



New Orleans

American Dental Association

ANNUAL SESSION

OCTOBER 31 - NOVEMBER 3, 2013

**American Dental Association
154th Annual Session
House of Delegates and Related Activities
Preliminary Daily Schedule***

**Modifications to this preliminary House of Delegates schedule may be necessary to accommodate the business of the House. Changes will be communicated as early as possible.*

**Scientific Program—October 31-November 3
World Marketplace Exhibition—October 31-November 2
House of Delegates—November 1-5**

The meetings and activities listed below relate primarily to meetings of the House of Delegates. However, other notable activities will be identified. Unless otherwise indicated, activities will be held at the Hilton New Orleans Riverside (ADA Headquarters Hotel). The Preliminary Program for the annual session is available online at www.ada.org/session. Information on affiliate organization schedules will be available at www.ada.org/session in early July. Check ADA Connect periodically for any updates to the daily schedule at <http://connect.ada.org>.

Thursday, October 31

Time	Activity	Location
6:00 a.m. – 5:30 p.m.	Registration for General Attendees	New Orleans Ernest N. Morial Convention Center, Hall D
8:00 a.m. – 5:00 p.m.	Delegate Registration Opens	Hilton New Orleans Riverside, Level 1 Foyer
9:00 a.m. – 10:30 a.m.	Opening General Session and Distinguished Speaker Series	New Orleans Ernest N. Morial Convention Center, Hall B
10:00 a.m. – 11:00 a.m.	CODA Open Hearing	Hilton New Orleans Riverside, Grand Salon, Section 3/6
10:30 a.m. – 6:00 p.m.	World Marketplace Exhibition	New Orleans Ernest N. Morial Convention Center, Halls C-G
7:00 a.m. – 6:00 p.m.	Continuing Education Courses (staggered times throughout the day)	New Orleans Ernest N. Morial Convention Center

Thursday, October 31 (continued)		
Time	Activity	Location
2:30 p.m. – 3:30 p.m.	Briefing for Members of Reference Committees conducted by the Speaker of the House of Delegates	Hilton New Orleans Riverside, Grand Salon – Section 3/6
3:30 p.m. – 5:00 p.m.	Meeting of District Representatives and the Speaker of the House of Delegates	Hilton New Orleans Riverside, Grand Ballroom A
4:00 p.m. – 6:00 p.m.	Mega Topic Facilitator Training	Hilton New Orleans Riverside, Kabacoff
7:00 p.m. – Midnight	American College of Dentists Reception and Dinner	New Orleans Marriott, Grand Ballroom
Friday, November 1		
Time	Activity	Location
7:00 a.m. – 5:30 p.m.	Registration for General Attendees	New Orleans Ernest N. Morial Convention Center, Halls C-G
7:00 a.m. – Noon	Delegate Registration	Hilton New Orleans Riverside, Level 1 Foyer
8:00 a.m. – 6:00 p.m.	Continuing Education Courses (staggered times throughout the day)	New Orleans Ernest N. Morial Convention Center
9:30 a.m. – 5:30 p.m.	World Marketplace Exhibition	New Orleans Ernest N. Morial Convention Center, Halls C-G
10:00 a.m. – Noon	New Delegate Orientation	Hilton New Orleans Riverside, Grand Salon – Section 3/6
12:30 p.m. – 2:30 p.m.	Mega Topic Discussion of the House of Delegates	Hilton New Orleans Riverside, Grand Ballroom A & B
2:00 p.m. – 6:00 p.m.	Delegate Registration	New Orleans Ernest N. Morial Convention Center, The Great Hall Foyer
3:30 p.m. – 6:00 p.m.	First Meeting of the House of Delegates	New Orleans Ernest N. Morial Convention Center, The Great Hall
7:00 p.m. – 11:30 p.m.	ADA Foundation Give Kids A Smile® Gala	Hilton New Orleans Riverside, Grand Ballroom
7:30 p.m. – 11:30 p.m.	International College of Dentists Receptions and Dinner Dance	Sheraton New Orleans, Ballroom C, D, and E

Saturday, November 2		
Time	Activity	Location
7:00 a.m. – 5:30 p.m.	Registration for General Attendees	New Orleans Ernest N. Morial Convention Center, Hall D
7:00 a.m. – Noon	Delegate Registration	Hilton New Orleans Riverside, Level 1 Foyer
7:00 a.m. – 9:00 a.m.	Budget, Business and Administrative Matters Reference Committee Hearing	Hilton New Orleans Riverside, Grand Salon Suite A
8:00 a.m. – 9:00 a.m.	CODA Open Hearing	Hilton New Orleans Riverside, Grand Ballroom C
8:00 a.m. – 5:00 p.m.	Continuing Education Courses (staggered times throughout the day)	New Orleans Ernest N. Morial Convention Center
9:00 a.m. – 11:00 a.m.	Legislative, Health, Governance and Related Matters Reference Committee Hearing	Hilton New Orleans Riverside, Grand Ballroom D
9:30 a.m. – 3:00 p.m.	World Marketplace Exhibition	New Orleans Ernest N. Morial Convention Center, Halls C-G
10:00 a.m. – Noon	Dental Education, Science and Related Matters Reference Committee Hearing	Hilton New Orleans Riverside, Grand Ballroom C
11:00 a.m. – 1:00 p.m.	Dental Benefits, Practice and Related Matters Reference Committee Hearing	Hilton New Orleans Riverside, Grand Ballroom B
Noon – 2:00 p.m.	Membership and Related Matters Reference Committee Hearing	Hilton New Orleans Riverside, Grand Ballroom A
Sunday, November 3		
Time	Activity	Location
7:00 a.m. – 8:30 a.m.	Registration for General Attendees	New Orleans Ernest N. Morial Convention Center, Hall D
7:00 a.m. – Noon	Delegate Registration	Hilton New Orleans Riverside, Level 1 Foyer
All Day	District Caucus Meetings (a complete listing will be included in the <i>Manual of the House of Delegates</i> , available in August)	Hilton New Orleans Riverside
8:00 a.m. – 1:00 p.m.	Continuing Education Courses (staggered times throughout the day)	New Orleans Ernest N. Morial Convention Center

