Official House Resolution and Board Comments Attached

Resolution 522 - Transparency in Dental Practice Ownership, Management, and Outside Investors

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. This resolution establishes ADA policy requiring transparency in dental practice ownership and control. It ensures that patients can clearly see who owns and manages their dental office, including any Dental Service Organizations or outside investors that hold financial or operational control. A YES vote affirms that patients have the right to know who is ultimately responsible for their care and that licensed dentists retain accountability for all treatment decisions.

IF YOU VOTE NO

A NO vote protects the current system that allows private equity and management firms to hide behind layers of corporate structure. It leaves patients unaware of who truly controls their dental office and weakens accountability when problems arise. It accepts the continued blurring of lines between clinical responsibility and investor control, putting financial interests ahead of patient trust.

SUMMARY

Resolution 522 adopts a new ADA policy on transparency in ownership, management, and outside investors. It encourages state dental boards to require that every dental office clearly disclose:

- 1. The name of the registered owner and licensed dentist(s) responsible for patient care.
- 2. Any management company, DSO, or investor with a controlling interest.
- 3. Visible posting of this information at the front desk, on websites, signage, and marketing materials.

This transparency aligns with state laws in Illinois, Oregon, and Washington that affirm a dentist's ultimate clinical accountability. It also follows existing federal disclosure standards under 42 CFR § 455.104 for healthcare ownership. The goal is not to restrict business models but to restore clarity, integrity, and trust for patients and practitioners alike.

WE APPRECIATE THE BOARD'S SUPPORT

While the Board questioned background wording, it endorsed the substitute resolution 522B and recommended a YES vote. The substitute still supports public transparency and

state-level adoption of ownership disclosure rules. DIGAC welcomes this support as a step toward protecting patients, clarifying accountability, and reinforcing professional ethics.

TALKING POINTS

- Transparency in ownership protects patients and reinforces ethical accountability.
- Patients have a right to know who controls their dental office.
- Non-dentist investors must not obscure who is responsible for care decisions.
- This mirrors federal disclosure rules and modernizes ADA ethics for today's market.
- Honest, visible ownership information strengthens public trust in dentistry.
- A YES vote aligns with integrity, professionalism, and patient-first values.



Prepared by Dentistry in General Advocacy Coalition

https://dentistryingeneral.com/digac

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Resolution No	522		New		
Report: N/A				Date Submitted:	June 6, 2025
Submitted By: _	Dr. Spencer Blo	oom, delegate, Illinois			
Reference Comm	ittee: D (Leg	islative, Governance and I	Related N	Matters)	
Total Net Financia	al Implication:	None		Net Dues Impa	act:
Amount One-time	:	Amount On-g	going:		
ADA Strategic Fo	recast Outcome	e: Public Profession: Drive	evidence	e-based, ethical qu	uality care.
TRANSPARENCY	' IN DENTAL P	RACTICE OWNERSHIP,	MANAGI	EMENT AND OUT	SIDE INVESTORS
The following resol	ution was subm	nitted on Friday, June 6, 20	025, by D	r. Spencer Bloom,	delegate, Illinois.
responsible for their	ir care. This res	into a dental practice, the olution ensures that such o make informed decisions	accounta	bility is clearly and	
care. Clinical accou the underlying busi governed by the Al and violations of th unaware of who ow decisions about the	untability within iness structure. DA Principles of ese principles r vns or controls a eir care. Transp	to know who owns and co a dental practice must res Further, the <i>Bylaws</i> state f Ethics and Code of Profe nay result in disciplinary a a practice, they cannot rea arency in ownership is the c—ensuring that accountal	side with I that mem essional C action (Sec asonably c erefore a r	icensed profession nbers' professional Conduct (Chapter) ction 20). When pa determine who is r necessary extension	nals, regardless of I conduct is KI, Section 10.A.), atients are responsible for on of the ADA's
has introduced fina models often impos the context of rising care quality or lead without recourse. S	incial models th se high profit ex g operational co I to abrupt closu Source: Global I	ate equity (PE) firms and at may prioritize investor repectations—sometimes resists and staffing challenge ares. Such scenarios disrudealthcare Private Equity lin.cn/pdfs/2025011010202	returns ov equiring res, can pre opt patient Report 20	ver patient-centere eturns as high as 2 essure practices to t care continuity ar 025, Bain & Compa	ed care. These 20%—which, in compromise on and leave families
comply with state la entities to exert ope complex corporate	aws restricting perational and fir structures that Ily making busin	ation" (DSO) was introductoractice ownership to licenternancial control. In many case obscure lines of accountainess decisions that influenternances.	nsed dent ases, non- ability. This	ists while allowing -dentist investors o s structure can mis	non-dentist operate through slead patients
providers to disclose mandates that providership with an ownership direct or indirect ow	se detailed own viders must repo or control intere vnership, office sclosure rules a	elementing regulations at a ership and control informator or "the name and address est." Ownership or control it is or directors of a corporal affirm the legal standard the arly identifiable.	ation. Spe s of each interest ir ation, or p	cifically, 42 CFR § person (individual ncludes anyone with artners in a partne	455.104(b)(1) or corporation) th 5% or more ership (42 CFR §

