

# Council on Dental Practice

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## ***Areas of Responsibility as Set Forth in the Bylaws or Governance and Organizational Manual of the American Dental Association***

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As listed in Chapter VIII., K.5., of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council are:

- a. Dental Practice, including:
  - i. Dental practice management;
  - ii. Practice models and economics;
  - iii. Scope of practice;
  - iv. Impact of and compliance with regulatory mandates; and
  - v. Assessment of initiatives directed to the public and the profession;
- b. Allied Dental Personnel, including:
  - i. Utilization, management and employment practices; and
  - ii. Liaison relationships with organizations representing allied dental personnel;
- c. Dental Health and Wellness, including:
  - i. Dental professional well-being, wellness and ergonomics;
  - ii. Patient safety and wellness; and
  - iii. Liaison relationships with state well-being programs and related national organizations;
- d. Dental informatics and standards for electronic technologies; and
- e. Activities and resources directed to the success of the dental practice and the member.

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<sup>1</sup> New Dentist Member

## Activities Supporting the Strategic Forecast

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**Outcome:** Public Profession: Support a Healthy, Well-Distributed, Skilled & Scoped Workforce.

**Five-Year Goal:** By 2030, at least 50% of the U.S. population should utilize oral health care.

- **Key Result:** Provide wellness resources and create a state-level support network in at least 20 states.

Among ADA's Well-Being Index (WBI) participants, the number of distressed and struggling has decreased by 5% when comparing first time assessments to most recent assessments. As of the writing of this report, expanding access to the WBI to dental team members is in progress.

[Talkspace Go](#) launched in January and [Talkspace Therapy](#) launched in March. These are member benefits and are regularly promoted to members, students, and state/local societies. As of May 13, 505 members have signed up for Talkspace Go, taking 1,096 self-guided sessions, and booking 241 courses in the following focus areas: anxiety, burnout, sleep issues, relationship issues, and depression.

Twenty-eight dentists of different specialties, practice modalities, and two leaders from the Alliance of the ADA have completed the ADA wellness ambassador program and will help develop similar networks at the state and local levels. These leaders continue to have a positive impact on the profession by championing wellness advocacy efforts (licensure reform and State Dental Society Bylaws Amendment changes), establishing new health and well-being committees at three state societies (D.C., NJ, and FL), raising awareness about physical and mental health challenges dentists and team members may experience, and sharing all available ADA resources.

- **Key Result:** Remove licensure/ credentialing questions that may be a barrier to seeking support in states that have this barrier.

To date, seven states have reformed licensure applications (initial and renewal) including: IA, MI, MN, OR, SD, TX, and VA. Six states are actively pursuing licensure reform: AL, FL, NJ, NC, RI, and WI. The [Preventing Unfair Discrimination resource toolkit](#) has been updated to include the Oregon Board of Dentistry's December 2024 approval to remove stigmatizing licensure application questions for dentists and hygienists.

- **Key Result:** Get all state dental boards to support Federation of State Physician Health Programs (FSPHP) recognized physician health programs (PHPs) through the wellness ambassadors.

There are 28 [FSPHP State Programs](#) in 27 states (AZ has two programs) that provide a therapeutic alternative to Board discipline for dentists. Additionally, WI has received state support for a new PHP which will initially support physicians, dentists, and pharmacists when launched. [Dentist Well-Being Programs Directory](#) is currently being updated.

- **Key Result:** Achieve consistency in ADA Workforce policy.

Seventeen existing ADA policies related to the allied dental team workforce were reviewed and combined into a single comprehensive draft policy, "Statement on Workforce and Allied Dental Teams", with existing policies recommended for rescission. A Workforce Glossary was also developed for inclusion in ADA policy. Both items will be presented to the 2025 House of Delegates.

- **Key Result:** Establish Workforce Ambassadors across the nation.

As of this writing, Workforce Ambassadors representing six states have been identified, with the goal of 20 participating ambassadors by the end of 2025. Ambassadors set and work toward state level goals for improvement of the dental team workforce in their state as well as attending monthly networking meetings to share strategies and available resources.