Monday, November 4		
Time	Activity	Location
6:30 a.m. – 8:00 a.m.	Voting for Candidates for Elective Office	New Orleans Ernest N. Morial Convention Center, Rivergate Room
6:30 a.m. – 6:00 p.m.	Delegate Registration	New Orleans Ernest N. Morial Convention Center, The Great Hall Foyer
8:00 a.m. – Noon	Second Meeting of the House of Delegates	New Orleans Ernest N. Morial Convention Center, The Great Hall
1:00 p.m. – 5:00 p.m.	Third Meeting of the House of Delegates	New Orleans Ernest N. Morial Convention Center, The Great Hall
Tuesday, November 5		
Time	Activity	Location
7:30 a.m. – close of business	Delegate Registration	New Orleans Ernest N. Morial Convention Center, The Great Hall Foyer
8:00 a.m. – close of business	Fourth Meeting of the House of Delegates	New Orleans Ernest N. Morial Convention Center, The Great Hall

This schedule will be periodically updated as new information regarding times and locations become available.

07.10.13

REVISED

2013 Standing and Reference Committees

Standing Committees

Constitution and Bylaws

Henner, Kevin, New York (2), **chair**
Chinoy, Walter, New Jersey (4)
Curry, Barry, Kentucky (6)
Pansick, Ethan, Florida (17)
Raimann, Thomas, Wisconsin (9)
Reynolds, Elizabeth, Virginia (16)
Rosato, Richard, New Hampshire (1)
Williams, Laura, Washington (11)

Credentials, Rules, and Order

Burns, Jill, Indiana (7), **chair**
Anderson, David, Virginia (16)
Hale, Hal, Kansas (12)
Heinrich-Null, Lisa, Texas (15)
Kattner, Paul, Illinois (8)
McLean, David, Vermont (1)
Rao, Anand, Pennsylvania (3)
Shekitka, Robert, New Jersey (4)
Torbush, Douglas, Georgia (5)

Reference Committees

Budget, Business, and Administrative Matters

Weinberger, Mark, New York, (2) **chair**
De Tomasi, Dennis, California (13)
Doroshov, Susan Becker, Illinois (8)
Liddell, Rudy, Florida (17)
Leighty, Chad, Indiana (7)
Moore, Alan, Texas (15)
Ortego, Steven, Louisiana (12)
Thompson, William, Tennessee (6)
Schmitt, Travis, Minnesota (10)

Legislative, Health, Governance and Related Matters

Osborne, Larry, Illinois, **chair** (8)
Bishop, Deborah, Alabama (5)
Desrosiers, Mark, Connecticut (1)
Morchat, Arthur, Texas (15)
Lieb, Howard, New York (2)
Morrison, Scott, Nebraska (10)
Riva, Richard, New Jersey (4)
Timm, Steven, Oregon (11)
White, David, Nevada (14)



Dental Benefits, Practice and Related Matters

Tippett-Whyte, Judee, California (13) **chair**
Bogan, Douglas, Texas (15)
Determan, Amber, South Dakota (10)
Glenn, Stephen, Oklahoma (12)
Jaworski, Steve, Pennsylvania (3)
Plage, Robert, North Carolina (16)
Roberts, Julie, Ohio (7)
Roseman, Lori, Missouri (6)
Schripsema, Thomas, New Mexico (14)

Membership and Related Matters

Norbo, Kirk, Virginia, **chair** (16)
Christopher, Ann, Maryland (4)
Hughson-Otte, Virginia, California (13)
Mack, Vincent, Michigan (9)
Moore, T. Delton, Mississippi (5)
Rosenthal, Nancy, Pennsylvania (3)
Royer, Marian, Rhode Island (1)
Skolnick, Jay, New York (2)
Terry, Beatriz, Florida (17)

Dental Education, Science and Related Matters

Friedman, Paula, Massachusetts, **chair** (1)
Caputo, Anthony, Arizona (14)
Gardner, Kim, Ohio, (7)
Kao, Richard, California (13)
Merchant, Virginia, Michigan (9)
Mousel, Barbara, Illinois (8)
Raman, Prabu, Missouri (6)
Scarbrough, A. Roddy, Mississippi (5)
Stewart, Jeffrey, Oregon (11)

Resolution No. 52 New

Report: CDP Supplemental Report 2 Date Submitted: August 2013

Submitted By: Council on Dental Practice

Reference Committee: Dental Benefits, Practice and Related Matters

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Goal: Public Health (Required)

**COUNCIL ON DENTAL PRACTICE SUPPLEMENTAL REPORT 2 TO THE HOUSE OF DELEGATES:
REGISTRATION OF DENTAL LABORATORIES**

Background: Dental laboratory technicians were among the first dental team members. They were trained on the job and worked in dental offices in the latter half of the nineteenth century. In 1917, 97% of prosthetic work was done in the dental office under the direct supervision of a dentist. The first commercial dental laboratory was opened in 1887. In a remarkable transformation, 95% of dental prosthetic work was done in commercial dental laboratory settings by 1944. Dentists provided written instructions for dental prosthetics, but were no longer training or overseeing the dental laboratory technician. Dental laboratory technicians became isolated from the dental team during this period. In 2010, 4.7% of dentists reported employment (and oversight) of dental laboratory technicians to fabricate custom appliances for their patients (*2010 Survey of Dental Practice*).

Challenges facing the dental laboratory industry have been of concern to the Council since its inception and continue to be of concern. The Council on Dental Practice (the Council) was originally formed in 1948 as the Council on Dental Trade and Laboratory Relations to foster better relations between laboratory technicians and dentists. In 2008, the ADA's House of Delegates directed the Council to convene a meeting to discuss the state of dental laboratory services and to consider actions to insure that the quality of prosthetic services remains high in the future. In 2009, the Council convened the Future of Dental Laboratory Technology (FDLT) Conference. A diverse group of stakeholders discussed the state of dental laboratory services and training in the U.S. Key issues discussed included the impact of off-shore laboratories, safety and regulatory concerns related to dental laboratories and the marked decrease in educational programs for dental laboratory technicians.

