 Board meeting and voted to not proceed forward with these considerations for 2020 year. They will reassess in January of 2021. The following changes will occur to the ADA dues levels, again starting with 2021 dues. In January of 2021 this was again discussed and tabled for one year with the majority of the concern related to increasing the active life member to a full dues paying member. In November of 2021, the MDA House adopted dues streamlining changes from ADA (below). The MDA team worked with each component society on their Bylaws, and all have adopted the changes.

- Grad Students - Elimination of \$30 dues (to \$0)
- New Dentists - Elimination of the 25% (rate D) / 75% (rate B) dues discounts
 - Year 1: 100% discount (\$0)
 - Year 2: 50% discount
 - Year 3: No discount – Full dues
- Active Life - Elimination of 25% discount (to full dues)

- In 2024, ADA has launched its work on a new membership system through two platforms Fonteva and Salesforce. Although this new system will not immediately be noticed by members, it will change the way the team can and will interact with membership. Within this type of change also comes the battle of continued relevance of the 3 organizations. An additional proposal by the ADA is to change the current membership model by January of 2025. This is an aggressive timeline for this type of change. I think the more realistic timeline would be within 3 years. A proposed idea from Dr. Ray Cohlma, ADA Executive Director, is to have tiered model of membership whereby dentists chose to join on a level they desire for the benefits they wish to have. A simplistic example of this is something like Amazon in that if you want more for your membership, you pay extra for Prime to access the benefit you want. There will be a lot of discussion in the coming months. Vicki Wilbers was appointed to a taskforce on a new membership model. Additionally, one of the SFC Action Groups will be addressing this through the end of next year. It's certain that with this type of model, the associations will have to concentrate more on non-dues revenue and less on dues revenue. In 2024, the transition to the new Fonteva AMS system created many challenges. In the words of the ADA in second quarter of 2025 "..... ADA's work to stabilize the AMS following a rocky transition to the new system last fall. After several months, remediation is on track at 60 percent system stabilization as of mid-June. We're moving steadily toward our target of 90 percent AMS stabilization by September — just in time to support a seamless membership renewal season in October. The ADA will continue to address the AMS challenges that have understandably caused frustration for many of our members and state societies — our valued partners in delivering the high-quality service the ADA strives for". MDA was fortunate to have a staff member, Stacey Hemmel, that worked with the ADA through a taskforce to address the many challenges states faced. MDA and its local societies were able to bill members and collect dues. The system, however, continues to allow for only basic functions to be delivered. ADA seems to have a commitment to the project and its success in the future.

(4) Allow non-members to participate in MDA's group purchasing programs, except as required by law or by contract.

Interpretation: Except as required by law, some insurance programs offered through MDA/MDIS have clauses which allow the company to insure all dentists in the state, e.g., Medical Protective will not allow MDIS to exclude non-members from coverage. Participate in MDA's group purchasing programs, shall

mean that any contract we sign with an endorsing company shall include a clause that the benefit is exclusive to members only, that the association shall advertise it's availability to members only and shall keep the endorsed company abreast of the current membership roster, and hold the company accountable to soliciting only current members.

Evidence: Companies endorsed by the MDA routinely receive membership lists from the MDA to verify a customer's membership prior to offering the endorsed services. (Except in cases where it is required by law to offer services regardless of membership status. This occurs with some of the insurance products offered to members through MDIS.) If non-members participate in educational activities, such as EFDA programs, they pay a higher rate.

(5) Fail to keep members informed regarding MDA's programs and services; State and Federal public policy issues; activities and functions of the Missouri Dental Board and other state policy making and advisory bodies; activities of scientific and professional interest to the dental profession; and reports of official board and House actions.

Interpretation: Keep members informed, using FOCUS MDA, broadcast e-mail, social networking sites (Facebook, Instagram) and the website when relating to the general membership; fax, letters, ED Update, phone calls, personal contacts and would be additional methods when contacting board, committee or House members. MDA's programs and services would include any company endorsements, any other member benefits, any programs developed by the association for the benefit of the profession and the public it serves, make sure the members are aware of any services provided by all three levels of the tripartite as we become aware of them unless we determine they are well "advertised" by one of the other two levels. State and federal public policy issues, issues either mandated or proposed by state and federal legislative and regulatory bodies to allow members to respond accordingly. Activities and functions of the Missouri Dental Board, notification of meetings and their location, information we have gleaned from attendance at their meetings that may affect the way members will practice such as intended legislation and rulemaking activity to allow the membership to address these issues with the board before they become finalized or possibly even before they are introduced to allow for enforcement. Other state policy making and advisory bodies, would include Board of Health, Departments of Health and Senior Services, Economic Development, Revenue, Insurance, Education, Natural Resources; Divisions of Medical Services, Professional Registration, Department of Insurance, etc. activities of scientific and professional interest to the dental profession, would include information from OSHA, CDC, HIPAA, HRSA, CMS, etc. both scientific and regulatory; allied dental professionals such as hygiene and assistants' groups; other health related organizations such as Pediatric Physicians, other Physician groups, CRNA's; Community Health organizations such as FQHCs, public health; citizen's advocacy groups. Reports of official Board and House actions, would include all proposed and passed House resolutions, and relevant actions of the board.

Evidence: Consistent communications to MDA are evidence through:

- The MDA team encourages trustees and component leaders to communicate to members in their societies through email. Emails approved by component leaders are sent by the MDA utilizing Mailchimp as a part of component assistance. This ensures the privacy of members' email addresses but allows leaders to utilize email as a quick and easy method of communicating with its membership. Additionally, the MDA website posts minutes for MDA meetings.
- A component society listserv exists to provide more consistent communication to the component society leaders. Specific outreach to unstaffed societies has and will continue to occur. Listservs are available for each non-staffed component to help them communicate with their membership. The MDA team has also assisted Secretary/Treasurer's and Presidents with local meeting minutes as well with creating their meeting materials that can be shared through email and/or sent out by mail which is serviced through the component assistance program.
- MDA uses Facebook and Instagram to communicate via social media. In 2025, we began exploring the use of Textla to text members and had a positive response when it was used for the

first time at Connect4Success. The use of a monthly eNews to inform members continues to be a successful method, with a consistently high open rate (averaging about 60% open rate, much above industry standard.)

- A Student member specific e-newsletter is used to communicate with our student members about the upcoming Food For Thought lunches and also includes information that is pertinent to them, such as MDAF scholarships, Student Legislative Day, upcoming meetings, etc. A New Dentist member specific eNews is also used to help communicate issues, topics and programs, most important to their market segment. Work continues with addressing the how and what to communicate to younger members. The New Dentist Network (NDN) was created in August 2023 as a private Facebook network for new dentists and dental students. The essence of this group is the creation of an environment of sharing, mentoring, etc. As of August 2025, the NDN has 391 members. In January 2025, a pilot project called Final 18 was launched at UMKC SOD. The intent is to identify students who intend to make a career in Missouri and invest in them by providing them with mentors and a focused curriculum to help them finish their final 18 months of dental school strong. 11 students responded to the invitation. 7 local member dentists have served as mentors. The group had dinner together, held a Zoom on money management, attended Dental Day at the Capitol and C4S, and communicated via a GroupMe channel. A “Job Prep” week is planned for early August. This test pilot will be evaluated by all involved to see if it can be replicated at other Missouri dental schools.
- Legislative updates during session are sent to members, as well as special notices about legislative priorities and call to actions as needed. MDA uses VoterVoice to communicate legislative messages for members to send to their legislators. It provides an easy interface for messaging by members to legislators on important matters.
- MDA’s Website contains a wealth of information and downloadable materials to assist members with the practice of dentistry. The website was last overhauled in 2015, when the MDA and all its components came onto the ADA Branded Template. This has been successful and goes along with the Power of Three initiative to show our associations as a unit. One major feature is a single user sign on, meaning the same login/password for all sites. Missouri was the first state that fully integrated the state and all its components to a new format. The ADA is continuing to make enhancements to roll out to the states. New enhancements will eventually come with the change to the new membership CRM/AMS program.
- The MDA App was created and rolled out to the membership in late May of 2019. The app has not been successful in its usage. The ADA developed an app to service all three levels of the membership. It is the hope that eventually it will be more interactive with the new Customer/Membership Management System (CMS) and include all levels of the tripartite in the full usage of the app.
- A general comment, at the current time we continue to evaluate what to use for communications to our members. Every facet of what we do at the MDA involves some sort of communication effort. Emails are out, texting to specific components or even specific member groups often works, yet again that is all nuanced as what works for one member, does not work for all members. Social media continues to be a nuanced level in which we must engage, and we do but might need to be more focused. All in all, we need additional staff to assist and will be hiring in the coming months for a focused approach on social media and assistance within all the forms of communication we provide to members, legislators and the public.

We represent the interest of the dentist and gather information through:

- Participation on the State Oral Health Program, Division of Social Services, Dental Medicaid Dental Advisory Committee, Bureau of Narcotics and Dangerous Drugs and Missouri Dental Board.

- The Executive Director is on the Board of the Missouri Coalition for Oral Health. The Director of Professional Affairs and the MDA Legislative liaison attend the MCOH Board, Policy Committee and **Medicaid Workgroup** meetings.
- Regular discussions and meetings with state agencies (Oral Health Program, MO HealthNet, DHSS, etc.) to discuss issues relevant to oral health in Missouri. Within the last eight months, with the significant dental Medicaid rate increase, the MDA has been in continual discussion with MO HealthNet and MO Medicaid Audit and Compliance programs to collaborate on an effective and efficient process for new provider enrollment, credentialing and continual assistance for billing, claims, etc. We are a part of the work with the Medicaid Dental Facilitator to advance the project to increase Medicaid Providers. Medicaid Mini workshops have been provided for those interested and continual work is happening in this area. MDA is also part of a State Health Improvement Plan and Halie has been attending meetings that focus on overall health improvement goals. This is an effort by DHSS and DSS. **With the latest potential changes coming in 2-3 years within Medicaid, MDA is working with MCOH Medicaid Workgroup and conversing with MPCA and its clinic dentists to address strategies in Missouri on working to ensure dental Medicaid's significant accomplishments of higher reimbursement and more providers, continues.**
- Attendances at Missouri Dental Board meetings to ensure our positions are stated and gather information for dissemination to the MDA Membership and/or the MDA Board. Consistent communication to the members regarding new rules.
- Attendance at appropriate ADA, national, state and local meetings: Management Conference, House of Delegates, 6th district, Mid-States Dental Leaders Conference, component society meetings, local dental study clubs, component society events, dental school events and more.
- We will continue to provide information to our membership through the various forms of communication: email, FOCUS publication, Capital Connection legislative update, Facebook, Twitter, Instagram, the MDA App and all social media outlets. We continue to attend meetings that are relevant to the profession so as to be able to inform the Board and membership about the issues.
- And then COVID-19 hits in 2020, changing everything for us. All of the above ways of communicating have remained, yet our extensive efforts often have meant daily communication through all channels we have at our disposal. Additionally, we used C4S virtual event to communicate our work and to give the members a CE event. All of this has brought forth a different way of communicating through virtual meetings and events. Much of this will likely continue in some fashion for both the MDA, ADA, and local levels. Face-to-face will still be needed but the amount of excessive travel and costs may be eliminated in some fashion.

