Resolution No.   301_____   New

Report: N/A_____   Date Submitted: 05/20/2025_____

Submitted By: Dr. Steven Saxe, delegate, Nevada_____

Reference Committee: B (Dental Benefits, Practice, Science, Health and Related Matters)

Total Net Financial Implication: [Total Net Financial Impl.]_____   Net Dues Impact: _____

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

ADA Strategic Forecast Outcome: Tripartite: Align member value across the Tripartite.

1 **ESTABLISHMENT OF A DENTIST-FACING ADA CERTIFICATION PROGRAM FOR DENTAL**
2 **SOFTWARE AND IMAGING PLATFORMS**

3 **Background:** Modern dental practices rely heavily on digital systems to manage patient records,
4 diagnostics, imaging, and business operations. Yet many software platforms use proprietary formats,
5 restrict access to database structures, or impose vendor-controlled export processes—making it difficult
6 for dentists to migrate systems or verify compliance.

7 The ADA has adopted policy supporting "uninterrupted, usable, perpetual access to the entire electronic
8 health record in a standards-based, interoperable, and structured format" and recommends strong
9 cybersecurity protections, including TLS 1.3, AES-256, and secure storage of patient data (Statement on
10 Electronic Health Record and Data Exchange in Dentistry *(Trans.*2024:XXX).

11 With cloud adoption, AI tools, and connected hardware accelerating in dentistry, practice owners face
12 growing risks and complexity. Most lack the time, expertise, or leverage to evaluate software on security,
13 usability, or compliance. A vendor-funded ADA Certification would provide members with a trusted source
14 to navigate this landscape and make informed, autonomous decisions.

15 While some vendors technically support data exports, they often obscure the process, restrict access, or
16 require paid support tickets to fulfill basic requests. This vendor-controlled friction renders data export
17 functionally inaccessible to most users, even when it exists. Dentists routinely report resistance when
18 trying to retrieve their own records—especially during transitions to new systems. Certification must
19 ensure that export capabilities are practical, visible, and user-controlled.

20 Most imaging software qualifies as a Class II medical device under federal law (*CFR Title 21, §892.2050,*
21 *p. 1*) due to its role in capturing images, controlling intraoral sensors, or processing diagnostic visuals.
22 Certification draws inspiration from the ONC Health IT Certification Program and commonly accepted
23 data security frameworks that assess encryption, access controls, and auditability—tailored to the
24 capabilities of dental technology vendors.

25 This program supports the ADA Strategic Plan goals to "improve organizational effectiveness" and
26 "support the success of the profession." It also offers a timely, exclusive member benefit that protects
27 dentists and strengthens ADA relevance in the digital age.

28 The intent of the certification is voluntary, vendor-funded, and based on neutral, transparent standards. It
29 is not intended to restrict competition or regulate commercial conduct. Participation is open to all vendors,
30 and use of certified products by ADA members is optional. This framework aligns with common
31 certification practices across healthcare and information technology and respects all applicable antitrust
32 and trade regulations.

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2 This certification model is inspired by successful federal efforts such as the ONC Health IT Certification
3 Program, where vendors voluntarily undergo technical review against transparent standards and fund
4 their own certification. Similarly, the ADA certification would be dentist-facing, not vendor-facing, and
5 would deliver exclusive resources to member dentists while allowing vendors to publicly market their
6 certified status. This ensures alignment with ADA's membership value goals without requiring dues
7 funding.

8   **Resolution**

9   **Resolved**, that the appropriate ADA agency convene a task force, including representatives from
10 relevant ADA councils and independent experts in software engineering, data security, dental
11 informatics, and regulatory compliance, to establish a voluntary ADA Certification Program, and be
12 further

13 **Resolved,** that the ADA Certification Program identify dental software platforms and imaging
14 systems that meet defined criteria for security, interoperability, regulatory compliance, and data
15 ownership, and be it further

16 **Resolved**, that certification under the ADA Certification Program shall require:

17   1. documented use of modern encryption standards and multi-factor authentication for all user
18   accounts;

19   2. the ability to export all practice and patient data in clearly labeled, structured, and non-
20   proprietary formats—such as CSV, JSON, XML, JPEG, PNG, STL, MP4, or other common
21   formats—with full access to the database schema or dictionary. This export functionality must
22   be directly accessible to authorized users within the software itself and must not require
23   vendor intervention, support tickets, or additional fees;

24   3. for any modules used in diagnosis, treatment planning, or image processing, current FDA
25   Class II clearance under *CFR Title 21, §892.2050* is required. This includes, but is not limited
26   to, capturing images, controlling intraoral sensors, and performing advanced functions such
27   as segmentation, 3D visualization, or diagnostic measurements; and

28   4. vendors must affirm in writing that all patient and practice data is owned by the licensed
29   practice owner, and that software providers shall not restrict access, transfer, or use of that
30   data by the dentist.

31 and be it further

32 **Resolved,** that after the appropriate ADA agency has finalized the program design, the agency shall
33 collaborate with the Board of Trustees to implement the program. The certification shall be made
34 available as a dentist-facing, member-exclusive resource to assist in software evaluation and serve
35 as a valuable ADA membership benefit, and be it further

36 **Resolved**, that the appropriate ADA agency shall develop and publish a standard export schema or
37 schema guideline to accompany certification requirements, which vendors may either adopt directly
38 or provide a usable mapping (crosswalk) to. This schema shall allow dentists to interpret, migrate,
39 and retain access to their data using clearly defined, structured documentation. The task force shall
40 allow all certification criteria are transparent, objective, and non-exclusionary in order to maintain
41 compliance with applicable trade and antitrust laws. The certification shall remain voluntary and shall
42 not restrict members from using non-certified platforms, and be it further

1   **Resolved**, that the ADA Certification Program shall be vendor-funded and shall not rely on member
2   dues. The task force shall propose a fee structure to support the program's sustainability, modeled
3   after industry-standard health IT certification programs, and be it further

4   **Resolved**, that while ADA-certified status may be publicly visible, access to the program's evaluation
5   materials, schema documentation, and implementation tools shall be restricted to ADA members as
6   a benefit of membership.

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