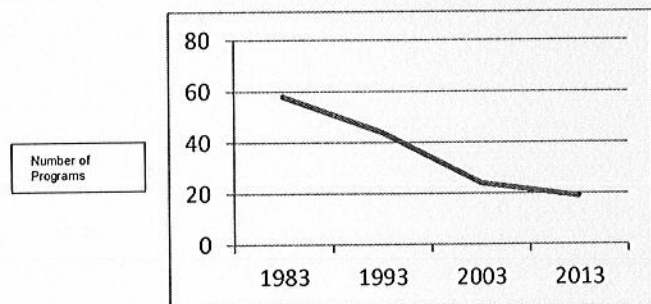
Safety: Patient safety is of paramount concern to individual dentists and to the ADA as an organization. Recent reports from Oklahoma, Rhode Island and Pennsylvania have described inadequate infection control procedures in dental offices that placed patients at risk for several infectious diseases. Dentists are under the regulatory authority of their state boards, and the actions taken by the state boards in these cases have served to protect the public by sanctioning the dentist's license to practice. The owner-dentists have oversight responsibility for actions taken by his or her staffs, some of whom may not be licensed or registered with the state.

The laboratory industry in contrast, in the U.S. is largely unregulated, even though the prosthetics or appliances that are custom manufactured according to a dentist's order are delivered to patients. ADA policy recommends that laboratories use current infection control standards, including personal protective equipment and disinfection of prosthesis, appliances and materials. Laboratories can voluntarily obtain a Certified Dental Laboratory certification (CDL) from the National Board for Certification in Dental Laboratory Technology (NBC). Standards related to quality, safety and good manufacturing practices

1 must be met. Of an estimated 13,000 laboratories in the United States, only 200 have obtained this
2 certification.

3 Documentation of the materials used in the manufacture of a dental prosthetic was approached
4 proactively by the dental materials manufacturers through voluntary programs, IdentAlloy and
5 IdentCeram. Certificates verifying the materials used in the dental prosthetic can be placed in the
6 patient's chart and/or given to the patient. IdentAlloy and IdentCeram certificates may be used by both
7 domestic and off-shore laboratories. As reported in the *2008 Survey on the Use of Dental Labs (SUDL)*,
8 only 54.7% of laboratories provided IdentAlloy information to dental offices. Several years ago, the
9 infamous "lead in a crown" case in Ohio underscored the lack of verification that materials ordered by a
10 dentist for a dental prosthetic are actually used.

11 **Education:** Most non third-world countries require a minimum of a three-year degree to become a
12 certified dental laboratory technician. This is not true in the U.S., where training of dental laboratory techs
13 ranges from on-the-job training to associate degree programs. Educational programs for dental
14 laboratory technicians have decreased since 1983, while dental hygiene and dental assistant programs
15 have flourished. There are only 19 accredited dental laboratory technician programs in 2013. Fifty-eight
16 were in existence in 1983, 44 in 1993, and 24 in 2003.



17
18 Recognition of professional certification or registration plays a role in career choice. Hygienists are
19 licensed to practice dental hygiene; dental assistants are increasingly becoming more regulated. The
20 Dental Assistant National Board (DANB) found that currently, 38 states recognize or require that dental
21 assistants pass one of the DANB national exams in order to perform dental assisting functions. Twenty-
22 four states are considering or have implemented new rules and regulations related to dental assisting.
23 Only six states require dental laboratory registration; lack of professional recognition is a perceived barrier
24 to the success of these dental laboratory educational programs.

25 **Change in Enrollment of Allied Dental Educational Programs, 2001-2011**

	NUMBER ENROLLED		% CHANGE
	2001	2011	
Dental Hygiene	6,537	8,007	+22.5
Dental Assisting	6,433	10,390	+61.5
Dental Laboratory Technology	495	431	-12.9

26 2010-11 Survey of Allied Dental Education

27 The decrease in the number of programs and enrollment of dental laboratory technicians is attributed to
28 other factors as well. High costs of acquiring current technology for students, low entry wages, lack of
29 programs in certain geographic areas, and a lack of visibility as a career option for students have all
30 contributed to this decline. A 2010 reclassification of the dental laboratory technician to an unskilled

category by the U.S. Bureau of Labor Statistics has prevented students from obtaining training or retraining funding from state workforce agencies. It is necessary to effect positive changes to attract students to the career and assure a high quality workforce, since the number of graduates of these programs is below the number of laboratory technicians retiring.

Globalization: There are increasing trends toward the globalization of the dental laboratory industry. In 2005, five million dental crowns were manufactured by foreign dental laboratories for patients in the U.S. (10% of the market at the time). Between 2008 and 2012, outsourcing of dental prosthetics grew by 27%. Between 2011-12, the rate of growth was 9.9%. China, Spain, Germany, Canada and Costa Rica are the top five exporters of dental prosthetics, with China far surpassing any other country in volume of products. An individual practitioner has a limited or no ability to determine what safety and manufacturing processes were followed.

While the number of prosthetics manufactured outside of the U.S. has increased, 77.3% of dentists reported that using a domestic laboratory was an important criterion when selecting a dental laboratory according to the *SUDL*, published in 2009. The same survey reported only 2.9% of dentists knew they were using a foreign laboratory, suggesting complete disclosure of the manufacturing process had not occurred. Existing ADA policy (*Trans.* 1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430) urges constituent societies to pursue legislation or voluntary agreements that dentists are notified in advance when a dental laboratory subcontracts a dental prosthetic to be manufactured, partially or entirely, by a foreign dental laboratory or any ancillary domestic laboratory.

Current ADA Policy Positions on Safety and Regulation of Dental Laboratories: The *Statement on Prosthetic Care and Dental Laboratories* (*Trans.* 1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430) contains provisions related to the safety of patients and laboratory technicians. Infection control issues, the use of personal protective equipment, and identification of materials are included in the section on the Laboratory/Technician (Items 6, 7, 8, and 9).