(6) Sell mailing labels of MDA's members for other than the purpose of communicating with the membership or grant the purchaser the right to use MDA's name and logo in connection with the mailing (except as may be required by an endorsement contract).

Interpretation: selling mailing labels, also includes the sale of mailing lists as we offer prospects both opportunities. We sell the membership roster book for \$100 to allied groups including dental suppliers and vendors. (as you will see in #6, none of our lists or rosters contain e-mail or fax numbers). A prospect may include a member, a component society, a dental specialty or specialty group, a dental study club, one of our endorsed vendor's, our lobbyist, a state agency. For the purpose of communicating with the membership, every request for a list or labels must be accompanied by a sample of the communication to be used in the mailing, the ED is the only person in the office that can approve a request and that is only granted after reviewing the sample. A check for the cost of the labels or list must be in our possession before it leaves this office, and they sign an agreement that this is for a one-time usage. The only exception is when a list is given to one of our endorsed vendors. It is usually then given electronically, but their contract with us is very explicit about the use. (shall not) grant the purchaser the right to use MDA's

name and logo in connection with the mailing. The right to use the logo and/or name is only given by contract as a license to use by an endorsed vendor. The only exception would be if we were to cosponsor a program with another entity.

Evidence: We send mailing lists to exhibitors and/or sponsors of the members attending an educational program. This is used by the exhibitors to inform the members of promotional incentives during a particular MDA educational. Mailing labels are prepared and sold to members, dental societies and associated dental entities for the purpose of promoting education programs. Our endorsement contracts call for the MDA to provide a current list of members at least on an annual basis, some quarterly. This is also used by endorsed companies to verify membership so that only “members” are eligible to receive the product or service.

(7) Sell fax numbers or e-mail addresses of MDA’s members.

Interpretation: E-mail addresses and fax numbers are considered by many members as very personal. They are often abused by solicitors and can very well be considered an invasion of one’s privacy.

Evidence: It is a standing policy of the MDA to never sell fax numbers or e-mail addresses of members.

(8) Fail to solicit qualified candidates, as described in the Board’s position paper, for Missouri Dental Board and other appropriate positions, supply those names to the president of the association for submission to the governor, and lobby for appointment of MDA candidates.

Interpretation: solicit qualified candidates for the MDB, that we notify the membership and the component presidents and ED’s of staffed components through usual communication methods of the intended vacancy on the dental board at an appropriate time to allow the board committee on appointments and nominations the opportunity to interview the potential candidates. The nominations for the dental board, approved by the board, are submitted per the dental practice act statute to the governor through the newly created Department of Insurance, Financial Institutions and Professional Registration annually by July1. Other appropriate positions, one of the positions on the state Board of Health is to be filled by a dentist licensed in MO (by statute). We are not necessarily asked about this appointment. Occasionally there are requests for representation on various commissions or committees established by state agencies that are usually filled by staff unless the request is specific for a practitioner(s). lobby for appointment of MDA candidates. ED shall make appropriate contacts with the director of Professional Registration, the Director of Dept of Insurance Financial Institutions and Professional Registration and the gubernatorial appointments director in the governor’s office to strongly encourage the appointment of one of the individuals submitted by the MDA.

Evidence: MDA policy establishes a committee on Dental Board Appointments to research the names submitted for the dental board appointments as well as interview the potential candidates. Membership is informed about the dental board openings through MDA Focus and letters are sent to components requesting information for those who are interested in serving. The committee chair can determine the manner in which nominees are reviewed and selected. This could include face-to-face interviews, telephone interviews, written questionnaires, etc. In 2025, Drs. Amy Gillihan, Independence, Rolfe McCoy, Chillicothe and Calvin Mott, Rolla were sent to the Division of Professional registration on behalf of the MDA.

(9) Fail to involve members in grass roots lobbying efforts.

Interpretation: To solicit through all communication modes members to serve as contact persons for each legislator; members to call, write and testify; members to attend the annual legislative day; members to hold fund raising activities particularly for selected legislators in leadership capacities.

Evidence: Grassroots lobbying efforts are consistently held and maintained within the policies established by the Board and House.

- Adoption of the Action Team Leaders is conducted in accordance with policy.
- Local society events are encouraged to allow for interactions between local legislators and MDA members. Many of the component societies have held town hall events with legislators. **Many individual dentists hold fundraisers for candidates, the GSPDS does a great job with this type of activity.** Many of the components have chosen to hold an event without legislators and have discussion on MDA legislative agenda items. Either way the interactions between MDA and the components are always worthwhile.
- **The 2025 MDA Dentists Day at the Capitol was successful with over 80 attendees. Student members have started to become more and more involved.**
- At MDA education events we consistently have a PAC Booth to promote the program. A direct mail solicitation was sent to members in 2015 soliciting contributions for the PAC. In 2016, the solicitation was completed via email. We also establish mail pieces that will be a focus to legislators on various MDA activities supporting access to care initiatives. In 2017 we will continue to address the need for PAC contributions. New MODENTPAC pins were designed and will be used to signify giving. When hiring Olivia Wilson in June 2020 as a contracted legislative liaison rather than a full-time legislative director, we needed a staff person to takeover MODentPAC administration and fundraising efforts. In August of 2020 Paul Roberts assumed this position. He led a virtual fundraising contest as part of the House of Delegates in November 2020 that netted \$9225. Paul also worked with the PAC Committee and Jorgen Schlemeier to handle the PAC campaign contributions for the November 2020 elections. Additionally, Paul and Vicki worked with PAC Chair, Dr. Lynne Barbour to revise committee bylaws. In 2021 Paul worked with Jorgen Schlemeier and the PAC Board to execute a three-prong fundraising solicitation focused on down coding and insurance reform. \$7950 was raised. Now with the hiring of the new Director of Professional Affairs, Halie Payne, has continued to work on addressing more dollars for MODentPAC. **In 2024, \$170K was raised and \$68,450 was given in political contributions, in 2025 contributions are lower at around \$150K, and proposed giving has lowered to around \$37,300. With the OPA Project and the work to bring this into state law, more funds will be proposed throughout the year, depending on advocacy. PAC will meet in August of 2025 and consider ideas on fundraising, like a week of giving.**
- Often dentists are asked to facilitate the distribution of this PAC contributions with the help of the MDA, to promote relationships between members and legislators.

(10) Provide adequate opportunities for MDA members and staff to increase their knowledge and skills.

Interpretation: Educational opportunities will be provided to members and to staff to improve their professional capabilities as well as provide a venue for obtaining continuing education credits.

Evidence: Continuing education programs are offered at the Connect4Success, the MDA Travel & Learn Program, study club meetings, town hall events, and various online programs and as requested by the membership. There has also been the development of grant opportunities for components for both student and new dentists' activities that can provide CE. The EFDA program continues to provide education to assistants across the state. MDA's program is currently the only approved EFDA Rest II program in the state. In 2019, St. Louis Community College will also begin utilizing the Restorative II curriculum within their non-credit programs. The Connect4Success joint meeting continued in 2019 with two CE tracks, one which had speakers recommended by the New Dentist Committee. Our final attendance number was 106. In addition, this year, the Connect4Success Dental Team Conference was added, with a speaker just for the dental team, with total attendance at 47. This brings the total attendance between both meetings to 153. Those that came gave high marks for the conference. There was a great deal of networking along with excellent educational programs. The New Dentists Committee did an excellent job with the new dentist track speakers, planning and more. Due to the unsure situation with COVID-19, the Board made the determination in mid-April to cancel the 2020 in-person conference and move all in-person plans to 2021. It caused our staff to get creative, shift gears and put together a great lineup of speakers and

programs that brought timely and relevant information to help our members get back to normal in their practices. We held CE programs via Zoom Webinars for three consecutive Thursdays in June. For the virtual events, we had between 85-110 members pre-registered for each of the weekly sessions and at least 50% of those were in attendance each week. We surveyed the participants for feedback on the weekly session, in addition to asking about their interest in continuing with virtual programs in the future (results are pending). In 2021, back to Camden and an in-person event that was very successful. For the first time in my MDA history, a meeting sold out. In 2022, the meeting was held at Margaritaville at the Lake. The facilities provided an excellent atmosphere for the meeting, plenty of CE, networking opportunities, a new dentist event and more. In 2023 the Board has moved the MDA House of Delegates to coincide with the C4S meeting. These programs are bringing in about the same number of attendees. Program evaluations on the return on investment of these programs should be conducted to determine the continuation, changes, etc. needed.

All changes from the last report are highlighted.

It is my contention that I am in compliance with the directives of the Membership Executive Limitation.

Vicki Wilbers, Executive Director, August 2025

MONITORING REPORTS

July 15, 2025

1.9 membership recruitment and retention

1.9 Membership Recruitment and Retention. The ED shall not fail to **conduct membership recruitment and retention activities engaging with dentists and dental students in Missouri.**

Interpretation: The ED shall use the numbers of licensees reported by the Missouri Dental Board (and include the American Dental Association market share measurements beginning with March 2015 report) to have an active license and practicing or retired and living within the state to establish a percentage of membership. All categories of membership, including those on waivers, are to be included in the calculation. Excluded from the count will be affiliate, associate, student and graduate members.

