Preventing Mental Health and Substance Use Disorder Discrimination in Dentist Licensure and Credentialing – Resource Toolkit

Introduction

In 2023, on behalf of the ADA, the Council on Dental Practice (CDP) and the Dental Team Wellness Advisory Committee (DWAC), brought together stakeholders in dentistry and medicine to address the barriers that exist for providers and dental students who wish to seek mental health and wellness care without fear of punitive action.

The ADA Health and Well-Being Summit was attended by over 100 leaders from across the U.S. and speakers shared their expertise and helped establish a coalition of organizations committed to advancing positive change. Key findings from the Summit are summarized in an Executive Summary, including the myth the American Medical Association (AMA) brought to light in this report that the Joint Commission and the Federation of State Medical Boards (FSMB) require medical licensing boards, credentialing bodies, and professional liability insurance carriers to ask applicants about any past history of mental illness or substance use disorder on licensure, credentialing and other applications. The myth is also acknowledged by the American Psychiatric Association (APA) with this 2018 position statement.

At the 2023, ADA House of Delegates passed Resolution 517H-2023 Preventing Unfair Discrimination to raise awareness about stigmatizing language that may appear in licensure (both initial and renewal) and credentialing applications. Fear of disciplinary action may negatively impact a providers' willingness to admit they have a physical, behavioral, or mental health condition, and their decision to seek care. There is evidence, including a 2022 article in the journal *Academic Medicine*, that showed that that asking invasive mental health questions, may increase stigma and deter help-seeking behavior.

A 2022 report by the American Hospital Association's (AHA) Health Research and Education Trust (HRET) titled Suicide Prevention Evidence-Informed Interventions for the Health Care Workforce found three drivers of suicide in the health care workforce:

- Behavioral Health Stigma
- Limited Access to Behavioral Health Treatment, and
- Job Related Stressors

Per the HRET Report, behavioral health stigma, which includes the provider's fear that seeking mental health care *could* have a negative impact on their state license and of losing credentialing privileges, is a top driver of suicide.

In 2023, CDP surveyed State dental associations and sixteen responded with interest in participating in a pilot program to address licensure and credentialing reform. A DWAC workgroup used several criteria to select three pilot program states: Florida, New Jersey, and Wisconsin.

Selection criteria included:

- Whether dentists' licensure applications could be improved to remove intrusive questions,
- The status of medical licensure reform (per the Dr. Lorna Breen Foundation and the AMA audit of state medical boards' and their Wellbeing First Champions tracking map,
- Whether the interested state had a physician health program (PHP) or professionals' health program - including a dentist well-being program - that provides dental providers with a confidential alternative, to disciplinary action, should they seek mental health support.

The states in the pilot program received education from the AMA Advocacy Resource Center staff on identifying direct and indirect language in dentist's licensure applications considered to be stigmatizing.

The ADA is collaborating with physician organizations including the Federation of State Medical Boards (FSMB), American Medical Association (AMA), Dr. Lorna Breen Foundation, and the Federation of State Physician Health Programs (FSPHP) and The Joint Commission to address licensure and credentialing reform for dentists.

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Preventing Mental Health and Substance Use Disorder Discrimination in Dentist Licensure and Credentialing – Resource Toolkit

The ALL IN: Wellbeing First for Healthcare, a coalition led by the Dr. Lorna Breen Foundation, developed the Wellbeing First Champion Challenge program to support licensure boards, health systems, medical groups, health plans, and professional liability insurance companies in auditing and changing (as needed) all their applications, forms, and addendums to be free of intrusive mental health questions and stigmatizing language. Once applications are verified, licensure organizations are recognized as a Wellbeing First Champion.

To have your organization's licensure or credentialing applications reviewed follow these steps:

1. **Register**: Create an account to access the Dr. Lorna Breen Foundation free toolkit, FAQs, and checklist. Use these to guide your organization through auditing and revising invasive language in your applications.
2. **Audit and revise**: Review and update any language in licensing or credentialing applications that may be perceived as intrusive or stigmatizing toward individuals with mental health conditions.
3. **Verify**: Log back in to submit your applications. A thorough and comprehensive review of all submitted applications will be conducted to evaluate for consistency with recommended best practices language.
4. **Communicate**: Once your applications are verified, and your organization is recognized as a Wellbeing First Champion, use the Wellbeing First Champion badge and Communications toolkit to inform your licensees that seeking mental health support is encouraged and supported.
5. **Renew**: Renew annually to maintain your status and help licensees feel comfortable seeking mental health care.

Why the Badge?

The Wellbeing First Champion Badge serves as a visual recognition for health workers that licensure boards, hospitals, and health systems are ALL IN for prioritizing their workforce's mental health and well-being—removing a substantial barrier to mental health care access. When health workers are deciding in which state or organization to work, the Wellbeing First Champion Badge serves as a standardized form of communication that an organization's licensing or credentialing applications are free of intrusive mental health questions and stigmatizing language. Explore current Wellbeing First Champions at https://drlornabreen.org/removebarriers/. The Texas State Board of Dental Examiners (TSDBE) was the first board of dentistry to receive this recognition in 2024. As of September 1, 2026 ten dental licensure boards verified their licensure applications do not include intrusive mental health questions—benefiting more than 146,647 dental professionals. These figures reflect the most recent dental board data that the Dr. Lorna Breen Foundation shared with the ADA. To date, the 10 state dental boards that have received this verification are: Alabama, Iowa, Idaho, Illinois, Indiana, Michigan, North Carolina, Oregon, Pennsylvania, and Texas. The ADA is also aware that some states, including but not limited to Massachusetts and New York, do not include intrusive mental health questions on their dental licensure applications.

Dentistry is a rewarding and challenging profession. According to the 2021 ADA Dentist Well-Being Survey Report, anxiety more than tripled from 2003 to 2021. 84% of dentists who responded to the 2021 survey, indicated they experienced pain or discomfort while working. An April 2024 ADA News article on burnout highlighted some personal stories of dentists who have at some point in their career, experienced burnout. According to survey data from the 2024 ADA Council on Communications Trend Report, 82% of dentists in the survey reported feeling career burnout in at least one of these areas: insurance reimbursement, workforce shortage, patient attitude, and patient drug use, and 36% of dentists felt defeated, wanted to quit dentistry or did not want to go to work at least several times a month in the six months leading up to the survey.

The ADA shares the same commitment as state Boards of Dentistry that patient safety and protecting the public's health, is essential. Providers' total health, including physical and mental health, also needs to be safeguarded to ensure patient safety.

We hope the information and resources in this toolkit help state dental associations, state boards, credentialing organizations, and individual dental providers learn more about the current climate around licensure and credentialing reform.

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Preventing Mental Health and Substance Use Disorder Discrimination in Dentist Licensure and Credentialing – Resource Toolkit

Jeffrey Ottley, DMD, chair, Council on Dental Practice

Kami Dornfeld, DDS, chair, Dental Team Wellness Advisory Committee

ADA update September 18, 2026

Since this toolkit was initially developed, additional information about dentists' health and well-being has been published. Specifically, a 2025 *Journal of the American Dental Association* (JADA) article titled Suicide deaths among dentists in the United States showed that dentists were two times more likely to die by suicide compared to the general public.

An AMA survey of 50 hospitals and health systems found that organizations using physician credentialing application and peer review form language recommended by the AMA and the Dr. Lorna Breen Foundation reported positive outcomes in five key areas per this *report*:

- Increased use of mental health services
- Improved risk and liability management
- Enhanced patient safety and outcomes
- Stronger clinician recruitment and retention
- Greater disclosure of impairment concerns

Disclaimer

This resource of the American Dental Association is offered as information only and not as legal or other professional advice. Persons reviewing this material need to consult with their own legal or other professionals.

Background

NATIONAL ACADEMY OF MEDICINE (NAM) NATIONAL PLAN FOR HEALTH WORKFORCE WELL-BEING

The health workforce, including dental providers, is not immune to mental health conditions.

The NAM National Plan is a foundational read for state and local dental societies, and state boards of dental examiners. In 2022, the Council on Dental Practice aligned the efforts of DWAC to the seven priorities listed in the National Plan including:

- Create and sustain positive work and learning environments and culture.
- Invest in measurement, assessment, strategies, and research.
- Support mental health and reduce stigma.
- Address compliance, regulatory, and policy barriers for daily work.
- Engage effective technology tools.
- Institutionalize well-being as a long-term value; and
- Recruit and retain a diverse and inclusive health workforce.

