

Resolution No. [Resolution Number] [Type]

Report: [Report] Date Submitted: [Date Submitted]

Submitted By: Dr. Steven Saxe, Delegate, Nevada

Reference Committee: [Reference Committee for Worksheet]

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.

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

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

The ADA has adopted policy supporting “uninterrupted, usable, perpetual access to the entire electronic health record in a standards-based, interoperable, and structured format” and recommends strong cybersecurity protections, including TLS 1.3, AES-256, and secure storage of patient data (*2024 Current Policies*, p. 101, Section: Electronic Technology).

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

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

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

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

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

Resolution

Resolved, that the American Dental Association establish a voluntary ADA Certification Program to identify dental software platforms and imaging systems that meet defined criteria for security, interoperability, regulatory compliance, and data ownership, and be it further

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

1. documented use of modern encryption standards and multi-factor authentication for all user accounts;
2. the ability to export all practice and patient data in clearly labeled, structured, and non-proprietary formats—such as CSV, JSON, XML, JPEG, PNG, STL, MP4, or other common formats—with full access to the database schema or dictionary. This export functionality must be directly accessible to authorized users within the software itself and must not require vendor intervention, support tickets, or additional fees;
3. for any modules used in diagnosis, treatment planning, or image processing, current FDA Class II clearance under *CFR Title 21, §892.2050* is required. This includes, but is not limited to, capturing images, controlling intraoral sensors, and performing advanced functions such as segmentation, 3D visualization, or diagnostic measurements; and
4. vendors must affirm in writing that all patient and practice data is owned by the licensed practice owner, and that software providers shall not restrict access, transfer, or use of that data by the dentist, and be it further

Resolved, that the ADA Council on Dental Practice convene a multidisciplinary Task Force on Technology Certification, including representatives from relevant ADA councils and independent experts in software engineering, data security, dental informatics, and regulatory compliance, to finalize program design and eligibility, and begin implementation immediately, with no further reporting or pilot required prior to launch. The certification shall be made available as a dentist-facing, member-exclusive resource to assist in software evaluation and serve as a valuable ADA membership benefit, and be it further

1 **Resolved**, that the Task Force on Technology Certification shall develop and publish a standard
2 export schema or schema guideline to accompany certification requirements, which vendors may
3 either adopt directly or provide a usable mapping (crosswalk) to. This schema shall ensure that
4 dentists can interpret, migrate, and retain access to their data using clearly defined, structured
5 documentation. The task force shall ensure that all certification criteria are transparent, objective,
6 and non-exclusionary in order to maintain compliance with applicable trade and antitrust laws.
7 The certification shall remain voluntary and shall not restrict members from using non-certified
8 platforms.

9