Evidence:

Status on MedPro Rebate: Graduating students going into practice in Missouri and purchasing a MedPro malpractice insurance coverage through MDIS, may qualify for MDA to pay for their first year's policy (\$50) if eligible requirements are met. The following provides a breakout for each year to show how many students qualified and used the rebate.

2025 Q1- 17

2024 (EOY) - 28

2023 (EOY) - 29

2022 (EOY) - 28

2021 (EOY) - 32

2020 (EOY) - 22

2019 (EOY) - 28

2024/2025 Recruitment & Retention Schedule:

November 1 – ADA sent an email notice to all members; time to renew message. MDA sent a paper statement that was mailed to all members except those that are on an auto renew payment plan.

November 15 – All retired life members received a letter thanking them for being a member, membership is free but gave them an opportunity to purchase the Focus and donate to the voluntary items, such as the PAC's and Foundation's.

December 1 – ADA sent email to those that have not renewed.

December 30 – ADA sent email to those that have not renewed.

January 1 – Non-renews are now considered as being delinquent (pending).

January 31 – The ADA is coordinating the next few batches of electronic invoices for non-renews. Those reminders will go out **Jan 31st, Feb 14 & 28, and March 14 and 31.**

January 31 – End of month summary of membership report was sent to component leaders and new dentist committee and will continue each month throughout the year.

February 5 – Mailed 2nd dues statement to those that have not renewed.

February 12 – Non-member solicitation letter and “Step Up and Step In” stuffer were mailed. They only have the option of using the new system and pay online. Fonteva does not allow us to mail a paper statement to non-members. The solicitation was mailed to 806 practicing active licensed dentists that have been out of dental school no more than 30 years. A reminder email was sent to the entire list as well prompting people to look for the mailer or to use the link to renew online. MDA was again able to offer 289 non-members a 50% off incentive to new dentists (10 years out of dental school).

March 3 - End of month summary of membership report was sent to component leaders and new dentist committee. And will continue each month throughout the year.

March 3 – ADA non-renew calling campaign started. ADA staff calling non-renews with script along with announcements of upcoming MDA events.

Missouri Dental Association: Non-Renew Calls as of 4/7/2025	
Total Calls Eligible for Renewal (see* below)	237
Total Renewals (see** below)	73
Renewal Conversion Rate	30.8%
Records with Bad Data in Salesforce (no contact in multiple channels)	0
Pledged they would renew, but have yet to	2
Indicated they are retired	7
*Total Calls Eligible for Renewal includes the number of doctors successfully contacted, minus those that had already renewed when contact was attempted, and those that were subsequently marked as having bad data.	
**Total Renewals includes the number of renewals made directly over the phone, and those that renewed on their own at some point after the initial contact was made. This count does not include those that had already renewed prior to calls starting.	

April 1 – Non-renews are now considered as non-members. End of month summary of membership report was sent to component leaders and new dentist committee. And will continue each month throughout the year. The ADA will continue sending reinstatement campaign emails to this group in April and May.

April/May – National Signing Day activities were conducted at MOSDOH and UMKC. MDA staff helped convert more than 85% of graduates from each school. The ADA will run their new grad conversion report on July 11, 2025. Our New Dentist market share should change for the better.

May 1 - End of month summary of membership report was sent to component leaders and new dentist committee. And will continue each month throughout the year.

June 1 - End of month summary of membership report was sent to component leaders and new dentist committee. And will continue each month throughout the year.

June 18 – ADA provided their EOY Report for 2024.

July 1- The 2025 Half Year Dues (HYD) promotion will launch. A fully integrated marketing plan will launch July 1, including email, boosted social media, paid media, paid search and a custom landing page.

Furthermore,

- (1) The ED shall not fail to inform the MDA board on a quarterly basis of market share numbers.
- (2) The ED shall not fail to attempt to maintain a market share of two percentage points higher than the ADA market share from the previous end of year report of active licensed dentist in Missouri.
- (3) The ED shall not fail to attempt to maintain a minimum of three percentage points higher than the American Dental Association market share from the previous end of year report of active licensed “New Dentists” who are eligible for association membership.

Interpretation: New Dentists are those dentists having graduated within the past 10 years from dental school and are practicing in this state and members of the Association. Dentists on active waivers will count as members. These figures come from ADA figures presented as the End of Year annual report.

Evidence:

The total number of active licensees per the ADA market share measurement on May 31, 2025 is 3121. MDB Licensee Report indicated the total number of dental in-state licensees per the MDB's website on May 31, 2025 was 3,162; and 1,386 for outstate. The MDB licensee numbers are no longer used in the calculation for the association membership market share measurements.

Using the total MDA active membership total - the percentage of active licensed membership as of May 31, 2025 is 51.4%. As of May 31, 2025 we have 4 deceased members along with 36 new members and 216 non renews.

On May 31, 2025, the Missouri active licensed dentists market share was 51.4%. MDA market share compliance is based on adding 2% to the ADA's latest market share numbers from

December 31, 2024. The ADA's active licensed dentist market share on 12/31/2024 was 53.5%. The MDA is not in compliance.

On May 31, 2025, the Missouri active licensed new dentists market share was 51.3%. MDA market share compliance is based on adding 3% to the ADA's latest market share numbers from December 31, 2024. The ADA's New Dentist market share on 12/31/2024 was 56.8%. The MDA is not in compliance.

Vicki Wilbers, Executive Director July 15, 2025

COMMUNITY IMPACT

GOAL 3: Advocate for Improving the Profession and the Oral Health of the Public

Objectives: (What will be monitored or measured to help achieve the goal?)

- 3.1 Leverage partnerships and outreach opportunities to improve all aspects of the oral health of Missouri citizens
- 3.2 Sustain and increase involvement for legislative initiatives
- 3.3 Ensure continual improvement of the Missouri Dental Medicaid program

What steps will you engage in and how long will each step take?

Strategies:	Tactics	Progress
Collaborate with key partners on potential opportunities to elevate the public's awareness of the importance of oral health to overall health.	Assist in communicating with like-minded partners and dental influencers (MCOH, ODH/DHSS, MPCA, MHCA, ADA, etc.) on established campaigns that educate the public on oral health topics (fluoride, regular visits to dentists for children, sugary drinks, etc.)	8.1.25: Have assisted ODH with fluoride grassroots efforts to continue CWF in several cities across MO.
Evaluate ways to increase dentists' legislative advocacy efforts through more grassroots involvement.	Evaluate MODentPAC Board and its role/involvement on legislative matters: <ul style="list-style-type: none"> • Garner more engagement by holding one annual in-person PAC Board meeting, including orientation for new PAC board members. • Strongly encourage annual minimum contribution from PAC sitting board members. • Strongly encourage attending Dental Day at Capitol. • More utilization of member-legislator relationships, especially among PAC board members to attend fundraisers, district in-office visits/tours. • Utilize VoterVoice to encourage members to have regular communications and check-ins with legislators. 	8.1.25: HP/VW have met to discuss strategy in relation to MODentPAC and grassroots advocacy efforts. These will be discussed at 2025 PAC Board meeting, including holding an annual in-person PAC meeting. A toolkit has been created to provide members who will host in-office tours for their legislators in-district.

COMMUNITY IMPACT

	<p>Elevate donor giving through special privileges:</p> <ul style="list-style-type: none"> Consider PAC event/privilege for specific donors (Ex: night before Dental Day at the Capitol). Utilize VoterVoice to create “top advocates” category as well as “legislator relationships” category to motivate grassroots advocacy among members and to provide special and consistent recognition (recruiting peers to attend Dental Day, giving to PAC, attending fundraising events for legislators). Develop a PAC package within new membership models (badges); MDA will have to be fully a part of the ADA membership model pilot. <p>Create a robust grassroots campaign through the development of peer-to-peer (dentist-to-dentist) mentoring opportunities for those interested in advocacy and/or public service.</p>	
Advance legislative agendas for the protection of the profession and optimal oral health and engage legislators and regulatory agencies.	<p>Utilize dentist and oral health stakeholder feedback for the creation of our legislative agendas, including:</p> <ul style="list-style-type: none"> ADA/MDA board and committees, federal and state resources, surveys, and various outreach methods to determine pain points or interests when it comes to legislative topics, collaboration opportunities, future State Public Affairs goals or other dental healthcare initiatives. 	<p>8.1.25: The LRC has met and approved an agenda for the 2026 legislative session to recommend for by MDA BOT approval in September. MDA has been active in Q2 with federal outreach on PTET, grad loans.</p> <p>MDA continues to assess opportunities for increased awareness for legislative priorities through marketing campaigns conducted by H5 Communications and/or assistance through ADA SPA avenues.</p>

COMMUNITY IMPACT

<p>Continue to foster and build relationships with key stakeholders to address issues affecting dental professionals' ability to provide access to care and promote optimum oral health.</p>	<p>Develop and regularly review an MDA priority list for Dental Medicaid issues to determine resource concentration.</p> <p>Maintain regular meetings/communications between MDA staff, MCOH, Dental Medicaid Facilitator and MOHealthNet to continue to enhance dental Medicaid funding, projects and programs.</p> <p>Create and/or sustain good working relationships with pertinent regulatory bodies and oral health stakeholders to actively engage in support for MDA priorities.</p>	<p>8.1.25: Bi-weekly meetings continue to be held between MDA, MCOH and MOHealthNet to assess Missouri's current Medicaid environment and collaborate on issues. In Q2 and Q3, MDA has been active in outreach to the federal delegation and collaboration with MOHealthNet as it relates to the Federal Medicaid Cuts. MDA attends MCOH Medicaid Workgroup meetings.</p>
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FINANCIAL & ORGANIZATIONAL

GOAL 2: Ensure Financial and Organizational Stability to Serve the Profession with Integrity

Objectives: (What will be monitored or measured to help achieve the goal?)

- 2.1 Total revenue including dues and non-dues revenue, will increase 2-4% annually
 - Reserve funds are a minimum of 50% of annual operating expense
 - Non-dues revenue are a minimum of 50% of total revenue
- 2.2 Ensure a sustainable membership model and dues structure for continued growth
- 2.3 Focused on increased engagement opportunities with Members & Customers (non-members)
- 2.4 Ensure state and local component society alignment and support
- 2.5 Ensure alignment of the MDA and its subsidiary organizations for continued mutual success
- 2.6 Ensure the MDA organizational structure is adaptive for continued success

What steps will you engage in and how long will each step take?