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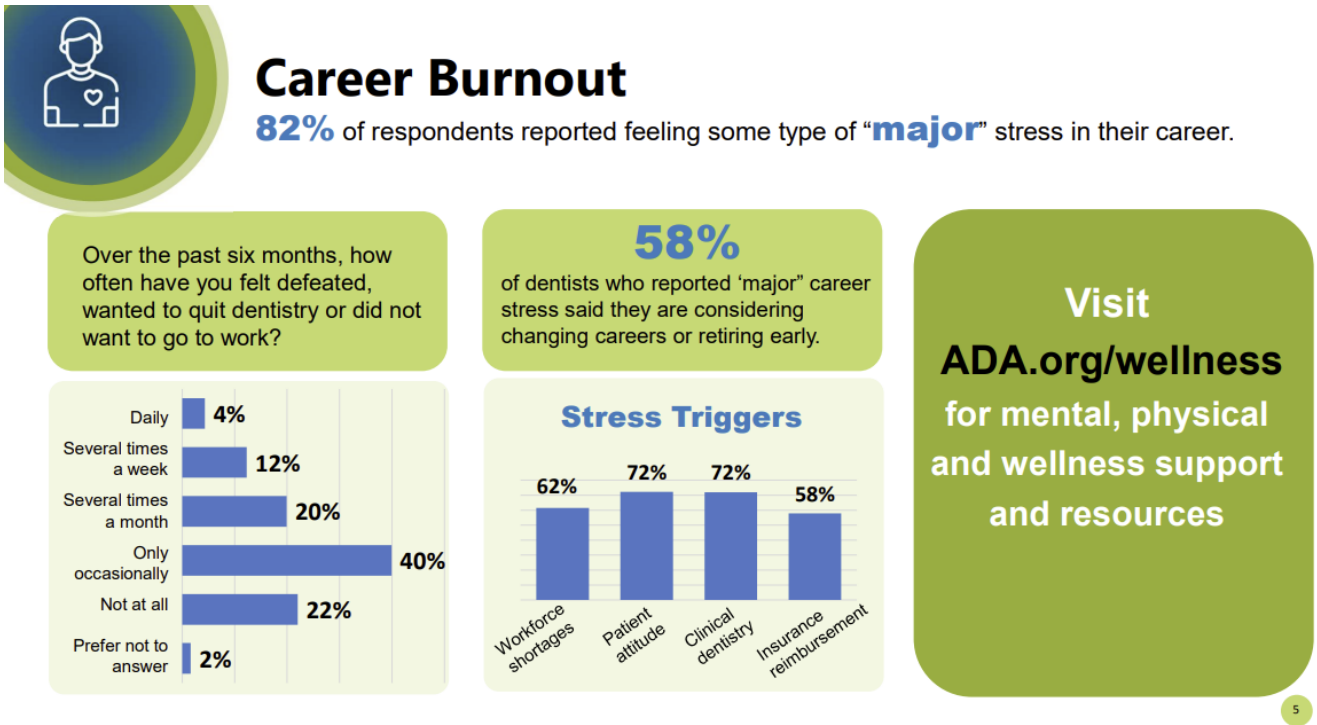
ADA COUNCIL ON COMMUNICATIONS' 2024 TREND REPORT

In March-April 2024, an online survey was distributed to the Advisory Circle research panel of ADA member dentists. Generally representative of overall ADA membership, the panel is made up of members who participate in surveys typically focused on business-related topics. In 2024, there were 560 respondents and margin of error of +/- 4%. The ADA Communications Trend Report: 2024 found that 82% of respondents reported feeling major stress in at least one of these areas: clinical dentistry, patient attitude, workforce shortages, and insurance reimbursement. 58% of dentists who reported major career stress said they are considering changing careers or retiring early.



What is Burnout?

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A 2024 article in ADA News titled Feeling burned out? You're not alone | American Dental Association (ada.org) summarized some dentists' experience with burnout and resources to help address it.

Burnout is the "debilitating result of chronic, unrelieved stress at work," said Diana Dill, Ed.D., a psychologist and member of the Council on Dental Practice's Dental Team Wellness Advisory Committee.

When clinicians are burned out, they may feel physically, psychologically, and emotionally exhausted. They may experience compassion fatigue, which means they cannot connect emotionally to others or care about their well-being. They also may lose professional effectiveness, especially with work that requires out-of-the-box thinking or overriding habits, Dr. Dill said.

"With burnout, people no longer bounce back from a bad day," she said. "Instead, these experiences settle in and become the new normal."

ADA RESOLUTION 517H-2023 PREVENTING UNFAIR DISCRIMINATION

In 2023, the ADA House of Delegates passed *Resolution 517H-2023 Preventing Unfair Discrimination* to address these issues.

Resolved, that the appropriate ADA agency create a pilot project to assist a limited number of states to develop and advocate for legislation or regulation that prevents discrimination in licensing, credentialing, and other matters against dentists who have received counseling, therapy, or treatment for mental health issues, and be it further

Resolved, that the resources developed by this project, including model legislation, be compiled into a toolkit for other state associations to use in their advocacy efforts, and be it further,

Resolved, that a report on these activities be prepared for the 2024 House of Delegates.

The ADA Council on Dental Practice and State Government Affairs teams started a pilot program to help three state dental associations get started with auditing dentist licensure applications, changing questions that may be barriers for dental professionals to seek mental health or substance use disorder care, and communicating any changes to licensees.

This resource toolkit is designed to address the ADA House of Delegates *Resolution 517H-2023* and to summarize information from states that have accomplished licensure reform or are in progress of licensure reform. It will also share information about efforts within credentialing organizations to become aware of stigmatizing questions in credentialing applications that may deter a dental provider from seeking mental health care.

If your state is considering exploring dentist licensure reform regarding removing intrusive questions that may deter an applicant from seeking mental health support, and you have any state law specific questions, you may wish to consult with an attorney in your state who is familiar with your state's licensure and credentialing laws.

Examples of States that Accomplished Licensure Reform

The Texas State Board of Dental Examiners (TSBDE) and the Virginia Dental Association (VDA), in partnership with the Medical Society of Virginia (MSV), accomplished licensure reform in 2023. The Iowa Dental Board (IDB) accomplished licensure reform in 2024 and in 2026, the IDB submitted their licensure application questions to the Dr. Lorna Breen Foundation for verification. The Minnesota Board of Dentistry also addressed licensure reform.

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In 2025, these dental examining boards were awarded the Wellbeing First Champions badge:

- Board of Dental Examiners of Alabama
- Idaho Board of Dentistry
- Illinois Board of Dentistry
- Michigan Board of Dentistry
- North Carolina State Board of Dental Examiners
- Oregon Board of Dentistry
- Pennsylvania State Board of Dentistry

As of September 1, 2026 the Indiana State Board of Dentistry and the Iowa Dental Board received the Wellbeing Champions badge. Currently, **ten dental licensure boards have verified that** their licensure applications do not include intrusive mental health questions—**benefiting more than 146,647 dental professionals.**

These additional state boards of dental examiners, are in progress to have their licensure applications verified by the Dr. Lorna Breen Foundation:

- New Jersey State Board of Dentistry
- South Carolina Board of Dentistry
- Wisconsin Dentistry Examining Board
- Vermont Board of Dental Examiners

This toolkit will also include brief summaries from the pilot program state efforts for Florida, New Jersey, and Wisconsin.

ATTESTATION MODEL: CASE STUDY ABOUT THE TEXAS STATE BOARD OF DENTAL EXAMINERS (TSBDE)

Summary

The following comments reflect the personal opinions of TSBDE board member Dr. Robert G. McNeill and do not necessarily reflect the official opinion of the TSBDE board.

WHY DID TSBDE REVIEW LICENSURE APPLICATION QUESTIONS AND REMOVE STIGMATIZING QUESTIONS, USING AN ATTESTATION MODEL?

As a board, we looked at evidence that showed asking certain questions regarding mental health could directly prevent licensees from getting help they needed. We also reviewed the evidence that dentists with self-reported mental health conditions also self-reported a higher risk of major dental errors in the dental setting.

HOW DID TSBDE ADDRESS LICENSURE REFORM?

We achieved licensure reform by directing efforts towards the Texas State Dental Board of Examiners' Committee on Licensure. A discussion took place about mental health and what type of processes would contribute to stigmatizing licensees getting help for mental health conditions. The Dr. Lorna Breen Foundation packet of information for regulatory agencies was shared with the committee as well as the entire board. After several robust discussions, staff were directed to change the licensing questions pertaining to mental health to be consistent with both the Texas Medical Board and the Federation of State Medical Board's recommendations. No actual board vote was required as there was a consensus for change in the committee and there were no board rules or statute that applied directly to questions on licensing examinations. Both initial and renewal forms were changed.

