MINUTES OF THE COUNCIL ON DENTAL PRACTICE
VIA ZOOM
May 6-7, 2021

Call to Order: The meeting of the Council on Dental Practice (CDP/the Council) was called to order by Dr. Duc “Duke” Ho, chair, at 9:30 a.m., May 6, 2021 CT via the Zoom video meeting platform.

The ADA Disclosure Policy was referenced on the agenda and no disclosures were made or received.

Roll Call: The following Council members and liaisons were present for all or part of the meeting:

Dr. Duke M. Ho, Katy, TX, chair; Dr. James “Jim” A. Hoddick, Tonawanda, NY, vice chair; Dr. Jeffrey S. Berkley, West Haven, CT; Dr. Ryan T. Braden, Lake Geneva, WI; Dr. Manish “Manny” Chopra, Cincinnati, OH; Dr. Lindsay M. Compton, New Dentist Member, Arvada, CO; Dr. Kamila L. Dornfeld, Williston, ND; Dr. Amanda L. Fitzpatrick, La Plata, MO; Dr. Sherry R. Gwin, Pearl, MS; Dr. Allison B. House, Phoenix, AZ; Dr. Ralph L. Howell, Jr., Suffol, VA; Dr. Christopher G. Liang, Potomac, MD; Dr. Cary J. Limberakis, Abington, PA; Dr. Jeffrey C. Ottley, Milton, FL; Dr. Princy S. Rekhi, Renton, WA; Dr. Genaro “Gene” Romo, Chicago, IL; Dr. Lindsay A. Smith, Tulsa, OK; and Dr. Julia H. Townsend, Los Gatos, CA; as well as Dr. James D. Stephens, trustee liaison, Thirteenth District, and Ms. Christina A. Aponte, American Student Dental Association (ASDA).

Following the roll call, the presence of a quorum was noted.

Center for Dental Practice Policy (CDPP) Staff: Dr. Elizabeth “Betsy” Shapiro, senior director, CDPP; Dr. Diane Metrick, senior manager, Emerging Issues and Council Activities; Ms. Sarah Hughes, senior manager, Digital Strategy and Analytics; Ms. Katherine “Katie” Call, manager, Digital Media, Marketing and Dental Team Activities; Ms. Angelica Alderton, manager, Business Writing and Content Development; and Ms. GraceAnn Pastorelli, coordinator.

ADA Staff (for all or portions of the meeting): Dr. Kathleen O’Loughlin, executive director, ADA; Marko Vujicic, Ph.D., chief economist and vice president, Health Policy Institute (HPI); Dr. Chelsea Fosse, Senior Health Policy Analyst (HPI); Dr. Krishna Aravamudhan, senior director, Center for Dental Benefits, Coding and Quality (PI); Ms. Sharon Stanford, director, Standards Administration, Center for Informatics and Standards (PI); Ms. Jean Narcisi, director, Dental Informatics (PI); Ms. Julia Nissim, director, Content Strategy, Integrated Marketing and Communications (IMC); Ms. Jenn Sutherland, director, Digital Marketing, (IMC); Ms. Roxanne Yaghoubi, director, Legislative and Regulatory Policy; Mr. Chad Olson, director, State Government Affairs; Jeffrey Fraum, Esq., senior associate general counsel; and Ms. Barbara Ferriter, senior manager, Business and Administrative Operations (PI).

Guests Present (in order of appearance): Dr. Jeffrey Kahl, chair, Council on Membership; Dr. Jessica Meeske, chair, Council on Advocacy for Access and Prevention; Dr. Robert J. Wilson, chair, Council on Ethics, Bylaws and Judicial Affairs; Dr. David M. White, chair, Council on Government Affairs; and Dr. Randall Markarian, chair, Council on Dental Benefit Programs.

PRELIMINARY

Adoption of Agenda: The agenda was unanimously adopted and approved by general consent.

Review of Consent Calendar: A consent calendar was prepared to expedite the business of the Council. Council members had the opportunity to remove any item from the consent calendar for consideration during the general meeting.