6. The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.
7. The laboratory/technician should inform the dentist of the materials present in the case and may suggest methods on how to properly handle and adjust these materials.
8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g., impressions, occlusal registrations, prostheses, etc., according to current infection control standards. All prostheses and related items which are returned to the dentist should be cleaned and disinfected, according to current infection control standards, placed in an appropriate container, packed properly to prevent damage, and transported.
9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory which has been engaged to perform some or all of the services on the original written instructions.

Regulation of dental laboratories is also addressed. The policy recognizes that some states have instituted registration, certification, licensure or some variation of these for dental laboratories. Additionally, the policy notes that the ADA recognizes that the basic tenet of regulation by any governmental agency is to protect the health and welfare of the public. The policy states that the ADA is opposed to any form of governmental regulation or licensure of dental laboratories that is not under the auspices of the state board of dentistry. Protection of the health and welfare of the public through registration of dental laboratories under the state dental board is not opposed by current policy.

All ADA policies related to dental laboratories are listed in Appendix 1.

Current State Regulation of Dental Laboratories: Statutes in six states (FL, KY, OK, SC, TX, and MN) currently require certification or registration of dental technicians and/or dental laboratories under the state's dental board or its umbrella licensing agency. Pennsylvania requires registration with the state's Department of Health. A detailed summary of the state regulations, prepared by the Department of State Government Affairs, can be found in Appendix 2.

State	Year Enacted	Registration Fee
Florida	1990	\$200 every two years
Kentucky	1974	\$50 annually
Oklahoma	1959	\$200 annually
South Carolina	1942	\$102 annually
Texas	1987	\$105 annually
Minnesota	2012	\$50; \$25 renewal annually
Pennsylvania	1987	\$200 annually

The cost of laboratory registration in these states is relatively low. According to a survey conducted by the National Association of Dental Laboratories (NADL), the registration fees have not increased costs to dentists or caused marketplace restrictions or disruptions. In 2010, the cost of Porcelain fused to metal (PFM) unit in SC, TX and FL, three states which have required laboratory registration for many years, is below the national average cost of a PFM Crown (\$155). It was reported at the FDLT that 76% of dental laboratories supported required registration of laboratories through state dental practice acts. (Valmont Research, June 2009). The boards of both the NBC and NADL also support registration of dental laboratories.

Council Findings: The Council carefully considered the advantages and disadvantages of promoting registration of dental laboratories and found it would be beneficial for both dentists and the public for states to require registration of dental laboratories. The Council considered:

- Protection of the health and welfare of the public is a basic tenet of the profession, and the ADA.
- A state-maintained registry would provide assurance to a dentist and the public that the laboratory is compliant with minimum standards should a state require such standards.
- Registration would elevate the profession by recognizing dental laboratory technicians as an integral part of the dental practice team. This recognition could lead to increased interest in DLT programs, minimal education requirements and an assurance that high quality dental laboratories will be available in the future.
- Laboratory registration is the most cost effective way to establish compliance with minimum standards, including infection control or required continuing education, should a state require such standards.
- A registry would allow for clear communication channels between dental laboratories, dental manufacturers and the U.S. Food and Drug Administration (FDA) should there be a recall on a dental material or equipment related to a health or safety issue.
- NADL, NBC and 76% of surveyed dental laboratories support registration of dental laboratories.

6 Resolution

9 **Resolved**, that licensed dentists who own dental laboratories for the custom manufacture of
10 dental prostheses exclusively for their practice's patients be exempted from registering.

12 BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO
13 BOARD DISCUSSION)

APPENDIX 1

Laboratories and Technicians

1954-2012

Statement to Encourage U.S. Dental Schools to Interact With U.S. Dental Laboratories (*Trans.2010:547*)

Resolved, that the ADA encourage all U.S. dental schools to use U.S. dental laboratories for fabrication of undergraduate and graduate dental students' restorative prostheses, in lieu of sending the prescription for these medical devices abroad, and that the ADA believes that the educational process of U.S. dental students would be enhanced by interaction with local dental laboratories, and be it further

Resolved, that the ADA encourage U.S. dental schools to use their own in-house dental laboratories wherever possible in order to facilitate the valuable interaction between dental students and certified dental laboratory technicians as this will afford the dental students with the valuable experience necessary to facilitate the successful fulfillment of a prescription for fabrication of dental prostheses, and be it further

Resolved, that the ADA encourage U.S. dental schools to combine dental education programs with dental laboratory technology programs wherever dental laboratory technology programs are located within commuting distance of the dental school, and that these programs/curricula could include, but are not limited to, dental morphology/occlusion, prosthetic design and fabrication, waxing, casting, surveying of study casts, and incorporation of CAD/CAM technology.

National Board for Certification of Dental Laboratory Technicians' Continued Recognition (*Trans.2002:400*)

Resolved, that the National Board for Certification of Dental Laboratory Technicians' request for continued recognition as the certification board for dental laboratory technicians be approved.

Criteria for Approval of a Certification Board for Dental Laboratory Technicians (*Trans.1998:92, 713*)

One of the duties of the Council on Dental Education and Licensure indicated in the *Bylaws* of the American Dental Association is 'to study and make recommendations including the formulation and recommendation of policy on: (4) The approval or disapproval of national certifying boards for special areas of dental practice and for dental auxiliaries. (5) The educational and administrative standards of the certifying boards for special areas of dental practice and for dental auxiliaries.' The Council on Dental Education and Licensure believes that the examination and certification of dental laboratory technicians is necessary to provide the dental profession with an indication of those persons who have demonstrated their ability to fulfill the dental laboratory work authorization. Such a certification program should be based on the educational requirements for dental laboratory technicians approved by the Commission on Dental Accreditation.

The following basic requirements are prescribed by the Council on Dental Education and Licensure for the evaluation of an agency which seeks approval of the American Dental Association for a program to certify dental laboratory technicians on the basis of educational standards approved by the dental profession.