- **Key Result:** Remove barriers to fast-track existing personnel who have qualifications [military, federal services, foreign trained, etc.] in the majority of states.

The Council is in the process of understanding the barriers faced by team members in the military to determine what would help them move into civilian roles. The Council plans to create an equivalency chart to allow states to assess if military and federal services allied dental team members can be incorporated into state level workforce at the level of their competency. The Council collaborates with the Council on Government Affairs and their state government affairs team to assist states interested in incorporating foreign trained dentists into their workforce.

- **Key Result:** Identify strategies to increase pipeline for dental assistants from high schools and community colleges; align training needs for dental assistants; support at least 10 states in pilots to increase pipeline.

New content has been created for [ada.org/resources/careers](https://ada.org/resources/careers) to support recruitment of dental assistants at the high school and community college level including a detailed dataset of scope and training needs for all allied team members by state. The Council is researching possible on-the-job training solutions for dental assistants in states where this is permitted. Pilot programs using these solutions are planned for 2026-27. To facilitate the sharing of workforce strategies between states, the ADA has compiled and maintains an [Emerging Workforce Models](#) resource available on [ada.org](https://ada.org).

- **Key Result:** Engage with key stakeholders to align expectations for certification requirements for dental assistants across states.

The Council reviewed and provided a formal response to DANB's proposed draft Dental Assisting Professional Model, which would align training, certifications, and functions for all dental assistants, offering a career path.

**Outcome:** Public Profession: Drive Evidence-Based, Ethical Quality Care.

**Five-Year Goal:** By 2030, the majority of clinicians are aware of new guidelines within 18 months of publication, and ADA and the ADA Forsyth Institute remain the leaders on research, guidelines, and standards for dentistry and oral health.

- **Key Result:** Include ADA expert input in all dental related standards developed by external organizations such as OSAP, AAMI, ASHRAE and NFPA.

**National Fire Protection Agency (NFPA):** The NFPA released the first draft report for NFPA 99: Chapter 15 (Dental Gas and Vacuum Systems) as part of the 2027 Health Care Facilities Code revision cycle. The Piping Systems Technical Committee, on which the ADA serves as a voting member, preserved the independent dental chapter regarding piping of gas systems and reinforced distinctions based on the type of sedation and procedure complexity. The ADA supports retaining this separate chapter to reflect the distinct risks and needs in dental environments compared to hospitals and surgical centers.

**American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE):** The ADA submitted a proposed update to the Dental Section (6.8) of the ASHRAE Handbook. This revision includes updated information related to ventilation in dental operatories, bioaerosol control, and evolving air quality expectations post-COVID. The draft is under review with a final version expected in 2026.

**Association for the Advancement of Medical Instrumentation (AAMI):** The ADA and AAMI initiatives impact sterilization and infection control standards relevant to dental practice. The AAMI/ADA Working Group reviewed draft sections of ST113, a developing standard for sterilization. A revised draft of ST113 is anticipated by September 2025.

**Organization for Safety, Asepsis, and Prevention (OSAP):** This organization rebranded in May 2024 as the Association for Dental Safety (ADS). ADA is represented on several ADS standards working groups, however as of the writing of this report the ADA does not have any new standards in progress with ADS in 2025. The ADA's role within ADS may become more impactful if the current changes to the Centers for Disease Control and Prevention (CDC) were to remain in place given that over 30 state practice acts point to CDC guidelines on safety and infection control.

## Other Activities

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The Council has the following additional activities to report:

**Program/ Activity:** Electronic Dental Records and Interoperability

**Purpose:** To support medical-dental care coordination. Activity under this program is foundational to the Key Result of “Establish performance criteria for practice management software systems to exchange data with medical systems. Additional strategies to be identified” under the Strategic Forecasting Goal of Drive Evidence-Based, Ethical Quality Care.