Action: The Council approved the Consent Calendar which included the following reports:
Status of Action Items from the November 20-21, 2020 CDP Meeting; Director, Legislative and Regulatory Policy Report; 2021 PCSS Grant Opioid Webinars; Dental Public Health Residents
Research Proposal Program; ADA Standards Program—Standards Committee on Dental Informatics and Standards Committee on Dental Products; ADA Dental Informatics Activities Update; Dental Quality Alliance; the American Society of Heating, Refrigerating and Air-Conditioning Engineers Update; and Status of CDP Annual Report.

Minutes of the CDP Meeting held November 20-21, 2020: Dr. Ralph Howell proposed editorial changes to the November 20-21 meeting minutes.

Action: The Council agreed to proposed editorial changes to the CDP’s minutes from the November 20-21 meeting.

Recording of Mail Ballots: Four mail ballots were unanimously approved by the Council members since the CDP November 20-21, 2020 meeting.

Election of Council Chair: Dr. Jim Hoddick, NY was elected chair for 2021-22.

Election of Council Vice Chair: Dr. Manny Chopra, OH was elected vice chair for 2021-22.

REPORTS

Dr. Duke Ho, chair: Dr. Ho welcomed the Council to the Zoom video conference meeting and thanked the CDPP staff for their contributions since the last Council meeting. Dr. Ho also congratulated Dr. Shapiro on her seamless transition to senior director of the Council and CDPP. He referred the CDP members to the Status of Action Items in their agenda books.

Dr. Betsy Shapiro, senior director: Dr. Shapiro said that her job as senior director is to support the Council and she anticipates a productive transition.

Dr. Lindsay M. Compton, New Dentist Member: Dr. Compton stated that new dentists are a critical part of ADA membership. She reported that the majority of new dentists are not practice owners and indicated that ADA can support them in their current roles as employees/associates as well as when they transition into practice ownership.

Ms. Christina A. Aponte, American Student Dental Association (ASDA): Ms. Aponte reported that ASDA has delivered two webinars to its membership and presented its yearly leadership awards to one student and one administrator. Additionally, one Wednesday per month is selected as “Wellness Wednesday” and various activities are promoted to encourage students to focus on their well-being. The virtual ADA Dentist and Student Lobby Day was held in April, which was attended by more than 500 students and dentists.

Dr. James D. Stephens, Trustee Liaison, Thirteenth District: Dr. Stephens reported that the Board of Trustees continues to focus on the COVID-19 pandemic recovery, maintaining high value member services, diversity and inclusion efforts, promoting health equity and using technology to help balance the ADA budget. He is the liaison to ASDA and indicated that over half of the ADA membership consists of dentists under the age of 40, many of whom are employee dentists.

Dr. Kathleen T. O’Loughlin, Executive Director: Dr. O’Loughlin updated the Council on Common Ground 2025, the ADA Strategic Plan. For Goal 1, Membership is controlled at the state and local level and ADA is working closely with the states. More women, racially/ethnically diverse dentists and employee dentists are joining the ADA. The ADA is in the early stages of developing an entrepreneurial dentist program. The ADA Practice Transitions (ADAPT) Program is gaining traction. For Goal 2, Financial, the ADA is anticipated to break-even financially by year-end. For Goal 3, Organizational, the focus is on capacity and having the right staff with the right talent for the right job. The ADA is using the Agile project management program to expedite projects. For Goal 4, Public, the focus is on helping the dentist and public thrive.

Marko, Vujicic, Ph.D., chief economist and vice president and Dr. Chelsea Fosse, Senior Health Policy Analyst, HPI: Drs. Vujicic and Fosse provided a COVID-19 update, post COVID-19 trends and
data summary related to health equity. The key COVID-19 takeaways are: increased practice recovery; growing financial sustainability; consumer sentiment (increased consumer confidence); big picture (dental sector has nearly rebounded fully). The four post-COVID-19 major trends that have been identified are: intensified consumerism; shifting demographics; enabling technology; and payment reform. Fewer dentists are working as solo practitioners. Data findings from health equity studies suggest there are racial disparities in oral health incomes and cost barriers and the dental workforce is not representative of the U.S. population in terms of racial composition.