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Our board moved to the following attestation model that is consistent with language from the Federation of State Medical Boards' work group regarding mental health questions:

> "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical, and professional manner?"

We also included the following language that is directly below the question above:

> "Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and/or anonymously self-referring to the Professional Recovery Network (PRN). The PRN is supported in part by your license fees and is a peer assistance program dedicated to helping health care professionals enter a safe, healthy recovery in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice dentistry with reasonable skill and safety to patients, can result in the Board taking action against the license to practice dentistry."

AFTER TSBDE MOVED TO AN ATTESTATION MODEL, HOW DID THEY COMMUNICATE WITH THEIR LICENSEES?

One of the benefits of changing our licensing questions is that it gave us an opportunity to highlight several discussions about mental health. This is an area that our state dental association was very helpful in communicating both the message of changes being made but also a push for provider well-being. Articles about the licensing changes and the need for provider well-being were also placed in the state board newsletter.

WHAT WERE THE BIGGEST CHALLENGES FACED?

As the chair of licensing, I wanted our board to be proactive instead of reactive on the issue of provider well-being. One of the hardest things I do as a regulator is see a doctor whose life has fallen apart due to mental health issues. There is often patient harm that has already occurred in these situations. I felt we can and need to do more. The board was receptive to data showing that by asking "Have You Ever" questions pertaining to mental health issues, we were stigmatizing licensees getting care. Regulatory agencies like to have all information when possible. It took a change in thinking, backed by evidence through publications such as the Journal of Medical Regulation, to provide such proof that asking certain questions prevent people from getting help. It was also very helpful that the proposed changes would align us with our state medical board and were consistent with the recommendations from the Federation of State Medical Boards.

WHAT LESSONS DID THE TSBDE LEARN FROM LICENSURE REFORM AND WHAT RECOMMENDATIONS DO THEY HAVE FOR OTHER STATE BOARDS OF DENTAL EXAMINERS INTERESTED IN ADDRESSING LICENSURE AND CREDENTIALING REFORM?

I learned that it is very helpful to reach out to groups such as the Dr. Lorna Breen Foundation as well as looking at what your state medical board is doing. It is an easier process when the dental board is making changes in this area that have already been made by the state medical board. If you are trying to make change happen at your dental board, you would be well served to partner with the state dental association to try and find a board member who would be open to discussions about substance use disorders and mental health. Presenting on the issue of stigmatizing mental health questions and their risks to licensees and the public at a state board licensing committee and/or full board meeting would also be advisable.

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SUMMARIZE NEXT STEPS TSBDE IS ADVANCING TO CONTINUE TO ADVOCATE FOR PROVIDER WELL-BEING OR POLICY CHANGES THAT STRIVE TO ELIMINATE PUNITIVE ACTION A DENTAL PROFESSIONAL MAY FACE SHOULD THEY SEEK MENTAL HEALTH HELP?

As a board, we continue to communicate the importance of licensees being proactive with respect to their own mental health. Our changes have given us the opportunity to communicate this message in our newsletters, at open board meetings, as well as areas where we can work together with our stakeholders.

TESTIMONIAL

In 2023, the Texas State Board of Dental Examiners moved away from "have you ever" questions dealing with treatment for depression and substance use disorder, said Robert G. McNeill, D.D.S., M.D., chair of licensing and board secretary.

"Our new question requires an attestation about a current ability to be able to practice in a competent, ethical, and professional manner," he said. "I realized that there is convincing evidence that we can make a positive impact if our colleagues will seek mental health care by how we ask questions on licensing applications and renewals. Mental health and well-being also gives us a unique opportunity for regulators, dental organizations, and other stakeholders to work together to make change happen."

Dr. McNeill added, "A practitioner safety issue is a direct patient safety issue, and all stakeholders can work together to help with challenges of mental health issues. State dental board examiners can learn from the Federation of State Medical Boards, American Medical Association, ADA, and the Dr. Lorna Breen Foundation."

TESTIMONIAL

Stephanie R. Ganter, D.D.S., a former ADA wellness ambassador who cohosts the Between Two Teeth YouTube series with Dr. McNeill, said she was glad to see the Texas state board taking steps to make it easier for dentists to access mental health resources.

"Mental health is on a continuum and research shows one in five people will experience an issue during a given year," Dr. Ganter said. "Regulators and members of organized dentistry are better together with the common purpose of helping practitioners be well. We need to take care of ourselves and our colleagues so that we can best care for our patients."

TSDBE is the first board of dentistry to receive a WellBeing First Champions recognition from the Dr. Lorna Breen Foundation.

Questions? Email Dr. Bob McNeill at bobddsmd@gmail.com.

APPENDIX

An example of communication the Texas state board of dental examiners sent to licensees after licensure reform was accomplished

TSBDE Newsletter opening

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LEGISLATIVE MODEL: CASE STUDY ABOUT THE VIRGINIA DENTAL ASSOCIATION (VDA) AND THE MEDICAL SOCIETY OF VIRGINIA (MSV)

Summary

HOW DID THE VDA PASS EFFORTS TO IMPROVE PROVIDERS' MENTAL HEALTH?

In 2020, the Medical Society of Virginia (MSV) created the original SafeHaven® legislation, which passed unanimously. SafeHaven is a program designed for clinicians to seek help for career wellness and burnout without fear of losing their professional license. The SafeHaven law in Virginia includes three protections for healthcare providers:

1. Confidentiality
2. Immunity
3. Privilege

SafeHaven was born out of conversations with hundreds of physicians and physician assistants (PAs) across Virginia, which concluded:

- Clinicians **fear** their employer and respective Boards will alter their employment and/or license status if they discuss their personal burnout
- Clinicians **fear** their mental health status will be discovered and held against them in a medical malpractice trial
- Clinicians **do not feel safe or protected** when they need to seek help to address personal burnout concerns

These fears created a culture of silence, so those suffering the most would continue to isolate themselves instead of feeling supported. Given the importance of this legislation, at the beginning of the 2024 General Assembly, the MSV invited the VDA to lend its support to add dentists, hygienists, and students to the legislation (HB42), which became effective on July 1, 2024. The VDA team, Ryan Dunn, CEO, Laura Givens, Director of Legislative and Public Policy, Paul Logan, Director of Strategic Initiatives/Innovation, and Lynn Wisman, Assistant to the CEO, and Carolyn McCrea, Assistant Vice President of Programs from the MSV contributed to this summary.

HOW DID THE VDA BECOME AWARE OF HEALTHCARE PROVIDER LICENSURE REFORM EFFORTS?

In 2023, the Medical Society of Virginia reached out to the VDA and asked if the VDA would join MSV in supporting SB970/HB1573. The legislation sought to remove stigmatizing and antiquated questions about mental health from all state health care provider licensure forms. The VDA leadership agreed that this was legislation the VDA should be behind. The VDA signed onto a joint letter/one-pager with the MSV and other healthcare organizations. The letter was shared with legislators and passed with no opposition.

Thanks to the collaborative advocacy efforts between medicine, dentistry and other healthcare provider organizations including the Dr. Lorna Breen Foundation, Governor Glenn Youngkin signed HB 1573 into law in 2023.

WHY DID THE VDA DECIDE TO SUPPORT THE MSV BILL, WHICH BECAME THE LAW HB 1573 MENTAL HEALTH CONDITIONS AND IMPAIRMENT?

The VDA agreed with the MSV that the language at that time affirmed the stigma for healthcare providers seeking mental health support, implying that illness and impairment are synonymous. This certainly would cause many students and providers in the healthcare fields who live with mental illness to remain silent, untreated, or

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undiagnosed due to fear of stigma or threat to their license. It was also shared that Maryland, Washington D.C., North Carolina, Kentucky, and Maine had all recently changed their licensure questions.
Virginia's new questions are:

1. *Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients?*
2. *Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?*

BRIELY SUMMARIZE HOW THE VDA LENT ITS SUPPORT TO THIS EFFORT AND WHO FROM THE VDA WAS INVOLVED?

SB970/HB1573 were included in the VDA's top priorities for their 2023 Lobby Day in Richmond. Member dentists and dental students who attended the event shared the talking points and advocated for the bills when visiting legislative offices that day.