Strategies	Tactics	Progress
Monitor all financial decisions that impact the Association and its subsidiaries to ensure stability.	Create quarterly summary dashboard – determine markers/information we want to share and do so graphically to increase understanding and engagement by users. <ul style="list-style-type: none"> - Review monitoring report process/template for pertinent and better presentation of information (continue through 2025 as current and add supplemental program data from team; eventually change format in 2026) 	7.1.25 Team will meet to consider a better build for reporting mechanisms.
Conduct strategic analysis of existing MDA programs to determine their value and viability.	Quarterly staff review of programs. <ul style="list-style-type: none"> - Create template for program reporting (e.g. financial impact) utilize staff hours – create process and template that gives more complete picture about program to effectively analyze. 	7.1.25 Build template to begin review.
Evaluate the progress of allied dental education offerings as non-dues revenue source.	Review existing offerings and explore new opportunities.	7.15.25 Attending non-dues revenue discussions held during ADA Management Conference. Reviewing a proposal from Comply Better,

FINANCIAL & ORGANIZATIONAL

		program offered by Washington state. Continuing to develop and update EFDA programs. Offer OPA program statewide once it is permanent in law. We have discussed the MDA OPA program with several states, could consider licensing.
Evaluate new membership model(s) being piloted to determine engagement by the MDA and its components for sustainable model for membership engagement and growth.	<p>Evaluate membership data from the current pilot programs in other states. Evaluate MO membership data using metrics Fonteva can provide</p> <ul style="list-style-type: none"> - Get baseline of member # to effectively evaluate beyond 2025 <p>Work with components to explore a pilot for 2026 and beyond</p> <ul style="list-style-type: none"> - Complete financial modeling (with ADA support) - Determine how this could affect MDA budgeting process - Determine how this could affect components budgeting process <p>Bylaws fully adopted for full participation in pilot program</p> <p>Evaluate ADA collection of the dues for 2026 membership year (benefits: reduced staff time, reduced fees)</p>	<p>6.30.25 ADA (Deb) to initiate contact with states and locals on pilot, dues collection, etc. Any changes must be decided by October 1, 2025</p> <p>This is onhold. ADA determined to not allow for additional pilot sites for membership models until Fonteva is stabilized.</p>
Ensure appropriate alignment of MDA subsidiaries including MDIS, MDA Foundation and Dental Well Being Foundation to maintain sustainable administration of subsidiaries.	<p>Consult with the MDA Board on understanding the resources and costs for MDA to provide programs under the administrative services agreement.</p> <ul style="list-style-type: none"> - Facilitate meeting of MDA officers and all subsidiary board officers to engage on alignment. 	
Evaluate governance bodies, processes and policies of the Association to optimize efficiency.	<p>Evaluation by Board, House and staff in the following areas:</p> <p>Continue review of House meeting.</p>	<p>7.9.25 HOD Taskforce workgroup being formed. Accepting nominees. VW/MK team members involved.</p>

FINANCIAL & ORGANIZATIONAL

	<p>Continue engagement with local components. PR/RB/ALL when needed Consider structural changes for components societies to thrive. Review processes and policies of all volunteer positions.</p> <ul style="list-style-type: none"> - Reviewing delegation to the ADA House (terms and allocations) - Reviewing delegation to the ADA Lobby Day – ABumann/HP/VW - Review Board positions and makeup - Review component makeup of committees (such as LRC) <p>Review of Board governance policies (awards; board development committee, for example)</p>	<p>All yellow highlights could be reviewed by this workgroup. Work plans are to focused discussion around structure that can bring more participatory guidance. Structure of House, Board, Committees, etc.</p>
<p>Evaluate internal executive office structure to optimize staff efficiency and effectiveness within an ever-changing environment.</p>	<p>Consistent program analysis to ensure we have the right staff doing the right things</p> <ul style="list-style-type: none"> - Assuring internal structure to achieve current strategic plan - Evaluation of future goals and resources to achieve - Succession planning 	<p>7.9.25 Hired a Program Manager & part time administrative assistant in early 2025. Continue to monitor and refocus where/when needed.</p>

PROFESSIONAL IMPACT

GOAL 1: Equipping Dental Professionals to flourish in Every Stage of Their Journey

Objectives: (What will be monitored or measured to help achieve the goal?)

- 1.1. Focus on dental professionals' needs in an ever-changing environment while broadening engagement opportunities and benefit offerings with an eye toward increasing market share.
- 1.2. Ensure a committed culture of diversity and inclusion.
- 1.3. Foster a culture of well-being for dental professionals.

What steps will you engage in and how long will each step take?

Strategies	Tactics	Progress
Develop a Culture of Leadership and Learning for MDA Team	<p>MDA Staff development</p> <ul style="list-style-type: none">• Culture of “do better”<ul style="list-style-type: none">○ Emphasis on wholistic training<ul style="list-style-type: none">▪ Focus areas: sales mentality, environmental awareness, personal leadership development and growth, social media roles and engagement – ways to connect○ Cross training across teams, across topics○ Broader understanding of MDIS and MDA benefits and opportunities (always selling). <p>Outline a consistent training approach for the MDA team to address the above focus areas. This will take intentionality and cause disruption in our norms, but the goal is to lead to everyone to getting better.</p>	<p>6.1.25 MDA team members also attend the Board trainings, as mentioned below.</p> <p>MO Society of Assn Executives offers a host of training for growth and development. More attendance and encouragement for staff to attend. Halie became of Board member of MSAE.</p> <p>ADA offers Management Conference, more attendance from various team members to connect to ADA and teams across the country. This year a series called “Saving the Associations” was offered by Sarah Sladek a speaker at Mgmt Conference. MDA team attending webinars. Idea generation on AI and other areas evolving.</p>

PROFESSIONAL IMPACT

<p>Develop a Culture of Leadership and Learning for MDA officers, Board members and Volunteer leaders</p>	<p>Board development “it starts at the top”</p> <ul style="list-style-type: none"> • Culture of “do better” <ul style="list-style-type: none"> ○ Emphasis on training and awareness in diversity and inclusion. • Board/volunteer leadership development; piggyback on ADA leadership programs, and/or create our own. • Board engagement with members, non-members, students, components, volunteers, etc. <p>Outline a consistent training approach during Board meetings to conduct programs. This will take intentionality and cause disruption in our norms, but the goal is to lead to everyone getting better.</p>	<p>7.1.25 2025 Programs in place. Anti-trust training conducted in May25 with Scott Fowkes, ADA Legal. Bob Harris, CAE conducting a Board Refresh in Sept2025 on Board conduct, policies, norms. 2026 programs to consider bias/sensitivity training to address.</p> <p>7.9.25 Considering avenues for leadership/volunteer training through a simple video focused on understanding organized dentistry, ways to serve, etc. or in person learning. Specifically, develop leadership opportunities addressing recent House resolution on leadership development.</p>
<p>Develop programs for successful career journey for Students/New Dentists who intend to practice in Missouri.</p>	<p>Test the pilot project of <i>Final 18</i> program (investing in future MO dentists for their success as practitioners and as active MDA leaders). Investigate developing website “Journey of Dental Professionals” in MO – pre dent through graduate. <i>Live, Learn, Practice MO</i> For example: <i>journeytocollege.mo.gov</i> (possible focus shift)</p>	<p>Final 18 progressing in 2024/2025. Paul and Devin to work on <i>journey</i> website outline in 2025.</p> <p>7/25 Update – Site on hold, new FFT landing page and student resources page update is short-term solution</p> <p>3 Final 18 students attended C4S.</p> <p>Final 18 to try smaller mentor pods in August to help with contract review, interview prep.</p> <p>Final 18 to join the NDC at BOT meeting on September 12 for networking and exposure to governance.</p>
<p>Develop communication strategies for future engagement with all dental professionals.</p>	<p>Utilizing new communication forms within the Fonteva/Salesforce environment (texting, specific messaging on identified interest).</p>	<p>7.7.25 <u>Magazine</u>: Focus 2 issues, discussion at finance committee meeting. Finance Committee (along with input from the Editor) determined to continue Focus publication with 4 issues into 2026.</p>

PROFESSIONAL IMPACT

	<p>Continual evaluation of the MDA member and non-member communication vehicles to ensure effectiveness through surveys and/or evaluations.</p> <p>Broaden leadership engagement on benefits and offerings.</p> <p>Bylaws changes to allow for strategies to meet the needs of members and all dental professionals.</p>	<p>It has been determined to “freshen” the look and planned content for the magazine to begin in Spring 2026, to be developed and approved before the end of 2025.</p> <p>Content update. Adding interactive items such as crossword. Exploring opportunity for dentist/dental office highlights.</p> <p><u>MailChimp/Texting:</u> Currently ADA is not offering any apps for texting or sending emails. In July 2025, they will offer list integration with MailChimp which will be a time saving benefit. Also in June 2025, we added the use of Textla, which can be used to text members at events, the BOT for updates, students for event notifications, etc. Textla, texting service being gradually introduced and tested. Worked well at C4S. Plans in place to enroll students.</p>
Continue to support Well-Being efforts for dental professionals through existing programs and new offerings.	<p>Continue to support the DWBF program.</p> <p>Tie concepts of wellbeing into MDA events (such as yoga at C4S, healthier food offerings, at meetings, walking).</p> <p>Explore wellness offerings for the MDA team.</p> <p>Promote the strong national resources offered by the ADA.</p>	<p>Well Being program will get elevated boost via Dr. Kane’s ADA Humanitarian Award cycle through November 1, 2025.</p>

MDA Legislative & Regulatory Committee Minutes

7:00 pm, July 31, 2025, Zoom Meeting

In Attendance:

- Dr. Mike Berry, Chair (CDS)
- Dr. David Mattingly (NWDS)
- Dr. Jared Gerhardt (GKCDS)
- Dr. Erick Jansson (CDS)
- Dr. Adrienne Lynn (NEDS)
- Dr. Dennis Nguyen (SEDS)
- Dr. Anna Nine (SWDS)
- Dr. Ron Wilkerson, MDA President (CDS)
- Dr. Emily Mattingly, MDA President-Elect (NWDS)
- Dr. Jon Copeland, MDA Immediate Past-President (GSLDS)
- Vicki Wilbers, Executive Director
- Jorgen Schlemeier, Contract Lobbyist
- Nikkie Strong, Contract Lobbyist
- Grace Riley, Legislative Liaison
- Halie Payne, Director of Professional Affairs

Absent:

- Dr. Ashley Popejoy (GSDS)
- Dr. Danielle Riordan (NWDS)

Minutes:

Dr. Mike Berry called the meeting to order at 7:01pm after a quorum was established. He introduced himself as new LRC chair and welcomed everyone to the committee.