Mr. Chad Olson, director, State Government Affairs (SGA): Mr. Olson addressed the Council’s concerns, including the rising unemployment taxes in some U.S. states and proposed legislation that would allow dentists to order COVID-19 tests. Additionally, he reported on the proposed legislation in Pennsylvania banning restrictive covenants. Mr. Olson stated that the SGA tracks the types of tests that dentists can order by state. The ADA has not promulgated legislative principles to address increased unemployment taxes.

Ms. Jenn Sutherland, director, Digital Marketing: Ms. Sutherland reported on the launch of the My ADA app on April 30 and demonstrated the new Digital Member Experience (DMX), which is set to launch November 1, 2021. The DMX initiative is based on member services research. This digital transformation includes automation of dues processing, digital first publishing, and cloud based applications and content. The new ADA website is designed to be more user-friendly.

PRACTICE MANAGEMENT SUBCOMMITTEE

Practice Management Subcommittee: Dr. House, chair, reported that the Subcommittee has been working on three areas, such as advising staff on COVID-19 practice resources for ADA.org as well as monitoring and developing resources to combat the dental team shortage. In response to Resolution 28H-2019, the Subcommittee held the Pediatric Airway Meeting in April.

COVID-19 Resources Update: Dr. Shapiro informed CDP that the ADA has been continuing to engage with and monitor activity at both the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA). Recent CDC updates on mask wearing did not include changes to recommendations for health care facilities. ADA was monitoring OSHA as they have delivered an emergency temporary standard which may be related to air quality measures to the White House, and it was anticipated to be released soon. Some Americans are choosing not to get a second vaccine and ADA has resources for dentists to provide to their patients on the vaccine, both in English and Spanish. The ADA will remove the firewall to allow nonmembers to access this information for six weeks. There reportedly has not been a high number of U.S. dentists providing the vaccine.

Pediatric Airway Meeting: Dr. Metrick reported that the CDP held its pediatric airway virtual meeting on April 8, 2021. The Children’s Airway Screener Taskforce (CAST) attended the meeting. CAST developed a pediatric airway screening tool that will need to be validated. Validation may take up to two years. Data from a pilot study was shared at the meeting. The tool is meant to screen children for airway issues and send them for testing, if warranted.

Action: The Council approved a resolution to continue the development of a pediatric airway screening tool using the work of the Children’s Airway Screener Taskforce (CAST) and any outcomes of CAST’s planned validation study as the means to accomplish the task assigned to CDP through Resolution 28H-2019 Pediatric Screening for Sleep-Related Breathing Disorders (Trans.2019:270).

Action: The Council appointed Dr. Manish Chopra as a liaison to CAST.

Action: The Council directed staff to distribute the CAST screening questions to the ADA National Advisory Committee on Health Literacy in Dentistry for review.

Dental Team: Ms. Call reported on an increase in the number of hygienists returning to work and that the ADA is monitoring this trend. The ADA and the American Dental Hygienists' Association collaborated on research to measure the impact of COVID-19 on dental hygienists and presented the findings in a webinar on May 4. A recording of this webinar is available online. The ADA provides online materials designed to promote careers in dental hygiene and assisting, and continues to offer educational opportunities for dental team members.

POLICY AND EMERGING ISSUES SUBCOMMITTEE

Policy Review and Emerging Issues Subcommittee: Dr. Berkley, chair, reported that there were few policies for the Subcommittee to review in 2021, unlike other years.

2021 Policy Review Recommendations, Five-year Cycle: In accordance with Resolution 170H-2012, Reaffirming Existing ADA Policy, all Association policies are to be reviewed every five years. The Council's Subcommittee on Policy and Emerging Issues Subcommittee is charged with reviewing the policies assigned to CDP and forwarding its recommendations to the Council. Two policies were scheduled for routine review.