I. Organization: An agency that seeks approval as a Certification Board for Dental Laboratory Technicians should be representative of or affiliated with a national organization of the dental laboratory industry and have authority to speak officially for that organization. It is required that each dental laboratory technician member of the Certification Board hold a certificate in one of the areas of the dental laboratory technology.

II. Authority and Purpose: The rules and regulations established by the Certification Board of Dental Laboratory Technicians will be considered for approval by the Council on Dental Education and Licensure

on the basis of these requirements. Changes that are planned in the rules and regulations of the Certification Board should be reported to the Council before they are put into effect. The Board shall submit data annually to the Council on Dental Education and Licensure relative to its financial operations, applicant admission and examination procedures, and results thereof.

The principal functions of the Certification Board shall be:

- a. to determine the levels of education and experience of candidates applying for certification examination within the requirements for education established by the Commission on Dental Accreditation;
- b. to prepare and administer comprehensive examinations to determine the qualifications of those persons who apply for certification; and
- c. to issue certificates to those persons who qualify for certification and to prepare and maintain a roster of certifiers.

III. Qualifications of Candidates: It will be expected that the minimum requirements established by the Certification Board for the issuance of a certificate will include the following:

- a. satisfactory legal and ethical standing in the dental laboratory industry;
- b. graduation from high school or an equivalent acceptable to the Certification Board;
- c. a period of study and training as outlined in the Accreditation Standards for Dental Laboratory Technology Education Programs, plus an additional period of at least two years of working experience as a dental laboratory technician; or, five years of education and/or experience in dental technology; and
- d. satisfactory performance on examination(s) prescribed by the Certification Board.

Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities (Trans.1997:682; 2010:547)

Resolved, that the American Dental Association encourage dental laboratory technicians to achieve certification status and pursue the continuing education that is required to provide dentists with technical support that will contribute to high standards of restorative dental care, and be it further
Resolved, that the American Dental Association encourage efforts by those engaged in dental laboratory technology and dental laboratory technology education to ensure that the future workforce in dental laboratory technology is adequately educated and skilled in the art and science of dental laboratory technology by promoting pursuit of certification, and be it further
Resolved, that the American Dental Association encourage constituent and component dental societies to recognize the continuing education needs of certified dental technicians by inviting their attendance at appropriate continuing education seminars and encouraging their attendance as presenters.

Statement on Prosthetic Care and Dental Laboratories (Trans.1990:543; 1995:623; 1999:933; 2000:454; 2003:365; 2005:327; 2007:430)

Introduction: Patient care in dentistry often involves the restoration or reconstruction of oral and peri-oral tissues. The dentist may elect to use various types of prostheses to treat the patient and may utilize the supportive services of a dental laboratory and its technical staff to custom manufacture the prostheses according to specifications determined by the dentist.

Since the dentist-provider is ultimately responsible for the patient's care, the Association believes that he or she is the only individual qualified to accept responsibility for prosthetic care. At the same time, the dental profession recognizes and acknowledges with gratitude and respect the significant contributions of dental laboratory technicians to the health, function and aesthetics of dental patients.

This statement outlines the Association's policy on the optimal working relationship between dentist and dental laboratory, the regulation of dental laboratories and issues regarding the provision of prosthetic care. A glossary of terms is a part of this statement.

Because of the dentist's primary role in providing prosthetic dental care, the Association, through its Department of State Government Affairs and the Council on Dental Practice, provides upon request assistance to state dental societies in dealing with issues addressed in this statement.

1 Diagnosis and Prosthetic Dental Treatment: It is the position of the American Dental Association that
2 diagnosis and treatment of complete and partial denture patients must be provided only by licensed dentists
3 and only within the greater context of evaluating, treating and monitoring the patient's overall oral health. The
4 Association believes that the dentist, by virtue of education, experience and licensure, is best qualified to
5 provide denture treatment to the public with the highest degree of quality. As a result of its belief that dental
6 care is the responsibility of a licensed dentist, the Association opposes prosthetic dental treatment by any other
7 individuals. Further, the Association will actively work to prevent the enactment of any legislation or regulation
8 allowing such activity or programs, on the grounds that it would be dangerous and detrimental to the public's
9 health.

10 Working Relationships between Dentists and Dental Laboratories: The current high standard of prosthetic
11 dental care is directly related to, and remains dependent upon, mutual respect within the dental team for the
12 abilities and contributions of each member. The following guidelines are designed to foster good relations
13 between dental laboratories, dental laboratory technicians and the dental profession.

14 Applicable laws shall take precedence if they are inconsistent with any of the following guidelines.

15 The Dentist:

- 16 1. The dentist should provide written instructions to the laboratory or dental technician. The written
17 instructions should detail the work which is to be performed, describe the materials which are to be used
18 and be written in a clear and understandable fashion. A duplicate copy of the written instructions should be
19 retained for a period of time as may be required by law.
- 20 2. The dentist should provide the laboratory/technician with accurate impressions, casts, occlusal
21 registrations and/or mounted casts. Materials submitted should be identified.
- 22 3. The dentist should identify, as appropriate, the crown margins, post palatal seal, denture borders, any
23 areas to be relieved and design of the removable partial dentures on all cases.
- 24 4. The dentist should furnish instruction regarding preferred materials, coloration, description of prosthetic
25 tooth/teeth to be utilized for fixed or removable prostheses which may include, but not be limited to a
26 written description, photograph, drawing or shade button.
- 27 5. The dentist should provide verbal or written approval to proceed with a laboratory procedure, or make any
28 appropriate change(s) to the written instructions as the dentist deems necessary, when notified by a
29 laboratory/dental technician that a case may have a questionable area with respect to paragraphs 2-4.
- 30 6. The dentist should clean and disinfect all items according to current infection control standards prior to
31 sending them to the laboratory/technician. All prostheses and other materials that are forwarded to the
32 laboratory/technician should be prepared for transport utilizing an appropriate container and packaged
33 adequately to prevent damage and maintain accuracy.
- 34 7. The dentist should return all casts, registration and prostheses/appliances to the laboratory/technician if a
35 prosthesis/appliance does not fit properly, or if shade selection is incorrect.