**Goal:** By 2030, at least 50% of the dental EDR market is able to exchange data seamlessly between dental-dental and dental-medical systems to coordinate care.

### Results:

- Health Level Seven International (HL7):** Efforts are underway to collaborate with other standards development organizations to improve clinical data exchange in dental offices. The ADA aided in the development of the HL7 FHIR® R4 Implementation Guide: Dental Data Exchange, leveraging the American National Standard/American Dental Association (ANSI/ADA) Specification Number 1084. This implementation guide provides HL7 FHIR resources to define standards for bi-directional information exchange between a medical and a dental provider or between dental providers. The ADA is actively involved in encouraging testing and implementation of the guide. Additionally, the ADA has proposed a Dental Work Group (WG) at HL7 to develop comprehensive interoperable standards and guidelines to support the seamless exchange of administrative and clinical dental data across healthcare systems. The WG would serve as a central repository and subject matter authority for all resources related to dental data exchange standards.
- International Standards Organization (ISO):** The ADA leads efforts to develop international standards in ISO/TC106 Dentistry and participates in working group efforts to develop international dental informatics standards in ISO/TC215 Health Informatics. Many of those ISO standards are adopted as ANSI/ADA Standards. Dental information exchange standards are developed under ISO TC 215. The ADA has identified gaps in the dental terminology standards within ISO TC 106 and initiated efforts to address revisions of the terminology for tooth surfaces at the ISO level. The ADA was a key leader in developing the first international dental AI standard - *ISO 18374:2025 Dentistry — Artificial intelligence (AI) and augmented intelligence (Aul) based 2D radiograph analysis — Data generation, data annotation and data processing*. This document defines the requirements for developing and documenting the goals, limitations, target end users and target patient population for artificial intelligence (AI) and augmented intelligence (Aul) enabled 2D radiograph analysis software for dentistry applications. It outlines the requirements

for appropriate training data, validation data, test data and annotation for the software to ensure that it achieves its intended goals and is restricted to the aspects. This document does not cover the specific implementation details and focuses on static (i.e., non-dynamic) AI/Aul.

- **Digital Imaging and Communications in Medicine (DICOM):** To meet the growing demand for dental imaging data exchange for accurate diagnosis and treatment, the ADA developed universal standards for use with any digital imaging system. The ADA has formally recognized the Digital Imaging and Communications in Medicine (DICOM) standard, which provides international guidelines for formatting, storing, and exchanging digital radiography files, ensuring interoperability across imaging systems, practice management systems, and healthcare networks. As part of its ongoing efforts to implement these standards, the ADA is fostering partnerships with industry for conformance testing of DICOM standards in dental imaging data exchange.

## Emerging Issues and Trends

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The Council has identified the following emerging issues or trends:

- **Workforce:** Workforce is a significant concern with shortages of both hygienists and assistants. Hygiene shortages are best addressed through solutions impacting faculty-student ratio and faculty shortages in some schools. A shortage of dental assistants requires some re-thinking of requirements for training and certification. While solutions to address the assistant shortage are emerging, implementing and perceiving relief will take some time. States continue to express interest in legislation codifying several of the policies adopted by the House of Delegates last year, particularly around internationally trained dentists, as well as the Oral Preventive Assistant (OPA).
- **Centers for Disease Control- Oral Health Division:** In April 2025, the CDC's Division of Oral Health was officially eliminated as part of a broader federal restructuring effort. This significant change may impact future federal guidance related to dental public health and infection control. More information is available in the [U.S. Department of Health and Human Services press release](#) and the [ADA's announcement](#).