Proposed Amendment to ADA Policy Statement on the Role of Dentistry in Sleep-Related Breathing Disorders: Dr. Metrick reported that the American Academy of Dental Sleep Medicine shared their policy statement on the dentist's role in treatment of sleep related breathing disorders with a request for the ADA to review existing ADA policy. Upon review, the subcommittee proposed an amendment to CDP related to the scope of practice for dentists ordering or administering sleep apnea tests to the Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (Trans.2017:269; 2019:270).


Review of Policy Recommendations from Other Agencies: The Council on Government Affairs (CGA) requested that the CDP review several proposed recommendations for policies that the CGA was named as the lead agency and the CDP as a supporting agency. Dr. Berkley thanked the Subcommittee for reviewing these policies which will be submitted to the 2021 House of Delegates for consideration.

Action: The Council concurred with the Council on Government Affairs (CGA) proposed recommendations to retain, amend or rescind CGA policies submitted for review.

HEALTH, WELLNESS AND AGING SUBCOMMITTEE

Health, Wellness and Aging Subcommittee: Dr. Limberakis stated that the Subcommittee’s charge is to oversee the Dentist Wellness Advisory Committee and the National Elder Care Advisory Committee.

2021 Dental Wellness Advisory Committee (DWAC): Dr. Chopra, chair, reported that DWAC is charged with advising the Council, through the Subcommittee, on the following:

- dentist well-being and chemical dependency support issues and prescription drug abuse concerns;
• supporting the Council’s interagency activities related to health and wellness, well-being, mental health, burnout, disability and ergonomics;
• sponsoring the biennial dentist health and wellness conference;
• providing recommendations regarding ergonomic issues facing the dental profession; and
• identifying and promoting health and wellness, well-being and ergonomics in the dental workplace.

He referred the Council to the mental health resources located on ADA.org. Dr. Chopra informed the Council that the Friends of Bill W/AA meetings scheduled at SmilecCon™ 2021 will be promoted.

**Action:** The Council approved Friday, March 4, 2022 as the date for the next Dental Wellness Advisory Committee meeting.

**2021 Dentist Health and Wellness Survey:** Ms. Hughes stated that the last Dentist Health and Wellness survey was administered in 2015. The Subcommittee updated some survey questions and the survey was sent electronically for the first time. The survey was reviewed by the ADA Institutional Review Board to demonstrate that the survey can provide anonymous responses and that the data is handled appropriately. ADA HPI distributed the survey electronically both to a random sample and also via a membership campaign to promote it on ADA.org, in the *ADA News*, in the *New Dentist News*, through the state dental societies and through social media. The survey is being fielded through May 14, 2021 and Ms. Hughes asked the Council members to promote the survey to his or her constituents.

**2021 Dental Health and Wellness Conference: Developing Strategies for Building Resilience Through Human Connection and Peer Support:** Dr. Shapiro reported that topics and speakers had been identified at the DWAC meeting held on February 12, 2021. The conference agenda emphasizes resilience due to the COVID-19 pandemic. The one-day biennial Health and Wellness Conference will take place virtually on Friday, August 13, 2021. The state dentist well-being program directors’ pre-conference meeting will take place virtually on Thursday, August 12, 2021.

**Action:** The Council approved the draft agenda and speakers for the biennial 2021 Dentist Health and Wellness Conference on the topic of developing strategies for building resilience through human connection and peer support with a suggestion to seek presenter permission to record for use as on-demand content for members.

**Resolution 73H-2020 “National Elder Care Advisory Committee (NECAC) Review”:** Dr. Gwin, chair, stated that NECAC advises CDP on elder oral care. The Subcommittee on Health, Wellness and Aging restructured NECAC, thereby satisfying Resolution 73H-2020 NECAC Review (Trans.2020:000). NECAC is now more aligned with DWAC’s structure. The Council received 61 applications in response to its call for volunteers to serve on NECAC. Dr. Gwin thanked the Subcommittee for reviewing all the applications and curriculum vitae. Dr. Limberakis selected candidates keeping diversity in mind.

