



American  
TeleDentistry  
Association

Marc Bernard Ackerman  
DMD, MBA  
Executive Director

The Honorable Fred Martin  
Chairman, Senate Committee on Health & Welfare  
Idaho State Senate  
700 W Jefferson St  
Boise, ID 83702

Dear Chairman Martin,

My name is Dr. Marc Ackerman and I am the Executive Director of the American Teledentistry Association (ATDA). I write to you **in support of House Bill 342**. I understand that HB 342 was passed by unanimous vote in the Idaho House of Representatives and I hope that endorsement reflects its public policy value on your deliberations.

During my academic and clinical career, I've had the opportunity to publish numerous peer-reviewed articles on orthodontics and I am a proud recipient of the B.F. and Helen E. Dewel Award, which is given annually to the highest-rated clinical research article published that year. I have a deep passion for helping others and making sure that everyone receives the care that they deserve; that's why I signed on with The American Teledentistry Association's mission to increase access to dental care through advocacy for and the implementation of innovative teledentistry guidelines and solutions. I believe that the public policy debate surrounding telehealth in Idaho as it applies to House Bill 342 could benefit from the national perspective that our organization can provide as a third party.

The technological innovations happening right now are **increasing access to affordable health care** for millions of Americans while **maintaining quality of care standards**. As we continue to fight escalating health care costs, telehealth has the potential to offer significant solutions. However, it will require thoughtful public policy, and to that end, I would like to share with you the ATDA's guiding principles for good telehealth legislation.

1. **Technology Neutral.** Legislation should allow for current and future innovation and not discriminate from one technology to another.
2. **Maximize Patient Choice and Access.** Legislation should permit maximum patient choice and keep the patient at the center of care.
3. **Rely on Professional Discretion.** Legislation should rely on a provider's professional discretion as to whether the technology chosen by the patient is appropriate and adequate to diagnose and treat the patient as presented.
4. **Promote Transparency.** Both patient and treating provider should be identified to each other.

**A:** 396 Washington Street  
Suite 257  
Wellesley Hills, MA 02481

**P:** (781) 304-4409

**E:** admin@americanteledentistry.org

**W:** www.americanteledentistry.org



5. **Ensure the Standard of Care Through Licensure.** Only licensed providers should be able to evaluate, diagnose, and provide treatment and the standard of care should be the same as for in-person patient encounters.
6. **Remove Artificial Barriers to Care.** Legislation and regulations should not require unnecessary licensure or impose geographic restriction to access to care.

With these guiding principles in mind, the **ATDA stands strongly in support of House Bill 342.**

To explain why this is important, let's look at the data. The American Dental Association's Health Policy Institute conducts an annual review of the dental health of Idahoans and, unfortunately, the numbers paint a dim picture. A quarter of Idahoans **do not smile and feel embarrassed** due to the condition of their teeth and mouths. One in five Idahoans **experience anxiety** for the same reason. Over a third of Idahoans have **difficulty biting/chewing and experience pain** in their mouths. And, according to the same study, the driving reasons that people are not getting these serious issues resolved is because of the **cost of care** (66%) or a **lack of access to care** (29%). These statistics are simply **unacceptable**.

Thankfully, telehealth offers a market-driven solution to these issues. Technology and innovation have revolutionized the way healthcare services can be delivered to patients, offering more flexible and affordable solutions to healthcare service that, traditionally, has been rigid, expensive, and exclusive. By utilizing the full suite of technology available to providers – as this bill does - costs can be **significantly reduced**, access to care is **expanded** to anyone with an internet connection, at the same **quality of care** or desired outcomes. Thousands of Idahoans who have been priced out or shut out from accessing care will now be able to get the care they want, need, and deserve.

To be clear, the quality of care delivered by telehealth tools is just as good as traditional healthcare methods. This is supported by clinical evidence, peer-reviewed studies, and data collected from providers and patients alike. It is important to note that what the legislation does is to bring Idaho into line with many other states by not discriminating against a particular modality of technology. By relying instead on the licensed providers' professional discretion as to the efficacy of the technology selected, Idaho can expand access to quality care to patients in the state. The same patient safeguards are in place as for in-person care.

**Accordingly, I urge you to support this legislation.**

If you have any questions regarding my comments, I would be happy to talk at your convenience. Feel free to give me a call at (781) 304-4409.

**Sincerely,**

**A:** 396 Washington Street  
Suite 257  
Wellesley Hills, MA 02481

**P:** (781) 304-4409

**E:** admin@americanteledentistry.org

**W:** www.americanteledentistry.org



American  
TeleDentistry  
Association

Marc Bernard Ackerman  
DMD, MBA  
Executive Director

*Marc Bernard Ackerman* DMD, MBA

Marc Bernard Ackerman, DMD, MBA, FACD

CC: Members of the Senate Committee on Health & Welfare

**A:** 396 Washington Street  
Suite 257  
Wellesley Hills, MA 02481

**P:** (781) 304-4409

**E:** [admin@americanteledentistry.org](mailto:admin@americanteledentistry.org)

**W:** [www.americantledentistry.org](http://www.americantledentistry.org)