Dr. Ron Wilkerson made a motion for the approval of the minutes from the July 22, 2024 meeting. The minutes were approved unanimously.

Jorgen Schlemeier began discussion on the prospective items for the 2026 MDA legislative agenda. The first item for consideration is re-filing dental loss ratio legislation. It will be filed in the House and the Senate, and remains an important issue across membership. Mr. Schlemeier has stated that MLR is popular amongst employers, as many across the state have received rebates over the last several years.

Mr. Schlemeier continued to the second proposed agenda item, the OPA EFDA Pilot Project. The MDA lobbying team will be meeting with Governor Kehoe's office to inform the new policy director of the pilot project and its progress. The pilot project's progress was further discussed, and the MDA will be seeking to make the OPA a permanent EFDA position in 2026.

Mr. Schlemeier continued discussing MDA's appropriations legislative items. The state's budget will be tighter than the last several years due to the influx of COVID-19 money that will soon be depleted. The goal for appropriations items will be to maintain the Medicaid reimbursement rates at 80% of the 50th percentile UCR, maintain \$180,000 for Donated Dental Services and maintain \$400,000 for the Elks

Mobile Dental Unit as well as securing the Office of Dental Health within the Department of Health and Senior Services.

Mr. Schlemeier discussed the Dentist and Dental Hygienist Licensure Compact. This legislation would have passed in 2025, but failed due to tensions within the Missouri Senate during the last week of session. The ADSO has confirmed they will re-file this legislation in 2026, and the MDA will monitor this legislation and offer support as appropriate.

Dr. Wilkerson moved to approve the 2026 MDA legislative agenda to be sent to the MDA Board of Trustees. The agenda was approved unanimously.

Ms. Wilbers discussed two House Resolutions passed by the MDA House of Delegates. House Resolution 2025-10 directed the LRC to lobby the Attorney General of Missouri to join the suit with Oklahoma and encourage them to contact other attorneys general around the country to get behind this effort to have the Supreme Court of the United States act on this abuse of the ERISA statute. Ms. Wilbers stated that after conversations with the ADA, the Supreme Court refused to hear the case. This means part of this resolution is no longer relevant. However, there is still relevancy to look at the transparency of insurance companies. The ADA is looking for documentation of plans using ERISA exemptions – and are encouraging dentists to send this documentation to their state associations. Ms. Wilbers discussed beginning to explore outreach to members to find the issues the ADA mentioned, as well as other opportunities to follow-up the 2022 Missouri Attorney General meeting and/or a meeting with the Department of Insurance. House Resolution 2025-09 directed the LRC and MDA to work with other states and healthcare organizations to monitor laws concerning the impact of private equity on healthcare and encourage the Attorney General to monitor such transactions and intercede when needed to protect the public. The MDA will be monitoring PE laws across the state. It was brought up that Delta Dental of Wisconsin is now purchasing dental practices in the state of Wisconsin, to which the ADA has come out in full opposition. Private Equity and the practice ownership law in the state were discussed. The resolution called for monitoring of Private Equity, and the MDA will be monitoring the Private Equity discussion and movement across healthcare organizations as a whole. Ms. Wilbers' final item regarded nitrous oxide permits for dental assistants, and one dental board member brought up eliminating the nitrous oxide permits. Discussion was held and members felt strongly on both sides of the issue. It was also discussed to change the rule within the practice act to allow permitting for properly permitted and trained dental assistants to administer nitrous oxide instead of strictly monitoring nitrous oxide.

Ms. Payne discussed the MDA House of Delegates resolution changing the LRC terms from one year to four years. She stated she would send out an email asking for volunteers to start to stagger terms, knowing they would not be term-limited and would be able to serve multiple consecutive terms. Ms. Payne will collect responses and propose a rotation schedule.

Dr. Berry shared the date for next year's Dental Day at the Capitol – Wednesday, March 4, 2026, at the Missouri State Capitol in Jefferson City – and encouraged LRC members to recruit their colleagues to attend.

There was no unfinished business to discuss.

Dr. Jared Gerhardt made a motion to adjourn. The meeting adjourned at 7:49pm.

MODentPAC Board Meeting

7:00 pm, August 11, 2025, Zoom Meeting

In Attendance:

- Dr. Kirk Opdahl, Chair (GKCDS)
- Dr. Bob Butler (GSLDS)
- Dr. Phil Loida (SEDS)
- Dr. Phillip Batson (CDS)
- Dr. Fallon Stiens (NWDS)
- Dr. Lynne Barbour (NEDS)
- Dr. Tom Stone (GSDS)
- Dr. Ron Wilkerson, MDA President (CDS)
- Dr. Mike Berry, LRC Chair (NEDS)
- Vicki Wilbers, Executive Director
- Jorgen Schlemeier, Contract Lobbyist
- Halie Payne, Director of Professional Affairs
- Grace Riley, Legislative Liaison

Absent:

- Dr. Richard Campos (GKCDS) – unable to attend, prior engagement
- Dr. Benjamin Rosenberg (SWDS)
- Nikki Strong, Contract Lobbyist – unable to attend, prior engagement

Minutes:

Dr. Kirk Opdahl called the meeting to order at 7:02 p.m. A quorum was established.

Dr. Ron Wilkerson moved for the minutes from July 2023 be approved, there was no opposition, motion carried.

Dr. Ron Wilkerson moved to approve the agenda, no opposition, motion carried.

Mr. Jorgen Schlemeier presented contribution recommendations from MODentPAC to one statewide officeholder, as well as State Senate and House members.

Dr. Wilkerson made a motion to approve the slates separately, there was no opposition, motion carried.

Mr. Schlemeier presented contribution recommendations from MODentPAC to a candidate running for statewide office. Dr. Wilkerson made a motion to approve the total of \$500 in contributions for the slate of statewide office. Dr. Butler second, no opposition, motion carried.

Mr. Schlemeier proceeded to explain the rationale for contributing to certain state senators. Dr. Wilkerson made a motion to approve the senate contributions, Dr. Butler seconded the motion. No opposition was voiced, motion carried.

Mr. Schlemeier presented the contribution recommendations and rationale for house seats. Dr. Wilkerson brought up a fundraiser for Curtis Trent – Ms. Payne explained the MODentPAC Executive Committee approved the check for Sen. Trent and it was sent to Dr. Jody Vance in Springfield. Dr. Berry requested a contribution for Rep. Ed Lewis. Mr. Schlemeier suggested a contribution of \$250. Dr. Butler inquired about the 95th House District about a candidate that is likely to run, but has not yet filed. Mr. Schlemeier requested a request for a contribution to be made after the candidate files for office in February 2026. Dr. Berry made a motion to amend the house recommendations by adding a \$250 contribution to Rep. Ed Lewis, Dr. Butler seconded. No opposition, motion carried. There was no further discussion. Dr. Butler made a motion to approve the house contribution recommendations as amended, Dr. Wilkerson seconded. No opposition, motion carried.

Ms. Payne and Ms. Grace Riley presented a “MODentPAC Week of Giving” campaign – a solicitation campaign amongst members in October to increase contributions and promote the change of the contribution cycles – January through December instead of November through November. The details of this campaign will be finalized in the coming weeks and will be given to the PAC Board for feedback. Ms. Payne also noted that Dental Day at the Capitol will be March 4, 2026 at the Missouri State Capitol in Jefferson City.

Dr. Butler inquired about the current PAC balance. Ms. Payne stated it is \$151,138.95. Discussion was had about the total contributions recommended and PAC contributions being down. There was no further discussion.

Ms. Payne also stated if any members would like to deliver checks written, to please reach out and the team will coordinate with the member.

Dr. Butler moved to adjourn the meeting, Dr. Lynne Barbour seconded. Meeting adjourned at 7:32 p.m.



Missouri Dental
A S S O C I A T I O N

MDIS Reports



MDIS Financial Report, September 2025

We are getting close to the end of our third quarter, and our financials are looking great through the end of July.

See the attached financials, to follow along with my notes below.

Revenues increased compared to the prior year's (py) revenues by 21%, mainly due to the Medpro and Hartford carrier bonuses that the team qualified for, which totaled \$71,811.

Our expenses were up overall by 22% compared to the py expenses.

You will notice that there are some expenses that were largely affected:

- Salaries/Taxes are up due to production bonuses and an increase in payroll with having an additional employee.
- Corporate Sponsorship is up due to the updated contract with the MDA.
- Advertising is up due to the change in the marketing plan with High 5 marketing plans for 2025, and an increase in social media ad costs; as well as a revised advertising contract w the MDA.
- Licenses & Taxes are up due to finishing the licensing in the remaining states to be licensed in all states.
- Estimated Corporate tax is up due to not having paid in enough prepaid taxes, and having a great year.

Additionally, I would like to note that we paid dividends to MDA in January that has totaled \$216,033, and a payment of \$25,869 in July, totaling \$241,902 for the year.

Overall, our total profit is up 16% over last year at this time.

As a reminder, our tax filing is completed and because we had a great year overall last year, we did have to pay in with the filing of our federal and state forms that totaled \$24,525. Our estimated federal and state filings to be paid in this year will total \$93,560.

Kudos to the team for their hard work!