**Action:** The Council approved the 10 candidates submitted by the Health, Wellness and Aging Subcommittee as members of the National Elder Care Advisory Committee and as CDP consultants.

1. Karin Arsenault, D.M.D., M.P.H.
2. Richard Dest, D.D.S.
4. Ford Grant, D.M.D.
5. Christie-Michele Hogue, D.D.S.
7. Michael Reed, D.D.S.
8. Diane Romaine, D.M.D.
9. Lyubov Slashcheva, D.D.S., M.S.
10. Janet Yellowitz, D.M.D., M.P.H.
Oversight and Technology Subcommittee: Dr. Liang, chair, reported that the CDP held a virtual Augmented Intelligence (AI) Forum on April 16, 2021 to better understand how dental AI is impacting the practice of dentistry per a resolution adopted by the Council at its November 2021 meeting.

2021 Augmented Intelligence Forum: Dr. Liang stated that four presentations were held the morning of the Forum to educate attendees on various facets of AI. The Subcommittee deliberated on the proposed AI policy in the afternoon. The dentist is still the key decision maker while trying to protect patient privacy and safety. Dr. Shapiro advised the Council that the CDBP’s section of the AI policy would be integrated into this policy once it is approved by CDBP members.

Action: The Council approved the draft policy Proposed Guidelines on the Use of Augmented Intelligence in Dentistry to be submitted, pending the insertion of Council on Dental Benefit Programs’ resolving clauses, to the 2021 ADA House of Delegates for its consideration. (Attachment 2)

NEW BUSINESS

Approval of CDP Consultants: The Standing Rules for Councils and Commissions states that “Each council shall have the authority to appoint consultants in conformity with the rules and regulations established by the Board of Trustees except as otherwise provided in these Bylaws. The Council shall inform the Board in writing the selection of consultants in conformity with rules and regulations established by the Board of Trustees.” The Council adopted its proposed list of consultants for 2021-22.

Action: The Council approved the appointment of CDP consultants with terms ending at the close of the 2022 ADA House of Delegates meeting. (Attachment 3)

Resolution 106H-2020 “Teledentistry Legislative Principles and Ethical Considerations”: Dr. Ho reported that the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) Chair had requested that CDP appoint a representative to serve on a workgroup charged with developing and recommending a cohesive response to Resolution 106H-2020 “Teledentistry Legislative Principles and Ethical Considerations” (Trans.2020:000). CEBJA was appointed the lead agency and CDP the supporting agency to this resolution.

Action: The Council appointed Dr. Jeffrey Ottley to serve on the proposed workgroup charged with developing and recommending a cohesive response to Resolution 106H-2020 “Teledentistry Legislative Principles and Ethical Considerations” (Trans.2020:000) per the Council on Ethics, Bylaws and Judicial Affairs’ request.

Paid Family and Medical Leave Act Proposal: Ms. Yaghoubi provided background on the U.S. House Ways and Means Committee proposal of a Paid Family and Medical Leave Act as part of the American Families Act being proposed in Congress. The Council agreed that this proposed legislation would be cost-prohibitive to dental offices, although the Federal Government would reimburse the dentist for part of the cost. They discussed whether the ADA should advocate for a small business exemption or develop a policy on it. Several U.S. states already have enacted similar legislation. Ms. Yaghoubi will relay the Council’s concerns to the CGA.

Council on Advocacy for Access and Prevention (CAAP) Proposed Policy on Health Equity

Resolution: CAAP drafted a proposed policy resolution on health equity. After informal circulation of the original draft policy amongst various Council chairs, CAAP is now considering a revised version. Once CAAP has formally accepted a policy on health equity they intend to socialize it with other ADA Councils, Committees and Commissions in order to promote broad support for passage by the 2021 House of Delegates.