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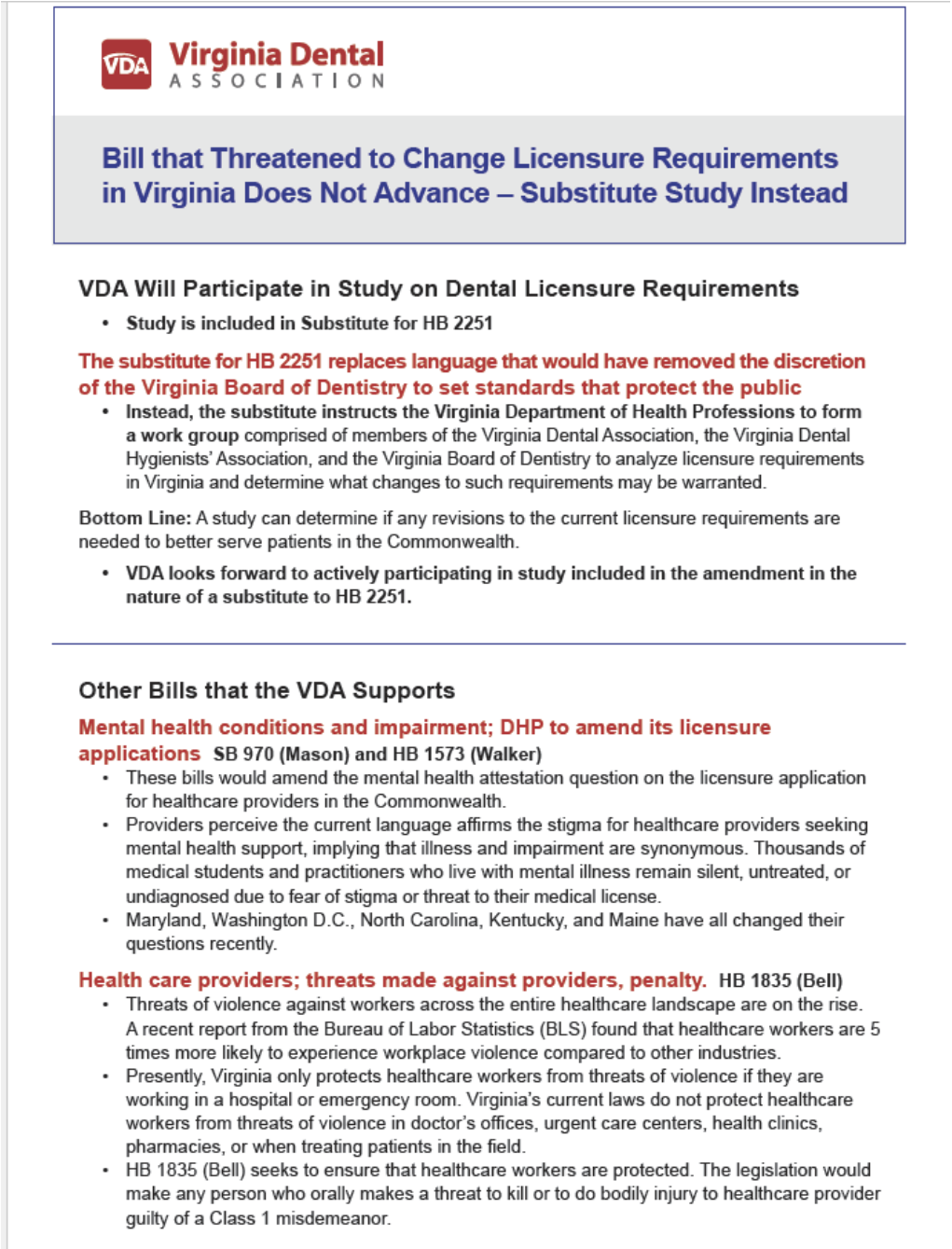
VDA Talking Points for Lobby Day:



Virginia Dental ASSOCIATION

Bill that Threatened to Change Licensure Requirements in Virginia Does Not Advance – Substitute Study Instead

VDA Will Participate in Study on Dental Licensure Requirements

- **Study is included in Substitute for HB 2251**

The substitute for HB 2251 replaces language that would have removed the discretion of the Virginia Board of Dentistry to set standards that protect the public

- **Instead, the substitute instructs the Virginia Department of Health Professions to form a work group** comprised of members of the Virginia Dental Association, the Virginia Dental Hygienists' Association, and the Virginia Board of Dentistry to analyze licensure requirements in Virginia and determine what changes to such requirements may be warranted.

Bottom Line: A study can determine if any revisions to the current licensure requirements are needed to better serve patients in the Commonwealth.

- **VDA looks forward to actively participating in study included in the amendment in the nature of a substitute to HB 2251.**

Other Bills that the VDA Supports

Mental health conditions and impairment; DHP to amend its licensure applications **SB 970 (Mason) and HB 1573 (Walker)**

- These bills would amend the mental health attestation question on the licensure application for healthcare providers in the Commonwealth.
- Providers perceive the current language affirms the stigma for healthcare providers seeking mental health support, implying that illness and impairment are synonymous. Thousands of medical students and practitioners who live with mental illness remain silent, untreated, or undiagnosed due to fear of stigma or threat to their medical license.
- Maryland, Washington D.C., North Carolina, Kentucky, and Maine have all changed their questions recently.

Health care providers; threats made against providers, penalty. **HB 1835 (Bell)**

- Threats of violence against workers across the entire healthcare landscape are on the rise. A recent report from the Bureau of Labor Statistics (BLS) found that healthcare workers are 5 times more likely to experience workplace violence compared to other industries.
- Presently, Virginia only protects healthcare workers from threats of violence if they are working in a hospital or emergency room. Virginia's current laws do not protect healthcare workers from threats of violence in doctor's offices, urgent care centers, health clinics, pharmacies, or when treating patients in the field.
- HB 1835 (Bell) seeks to ensure that healthcare workers are protected. The legislation would make any person who orally makes a threat to kill or to do bodily injury to healthcare provider guilty of a Class 1 misdemeanor.

AFTER HB 1573 WAS SIGNED INTO LAW, HOW DID THE VDA COMMUNICATE WITH ITS MEMBERS ABOUT THESE CHANGES?

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The VDA sent out a legislative update to the membership shortly after the bill was officially signed via email sharing that the Governor had signed the bill, which was actually 'emergency legislation,' meaning that it immediately went into effect.

Legislative Update from VDA to Members:

LEGISLATIVE UPDATE

March 28, 2023

As budget negotiators in the House and Senate continue to work toward a compromise, Governor Youngkin has signed into law three important policies supported by the VDA. The licensure change goes into effect immediately upon his signature with an emergency clause. Read more below on those policies as well as two recent regulatory actions that impact dentists in Virginia.

Governor Youngkin Signs Emergency Legislation to Make it Easier for Dentists and other Medical Professionals to Access Mental Health Services

Governor Youngkin has signed emergency legislation that directs "the Department of Health Professions to amend its licensure, certification and registration applications to remove any existing questions pertaining to mental health conditions and impairment."

Instead, those applications ask:

- Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients?
- Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?

The emergency clause included in the legislation allows it to go into effect immediately with the Governor's signature, and the Virginia Department of Health Professions announced that application questions have now been changed by all boards consistent with the legislation.

For decades, the VDA Council on Caring Dentists has provided peer support and assistance for dentists and dental team members struggling with addiction and mental health issues. If you need help or know someone who does, please reach out to our confidential VDA staff liaison Lynn Wisman to learn more about the council and the resources they have to offer at wisman@vadental.org or 804-523-2190.

WHAT LESSONS HAS THE VDA LEARNED FROM LICENSURE REFORM AND WHAT RECOMMENDATIONS DO YOU HAVE FOR OTHER STATE DENTAL ASSOCIATIONS AND THEIR STATE BOARDS OF DENTAL EXAMINERS THAT ARE INTERESTED IN ADDRESSING LICENSURE REFORM?

It is important, not necessarily for input or approval/support but, out of respect, to always make the Board of Dentistry aware of any plans for licensure reform legislation (or any legislation that will eventually require them to make regulatory changes) well-before the General Assembly session. VDA drafted its legislation based on the language and spirit of similar legislation introduced and passed by the MSV.

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PLEASE SUMMARIZE ANY ADDITIONAL NEXT STEPS THE VDA IS PURSUING TO CONTINUE TO ADVOCATE FOR PROVIDER HEALTH AND WELL-BEING OR POLICY CHANGES THAT STRIVE TO ELIMINATE PUNITIVE ACTION A PROVIDER MAY FACE SHOULD THEY SEEK MENTAL HEALTH OR SUBSTANCE USE DISORDER HELP?