Respectfully,

Dr. Dan Kessler

MDIS Secretary-Treasurer

Missouri Dental Insurance Services, Inc.
2025 financials.xlsx

REVENUES	2024	2025	2024	2025	2024	2025	2024	2025	Approved
	July	July	Year to Date	Year to Date			Actual		Budget
Professional Liability									
Medical Protective Commissions	\$ 96,516	\$ 173,999	\$ 274,382	\$ 370,945	\$ 537,168	\$ 531,000			
High Risk Malpractice Commissions	\$ 2,210	\$ 1,800	\$ 13,561	\$ 12,819	\$ 17,579	\$ 12,000			
Misc Professional Liability Commissions*	\$ 2,080	\$ 2,118	\$ 8,440	\$ 9,850	\$ 15,563	\$ 13,500			
Property & Casualty									
The Hartford Commissions	\$ 18,627	\$ 23,395	\$ 122,018	\$ 176,897	\$ 208,620	\$ 201,000			
Misc Property & Casualty Commissions*	\$ 2,088	\$ 1,164	\$ 22,554	\$ 17,061	\$ 34,219	\$ 40,000			
Health, Life, DI, BOE									
Health Insurance Commissions*	\$ 31,799	\$ 32,718	\$ 221,630	\$ 227,694	\$ 374,391	\$ 355,000			
Life & Long Term Care Commissions*	\$ 316	\$ 114	\$ 2,292	\$ 5,248	\$ 3,568	\$ 13,000			
DI/BOE Commissions*	\$ 3,057	\$ 3,619	\$ 26,141	\$ 21,385	\$ 53,690	\$ 48,000			
HRA/CAF plan commission*	\$ -	\$ -	\$ 144	\$ 323	\$ 504	\$ 1,000			
Retirement/Financial Planning Commission	\$ -	\$ -	\$ 7,641	\$ 8,192	\$ 16,060	\$ 18,000			
Professional Alliance income	\$ 1,676	\$ 1,599	\$ 12,801	\$ 10,892	\$ 21,123	\$ 19,500			
Miscellaneous Income / Commissions*	\$ 100	\$ 100	\$ 500	\$ 825	\$ 800	\$ 1,000			
Stock Dividend	\$ -	\$ -	\$ 62	\$ 72	\$ 130	\$ 100			
Investment Dividend Income	\$ 809	\$ 724	\$ 4,548	\$ 5,488	\$ 12,947	\$ 6,000			
Interest Income	\$ 139	\$ 169	\$ 501	\$ 808	\$ 1,605	\$ 1,200			
Total Revenue	\$ 159,417	\$ 241,519	\$ 717,218	\$ 868,498	\$ 1,297,967	\$ 1,260,300			

* Combined Commissions from multiple companies.

Missouri Dental Insurance Services, Inc.
2025 financials.xlsx

EXPENSES		2024 July	2025 July	2024 Year to Date	2025 Year to Date	2024 Actual	2025 Approved Budget
Administrative							
Salaries	\$	29,734	\$ 35,380	\$ 236,740	\$ 298,340	\$ 406,884	\$ 496,000
Taxes (Employer OASDI, Medicare, FUI taxes)	\$	2,237	\$ 2,635	\$ 18,111	\$ 22,520	\$ 30,801	\$ 39,680
Employee Benefits (Health, Life, 401k, Dental)	\$	3,327	\$ 3,489	\$ 23,225	\$ 25,130	\$ 39,141	\$ 54,532
Subtotal	\$	35,298	\$ 41,504	\$ 278,075	\$ 345,990	\$ 476,826	\$ 590,212
Board of Directors							
Directors Fee's	\$	-	\$ -	\$ 2,850	\$ 2,850	\$ 4,350	\$ 5,850
Board Meeting	\$	922	\$ -	\$ 922	\$ -	\$ 944	\$ 1,000
Officer's Stipend	\$	-	\$ -	\$ -	\$ -	\$ 3,250	\$ 3,950
Subtotal	\$	922	\$ -	\$ 3,772	\$ 2,850	\$ 8,544	\$ 10,800
Sales and Marketing							
Corporate Sponsor	\$	-	\$ 500	\$ 64,350	\$ 76,284	\$ 128,100	\$ 160,000
Advertising	\$	5,944	\$ 2,159	\$ 30,981	\$ 33,906	\$ 55,474	\$ 76,840
Conventions	\$	1,156	\$ 2,336	\$ 11,945	\$ 11,696	\$ 25,853	\$ 43,050
Education-Sales Personnel	\$	125	\$ -	\$ 700	\$ 1,411	\$ 732	\$ 3,500
MDA Endorsement/Service Fee Agreement	\$	-	\$ -	\$ 7,500	\$ 10,000	\$ 18,000	\$ 20,000
MDA Foundation Donations/Sponsorships	\$	-	\$ -	\$ -	\$ 100	\$ 10,000	\$ 10,000
Misc Charitable Contributions	\$	-	\$ -	\$ 5,000	\$ -	\$ 33,891	\$ 20,000
Subtotal	\$	7,225	\$ 4,995	\$ 120,475	\$ 133,397	\$ 272,050	\$ 333,390
Operations							
Telephone	\$	284	\$ 279	\$ 1,956	\$ 1,954	\$ 3,307	\$ 3,600
Cell Phone	\$	87	\$ 87	\$ 476	\$ 606	\$ 998	\$ 1,200
Postage	\$	50	\$ 38	\$ 393	\$ 262	\$ 807	\$ 1,500
Office/Computer Supplies	\$	-	\$ 190	\$ 1,278	\$ 1,697	\$ 2,427	\$ 3,000
Computer Support	\$	6,631	\$ 9,772	\$ 41,808	\$ 47,577	\$ 71,669	\$ 77,000
Staff Travel	\$	-	\$ 54	\$ 518	\$ 519	\$ 1,263	\$ 3,000
Meals, Tips and Entertainment	\$	424	\$ 69	\$ 2,117	\$ 1,966	\$ 3,935	\$ 5,000
Dues and Subscriptions	\$	-	\$ (60)	\$ 2,370	\$ 2,436	\$ 2,730	\$ 3,750
Licenses and Taxes	\$	59	\$ 692	\$ 6,221	\$ 11,880	\$ 7,846	\$ 18,000
Insurance - Agency	\$	-	\$ -	\$ 11,305	\$ 12,220	\$ 14,295	\$ 18,150
Maintenance - Equipment	\$	92	\$ 92	\$ 1,030	\$ 773	\$ 1,618	\$ 4,000
Subtotal	\$	7,627	\$ 11,212	\$ 69,473	\$ 81,890	\$ 110,895	\$ 138,200

Missouri Dental Insurance Services, Inc.
2025 financials.xlsx

EXPENSES - continued		2024		2025		2024		2025		2024		2025 Approved	
		July		July		Year to Date		Year to Date		Actual		Budget	
Strategic Planning	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
Legal	\$	-	\$	-	\$	129	\$	-	\$	129	\$	10,000	
Accounting and Auditing	\$	126	\$	126	\$	10,146	\$	12,325	\$	10,795	\$	12,450	
Equipment and Furniture	\$	-	\$	3,831	\$	4,228	\$	5,077	\$	6,569	\$	7,500	
Equipment Lease	\$	203	\$	203	\$	4,289	\$	1,990	\$	5,588	\$	4,200	
Rent	\$	3,092	\$	3,092	\$	21,644	\$	21,644	\$	37,104	\$	37,104	
Investment Management Expenses	\$	637	\$	763	\$	2,003	\$	2,186	\$	2,727	\$	3,000	
Miscellaneous Expense	\$	167	\$	302	\$	1,567	\$	1,476	\$	2,749	\$	3,000	
Estimated Corporate Tax	\$	-	\$	-	\$	-	\$	24,525	\$	-	\$	-	
Total Expenses		\$	55,297	\$	66,029	\$	515,802	\$	633,349	\$	933,976	\$	1,149,856
TOTAL PROFIT(LOSS)		\$	104,120	\$	175,491	\$	201,416	\$	235,149	\$	363,991	\$	110,444
DIVIDEND PAID OUT TO MDA		\$	55,452	\$	25,869	\$	217,456	\$	241,902	\$	217,456	\$	50,000
Investment Gains/Losses		\$	6,754	\$	2,232	\$	29,730	\$	26,152	\$	32,091	\$	-
Prepaid Tax for Upcoming Fiscal Year		\$	-	\$	-	\$	31,290	\$	46,780	\$	65,790	\$	-

NOTES:

MDIS Investment Reserve Funds Update

Update as of July 31, 2025

FUND NAME	Cost Basis	# shares	Current Price	Fund Value as of 1.1.2025	Unrealized Gain/Loss YTD	Current Market Value	Current % Return
American Funds Account							
AMCAP fund - A *	\$30,000.00	-	\$0.00	\$0.00	\$0.00	\$0.00	
Capital Income Builder-A *	\$40,000.00	-	\$0.00	\$0.00	\$0.00	\$0.00	
The Income Fund of America-A *	\$40,000.00	-	\$0.00	\$0.00	\$0.00	\$0.00	
Lord Abbett Account							
Multi-Asset Income - A *	\$15,389.66	-	\$0.00	\$0.00	\$0.00	\$0.00	
Short Duration Income Fund -A *	\$63,130.00	-	\$0.00	\$0.00	\$0.00	\$0.00	
Central Investments Account							
Various Funds * 1930-2154	\$89,378.33	varies	varies	\$185,257.28	\$14,263.97	\$199,521.25	7.70%
Various Funds * 4730-3105	\$165,680.20	varies	varies	\$195,340.89	\$14,115.92	\$209,456.81	7.23%
	\$443,578.19			\$380,598.17	\$28,379.89	\$408,978.06	7.46%
						\$408,978.06	

FIXED INCOME / CASH	Issuing Body	Interest Rate	Maturity Date	Value as of 1.1.2025	YTD Gain	Value	
Annuity - #8000273937 **	North American			\$190,955.89	\$0.00	\$190,955.89	0.00%
CD - 334255 **	Central Bank	3.50%	8.18.25	\$34,058.14	\$877.80	\$34,935.94	2.58%
CD - 332465 **	Central Bank	4.50%	5.26.25	\$10,517.16	-\$10,517.16	\$0.00	2.58%
CD - 337931 **	Central Bank	3.50%	3.23.26	\$0.00	\$10,711.86	\$10,711.86	#DIV/0!
Money Market **	Central Bank	0.15%		\$3,715.56	\$2.18	\$3,717.74	0.06%
				\$239,246.75	\$1,074.68	\$240,321.43	

