

Resolution 301 — Establishment of a Dentist-Facing ADA Certification Program for Dental Software and Imaging Platforms

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports creation of a voluntary ADA Certification Program for dental software and imaging platforms. This program would identify systems that meet clear, verifiable standards for security, interoperability, compliance, and data ownership. It ensures that dentists—not vendors—retain access and control of their patient data, and that certified software meets modern encryption, export, and FDA compliance requirements. A YES vote protects the profession from vendor lock-in, opaque data practices, and rising cybersecurity risks.

IF YOU VOTE NO

A NO vote supports the status quo where dentists must trust vendors without independent oversight. It allows proprietary data formats, paid export restrictions, and weak security to continue unchecked. Voting NO means continued frustration for dentists trying to migrate or back up their data, and continued loss of control over patient information that belongs to the dental practice.

SUMMARY

This resolution directs the ADA to establish a voluntary, vendor-funded certification program for dental software and imaging systems. The certification would be based on transparent, objective standards verified by experts in software engineering, cybersecurity, and regulatory compliance. It would mirror the federal ONC Health IT model, ensuring ADA-certified products use strong encryption, allow full user-controlled data export, and maintain current FDA clearance for diagnostic modules. Certification would be dentist-facing, ADA-member exclusive, and self-funded by participating vendors—not by member dues.

Why the Board Is Wrong

The Board argues that vendor participation is uncertain and that the program might cost more than estimated. But the resolution already specifies a vendor-funded model, not dues-funded. There is no financial burden on the ADA membership. The Board also ignores the urgency: dentists today are locked into proprietary software, unable to retrieve their own data without paying extra fees or filing support tickets. This is a member-value issue and directly supports ADA strategic goals for transparency, security, and professional autonomy. If the ADA can certify dental materials and laboratories, it can certainly certify the software dentists depend on to manage patients and comply with privacy laws.

TALKING POINTS

- A YES vote empowers dentists with trusted, ADA-verified software choices.
- Vendor funding keeps this program self-sustaining and protects ADA dues.
- Certification means better security, transparent data ownership, and easier interoperability.
- Dentists should never need permission or a support ticket to access their own patient data.
- This strengthens ADA relevance in a digital era where members need guidance and protection.
- The Board's refusal preserves vendor control, not member value.



Prepared by Dentistry in General Advocacy Coalition

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Resolution 303 — Supporting Tribal Self-Determination in Oral Health Workforce Decisions

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports amending ADA policy to respect the sovereign right of federally recognized tribal nations to govern their own oral health workforce models. It acknowledges that tribal governments, not states or the ADA, have authority to determine how care is delivered within their health systems. This resolution updates ADA policy to ensure that when tribes choose to use community-based providers such as Dental Health Aide Therapists, the ADA will not oppose their right to do so. A YES vote affirms the ADA's ethical commitment to autonomy, justice, and respect for self-determination.

IF YOU VOTE NO

A NO vote defends outdated restrictions that force sovereign tribal nations to seek state permission to provide care for their own people. It sustains a federal barrier that undermines self-governance and prevents local solutions to severe oral health disparities in tribal communities. Voting NO means the ADA continues to impose its policies over sovereign nations, an approach inconsistent with both ethics and respect for tribal authority.

SUMMARY

This resolution amends two ADA policies—"Diagnosis or Performance of Irreversible Dental Procedures by Nondentists" and "Comprehensive Policy Statement on Allied Dental Personnel"—to recognize that federally recognized tribal nations may authorize and regulate their own workforce models. It also creates a new ADA policy, "Tribal Self-Determination in Oral Health Workforce Decisions," ensuring the ADA will not oppose efforts by tribal nations to change federal laws restricting their authority. The resolution reaffirms that sovereignty and patient access can coexist with ADA's commitment to quality care.

Why the Board Is Wrong

The Board claims ADA policy already serves as guidance, not mandate, and that tribes already have freedom to act. In practice, federal law still blocks tribes from using proven, culturally appropriate models like the DHAT program unless state governments approve. By voting NO, the Board effectively preserves that barrier and maintains ADA opposition to tribal workforce autonomy. This resolution does not require the ADA to endorse nondentist procedures nationally—it simply requires the ADA to respect tribal sovereignty and provide

support when asked. Failing to adopt this amendment contradicts the ADA's stated values of justice and respect for all communities.

TALKING POINTS

- A YES vote upholds tribal sovereignty and respects self-determination.
- This resolution removes ADA opposition to tribal health systems managing their own workforce.
- It aligns with the ADA's Principles of Ethics, including Patient Autonomy and Justice.
- Tribal nations deserve the same respect for independence that the ADA extends to other sovereign nations.
- The ADA should lead with collaboration, not control, in addressing oral health disparities.
- A NO vote keeps barriers in place that deny care to communities most in need.



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Resolution 305 — Provisional Credentialing to Support Patients, Early-Career Dentists, Practice Owners, and ADA Membership Growth

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the creation of a task force to develop a model framework for provisional credentialing of dentists. It directs the ADA to work with insurers, regulators, and technology partners to allow licensed, insured dentists to begin treating patients at in-network rates while full credentialing is completed. A YES vote helps patients avoid surprise out-of-pocket costs, supports early-career dentists who face career delays, and strengthens ADA membership value through practical solutions.

IF YOU VOTE NO

A NO vote maintains long, inefficient credentialing delays that harm patients and slow down dental practices. It keeps new dentists trapped in months-long waiting periods before they can see patients under insurance plans and forces practices to lose revenue and staff productivity. Voting NO means accepting that insurance companies—not the ADA or its members—will continue to control the pace of credentialing.

SUMMARY

This resolution calls for a one-year ADA task force to design a provisional credentialing model similar to what exists in the medical field. It would ensure dentists with valid licenses and malpractice coverage can provide care at in-network rates while their full credentialing is pending. The resolution also directs the ADA to explore offering credentialing support services—such as background checks, license verification, and secure document exchange—as a member benefit. It emphasizes voluntary, non-binding collaboration with insurers and full compliance with antitrust laws.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board agreed with the intent and referred the matter to the Council on Dental Benefit Programs (CDBP). We appreciate the Board's recognition that credentialing delays are a serious burden on both patients and providers. The referral must lead to action. Dentists need practical tools, not just evaluation. We trust the ADA will use this referral to expedite solutions that deliver real, measurable improvements for members and their patients.

TALKING POINTS

- A YES vote moves credentialing from months to days—helping both dentists and patients.
- Provisional credentialing is already standard in medicine; dentistry deserves the same efficiency.
- This supports young dentists entering the workforce and practice owners hiring associates.
- The ADA can deliver real membership value by leading on this issue.
- Referral should not be a stall—it must result in swift, actionable progress.



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