

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

<https://dentistryingeneral.com/digac>

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: \$400,000 Net Dues Impact: \$5

Amount One-time: Amount On-going: \$400,000

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 The following resolution was submitted on Tuesday, May 20, 2025, by Dr. Steven Saxe, delegate,
4 Nevada.

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

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

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

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

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

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

30 The intent of the certification is voluntary, vendor-funded, and based on neutral, transparent standards. It
31 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.

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

Resolution

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

Resolved, that the ADA Certification Program 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 health information and practice data constitute the records of the licensed dental practice, consistent with applicable federal and state law. Vendors shall ensure that such information remains fully accessible to the practice for treatment, payment, and health care operations, and shall not restrict the practice's ability to access, transfer, or use these records. In addition, vendors must support patients' rights under federal and state law to obtain copies of their health information in a timely manner and in the format requested, including electronic formats where available.

and be it further

Resolved, that after the appropriate ADA agency has finalized the program design, the agency shall collaborate with the Board of Trustees to implement the program. 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

Resolved, that the appropriate ADA agency shall develop and publish a standard export schema or schema guideline to accompany certification requirements, which vendors may either adopt directly

or provide a usable mapping (crosswalk) to. This schema shall allow dentists to interpret, migrate, and retain access to their data using clearly defined, structured documentation. The task force shall allow all certification criteria are transparent, objective, and non-exclusionary in order to maintain compliance with applicable trade and antitrust laws. The certification shall remain voluntary and shall not restrict members from using non-certified platforms, and be it further

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

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

BOARD COMMENT: The Board recognizes the important sentiment expressed within this resolution. Data exchange and interoperability between systems and the ability for dentists and offices to import and export data between practice management systems is a very important issue as record keeping becomes more electronic.

However, the Board questions the feasibility of the proposed resolution as written. The Meaningful Use program provided significant monetary incentives for software vendors to participate in that certification program as recently experienced with vendors in the ADA Forsyth certification program. There is no guarantee that dental software vendors are willing to voluntarily participate in a certification program. Further, the financial implication of \$400,000 noted on the resolution is a conservative estimate and includes many assumptions. The Board anticipates that actual expenses would potentially be much higher. Given current financial constraints the Board recommends not pursuing the program described.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 301

BERG	No	DOWD	No	KNAPP	No	STUEFEN	No
BOYLE	No	GRAHAM	No	MANN	No	TULAK-GORECKI	No
BROWN	No	HISEL	No	MARKARIAN	No	WANAMAKER	No
CAMMARATA	No	HOWARD	No	MERCER	Absent		
CHOPRA	No	IRANI	No	REAVIS	No		
DEL VALLE-SEPÚLVEDA	No	KAHL	No	ROSATO	No		