The VDA is very proud to have advocated for the changes to licensure questions in 2023 and for the Safe Haven Program in 2024. The VDA is meeting with the MSV over the next few months to learn more about and gather information on the Safe Haven program and plans to be ready to provide VDA members with Safe Haven resources and details once the law becomes effective on July 1, 2024.

TESTIMONIAL
Melina Davis, CEO & Executive Vice President, Medical Society of Virginia

"The Medical Society of Virginia heard from clinicians across the state that they were feeling emotionally, physically, and mentally burnt out with the ever-growing pressure placed on them by the healthcare ecosystem. However, even knowing they were suffering from moral injury, they were afraid to seek help for fear of repercussions to their career. We knew we needed to find a way to offer them a program designed specifically to provide them confidential mental health and well-being resources, which is how SafeHaven came to be. SafeHaven's legal protections are key to ensuring psychological safety for all clinicians and getting them care earlier in the downward spiral of burnout. It is time that we begin caring for those who spend their lives caring for us."

"Physicians, PAs, nurses, pharmacists, others, needed to know that they were protected and in the legislation, we specifically carved out protections that if you took part in the SafeHaven program, you were legally protected from any conversation being discoverable no matter the type of lawsuit."

"It [SafeHaven] created this pocket of protection where people could get help and still be responsible to patients."

TESTIMONIAL
Dr. Bruce Overton, chair, Virginia Dental Association's Caring Dentists Council

"*Despite the progress we have made as a profession and as a society in addressing the stigma of seeking help, there remains significant fear for loss of license and losing the ability to serve in the profession that gives a provider purpose. And until this year (2023), the licensure process itself included outdated questions that could be a barrier to health professionals seeking care."*

"When we stigmatize mental health issues, we isolate people who are suffering and make it harder to heal. When health care providers can receive compassionate care for mental health issues, it's better for them and better for their patients."

Richmond Times-Dispatch
DESTIGMATIZING MENTAL HEALTH
Column: Health care professionals need care, too

By DR. BRUCE OVERTON Apr 9, 2023

Questions? Email Laura Givens at Givens@vda.org or Carolyn McCrea at cmccrea@msv.org.

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Photo courtesy of Laura Givens, VDA.
Governor Glenn Youngkin (July 2024) at the bill signing of the Safe Haven law, with several Virginia Dental Association Member Dentists, and the Virginia Dental Hygienists Association Member Dental Hygienists.

ATTESTATION MODEL*: CASE STUDY ABOUT THE OREGON DENTAL ASSOCIATION (ODA) AND THE OREGON BOARD OF DENTISTRY (OBD)

Summary

*The original ODA case study, published on October 29, 2023, was updated to reflect a vote by the Oregon Board of Dentistry late in 2024.

On December 13, 2024, the Oregon Board of Dentistry passed a motion that removed stigmatizing mental health questions, including those about substance use disorders, from initial licensure and renewal licensure applications for dentists and dental hygienists. Before this update, “Have You Ever” questions related to receiving counseling, therapy or treatment for mental health issues, including substance misuse, focused on past diagnoses and treatment, instead of focusing on current impairment. The updated initial and renewal licensure application

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questions took effect in February 2025. The updated licensure questions align with those of the Oregon Medical Board (OMB).

Since the summer of 2023, the ODA focused on reforming the licensure process. In August of 2023, the ODA sent a letter, co-signed by the Oregon Dental Hygienists' Association (ODHA), to formally express their concerns regarding questions related to licensure and re-licensure. Doctors Barry Taylor and Julie Spaniel brought the issue before the OBD in person to review. Doctors Taylor and Spaniel informed the Oregon Board of Dentistry that the OMB had already changed its line of questioning. Fortunately, the ODA and the OBD have open communication. The matter was referred to the Licensing, Standards, and Competency Committee. The goal was to align the dentist licensure applications with the Oregon Medical Board's language which focuses on current impairment, as opposed to past diagnoses or treatment.

WHY DID ODA DECIDE TO REVIEW LICENSURE APPLICATION QUESTIONS AND ENCOURAGE THE OBD TO REMOVE STIGMATIZING LANGUAGE? WHAT DID ODA LEARN FROM THE OREGON BOARD OF MEDICINE AND THEIR EFFORTS?

Licensure reform was brought to the attention of the ODA after hearing of changes made around the country with medical licensure and credentialing. After reviewing a letter to the Department of Justice (DOJ) in 2023 written by our two Oregon U.S. Senators, the ODA realized they wanted to address stigmatizing questions on their dental licensure applications. Language such as, "Have you ever sought treatment…", may cause a barrier to seeking help for mental health issues and/or substance use disorders. The OMB had already set a precedent by changing their line of questioning to an Attestation Model suggested by the Federation of State Medical Boards, the American Medical Association, and Dr. Lorna Breen Foundation. OMB's attestation model is similar to what the Texas State Board of Dental Examiners accomplished on behalf of their licensees.

NOW THAT LICENSURE REFORM OCCURED IN OREGON, HOW DOES THE ODA PLAN TO COMMUNICATE APPLICATION QUESTION CHANGES WITH YOUR MEMBERS?

With the official OBD vote to update licensure application questions, the ODA will promote awareness through its monthly publication, Membership Matters, email communications to their members, public social media posts, and local component-level announcements. The ODA is raising awareness about their ADA Trustee District 11-wide, Wellness Initiative at the component level and will create awareness around these changes in the initial and renewal licensure applications for dentists and dental hygienists. The ODA acknowledges that it is essential to bring any message regarding application question change to all dentists in Oregon, not just member dentists. An ADA News article showcased Oregon's advocacy efforts with their coalition partners including ODHA, Permanente Dental Associates, Willamette Dental Group, Gentle Dental, Delta Dental of Oregon, and Capitol Dental representing 75% of dentists in the state.

WHAT ARE SOME OF THE KEY EDUCATIONAL OPPORTUNITIES THAT EXIST?

The ODA and OBD have a shared goal of protecting the public's health. It takes patience and persistence to educate a board of dentistry that intrusive language on dentist licensure applications might inhibit a provider from pursuing mental health care. It takes time to ensure members of the OBD understand why changes in licensure applications may be in violation of the Americans with Disabilities Act. As a first step, ODA aligned language in dentists' licensure application questions, with those of Oregon physicians.

WHAT IS THE ODA LEARNING FROM PURSUING LICENSURE REFORM AND WHAT RECOMMENDATIONS DO YOU HAVE FOR OTHER STATES THAT ARE INTERESTED IN ADDRESSING LICENSURE REFORM?

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Change will happen by bringing together the voices of a majority of licensed professionals. The ODA believes that developing or creating relationships with state dental associations and state boards of dentistry is essential. The coalition with the Oregon Dental Hygienists' Association (ADHA) is important. Other key coalition partners included Permanente Dental Associates, Willamette Dental Group, Gentle Dental, Delta Dental of Oregon, and Capitol Dental. Coalition building within our state, with the ADHA and larger corporate practices increased the chances of successful licensure reform.

SUMMARIZE ANY ADDITIONAL NEXT STEPS ODA IS PURSUING TO CONTINUE TO ADVOCATE FOR PROVIDER HEALTH AND WELL-BEING OR POLICY CHANGES THAT STRIVE TO ELIMINATE PUNITIVE ACTION A PROVIDER MAY FACE SHOULD THEY SEEK MENTAL HEALTH OR SUBSTANCE USE DISORDER CARE?

ODA continues to educate and normalize the conversation on mental health and well-being at the Oregon Health Sciences University (OHSU) and with our early career dentists. Doctors Taylor and Spaniel, and other ODA members, are committed to regularly educating OHSU dental students about safeguarding their physical and mental health. ODA collaborates with Wellness Ambassadors from the American Student Dental Association (ASDA), in ADA Trustee District 11. Together, these leaders support OHSU education efforts. Leaders share their personal stories, encouraging prevention and proactiveness, and inspire each other. The ODA is also currently working to improve their Peer-to-Peer Wellness Ambassador program by standardizing the training of the volunteers. The Oregon Dental Association is also working to strengthen their well-being coalition in ADA Trustee District 11 by sharing information about these Wellness Initiatives and programs with the four other states in its District: Washington, Idaho, Alaska, and Montana. ODA hopes to expand their efforts to the Western region of the U.S.

TESTIMONIAL

Coalition building within our states, with the Hygiene Association and larger corporate practices, will increase our chances of successful licensure reform. Change will happen by bringing together the voices of a majority of licensed professionals. Julie Spaniel, D.D.S., ODA Board of Trustees, ODA Chair Wellness Initiative, ADA Wellness Ambassador and ADA Dental Team Wellness Advisory Committee Consultant.