Medicaid Reform: Dr. Ho reported that U.S. states are expanding Medicaid programs. He encouraged the Council to consider comparing various business models for Medicaid before supporting them.
ADA Council chairs were invited to share pending resolutions and activities within their councils.

**Council on Membership (CM):** Dr. Kahl, chair, reported that the 2021 membership numbers are expected to meet or exceed the 2019 numbers. Some dentists are retiring early due to the pandemic. Recruitment efforts are focused on areas where ADA is lagging in market share: early career new dentists, women, and ethnically diverse dentists.

**Council on Communication (CC):** Ms. Nissim presented comments on behalf of Dr. Sam Mansour, chair. The Council’s key initiatives include creating a response to the House of Delegates on Resolution 103-2020 Reexamine the CC liaison program. The Strategic Workgroup is working on the 2021 Trends Report and examining trends like medical marijuana and its effects on oral health, among other topics for the second annual report. The Integrated Marketing Workgroup has created a Communications Reporting Tool which insures a consistent message about council priority projects and programs to the tripartite. The workgroup gathered feedback on the tool from various council chairs and vice chairs in hopes other councils will also consider usage.

**Council on Advocacy for Access and Prevention (CAAP):** Dr. Meeske, chair, reported that the priority for CAAP is their proposed policy on Health Equity resolution. CAAP is streamlining its language, based upon feedback and editorial suggestions from a variety of council leaders. These efforts are intended to amplify support and obtain greater understanding about the subject from other ADA agencies.

Oral health disparities and inequities findings were presented on two recent ADA webinars on this topic which featured Dr. Cesar Sabates, ADA president-elect, and Dr. Tim Ricks, chief dental officer of the U.S. Public Health Service. CAAP will distribute the proposed policy document to other ADA councils by the end of May. Oral health disparities were greater in adults than children due to the unpredictability of Medicaid dental benefits within states. Disparities are also seen in children within communities of color. The Council is also working on a Medicaid reform document which offers insights on improved reimbursement processes and credentialing.

**Council on Ethics, Bylaws and Judicial Affairs (CEBJA):** Dr. Wilson, chair, reported that CEBJA recently released a white paper on vaccinations to be used as a reference document for dentists. CEBJA is developing its free web-based, pre-recorded CE course on Unconscious Bias to be presented in conjunction with SmileCon™ 2021. CEBJA’s ethics-based CE courses are typically sold out annually. The Council is also developing a response to Resolution 106H-2020 “Teledentistry Legislative Principles and Ethical Considerations;” and is also examining 16H-2020 (Trans.2020:000) Proposed Amendment of the Comprehensive ADA Policy Statement on Teledentistry, as CEBJA has some concerns about the policy as written and any unintended consequences with regard to patient abandonment.

**Council on Government Affairs (CGA):** Dr. White, chair, reported that CGA is advocating with Congress on COVID-19 and implementation of the McCarran-Ferguson Act. CGA has five workgroups: Military Work Group; Diversity Work Group; In-Office Dental Plans Work Group; Medicaid Work Group; and Policy Work Group. The Military Work Group is developing a toolkit for dentists serving in the reserve/guard. The Diversity Workgroup is working on improving health care equity. The Medicaid Work Group is looking at ways to reduce administrative burden and increase reimbursement. The In-Office Dental Plans Work Group is surveying ADA members on the use of these plans and also looking at state laws on these plans. The Policy Review Work Group is reviewing policies going to the 2021 House of Delegates. In addition, CGA is seeking input from CDP on how to respond to Congressional proposals on paid leave.

**Council on Dental Education and Licensure (CDEL):** Dr. Jacqueline Plemmons, chair, submitted a written report on its priority projects. She reported that CDEL is advocating for Licensure Reform. The Council works to encourage licensure portability among states and to eliminate live patients from the clinical licensure examination process in support of the ADA’s Comprehensive Policy on Dental Licensure. The Council is also promoting CDEL’s Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students and will be disseminating these Guidelines to appropriate communities of interest, including dental schools, advanced dental education programs, continuing
education providers and state boards of dentistry. Lastly, it has an important role on behalf of the ADA; continuously monitoring and commenting on matters of the Commission on Dental Accreditation, Commission for Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards.