Fund Values

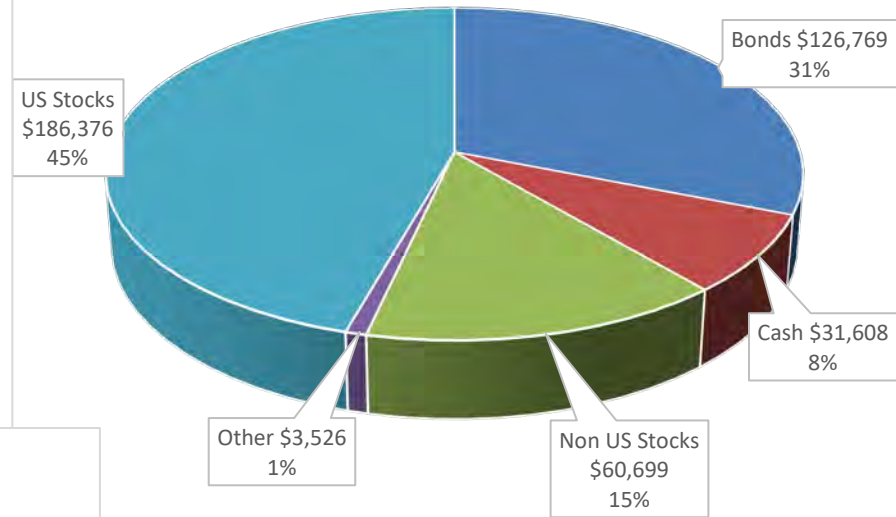
as of 1.1.2024	\$619,844.92
u/r gain/loss ytd	\$29,454.57
	\$649,299.49

Current Balance of Investment Reserves

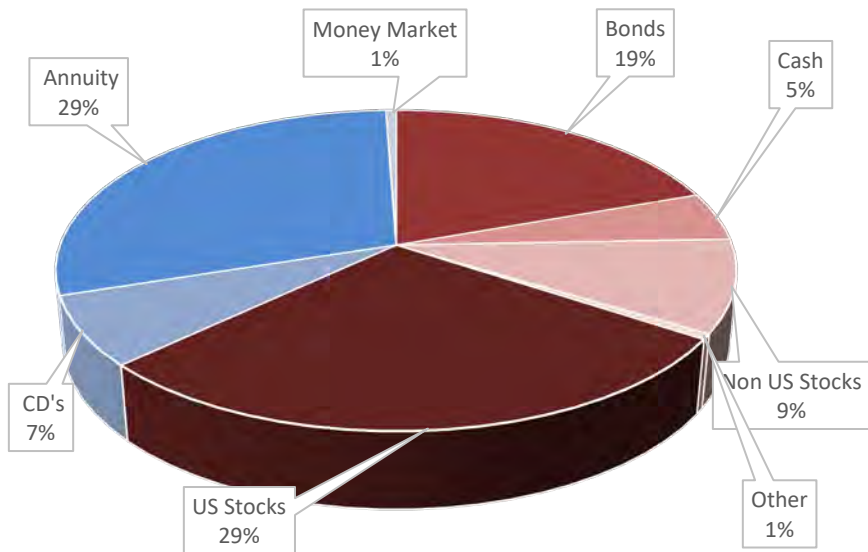
		\$649,299.49
Accounts at risk *	62.99%	\$408,978.06
Accounts not at risk **	37.01%	\$240,321.43
		\$649,299.49

Asset Type	Value	%	
Bonds	\$126,769	31.00%	AT RISK
Cash	\$31,608	7.73%	
Non US Stocks	\$60,699	14.84%	
Other	\$3,526	0.86%	
US Stocks	\$186,376	45.57%	
	\$408,978	100.00%	NOT AT RISK
CD's	\$45,647.80	18.99%	
Annuity	\$190,955.89	79.46%	
Money Market	\$3,717.74	1.55%	
	\$240,321.43	100.00%	
	\$649,299.43		

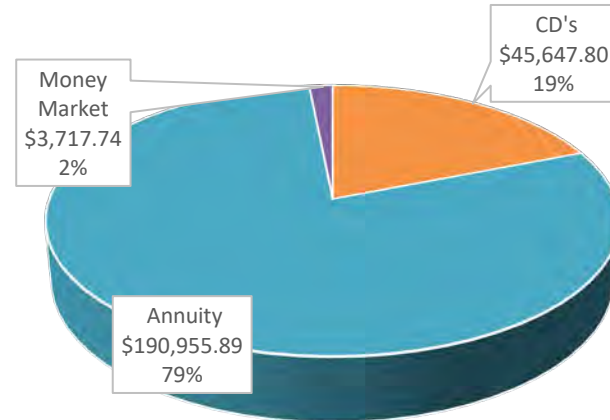
AT RISK Investments



All Investments



NOT AT RISK Investments



MISSOURI DENTAL INSURANCE SERVICES, INC

Balance Sheet

July 31, 2025

ASSETS

Current Assets

BROWN STOCK	\$	164.40
PETTY CASH		76.00
Investment Fund-LPL1930-2154.i		194,048.83
Investment Fund-LPL1930-2154.c		5,472.42
Investment Fund-LPL4730-3105.i		205,561.85
Investment Fund-LPL4730-3105.c		3,894.89
General MDIS Checking		24,350.96
Investment CD #334255		34,935.94
General MDIS Cking- sweep acct		275,626.25
Investment Annuity-8000273937		190,955.89
Investment CD 337931		10,711.86
Investment Money Market		3,717.74
Cafeteria Plan Acct		4,726.28
MDIS 401k		500.00
Insurance Premiums Savings		20,390.17
A/R		2,316.00
Bonus Receivables		71,811.00

Total Current Assets 1,049,260.48

Property and Equipment

LEASEHOLD IMPROVEMENTS	17,657.71
OFFICE FURNITURE & FIXTURES	102,248.08
ACCUM. DEPRECIATION	(95,988.89)

Total Property and Equipment 23,916.90

Other Assets

ROU Assets	361,066.79
Prepaid Expense	4,105.00
Prepaid Income Tax	46,780.00
ACCUM. AMORTIZATION, ROU	(105,756.39)

Total Other Assets 306,195.40

Total Assets \$ 1,379,372.78

MISSOURI DENTAL INSURANCE SERVICES, INC

Balance Sheet

July 31, 2025

LIABILITIES AND CAPITAL

Current Liabilities		
Long Term Deffered Tax Liab	\$	3,267.02
Deferred Tax Payable		2,591.51
Cafeteria Plan Payable		790.68
Insurance Payable		2,316.00
Accrued Payroll/Bonuses		48,755.23
ACCRUED VACATION PAYABLE		9,017.60
Income Tax Payable		24,525.00
Lease Payable		218,408.03
Right of Use - current portion		<u>36,902.37</u>
Total Current Liabilities		346,573.44
Long-Term Liabilities		<u> </u>
Total Long-Term Liabilities		<u>0.00</u>
Total Liabilities		346,573.44
Capital		
CAPITALIZATION - MDA		38,480.80
RETAINED EARNINGS		974,919.13
SHAREHOLDER DIVIDENDS		(241,902.00)
Net Income		<u>261,301.41</u>
Total Capital		<u>1,032,799.34</u>
Total Liabilities & Capital	\$	<u><u>1,379,372.78</u></u>



MDIS Dividend Report, September 2025

At the present time, the MDIS dividend calculation is as follows:

- Cash on hand – Operating Expense Allowance – Money needed to keep reserve fund in compliance = Dividend payable to MDA
- The current OEA is set at \$125,000, which we feel is adequate.

As of June 30, 2025, the Cash on hand was calculated at \$150,869.

Calculation being: $\$150,869 - 125,000 = \$25,869$

A dividend payment of \$25,869 will be made to the MDA by the end of July for this calculation.

The next calculation of a dividend will be after the December 2025 financials are completed.

Respectfully,

Jerri Wildhaber
MDIS Operations Director



MDIS Executive Vice President Report, September 2025

To be or not to be, that was the question all through the summer with changes from the passage of Prop A. It ended with the legislature effectively challenging this law and the removal of changes related to sick leave and PTO, for now. As reported in June, MDA/MDIS have effectively made appropriate changes to our manuals and reversed changes that outlined part-time sick leave.

Dental school travel has commenced for the teams. Paul, Jerri, Riley and Devin have already attended several events at each of the schools, and it will continue into the fall. Travels for some of the MDA team included the ADA Management Conference in July, one area of focus was the use of AI in associations and the dental profession. It's truly revolutionary for all industries and professions. MDA is planning to train on AI tools and receive certifications for its team. This could be applicable in the future for Jerri and the MDIS team. With its usage comes policy considerations for assuring confidentiality of information and compliance with HIPAA. This is just another area whereby we can share in learning within our organizations.

MDA and MDIS teams continue to collaborate on projects which show a pattern of success for both entities. MDIS/MDA recently held a staff retreat at Osage View in Linn Missouri following a team building murder mystery session at the MDA. Always fun and continued interaction among the teams which leads to overall success.

Respectfully,
Vicki Wilbers
MDIS Executive Vice President



MDIS Operations Director Report, September 2025

We are quickly approaching the end of the third quarter, and we are full steam ahead.

Our marketing campaigns with High 5 are running strong with several campaigns currently running and getting lots of interaction. Please share any of our posts with colleagues or follow us on FB or IG! We are beginning work on the marketing plan for 2026 with them.

The fall calendar is full of student and member outreach events, and we recently completed Welcome events at all three dental schools for the D1 classes. These are great events in getting to know some of the new students and introducing who we are to them.

Earlier this year we finished up being licensed in all 50 states. As of the end of August, we have written policies in 28 states.

We recently completed a staff retreat day with the MDA/MDIS team. This is always great for building our relationships with the others we work with, as most days we are too busy to check in with others and this gives time for bonding through both teams.

The 2026 budget work begins this month as we also near the open enrollment period for the Medicare and Individual health markets. Lots of healthcare rule changes this year and we are working diligently to notify those clients that are largely affected by them.

As always, we appreciate you encouraging a colleague to check with MDIS for any of their insurance needs.

Respectfully,
Jerri Wildhaber
MDIS Operations Director



MDIS Executive Committee Report, September 2025

The committee was asked to review the job description and duties of the MDIS EVP, and they are working on that actively, with a report due at the upcoming MDIS meeting in November.