## Responses to House of Delegates Resolutions

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The Council was assigned the following resolutions by the House of Delegates:

**Resolution:** 318H-2024 Rural Dentistry Study

**318H-2024. Resolved,** that the appropriate agency of the American Dental Association (ADA) compile existing resources related to the maldistribution of dentists within individual states, and be it further

**Resolved,** that the appropriate agency of the American Dental Association (ADA) utilize consultants who have practiced in rural areas for their knowledge, and work alongside dental school deans, as well as the American Student Dental Association, to develop strategies and solutions to encourage dentists to practice in rural areas, and be it further

**Resolved,** that the appropriate agency provide a report to the 2025 ADA House of Delegates.

The Council researched Dr. G. Norris Howell Mississippi Rural Dentists Scholarship [program](#) and found it to be a promising model for encouraging redistribution to rural areas. Under the model, 12 students annually receive tuition funding for up to four years in exchange for an equal period of time practicing in a rural area, as determined by the scholarship commission. Many program participants have remained in rural practices. The Council recommends that state associations work with dental

schools to establish best practices to secure funding for similar programs within their states. As of this writing the Council plans on identifying collaborative opportunities with the American Dental Education Association (ADEA) to promote such models to dental schools across the country.

In addition to identifying available resources which will be catalogued at [ada.org/advocacy](https://ada.org/advocacy), the ADA's Health Policy Institute partnered with Virginia Tech to create an interactive dashboard using data from the American Community Survey to calculate access to dental care within a 30-minute driving distance in each census block. As of this writing, the dashboard is in beta testing. Additionally, the Council has worked with Faculty Ambassadors to compile a list of externship or preceptorship opportunities at each dental program, which will be available at [ada.org/resources/careers](https://ada.org/resources/careers). The Council believes that clinical experience in rural settings is a successful strategy to encourage graduates to enter rural practice. The Council recommends that programs such as Washington's [Regional Initiatives in Dental Education \(RIDE\) program](#), which provide immersive opportunities for rural practice, may be effective if developed in other states.

Following several stakeholder panel presentations with private practice rural dentists, dental education program faculty overseeing community rotations, and dental students to identify potential strategies encouraging rural practice, the Council discussed rural lifestyle and financial incentives. Based on these recommendations, the Council recommends the following strategies:

- Secure scholarship funding for dental school tuition in exchange for a period of service in a rural area.
- Encourage dental schools to recruit students from rural areas and offer dental students early and frequent rotations in rural areas.
- Replicate successful state programs, such as RIDE, that offer dental students preceptorships for an extended period of time in rural practice.

The Council considers the response to the HOD resolution as completed.

#### **Resolution: 323H-2024—Workforce**

**323H-2024. Resolved**, the appropriate agency of the American Dental Association (ADA) prepare and catalogue current ADA and state association resources regarding the workforce and update them as needed to be used in various outreach efforts, and be it further

**Resolved**, that these resources be used in the development of digital multi-media video formats and information segments regarding the various careers in dentistry including, but not limited to, Dental Assistants, Dental Hygienists, Dental Laboratory Technicians, and Office Managers, with the abilities to help attract, train and retain staff, and be it further

**Resolved**, that this material be made available to the membership and state and local components through easy-to-use formats such as direct link and QR Codes, and that the information be in a format that allows the state associations and local components to add pertinent information when necessary, and be it further

**Resolved**, that a report shall be made on the progress to the American Dental Association House of Delegates in 2025.

The Council has collected state-level materials related to the recruitment of allied dental team personnel. The Council is developing a contest to provide user generated allied dental team videos with planned promotions on social media for winning entries. In addition, the ADA Communications team has identified social media influencers in the dental hygiene, dental technician, dental assistant and dental office team roles, as well as general career-focused social media accounts with large followings, to partner with to create ADA-branded content intended for TikTok and Instagram. These media will receive paid promotion for four months on those platforms and will also be permanently housed, along with existing ADA career

materials and those collected from states, on [ada.org/resources/careers](https://ada.org/resources/careers). Content will be released throughout Q2 and Q3 with 1-3 videos expected per influencer.

Central to the response of needing easy to find resources for dentists, parents, educators, and students interested in dental careers or in need of recruitment information, [ada.org/resources/careers](https://ada.org/resources/careers) will include descriptions about career options, education requirements, videos, and career fair toolkits.

The Council considers the response to the HOD resolution as completed after the four-month promotion of the developed videos and launch of the [new career pages on ada.org](https://ada.org/resources/careers).