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- 1 Several states—including California, Connecticut, Illinois, Indiana, Massachusetts, New Mexico, New
- 2 York, Oregon, South Carolina, Texas, Vermont, and Washington—have introduced or expanded
- 3 legislation to increase oversight of private equity and management services organizations operating in
- 4 healthcare. These include both "Mini-HSR" laws requiring pre-transaction notification and approval, and
- 5 corporate practice restrictions aimed at preserving the clinical autonomy of licensed healthcare
- 6 professionals. These state efforts reflect growing concern over the influence of investor-driven business
- 7 models on care delivery and patient outcomes.
- 8 In June 2025, Oregon passed SB 951, a landmark law restricting private equity and Managed Service
- 9 Organization (MSO) control over healthcare practices. The law bans corporate influence over clinical
- 10 decisions, prohibits MSO ownership or governance roles, and voids non-compete and control-based
- 11 contract clauses. It ensures that only licensed professionals direct patient care. Full compliance is
- 12 required by 2029.
- 13 The Illinois, Oregon, and Washington Dental Practice Acts each reinforce a common standard: licensed
- dentists retain ultimate responsibility for patient care, even within corporate or DSO-affiliated structures. In
- 15 Illinois, the law states that nothing "shall be construed in any way to relieve the supervising dentist from
- 16 ultimate responsibility for the care of his or her patient" (Illinois Dental Practice Act, 225 ILCS 25/2), and
- 17 prohibits non-dentists from interfering with a dentist's clinical judgment (225 ILCS 25/37). Oregon law
- further affirms that only licensed dentists may own or operate a dental practice and must designate a
- 19 clinical director responsible for diagnosis, treatment, staffing, and the quality of care (Oregon Revised
- 20 Statutes 679.020(2) and (4)(a)). In Washington, Senate Bill 5322, enacted in 2017, prohibits third-party
- 21 interference in the dentist-patient relationship and ensures that care decisions remain under the
- 22 exclusive authority of licensed providers. These laws illustrate the widely shared legal expectation that
- 23 clinical accountability cannot be transferred to corporate managers or financial stakeholders.
 - Illinois Dental Practice Act
 - Section 2: https://ilga.gov/legislation/ilcs/fulltext.asp?DocName=022500250K2
 - Section 37: https://ilga.gov/legislation/ilcs/fulltext.asp?DocName=022500250K37
 - Oregon Revised Statutes § 679.020
 - https://www.oregonlegislature.gov/bills_laws/ors/ors679.html
- Washington Senate Bill 5322 (2017)
 Interference with licensee's independence
 - Interference with licensee's independent clinical judgment. (SB 5322, Section 3, page 3)
- 31 Several states are currently considering laws that would require healthcare entities, including dental
- 32 practices, to disclose ownership and control information. While these measures are still in the proposal or
- 33 implementation phase, ADA member practices can demonstrate leadership by voluntarily adopting
- 34 transparency practices. This could include clearly identifying the licensed dentist(s) accountable for
- 35 patient care, ownership structures, or affiliated management entities on their websites or patient-facing
- 36 materials.