Questions? Email Dr. Barry Taylor, Executive Director Oregon Dental Association at btaylor@oregondental.org or Dr. Julie Spaniel at djsdds1@gmail.com

APPENDIX

Letter from Senators Wyden, Merkley (Oregon), and Booker (NJ) to U.S. Department of Justice

U.S. Department of Justice Response to Senator Wyden

Letter of Support for Licensure Reform from Permanente Dental & Moda to Oregon Board of Dentistry

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Preventing Mental Health and Substance Use Disorder Discrimination in Dentist Licensure and Credentialing – Resource Toolkit

ATTESTATION MODEL: CASE STUDY ABOUT THE IOWA DENTAL BOARD (IDB)

Summary

After the tragic loss of an Iowa dentist who died by suicide in 2020, the Iowa Dental Association and the Iowa Dental Board (IDB) recognized the urgency in addressing dental providers' mental health and eliminating stigmatizing language on dentists' initial and renewal applications. The goals were twofold: reduce stigma surrounding mental health conditions, and encourage licensees to seek mental health care, should they need it, without fear of punitive action. IDB audited initial and renewal applications and in June 2024, the changes were updated. Now, every dentist who completes an initial application, or renews their license, does not need to answer any questions related to medical conditions, alcohol, or drugs. Further, every Iowa dentist answers a revised question about participation in a state monitoring program.

HOW IS IDB ADDRESSING LICENSURE REFORM*?

The Iowa Dental Board was aware of another state licensing board that had used an attestation approach. Since June 2024, dentists' initial and renewal questions in Iowa have been changed as follows:

1. All questions related to medical conditions have been removed.
2. All questions related to alcohol or drugs have been removed.
3. The following question related to current participation in a state monitoring program has been updated:
   Are you currently participating in a confidential monitoring program in a state other than Iowa? Yes/No?
4. The following attestation has been added:

Health Notice

The Board recognizes that licensees may struggle with health concerns, just like their patients, including mental health conditions, physical disabilities, and substance use disorders, which may impact practice.

The Board expects its licensees to properly address health concerns by seeking medical care, and/or limiting their practice, when appropriate.

The Board encourages licensees to utilize its practitioner health programs when the symptoms of a health concern may have the potential to impair the ability to practice. More information can be found here: https://dial.iowa.gov/i-need/licenses/medical/iowa-professional-health-programs

The inability of a licensee to meet the minimum standard of care as a result of inadequately addressing any health condition, which may impair their ability to practice with reasonable skill and safety to patients, could result in Board review.

**I have read and understand the statements above.*

- ○ *I acknowledge*

Applicants for licensure are asked if they are currently participating in a confidential monitoring program in a state other than Iowa. This question is confidential and is not shared with the Board.

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This information allows state monitoring programs to work together to support participants who may work in multiple states. There are rare instances where a participant may need to immediately cease practice due to safety concerns and this allows states to quickly share information.

Collaboration among confidential state monitoring programs allows states to support the licensee no matter where they are working, and to ensure that public protection measures are in place.

*In 2026, the Iowa Dental Board submitted their updated initial and renewal licensure applications to the Dr. Lorna Breen Foundation for verification. On August 21, 2026 Iowa's dental licensure applications were awarded the Wellbeing First Champions badge, signaling a strong commitment to prioritizing mental health for Iowa's dentists.

PLEASE DESCRIBE THE IOWA DENTAL WORKFORCE MENTAL HEALTH AND WELL-BEING STAKEHOLDER WORKGROUP'S EFFORTS.**

The Iowa Dental Workforce Mental Health and Well-Being Stakeholder Workgroup was brought together in 2023 with the intent of building a cross-sectional workgroup that would create a framework, plan and environment to facilitate early identification of mental health problems and encourage help seeking. The stakeholder group is comprised of representatives from the Iowa Dental Association, dentists, Delta Dental of Iowa, physicians, Iowa Dental Board, funders, University of Iowa College of Dentistry, and mental health therapists.

The Stakeholder Workgroup has developed a three-year strategic plan to improve the comprehensive mental health and well-being of Iowa dentists. The plan has three strategic priorities:

1.) **Prevention and early intervention** – to create an open culture around mental health and well-being reducing the stigma associated with mental health issues and topics,

2.) **Workplace and community** – to build and sustain positive work and learning environments and,

3.) **Tools and resources** – to develop, evaluate and implement tools, skills, and resources to enable individuals in the dental community to thrive.

Implementation of the first year of the strategic plan has focused on the following action steps:

- *Provide timely access to professional, high-quality mental health services that promote the mental and emotional well-being of dental professionals.* We have begun working collaboratively to establish program parameters, a potential service provider, and initial process for engagement of dentists. If the program is approved, dentists would have access to 3 free mental health counseling sessions each year.

- *Connecting the dental workforce to available resources.* Methods for the provision and distribution of resources regarding mental health, suicide prevention, and well-being to occur through newsletters, social media, presentations, group meetings and videos.

**On January 1, 2025, the Iowa Dental Advocacy for Professional and Personal Thriving (IADAPT) program was launched, offering confidential, executive coaching and therapy services to Iowa dentists. IADAPT recognizes that dentistry can be an extremely rewarding career, but it comes with its own challenges and complications. This program was thoughtfully designed to address the complex, career-specific challenges dentists may encounter throughout their career, through specialized and personalized support. Each Iowa dentist is eligible for three free sessions every 12 months, with pathways to continue receiving services, if desired.

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TESTIMONIAL

"The Iowa Dental Association is dedicated to meeting the needs of our member dentists. We understand that the practice of dentistry can be extremely rewarding, but it also comes with a variety of challenges, including feelings of isolation, overwhelming responsibilities, and perfectionism. Dentists do not need to face these struggles alone, which is why we have dedicated time and resources to finding supportive solutions to mental health challenges."
– Dr. Chris Bogue, IDA President

Questions? Email Laurie Traetow, CAE, Executive Director, Iowa Dental Association at laurie@iowadental.org

THE MINNESOTA BOARD OF DENTISTRY (MBD) EXAMPLE: SUMMARY OF MINNESOTA'S EFFORTS TO REDUCE STIGMA AND INCREASE HELP SEEKING BY DENTAL PROVIDERS

Summary

Minnesota works with the Health Professionals Services Program (HPSP) to help monitor and assist licensees with physical, psychological, and substance disorders so they can still practice as long as they are accountable and compliant with the program. Referral can be done confidentially and if they are compliant in the program, they do not go "immediately to a disciplinary pathway." We changed our questions so if they are already participants or would like to self-refer, they are not penalized for doing so and getting the help that they need.

WHY DID MBD DECIDE TO ADDRESS LICENSURE REFORM?

The mission of the MBD is protection of public health and safety in dentistry. Minnesota allows confidential referral to their Health Professional Services Program (HPSP) and did not want to potentially deter licensees from contacting the HPSP or self-referring for the conditions that they can monitor, which includes mental health and substance use disorders.

HOW DID THE MBD DECIDE TO ADDRESS LICENSURE REFORM?

The MBD assembled a group of Director's together from several Health Regulatory Boards in Minnesota and formulated the changes.

AFTER LICENSURE QUESTIONS WERE REVIEWED AND CHANGED HOW DID THE MBD COMMUNICATE THESE CHANGES WITH THEIR LICENSEES?

The Board of Dentistry has been forward thinking over the last several years when it comes to provider wellness, de-stigmatizing mental health, and substance use. We have done outreach and education around the subject for many different groups, both in the state of Minnesota and nationally.

WERE THERE ANY CHALLENGES THAT MBD FACED WHEN ADDRESSING LICENSURE REFORM?

Not really, the changes were well received and supported.

WHAT LESSONS HAS THE MBD LEARNED FROM LICENSURE REFORM AND WHAT RECOMMENDATIONS DO YOU HAVE FOR OTHER STATE DENTAL BOARDS THAT MIGHT BE INTERESTED IN ADDRESSING LICENSURE REFORM?

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Licensure reform can reduce stigma and connect dental providers to support earlier on, which is supportive of health and wellness, early identification of illnesses, and promoting management of illnesses.

PLEASE SUMMARIZE ANY ADDITIONAL NEXT STEPS THE MBD IS PURSUING TO CONTINUE TO ADVOCATE FOR PROVIDER HEALTH AND WELL-BEING POLICY CHANGES THAT CAN MITIGATE PUNITIVE ACTION A PROVIDER MAY FACE SHOULD THEY SEEK MENTAL HEALTH OR SUBSTANCE USE DISORDER HELP?