Council on Dental Benefit Programs (CDBP): Dr. Markarian, chair, reported on the CDBP programs. He stated that the Code Maintenance Committee is working on a major revision of the Code on Dental Procedures and Nomenclature. The Data Registry Program’s data testing is progressing and the system will be launched for users this year. The Council is working with a vendor to enable real-time dental benefit verification and with another vendor to allow for real-time dental claims processing. It is also working on universal credentialing to align third-party payers and state programs. CDBP is working on a response to the House of Delegates on a resolution relating to Dental Benefits Information for ADA members and another resolution regarding improved ADA member assistance with third-party payer issues.

MISCELLANEOUS

Future Meeting Dates: The next meeting of the Council on Dental Practice is scheduled for November 4-5, 2021.

ADA Leadership Letter on Meeting Times and After Hours Communication: The Council reviewed the letter and while recognizing that “Zoom fatigue” is concerning, came to a consensus that evenings were more conducive for both dentist/owners and dentist/employees than daytime Zoom meetings.

Recognizing Retiring Council Members: Dr. Ho thanked Drs. Berkley, Liang and Limberakis for their service and friendship.

Adjournment: There being no further business, the Council meeting was adjourned at 2:27 p.m. CT on Friday, May 7, 2021.
Resolved, the following policy entitled “Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders” (Trans. 2017:269; 2019:270) be adopted as amended (additions are underlined and deletions struck):


Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist’s recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various surgical modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients compared to no therapy or placebo devices. Oral appliance therapy (OAT) can improve or effectively treat OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP).

Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist’s role in the treatment of SRBD includes the following:

• Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If patients are at risk and appropriate candidates for home sleep apnea tests (HSATs) the dentist may order or administer the HSAT directly. If risk for SRBD is determined, these patients, pertinent patient information and HSAT data should be referred, as needed, to the appropriate physicians for proper diagnosis.

• In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern.

• Oral appliance therapy is an appropriate treatment for mild and moderate obstructive sleep apnea, and for severe obstructive sleep apnea when a CPAP cannot or will not be tolerated by the patient.

• When a physician diagnoses obstructive sleep apnea in a patient and the treatment with oral appliance therapy is recommended through written or electronic referral, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed
appropriate, a dentist should fabricate an oral appliance, monitor its effectiveness and titrate the appliance as necessary.

- Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity.

- Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral.

- Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As Titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors HSATs may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices HSATs may assess the objective interim results for the purposes of OA titration.

- Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment.

- Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.

- Dentists should maintain regular communications with the patient’s referring physician and other healthcare providers to the patient’s treatment progress and any recommended follow-up treatment.

- Follow-up sleep testing by a physician should be conducted so the physician is able to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities.
Attachment 2

Proposed Resolution

XX. Resolved, that the ADA Policy Statement on the Use of Augmented Intelligence in Dentistry be adopted.

**ADA Policy Statement on the Use of Augmented Intelligence in Dentistry**

Augmented intelligence (AI) is the theory and development of computer systems that can perform tasks that would otherwise require human intelligence, such as visual perception, speech recognition, decision-making and translation between languages. The term may also be applied to any software that performs intelligent behavior and acts intelligently.

The ADA supports using Augmented Intelligence as a tool to supplement the dentist's clinical judgment rather than a technology to replace or override it, while taking into account a patient's clinical presentation, including history, examination, and relevant tests.

- The ADA encourages the development of thoughtfully designed, high-quality, clinically validated dental Augmented Intelligence.
- The ADA urges dental professionals to become fully informed about Augmented Intelligence technology and how it might support the delivery of patient care.
- The ADA encourages training and education for dental students to ensure that all clinicians in the United States can incorporate Augmented Intelligence into clinical practice.