36 The Laboratory/Technician:

- 37 1. The laboratory/technician should custom manufacture dental prostheses/appliances which follow the
38 guidelines set forth in the written instructions provided by the dentist, and should fit properly on the casts
39 and mounting provided by the dentist. Original written instructions should be retained for a period of time
40 as may be required by law.
41 When a laboratory provides custom-printed written instruction forms to a dentist, the laboratory
42 document should include the name of the laboratory and its address, provide ample space for the doctor's
43 written instruction, areas to indicate the desired delivery date, the patient's name, a location for the doctor
44 to provide his/her name and address, as well as to designate a site for the doctor to provide a signature.
45 The form should also allow for other information which the laboratory may deem pertinent or which may be
46 mandated by law.
- 47 2. The laboratory/technician should return the case to the dentist to check the mounting if there is any
48 question of its accuracy or of the bite registration furnished by the dentist.
- 49 3. The laboratory/technician should match the shade which was described in the original written instructions.
- 50 4. The laboratory/technician should notify the dentist within two (2) working days after receipt of the case, if
51 there is a reason for not proceeding with the work. Any changes or additions to the written instructions

1 must be agreed to by the dentist and must be initialed by authorized laboratory personnel. A record of any
2 changes shall be sent to the dentist upon completion of the case.

- 3 5. After acceptance of the written instructions, the laboratory/technician should custom manufacture and
4 return the prostheses/appliances in a timely manner in accordance with the customary manner and with
5 consideration of the doctor's request. If written instructions are not accepted, the laboratory/technician
6 should return the work in a timely manner and include a reason for denial.
- 7 6. The laboratory should follow current infection control standards with respect to the personal protective
8 equipment and disinfection of prostheses/appliances and materials. All materials should be checked for
9 breakage and immediately reported if found.
- 10 7. The laboratory/technician should inform the dentist of the materials present in the case and may suggest
11 methods on how to properly handle and adjust these materials.
- 12 8. The laboratory/technician should clean and disinfect all incoming items from the dentist's office; e.g.,
13 impressions, occlusal registrations, prostheses, etc., according to current infection control standards.
14 All prostheses and related items which are returned to the dentist should be cleaned and disinfected,
15 according to current infection control standards, placed in an appropriate container, packed properly to
16 prevent damage, and transported.
- 17 9. The laboratory/technician should inform the dentist of any subcontracting laboratory/technician employed
18 for preparation of the case. The laboratory/technician should furnish a written order to the dental laboratory
19 which has been engaged to perform some or all of the services on the original written instructions.
- 20 10. The laboratory/technician should not bill the patient directly unless permitted by the applicable law. The
21 laboratory should not discuss or divulge any business arrangements between the dentist and the
22 laboratory with the patient.

23 **Instructions to Dental Laboratories:** Complete and clearly written instructions foster improved
24 communication and working relationships between dentists and dental laboratories and can prevent
25 misunderstanding. State dental practice acts may specify the extent and scope of written instructions that are
26 provided to dental laboratories for the custom manufacture of dental prostheses. These acts may describe the
27 written instructions from the dentists to the dental laboratory as a "prescription" while other states refer to the
28 instructions as a "work authorization" or "laboratory work order." Realizing that terminology in state dental
29 practice acts differ, constituent dental societies are urged to investigate appropriate terminology for their dental
30 practice acts regarding the term(s) used to describe the written instructions between a dentist and a dental
31 laboratory and between dental laboratories for subcontract work, since the term selected may have tax
32 implications depending on state tax revenue codes.

33 **Identification of Dental Prostheses:** The Association urges members of the dental profession to mark, or
34 request the dental laboratory to mark, all removable dental prostheses for patient identification. Properly
35 marked dental prostheses assist in identifying victims in mass disaster, may be useful in police investigations
36 and help prevent loss of the prostheses in institutional settings.

37 **Shade Selection by Laboratory Personnel:** Selection of the appropriate shade is a critical step in the custom
38 manufacture of an aesthetically pleasing prosthesis. The Association believes that when a dentist requests the
39 assistance of the dental laboratory technician in the shade selection process, that assistance on the part of the
40 dental laboratory technician does not constitute the practice of dentistry, providing the activity is undertaken in
41 consultation with the dentist and that it complies with the express written instructions of the dentist. The shade
42 selection site, whether dental office or laboratory (where lawful), should be determined by the professional
43 judgment of the dentist in the best interest of the patient and where communication between dentist, patient
44 and technician is enhanced. When taking the shade in the laboratory, the dental technician should follow the
45 appropriate clinical infection control protocol as outlined in the ADA's infection control guidelines when dealing
46 with the patient.

47 **Regulation of Laboratories:** The relationship between a dentist and a dental laboratory requires professional
48 communication and business interaction. The dental laboratory staff may serve as a useful resource, providing
49 product and technical information that will help the dentist in the overall planning of treatment to meet each
50 patient's needs. The dental laboratory staff may also consult with the dentist about new materials and their
51 suggested uses. The Association applauds such cooperative efforts so long as the roles of the parties remain
52 clear; the dentist must be responsible for the overall treatment of the patient and the dental laboratory is

1 responsible for constructing high quality prosthetic appliances to meet the specifications determined by the
2 dentist.

3 Some dentists may choose to own or operate a dental laboratory for the custom manufacture of dental
4 prostheses for their patients or those patients of other dentists. The Association opposes any policy that
5 prevents, restricts, or precludes dentists from acquiring ownership in dental laboratories.

6 In some states the issue of dental laboratory regulation has been addressed through requirements for
7 registration, certification, licensure bills and some hybrids thereof. The Association believes the basic tenet of
8 regulation by any governmental agency is the protection of the public's health and welfare. In the delivery of
9 dental care, that collective welfare is monitored and protected by state dental boards that have the jurisdictional
10 power, as legislated under the state dental practice act, to issue licenses to dentists. These boards also have
11 the power to suspend or revoke such licenses if such action is deemed warranted.