The MBD will continue education and outreach and collaborate with our HPSP program to make sure that providers are well supported. A healthy provider leads to better clinical outcomes, thus fulfilling our mission of protecting public health and safety overall. MBD will also be offering additional education on provider burnout and how it impacts clinical decisions.

MBD APPLICATION QUESTION DISCLOSURES

Application questions - disclosures

1. Do you have any diagnosed and/or treated mental, physical, or cognitive condition or illness that could affect your ability to practice with reasonable skill and safety that has not been reported to HPSP?

No Yes

2. Do you have any diagnosed and/or treated substance use disorder that may affect your ability to practice with reasonable skill and safety that has not been reported to HPSP?

No Yes

VIEW THIS BROCHURE AND INFORMATION REGARDING THE MINNESOTA HPSP PROGRAM:

https://mn.gov/boards/assets/FINAL%20-%20HPSP%20Brochure_tcm21-590239.pdf

TESTIMONIAL

The HPSP program allows health care providers to get confidential referral and monitoring of substance abuse and or physical and mental health treatment, without fear of repercussions against their license. It didn't exist when I was struggling with substance use disorder many years ago and it could have been a very helpful resource. Also, I ended up having to go the disciplinary route with the Board of Dentistry back when it occurred. There are way better methods now to support providers and ensure public health and safety.
Dr. Peter Cannon, Current Minnesota Board of Dentistry Member, 36 years of Sobriety

Questions? Email Dr. Rick Nolting, Board Licensure and Credentialing Chair, Minnesota Board of Dentistry rick.nolting@state.mn.us

PILOT PROGRAM STATE UPDATES

Summary

To kick off the development of the pilot program, staff from the ADA's Department of State Government Affairs and the ADA Center for Dental Practice met with leaders from the Florida, New Jersey, and Wisconsin Dental Associations to discuss Resolution 517 and how the language contained within the initial and renewal dental licensure applications from each state could benefit from a review and analysis in line with the resolution's goals.

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ADA and state association staff met with the AMA Advocacy Resource Center staff, who have in-depth knowledge of and experience with efforts to remove or revise stigmatizing language on the licensure applications of healthcare professionals. The AMA Advocacy Resource Center staff provided an overview of the licensure and credentialing reform efforts led by the AMA, the Dr. Lorna Breen Foundation, and other medical organizations, including the Federation of State Medical Boards and the Federation of State Physician Health Programs. Staff from the AMA Advocacy Resource Center stressed the importance of suggesting that state boards of dentistry consider asking questions focused on a provider's *current impairment* as opposed to "*Have you Ever*?" questions that may be viewed as intrusive and have a negative impact on a provider's willingness to seek care. It is important to note that illness or currently receiving treatment does not equal impairment.

Initial and renewal dentist licensure applications from Florida, New Jersey and Wisconsin were shared and reviewed by ADA staff and the AMA Advocacy Resource Center staff. The AMA Advocacy Resource Center staff findings were that the dentist licensure applications were similar to other health professionals' applications in terms of questions asked and the information sought. The review of the dental licensure applications from the three pilot program states revealed several things, including:

- Each application asked questions related to an applicant's past adverse actions or behavior as well as the applicant's current personal health status; and
- Each of the applications asked questions about the applicant's mental health and substance use treatment that are inconsistent with the recommendations adopted by the AMA and the Dr. Lorna Breen Foundation; and
- Each application could benefit from a positive statement that the board encourages individuals suffering from mental health or substance use disorders to seek care or assistance.

Each pilot program state was told which questions in their initial and renewal applications were consistent with the AMA and the Dr. Lorna Breen Foundation language. Further, each state was informed about at least one question that was overly intrusive or possibly violates the Americans with Disabilities Act, with the recommendation that the question should be deleted.

Emphasis was placed on the important consideration between information a board would *need* to know versus information a board would simply *want* to know prior to granting or renewing a dental license; questions seeking information that falls under the *need to know* category could be considered appropriate even if they were also intrusive to the applicant.

It was mentioned that some of the information requested by dental boards on licensure applications could be secured from public sources, and not from the applicant. Because dental boards have statutory and regulatory responsibility to make sure dentists are safe and competent practitioners, they must delicately balance how much information they require from applicants with questions that may prevent dentists from seeking care.

It was suggested that dental boards interested in exploring licensure reform on behalf of their licensees review their initial and renewal dental licensure applications for questions that would cause an applicant to be hesitant to seek treatment out of fear of adverse consequences. Pilot program states are reviewing the recommendations they received about their licensure applications and will determine their next steps to approach their state dental boards.

As of August 24, 2026 the New Jersey State Board of Dentistry and the Wisconsin Dentistry Examining Board have their respective licensure applications being reviewed by the Dr. Lorna Breen Foundation. In addition to New Jersey and Wisconsin, South Carolina, and Vermont also have their licensure applications being reviewed by the

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Dr. Lorna Breen Foundation. The ten state boards of dentistry that have verified their licensure applications do not have intrusive mental health questions and received the Wellbeing First Champions badge, which benefits more than 146,647 dental professionals.

CREDENTIALING REFORM

Summary

In working with the AMA Advocacy Resource Center staff, the ADA recognizes that credentialing applications are as important to dental providers as licensure applications, and when language on a dental providers' credentialing application is stigmatizing, the dental provider may fear punitive action, and not seek mental or behavioral health care, if needed.

ADA staff met with two credentialing organizations regarding intrusive or potentially stigmatizing questions on credentialing applications. During discussions with dental credentialling organizations, it was discovered that they follow the National Committee for Quality Assurance (NCQA) requirements in drafting credentialling questions.

ADA staff then met with the NCQA regarding the importance of reviewing credentialing applications or questions that may be intrusive to a provider or have the unintentional consequence of preventing a safety sensitive professional from seeking behavioral or mental health support, and/or possibly violate the Americans with Disabilities Act. The NCQA provided ADA staff with their factors that are reviewed in a survey, and ADA staff shared feedback. Staff corresponded with the AMA regarding the NCQA factors, and the mutual ADA/AMA concerns are being addressed by NCQA. The current NCQA Standards[1] for credentialing applications are:

1. Reasons for inability to perform the essential functions of the position.
2. Lack of present illegal drug use.
3. History of loss of license and felony convictions.
4. History of loss or limitation of privileges or disciplinary actions.
5. Current malpractice insurance coverage.
6. Practitioner race, ethnicity and language.
7. Current and signed attestation confirming the correctness and completeness of the application.

NCQA informed the ADA that factor 6 was added for the 2025 standards year for all products including the Health Plan Accreditation (HPA), Managed Behavioral Healthcare Organization Accreditation (MBHO) and Accreditation and Certification in Credentialing and Provider Network (CRPN) – a new product that was released in July 2024, and will be effective for surveys on or after July 1, 2025.

Within these two products, NCQA added a note under the explanation of factor 2: Illegal drug use, to clarify that "practitioners must attest to their lack of *present* illegal drug use; past is *not* required."

Additionally, within the examples section, NCQA also added examples of sufficient and insufficient questions for factor 1 (Inability to perform essential functions questions) and factor 2 (Illegal drug use questions).

[1] Reproduced with permission from *2025 Standards and Guidelines for Accreditation and Certification in Credentialing and Provider Network*, © 2024 National Committee for Quality Assurance (NCQA), all rights reserved. To obtain a copy of this publication, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications.

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NCQA also noted that changes to a new standards year or a new product can be made available by purchasing a copy of the Standards & Guidelines. NCQA publishes corrections and clarifications to existing Standards & Guidelines three times a year, as needed, and posts them online (Policy Updates - NCQA). NCQA reminds organizations that policy updates are incorporated into their survey tools but will not be reflected in epublications released prior to the issuance of the update and recommends that organizations review the updates to incorporate into their implementation processes.

The collaborative nature of NCQA working with the ADA and the AMA on this topic has been incredibly helpful and informative. The NCQA is in the process of addressing mutual recommendations including: 1) clarifying that the NCQA does not require credentialing organizations to ask about past illegal drug use; and 2) clarifying what would constitute a "current impairment" that would impact a practitioner's ability to perform essential functions.

ADVANCES IN PROFESSIONAL LIABILITY INSURANCE APPLICATIONS

Summary

Auditing professional liability insurance applications for intrusive, overly broad mental health questions, and revising these questions to align with national best practices, is another important area to address to champion access and support for dental professionals.

Through the ADA's Council on Dental Practice (CDP) and its Dental Team Wellness Advisory Committee, the ADA learned about early progress dentist professional liability organizations have made, and about one specialty organization's successful advocacy efforts.