**Dental AI Developers**: The ADA urges entities to incorporate the following principles when developing Augmented Intelligence systems for dental care applications:

- Integrate, when possible, the perspective of practicing dentists in the development, design, validation, and implementation of dental care Augmented Intelligence;
- Design and evaluate Augmented Intelligence systems following the best practices in dentistry;
- Ensure that the development process of such systems is transparent and conforms to leading standards for reproducibility;
- Address bias and avoid introducing or exacerbating health care disparities when testing on vulnerable populations or deploying new Augmented Intelligence tools;
- Demonstrate the efficacy and accuracy of Augmented Intelligence systems with reliable data obtained from the relevant clinical domains;
- Safeguard the privacy of patients and other individuals and securing their personal and medical information.

**Clinical Practitioners**: The ADA supports the following principles for the introduction of Augmented Intelligence systems into clinical dental practice:

- Produce outcomes that match or exceed the currently accepted standard of care;
- Prioritize patient safety when using an Augmented Intelligence system;
- Encourage dental educators to introduce clinical Augmented Intelligence systems in practice and to foster digital literacy in the current and future dental workforce;
• An Augmented Intelligence system in clinical dental practice should be supervised by a dentist;

• Identify and acknowledge the limitations of an Augmented Intelligence system in clinical decision-making, and continue to collaborate or consult with clinical colleagues as appropriate;

• Demonstrate the efficacy of Augmented Intelligence systems with reliable data obtained from the relevant clinical domains;

• Interpret data from dental Augmented Intelligence to allow for clinical observation and judgment input from dentists, with an ongoing emphasis on risk management, accountability, and bias;

• Obtain the appropriate informed consent, permission, privacy controls, checks for accuracy and relevance of any patient data used in original development or ongoing refinement of Augmented Intelligence algorithms;

• Use patient data only for the stated purpose and storing such data securely.

**Third-Party Payers:** The ADA supports the following principles for the introduction of Augmented Intelligence systems into the claims adjudication processes by third-party payers:

• All decisions on treatment are appropriately the result of a joint discussion between the patient and the dentist;

• If Augmented Intelligence is used by dental benefit plans as a tool to assist with claims processing or adjudication, that tool should not be used to diagnose or dictate a treatment plan that interferes with the doctor-patient decision process or deny any benefits that the patient is entitled to under their plan;

• Any Augmented Intelligence tool used by third party payers should not be used to direct patients to specified preferred providers;

• Augmented Intelligence systems should not allow for denial of claims without consultant review.
Individuals nominated to be consultants to the Council on Dental Practice for 2021-22:

Arsenault, Karin, D.M.D., M.P.H., Dracut, MA
Budd, Alan S., D.M.D., Boston
Caruso, Timothy J., P.T., M.B.A., M.S., CERT, M.D.T., Addison, IL
Claytor, Jr., J. William, D.D.S., M.A.G.D., Shelby, NC
Cuny, Eve, M.S., San Francisco
Dest, Richard, D.D.S., Charlotte, NC
Dill, Diana, L. E.D.D., Belmont, MA
Doniger, Sheri Beryl, D.D.S., Lincolnwood, IL
Franco, Kasey, M.A., Chicago
Gibson, Gretchen, D.D.S., M.P.H., Fayetteville, AR
Hogue, Christie-Michele, D.D.S., Fairburn, Georgia
Houska, Holly, D.M.D., Bloomington, IL
Hyde, Susan, D.D.S., M.P.H., Ph.D., San Francisco
James, Tamara, M., M.A., C.P.E., Clarksville, VA
Limberakis, Cary J., D.M.D., Abington, PA
Murray, John M. D.M.D., Brielle, NJ
Romaine, Diane, D.M.D., M.M., M.A.G.D., Frostburg, MD
Simmons, Jerald, M.D., Sugar Dale, TX
Singh, Amisha, D.D.S., Aurora, CO
Vixie, Curtis E., D.D.S., Susanville, CA
Walter, Jane, L.P.C., M.Ed., Tucker, GA
Werner, Robert A., M.D., M.S., Ann Arbor, MI