#### **Resolution: 207-2024—Support for the FTC’s Final Rule on Consumer Reviews and Testimonials**

**207-2024. Resolved**, that the ADA will promote awareness of the FTC’s final rule “Trade Regulation Rule on the Use of Consumer Reviews and Testimonials” among its members and provide resources to assist them in adhering to these regulations, and be it further

**Resolved**, that the ADA will advocate for fair and transparent practices in online reviews and endorsements within the healthcare sector.

The Council and staff reviewed available resources regarding FTC regulation on consumer reviews and testimonials. The ADA [webpages](#), [toolkit](#) and [resources](#) have been updated, the ADA Digital Member Experience team continues to improve the search feature. A comprehensive communication plan launched in Q2 to promote resources to members.

The Council considers the response to the HOD resolution as completed.

#### **Self-Assessment**

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The Council is next scheduled to conduct a self-assessment in 2029.

#### **Policy Review**

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In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council reviewed Association policies related to the practice of dentistry, workforce and allied team members.

The Council reviewed the following policies and determined they should be maintained:

- Government Intrusion into Private Practice (*Trans.*1976:857; 2019:5105)
- Trade Agreements (*Trans.*1993:711; 2020:5179)
- Vaccine Administration by Dentists (*Trans.*2020:306)
- Dentistry is Essential Healthcare (*Trans.*2020:305)
- ADA Statement on the Use of Silver Diamine Fluoride (SDF) to Arrest Carious Lesions (*Trans.*2020:304)

The Council reviewed the following policies and determined they should be rescinded:

- Infringement on Dentists' Judgment (*Trans.*1991:634; 2016:61)
- Dentist’s Freedom to Exercise Individual Clinical Judgment (*Trans.*1997:705)
- Summary of Recommendations, Report 5 of the Board of Trustees to the House of Delegates, on Prevention and Control of Dental Disease through Improved Access to Comprehensive Care (*Trans.*1979:357, 596; 2020:287)
- Prevention and Control of Dental Disease Through Improved Access to Comprehensive Care (*Trans.*1979:357,596)
- Statement Supporting the Dental Team Concept (*Trans.*2013:313)
- ADA’s Position on Dental Mid-Level Provider (*Trans.*2008:439)

- Maintenance of Multi-Pathway Options for Dental Assistants (*Trans.*1996:696)
- Statement on Credentialing Dental Assistants (*Trans.*1995:634)
- Federal Student Loan Forgiveness (*Trans.*2022:XXX)
- Federal Student Loan Programs (*Trans.*2019:297)
- Federal Student Loan Repayment Incentives (*Trans.*2019:297)
- Tax Treatment of Student Loan Interest, Scholarships and Stipends (*Trans.*2019:298)
- ADA's Position on New Members of the Dental Team (*Trans.*2009:419)
- Opposition to Pilot Programs Which Allow Nondentists to Diagnose Dental Needs or Perform Irreversible Procedures (*Trans.*2010:521)
- Diagnosis or Performance of Irreversible Dental Procedures by Nondentists (*Trans.*2004:328; 2010:494)
- Measuring the Demand for Dental Services (*Trans.*1995:623)
- Support for Programs That Forecast Public Demand for Dental Services (*Trans.*1995:609)
- Dental Needs Survey (*Trans.*1985:588)
- Determining Health Professional Shortage Areas (*Trans.*1984:538; 1996:681; 2021:320; 2023:XXX)
- Comprehensive Policy Statement on Allied Dental Personnel (*Trans.*1996:699; 1997:691; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505; 2021:330)
- Policy on Licensure of Dental Assistants (*Trans.*2000:474)

The Council reviewed the following policy and determined it should be amended:

- Diagnostic Testing by Dentists (*Trans.* 2020:321)

Resolution Worksheets in support of the recommendations to rescind or amend listed above were submitted separately.

## **Council Minutes**

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For more information on recent activities, see the Council's [minutes](#) on ADA.org.