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- 37 Ownership transparency is not a restriction on business structure—it is a matter of consumer protection,
- 38 accountability, and ethics. It is important to ensure that this policy fully complies with antitrust laws and
- 39 Federal Trade Commission regulations, as emphasized in North Carolina State Board of Dental
- 40 Examiners v. FTC, 574 U.S. 494 (2015). The goal is to equip patients with accurate, accessible
- 41 information—not to restrict access to care or limit competition.
- 42 The same owner or management company can operate multiple locations under different names or
- 43 brands, which may mislead patients into believing they are switching providers when in fact they are not.
- 44 Lack of clarity about who owns and manages a practice makes it harder for patients to know who is
- 45 accountable for decisions and creates barriers when concerns arise. It also reduces trust in the
- 46 profession and makes it more difficult for employees to resolve issues within their workplace.

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2 organization responsible for day-to-day operations would give patients accurate information before they 3 schedule or receive care. This type of visible disclosure would encourage ethical practice operations and 4 supports transparency across all dental practices, regardless of business model. 5 Resolution 6 **522. Resolved,** that the ADA the policy on Transparency in Dental Practice Ownership, 7 Management, and Outside Investors be adopted as follows: 8 The American Dental Association encourages all state dental boards to require clear and accessible disclosure of dental practice ownership and financial control for the benefit of patients, 9 10 including: (1) the name(s) of the registered owner and licensed dentist(s) legally responsible for patient 11 care at each location, and 12 13 (2) if applicable, the name of any Dental Service Organization, management firm, business, or 14 investor with controlling interest, and 15 (3) such information shall be posted visibly from the patient side of the front desk, published 16 on the practice website, included in all public-facing marketing materials (including digital 17 directories and online platforms), and placed on office signage, stationery, and patient 18 communications, 19 and be it further 20 Resolved, that the ADA constituents encourage all state dental boards and relevant authorities to 21 adopt these transparency requirements, and that the ADA publish sample language and layout 22 recommendations for signage and disclosures to support practices in implementing these measures 23 effectively. 24 **BOARD COMMENT:** While the Board supports the spirit of the resolution, transparency in practice 25 ownership, the Board does not agree with the validity of the inaccurate background information contained 26 in Resolution 522. It is further concerned that the language contained therein can misguide delegates 27 during their decision-making process. The Board recommends the following substitute resolution be 28 adopted. 29 **522B. Resolved,** that the ADA the policy on Transparency in Dental Practice Ownership, 30 Management, and Outside Investors be adopted as follows (additions underlined, deletions stricken 31 through): 32 The American Dental Association encourages all state dental boards societies and constituents to 33 advocate for laws to require state dental boards to require clear and accessible disclosure of 34 dental practice ownership and financial control for the benefit of patients, including: 35 (1) the name(s) of the registered owner and licensed dentist(s) legally responsible for patient care at each location, and 36 37 (2) if applicable, the name of any Dental Service Organization, management firm, business, or investor with controlling interest, and 38 39 (3) such information shall be posted visibly from the patient side of the front desk, published on the practice website, included in all public-facing marketing materials (including digital 40

Clear signage listing both the legal owner of record and any affiliated management company or service

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directories and online platforms), and placed on office signage, stationery, and patient communications,

- 3 and be it further
- Resolved, that the ADA constituents encourage all state dental boards and relevant authorities to adopt these transparency requirements, and that the ADA publish sample language and layout recommendations for signage and disclosures to support practices in implementing these measures effectively.
- 8 BOARD RECOMMENDATION: Vote Yes on the Substitute.

9 Vote: Resolution 522B

Total Recolution GLES										
BERG	Yes	DOWD	Yes	KNAPP	Yes	STUEFEN	Yes			
BOYLE	Yes	GRAHAM	Yes	MANN	Yes	TULAK-GORECKI	Yes			
BROWN	Yes	HISEL	Absent	MARKARIAN	Yes	WANAMAKER	Yes			
CAMMARATA	Yes	HOWARD	Yes	MERCER	Yes					
CHOPRA	Yes	IRANI	Yes	REAVIS	Yes					
DEL VALLE-SEPÚLVEDA	Yes	KAHL	Yes	ROSATO	Yes					