Eastern Dentists Insurance Company (EDIC)

In February 2026, EDIC completed its internal review and modified their professional liability application to ask:

Ability to Practice:

> EDIC recognizes that dentists encounter health conditions, including those involving mental health, alcohol use disorder, and substance use disorder. EDIC strongly supports applicants' efforts to address their health concerns and ensure patient safety. Information shared on this application is confidential to EDIC.
>
> By checking here, I attest to no current physical, mental, or behavioral health conditions that currently impair my ability to practice, or that would otherwise adversely affect my ability to practice dentistry in a competent, ethical, and professional manner...
>
> (Box to check) Yes, I attest or No, I cannot attest.

Further, EDIC's pre-renewal questionnaire now asks:

Are there any changes in your physical, mental, or behavioral health conditions that currently impair your ability to practice, or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical, and professional manner?

American Association of Oral and Maxillofacial Surgeons (AAOMS)

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In 2026, an ADA member reviewed their medical malpractice renewal application and recognized stigmatizing language that might deter an oral and maxillofacial surgeon from seeking care. This member raised the issue with AAOMS, which in turned elevated the concern to the malpractice agency. The boards of AAOMS and the malpractice agency met and discussed the stigmatizing questions on the renewal.

Key points that resonated with the boards:

> These questions contribute to stigma and discourage clinicians from accessing mental health support. The AMA and Dr. Lorna Breen Foundation have documented in a 2026 issue brief, that when organizations remove these questions, there is **no negative impact** on risk management, liability, or patient safety.
>
> Questions requiring disclosure of treatment and/or diagnosis of mental health or substance use conditions—when there is no current impairment—cause fear and stigma among clinicians, which leads them to avoid seeking care.

AAOMS developed talking points to help members advocate for oral and maxillofacial surgeons' health and well-being.

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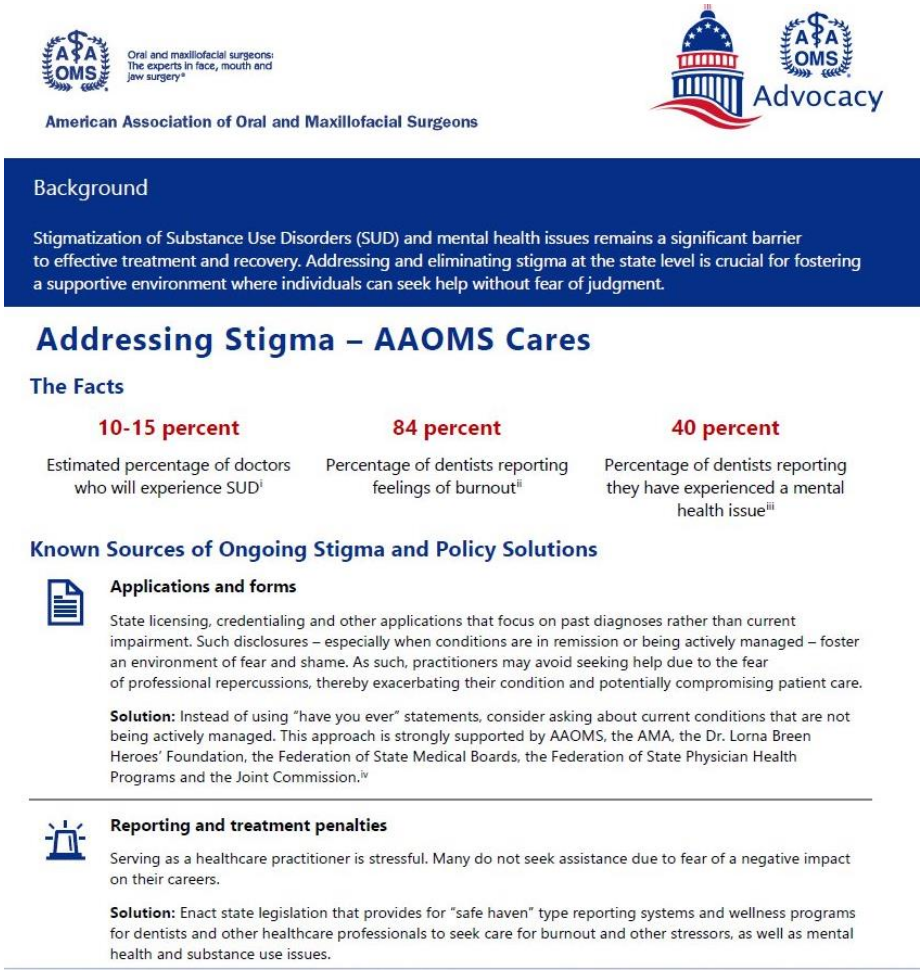

Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery®

American Association of Oral and Maxillofacial Surgeons

AAOMS Advocacy

Background

Stigmatization of Substance Use Disorders (SUD) and mental health issues remains a significant barrier to effective treatment and recovery. Addressing and eliminating stigma at the state level is crucial for fostering a supportive environment where individuals can seek help without fear of judgment.

Addressing Stigma – AAOMS Cares

The Facts

10-15 percent
Estimated percentage of doctors who will experience SUD[i]

84 percent
Percentage of dentists reporting feelings of burnout[ii]

40 percent
Percentage of dentists reporting they have experienced a mental health issue[iii]

Known Sources of Ongoing Stigma and Policy Solutions

Applications and forms

State licensing, credentialing and other applications that focus on past diagnoses rather than current impairment. Such disclosures – especially when conditions are in remission or being actively managed – foster an environment of fear and shame. As such, practitioners may avoid seeking help due to the fear of professional repercussions, thereby exacerbating their condition and potentially compromising patient care.

Solution: Instead of using "have you ever" statements, consider asking about current conditions that are not being actively managed. This approach is strongly supported by AAOMS, the AMA, the Dr. Lorna Breen Heroes' Foundation, the Federation of State Medical Boards, the Federation of State Physician Health Programs and the Joint Commission.[iv]

Reporting and treatment penalties

Serving as a healthcare practitioner is stressful. Many do not seek assistance due to fear of a negative impact on their careers.

Solution: Enact state legislation that provides for "safe haven" type reporting systems and wellness programs for dentists and other healthcare professionals to seek care for burnout and other stressors, as well as mental health and substance use issues.

OTHER RESOURCES AND RESEARCH TO CONSIDER FOR USE IN ADVOCACY EFFORTS

Summary

The U.S. Department of Justice replied to U.S. Senators Wyden, Merkley (Oregon), and Booker (New Jersey) about the Senators' concerns regarding the Americans with Disabilities Act in the Oregon case study.

The Dr. Lorna Breen Foundation gave the ADA permission to include the Department of Justice's reply to the U.S. Senators in this resource toolkit, also in the Oregon case study.

Readers of this toolkit should also be aware that the ADA wrote a letter of support in 2024 to reauthorize the Dr. Lorna Breen Health Care Provider Protection Act. Please review this ADA News article from May 2024.

"Findings in a 2017 study support that license application questions regarding mental health conditions present a barrier to physicians seeking help" are summarized in Mayo Clinic Proceedings.

Other relevant resources include:

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Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis | Professional Well-being | JAMA Internal Medicine | JAMA Network

Legislation and Policy - The Emotional PPE Project. The Emotional PPE Project helps healthcare workers, including dental professionals, access free and confidential mental health support through a network of licensed clinicians.

ARC issue brief: Campaign to support medical student, resident and physician health and well-being – American Medical Association Advocacy Resource Center (ARC) January 2026 update

Does removing stigmatizing language from credentialing applications help? – American Medical Association Advocacy Resource Center (ARC) June 2026 update

To learn more about the AMA Advocacy Resource Center please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney at daniel.blaney-koen@ama-assn.org.

American Association of Dental Boards' (AADB) Newsletter Article on Wellbeing First Champion Challenge for Dental Licensing.pdf from April 2026

CONCLUSION

Summary

The collaborative spirit and willingness to participate shown by all parties involved in this project is both inspiring as well as impactful. Bringing together two of the largest healthcare associations in the country, major credentialing organizations, state dental associations and professionals and non-profits dedicated to the causes underlying Resolution *517H-2023 Preventing Unfair Discrimination,* has assisted with letting this pilot program hit the ground running. While there is more work to be done, this is an issue that has momentum and champions from all over the healthcare spectrum.

This resource toolkit will be updated as new information becomes available about states that have accomplished licensure reform.

Any questions about this resource should be sent to dentalpractice@ada.org.

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