12 For decades, the public health and welfare has proven to be adequately protected under the current system
13 of dental licensure. The dentist carries the ultimate responsibility for all aspects of the patient's dental care,
14 including prosthetic treatment. In a free market society, dentists select dental laboratories that provide the best
15 quality services and prostheses. The Association opposes the creation of additional regulatory boards to
16 oversee dental care and therefore, opposes any form of governmental regulation or licensure of dental
17 laboratories not promulgated under the auspices of the state board of dentistry. The Association believes that a
18 single state board of dentistry in each state is the most effective and cost-efficient means to protect the public's
19 dental welfare.

20
21 **Notification of Prosthetic Cases Sent to Foreign or Ancillary Domestic Labs for Custom Manufacture:**
22 Constituent dental societies are urged to pursue legislation or voluntary agreements to require that a domestic
23 dental laboratory which subcontracts the manufacture of dental prostheses notify the dentist in advance when
24 such prostheses, components or materials indicated in the dentist's prescription are to be manufactured or
25 provided, either partially or entirely, by a foreign dental laboratory or any domestic ancillary dental laboratory.

26 Glossary of Terms Relating to Dental Laboratories

27 **Introduction:** This glossary is designed to assist in developing a common language for discussion of
28 laboratory issues by dental professionals and public policy makers. Certain terms may also be defined in state
29 dental practice acts, which may vary from state to state.

30 **Must:** Indicates an imperative need or duty; an essential or indispensable item, mandatory.

31 **Should:** Indicates a suggested way to meet the standard; highly desirable.

32 **May or Could:** Indicates a freedom or liberty to follow suggested alternatives.

33 **Dental Appliance:** A device that is custom manufactured to provide a functional, protective, esthetic and/or
34 therapeutic effect, usually as a part of oro-facial treatment.

35 **Dental Laboratory:** An entity that engages in the custom manufacture or repair of dental
36 prostheses/appliances prostheses as directed by the written prescription or work authorization form from a
37 licensed dentist.

38
39 **Dental Prosthesis:** An artificial appliance custom manufactured to replace one or more teeth or other oral or
40 peri-oral structures in order to restore or alter function and aesthetics.

41
42 **Laboratory Certification:** A form of voluntary self-advancement in which a recognized, nongovernmental
43 agency verifies that a dental laboratory technician or a dental laboratory has met certain predetermined
44 qualifications and is granted recognition.

45 **Laboratory Registration:** A form of regulation in which a governmental agency requires a dental laboratory or
46 dental laboratory technician to meet certain predetermined requirements and also requires registration with the
47 agency and payment of a fee to conduct business within that jurisdiction.

48 **Laboratory Licensure:** A form of regulation in which a governmental agency, empowered by legislative fiat,
49 grants permission to a dental laboratory technician or dental laboratory to provide services to dentists following

1 — verification of certain educational requirements and a testing or on-site review procedure to ensure that a
2 minimal degree of competency is attained. This form of regulation requires payment of a licensing fee to
3 conduct business within a jurisdiction and may mandate continuing education requirements.

4 **Work Authorization/Laboratory Work Order:** Written directions or instructions from a licensed dentist to a
5 dental laboratory authorizing the construction of a prosthesis. The directions or instructions included often vary
6 from state to state but typically include: (1) the name and address of the dental laboratory, (2) the name and
7 identification number, if needed, of the patient, (3) date, (4) a description of the work necessary and a diagram
8 of the design, if appropriate for the appliance, (5) the specific type of the materials to be used in the
9 construction of the appliance, (6) identification of materials used and submitted to the laboratory, and (7) the
10 signature and license number of the requesting dentist. In those states where the term "prescription" is used in
11 place of the term "work authorization" or "laboratory work order," prescription is defined as written instructions
12 from a licensed dentist to a dental laboratory authorizing the construction of a prosthesis to be completed and
13 returned to the dentist.

14 **Recognition Program for Meritorious Service by Certified Dental Technologists (*Trans.*1987:496;
15 1999:922)**

16 **Resolved,** that the American Dental Association endorse and support a program, conducted by the state and
17 local dental societies, recognizing the meritorious service performed by individual Certified Dental
18 Technologists on appropriate anniversaries of service to the dental profession, as determined by the Council on
19 Dental Practice.

APPENDIX 2

STATE REGULATION OF DENTAL LABORATORIES AND TECHNICIANS, details

The American Dental Association, Department of State Government Affairs is aware of statutes in six states that currently require certification or registration of dental technicians and/or dental laboratories under the dental board or its umbrella licensing agency. Summaries of these statutes follow.

FLORIDA (1957, amended 1979, 1986, 1989). Florida law requires dental laboratory operators to register every two years with the Department of Professional Regulation (DPR) and pay a registration fee not to exceed \$300.00. DPR is empowered to promulgate rules governing dental laboratories, in consultation with the dental board and industry representatives. Periodic inspection of all dental labs operating in the state is required. DPR may bring an action to enjoin those who fail to register from continuing to operate. FL Stat. Ann. sections 466.031, et seq.

In 2008 Florida's new law, S 2760, requires that a dental lab located in Florida and registered as required with the board of dentistry disclose where a dental prosthesis is manufacture and the materials used. Florida is the first state to require both of these provisions. The owner of a dental lab or at least one employee must complete 18 hours of continuing education every two years.

In 2009, the Florida Board of Dentistry adopted a rule that changes the title of the rule to "Prescription Forms" from Prescription Work Order Forms; adds new language to clarify the original prescription must be retained in a file by the dental laboratory for a period of four (4) years; provides language detailing requirements for a registered dental laboratory to perform work for another registered dental laboratory.

Illinois 225 ILCS 25/48 (a) (1) (c) requires dental labs to provide point of origin and material used list (per ISDS). A laboratory that doesn't allow the inspection of its prescriptions and orders guilty of a class A misdemeanor. (225 ILCS 25/48)(e)(4) per NADL.