Respectfully,

Dr. JC Standlee
MDIS Board President



Mike Kehoe
Governor
State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Angela L. Nelson, Director

MISSOURI DENTAL BOARD

3605 Missouri Boulevard P.O. Box 1367
Jefferson City, MO 65102-1367
573-751-0040
573-751-8216 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Brian Barnett
Executive Director
dental@pr.mo.gov
pr.mo.gov/dental

Missouri Dental Board Report

Date: September 3, 2025

At the Missouri Dental Board's April meeting, the Board reviewed and approved a proposed amendment to the license renewal rule for dentist and dental hygienist licenses. With this change licensees will now be required to submit their copies of their CE documents as part of the renewal process instead of just attesting that they completed the required continuing education. The Board has contracted with CE Broker to manage the continuing education document collection. More information about this process will be available in the coming weeks as the integration between CE Broker and the Division of Professional Registration's new licensure system, called MOPRO, is built. The Board will work with the professional associations to get information disseminated to licensees about this issue.

The Board is still encouraging licensees to log into the MOPRO system and register their account. Once a licensee registers his/her account they can manage their license including changing addresses and phone numbers and even printing copies of their license. To visit the MOPRO site, go to <https://mopro.mo.gov/license>

The Missouri Dental Board's next scheduled open meeting will be October 10, 2025. That meeting will be a virtual meeting and will begin at 9:00 am.

As always, should anyone have any questions or comments, please do not hesitate to contact the Board office at (573) 751-0040.

Respectfully Submitted,

Brian Barnett

Dental Lifeline Network • Missouri

Donated Dental Services (DDS) Program Highlights

Fiscal Year 2024 - 2025



For more information go to dental Lifeline.org or contact a DLN • MO Leadership Council member

Lisa Bosch, DMD (Chair)

Brandon K. Bennett, DDS, FAGD
William Cohen, DDS
Jon Copeland, DDS
Timothy Curry, DDS
Brett Durbin, DDS
Janet Ruopp, DDS
James Schmidt, DDS
Kyle Shull, DDS
David Suchman, DDS
David Urbanek, DMD, MS

Michael Berry, DDS (Advisor)

Or contact MO DDS Coordinator:
Fransisca Villa
573.636.4440
fvilla@DentalLifeline.org

Dental Lifeline Network is grateful for the Missouri Dental Association's partnership in developing the Donated Dental Services (DDS) program in 1999, and for its long-time support of helping people with disabilities or who are elderly or medically fragile and have no other access to dental care.

A generous network of Missouri dentists and labs have donated over \$12.3 million worth of comprehensive treatment to 2,496 patients in need. Thank you! **More volunteers are needed statewide, if you would like to get involved, please visit WhyIDental.org or scan the QR code below.**

Donated Dental Services (DDS) Program Totals

7/1/24-6/30/2025

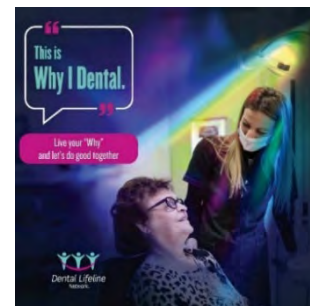
Patient Treatment	
Patients Served ¹	107
Patients on Waitlist	94
Volunteer Dentists	309
Volunteer Labs in MO	96
Participating Labs outside MO	7
Financial	
Value of Care to Patients Treated ²	\$356,559
Average Value of Treatment/Case ³	\$6,489
Value of Donated Lab Services	\$24,162
Since Program Inception (1999)	
Total Patients Treated	2,496
Total Value of Care to Patients Treated	\$12,326,838

¹Donated treatment value includes donated lab value

²Average value is based on patients that have completed comprehensive treatment; it does not include active patients, or patients who continue to receive ongoing care from their DDS volunteer.

³Number of Patients Served includes patients who completed their treatment plan, patients who received services, but treatment plan is not yet complete, and patients who are linked with a volunteer but haven't yet received treatment.

The Missouri DDS Program helps people like Jessica, 43, who lives with her son in Jackson County. She suffers from several chronic health conditions including Sjogren's syndrome and Lupus. Sadly, Jessica's dental health was another challenge. Due to her Sjogren's syndrome and lack of saliva, her teeth began to decay. She developed many painful oral infections and had all her teeth removed in 2018 at her physician's recommendation. Though Jessica received immediate dentures, her mouth changed as it healed and the dentures became useless after just six months.



Jessica was unable to afford new dentures and has lived without teeth or dentures for many years. Though she has Medicaid coverage, her benefits did not cover the extensive dental treatment she needed. She is unable to work but awaiting disability determination. In the meantime, she and her son survive on his Social Security Disability benefit that is entirely consumed by their basic monthly living expenses. Unfortunately, help seemed far out of reach.

Thankfully, two generous DDS volunteers stepped in to help, a general dentist and dental laboratory partnered to donate full upper and lower dentures. These caring volunteers restored Jessica's dental health, ability to eat a healthy diet, and her confidence. She wrote in to thank her volunteers for this amazing, lifesaving gift:

"I wanted to thank you for helping me. This program you offer is lifesaving. It's hard to feel confident about yourself when you are missing teeth. Thank you again."



CONNECT WITH US
 @DentalLifeline



Resources



Missouri Dental Association

FORGING THE FUTURE 2025-2028

Mission Statement: Helping All Dental Professionals Succeed

Goal 1: Professional Impact

Equipping Dental Professionals to flourish in Every Stage of Their Journey

- 1.1 Focus on dental professionals' needs in an ever-changing environment while broadening engagement opportunities and benefit offerings with an eye toward increasing market share
- 1.2 Ensure a committed culture of diversity and inclusion
- 1.3 Foster a culture of well-being for dental professionals

Goal 2: Financial & Organizational Stability

Ensure Financial & Organizational Stability to Serve the Profession with Integrity

- 2.1 Total revenue including dues and non-dues revenue, will increase 2-4% annually
 - Reserve funds are a minimum of 50% of annual operating expense
 - Non-dues revenue are a minimum of 50% of total revenue
- 2.2 Ensure a sustainable membership model and dues structure for continued growth
- 2.3 Focused on increased engagement opportunities with Members & Customers (non-members)
- 2.4 Ensure state and local component society alignment and support
- 2.5 Ensure alignment of the MDA and its subsidiary organizations for continued mutual success
- 2.6 Ensure the MDA organizational structure is adaptive for continued success

Goal 3: Community Impact

Advocate for Improving the Profession and the Oral Health of the Public

- 3.1 Leverage partnerships and outreach opportunities to improve all aspects of the oral health of Missouri citizens
- 3.2 Sustain and increase involvement for legislative initiatives
- 3.3 Ensure continual improvement of the Missouri Dental Medicaid program

Acronyms

AADB	American Association of Dental Boards
ADABEI	ADA Business Enterprises
ADA CERP	Continuing Education Provider Recognition
ADPAC	American Dental Political Action Committee
AOB	Assignment of Benefits
ASCDE	American Society of Constituent Dental Executives
ASDA	American Student Dental Association
ATL	Action Team Leader (ADA Lobby Day)
ATSU MOSDOH	ATSU Missouri School of Dentistry and Oral Health
BOT	Board of Trustees
C4S	MDA Connect4 Success (CE meeting)
CDA	Certified Dental Assistant
CODA	Commission on Dental Accreditation
DAC	Dental Advisory Committee (to MO HealthNet)
DANB	Dental Assisting National Board
DDMO	Delta Dental of Missouri
DSOs	Dental Support Organizations
DWBF	Missouri Dental Well Being Foundation
EFDA	Expanded Function Dental Assistant
FH	Fleischman Hillard (PR firm)
GBO	Group Buying Organization
H5	High Five (Marketing Firm)
HOD	House of Delegates
HPI	ADA Health Policy Institute
JCAR	Joint Committee on Administrative Rules
KCU CDM	KCU College of Dental Medicine
LRC	MDA Legislative & Regulatory Committee
MCOH	Missouri Coalition for Oral Health
MDAF	MDA Foundation
MDB	Missouri Dental Board
MDIS	Missouri Dental Insurance Services
MODentPAC	Missouri Dental Political Action Committee
MERIT	Missouri Emergency Response Identification Team
MLR	Medical Loss Ratio
MOMOM	Missouri Mission of Mercy
MPCA	Missouri Primary Care Association

NCOIL	National Council of Insurance Legislators
NDC	New Dentist Committee
ODH	Office of Dental Health
OPA	Oral Preventive Assistant
PDMP	Prescription Drug Monitoring Program
RFP	Request for Proposal
UMKC SOD	UMKC School of Dentistry



Meeting Wrap Up

- ***Unfinished Business***
- ***New Business***
- ***Next Meeting & Announcements***
 - Board of Trustees & MDIS Shareholders Meetings:
November 7, 2025 **VIRTUAL 10:00AM**
 - 2026 MDA Board of Trustees Meeting Schedule
- ***Adjournment***

2026 MDA Board of Trustees Meeting Dates

**Note: Dates/times are subject to change.*

Date	Event	Time	Place	Attendance
January 30, 2026	Board of Trustees Meeting	10:00am - 3:00pm	MDA Executive Office Jefferson City	Required
March 4, 2026	MDA Day at the Capitol		Varies	Strongly Encouraged
April 17, 2026	Board of Trustees Meeting	10:00am - 3:00pm	MDA Executive Office Jefferson City	Required
June 1, 2026	Board of Trustees - HOD Discussion/Votes	6:00 pm - 7:30pm	Zoom	Required
June 8, 2026	House of Delegates Session 1 Reference Committee Hearing	6:00pm – 8:00pm or Close of Business	Zoom	Required
June 26 & 27, 2026	Connect4Success	Varies	Margaritaville Lake of the Ozarks	Strongly encouraged
June 27, 2026	House of Delegates Session 2	2:00pm – Close of Business	Margaritaville Lake of the Ozarks	Required
August 28, 2026	Board of Trustees	10:00 am - 3:00pm	MDA Executive Office Jefferson City	Required
November 6, 2026	Board of Trustees Meeting <i>*includes MDIS Shareholders Meeting</i>	10:00am - 3:00pm	MDA Executive Office Jefferson City	Required

BOARD REPORT DUE DATES:

January 19 (for January 30 meeting)

April 6 (for April 17 meeting)

August 17 (for August 28 meeting)

October 26 (for November 6 meeting)