KENTUCKY (2010). Prior to an amendment in 2010, every dental laboratory and dental technician were required to register annually and pay a registration fee established by the Board of Dentistry. This is no longer required. In 2010 a law was enacted requiring that all commercial labs hire either a licensed dentist or a certified dental lab technician and that prostheses are to be fabricated pursuant to written orders of the referring dentist. An advisory commission, composed of dental laboratory owners/managers and technicians, advises the Board on all matters relating to their regulation.

Minnesota law section 150A.24 et seq enacted in 2012 that requires all dental laboratories located within Minnesota to register with the Board of Dentistry every two years. Dentists must use a dental laboratory registered in Minnesota.

Registered dental labs may subcontract fabrication of the dental prosthetic device to another lab that provides the registered lab with a material content notice and the country of origin of the dental device.

All dental technological work must be done pursuant to a "work order" from a dentist. Dental labs must inform the dentist of the country of origin where the work was performed and a material content notice for each dental prosthetic device. The dentist must include this information in the patient's record.

OKLAHOMA (1959, amend 1981). Oklahoma requires all persons, firms, corporations or partnerships that engage in the dental laboratory business to obtain an operating permit from the board of Governors of Registered Dentists. The application for a permit must include the name and address of every owner and operator of the laboratory. The permit is renewable annually. Dentists may, however, own and operate a private, non-commercial dental lab in their own office for their own use. Okla. Stat. Ann. sections 328.36 and .37.

1 **Pennsylvania** - The State Board of Dentistry does not regulate dental labs in Pennsylvania. Dental
2 laboratories which are located within the Commonwealth of Pennsylvania and which are not operating under
3 the immediate supervision of a licensed dentist must be registered with the Pennsylvania Department of
4 Health and adhere to requirements under the Pennsylvania Controlled Substance, Drug, Device, and
5 Cosmetic Act and the Pennsylvania Code of Regulations Title 28, Chapter 25, Controlled Substances, Drug,
6 Devices, and Cosmetics.

7 **SOUTH CAROLINA** (1946, amended 1986). South Carolina prohibits anyone but a registered dental
8 technician or a person working under the supervision of a registered technician or a licensed dentist from
9 performing dental technological work. The Board of Dentistry is responsible for regulation of dental
10 technicians. Requirements for registration are:

- 11 1) Evidence of a good moral character;
- 12 2) A high school diploma or its equivalent;
- 13 3) Successful completion of a two-year course of study in dental technology at a Board-approved school or
14 three years experience performing dental technological work under the direct supervision of a registered
15 technician or a licensed dentist;
- 16 4) Successful completion of an examination administered by the Board; and
- 17 5) Evidence that the applicant has not violated the practice laws of any other jurisdiction where he or she is
18 licensed or certified. S.C. Code Ann. section 40-15-120, et seq.

19 In 2008 the South Carolina Dental Association was successful in convincing the legislature to overwhelmingly
20 override the governor's veto of the SCDA's dental lab bill, H 3906. The new law requires that dental labs
21 inform the prescribing dentist the name of the country of origin in which any part of the dental protheses was
22 manufactured and a list of the materials used, by percentage of ingredients. The new law also requires that
23 the employee of the dental lab authorizing the work be registered with the SC state board of dentistry.

24 **TEXAS** (1973, amended 1981, 1987, 2004). Owners or managers of dental laboratories must register their
25 laboratories and each dental technician they employ with the Board of Dental Examiners on an annual basis.
26 The dental board is assisted by a Dental Laboratory Certification Council in evaluating the eligibility of
27 applicants for registration.

28 Applications for a certificate of registration must include proof that at least one technician working on the
29 premises is certified by a nationally-recognized board. Applications for renewal of registration must provide
30 evidence that at least one employee has completed a minimum of 12 hours of continuing education during
31 the preceding 12 months, but the dental board will accept evidence that one employee is currently certified as
32 a dental technician in lieu of continuing education.

33 Fees are set by the Board. Lapsed certificates may be renewed anytime within two years upon payment of
34 all fees and penalties. After two years, a lapsed certificate can only be reinstated by complying with the
35 requirements for obtaining the original certificate.
36 Only registered dental laboratories and technicians may fill prescriptions for the preparation or repair of dental
37 prosthetic appliances. Dentists who perform laboratory services are exempt from the requirements of the act.
38 Dentists who knowingly deal with an unregistered laboratory are subject to sanctions. Tex. Stat. Ann. Title 3,
39 subtitle D, chapter 266, section 266.001; Title 22, Part 5, Chapter 116 of the Texas Administrative Code.

40 In 2009, the Texas State Board of Dental Examiners adopted a rule that requires a Texas registered dental
41 laboratory to certify in writing to the prescribing dentist that the prosthesis was either:

- 42 (1) Manufactured entirely by a dental laboratory registered with the Texas State Board of Dental

1 Examiners;

2 (2) Manufactured in part or whole by a domestic laboratory inside of the United States; or,

3 (3) Manufactured in part or whole by a foreign laboratory outside of the United States.

4 Virginia - VA Code 54.1-2719 (D) allows for inspection of dental labs (per NADL)

5 Please note that this summary of state regulations pertaining to dental laboratories and technicians is offered
6 as information only and not as practice, financial, accounting, legal or other professional advice. Readers
7 need to consult their own professional advisors for such advice.

8 ADA Policy – excerpt regarding state regulation of dental laboratories.

9 Statement on Prosthetic Care and Dental Laboratories (Trans.1990:543; 1995:623; 1999:933; 2000:454;
10 2003:365; 2005:327; 2007:430)

11 In some states the issue of dental laboratory regulation has been addressed through requirements for
12 registration, certification, licensure bills and some hybrids thereof. The Association believes the basic tenet of
13 regulation by any governmental agency is the protection of the public's health and welfare. In the delivery of
14 dental care, that collective welfare is monitored and protected by state dental boards that have the
15 jurisdictional power, as legislated under the state dental practice act, to issue licenses to dentists. These
16 boards also have the power to suspend or revoke such licenses if such action is deemed warranted.

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22 laboratories not promulgated under the auspices of the state board of dentistry.