

Resolution No.	11B	New <input checked="" type="checkbox"/>	Substitute <input type="checkbox"/>	Amendment <input type="checkbox"/>
Submitted By:	Board of Trustees			
Date Submitted:	April 20, 2026	Reference Committee <input checked="" type="checkbox"/>	Direct to House <input type="checkbox"/>	
Total Financial Implication:	\$ 0			
Amount One-time	\$ 0	Amount On-going	\$ none	

PROMOTING TOBACCO CESSATION PRACTICES AS PART OF A TOTAL-PATIENT CARE APPROACH FOR IMPROVING ORAL HEALTH

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**BACKGROUND STATEMENT:** A narrative review published in 2023, concluded as follows: "Tobacco use increases the risk of oral diseases such as oral cancer, oral mucosal lesions, periodontal disease, and dental caries, among many other oral diseases and conditions. The dental office is an excellent venue for providing cessation intervention. However, there is a lack of knowledge and training in tobacco use prevention among dental professionals. More efforts are needed for smoking cessation interventions in the dental office. Smoking cessation interventions provided by oral healthcare providers include brief educational, behavioral, and pharmacological interventions."<sup>i</sup>

1. Tobacco and oral health

- a. According to the American Dental Association, all of the major forms of tobacco can have oral health consequences.
- b. Cigarette smoking can lead to oral cancer, gingival recession, impaired mouth healing, periodontal (gum) disease, oral soft tissue lesions, and tooth staining.
- c. Alternative tobacco products can additionally lead to erosion of tooth enamel, halitosis, lesions on the gums, cavities, and tooth loss.
- d. Given the importance of tobacco treatment for oral health, in 2016, the NYC Department of Health and Mental Hygiene developed an [Oral Health and Smoking Action Kit](#).

2. Tobacco use and treatment utilization

- a. Tobacco use remains a leading cause of death in NYC, killing an estimated 12,000 people annually. One in eleven (9%) NYC adults report smoking cigarettes. In addition, 7% of adult New Yorkers (over 400,000 people) now vape.
- b. Among high school aged youth smoking rates continue to drop: 4% smoke cigarettes. However, rates of e-cigarette use (vaping) are over three times higher among of New York City public high school students (14%) and over seven times higher among young adults ages 18-24 (15% vape vs. 2% smoke cigarettes).

- 33 c. Nearly two-thirds of New Yorkers who smoke try to quit each year. Nationally,  
34 over two-thirds of US adults who vape are interested in quitting and a  
35 substantial proportion try. However, only about half of New Yorkers who  
36 smoke report that their healthcare provider assisted them with tobacco  
37 treatment in the prior year (e.g. materials, medication or referral to services),  
38 and this has not improved over the last decade.  
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- 40 3. Changes in products/marketplace
- 41 a. Within the last two decades there have been significant changes in the types  
42 of commercial tobacco and nicotine products on the market and in the  
43 demographics of tobacco users, as newer products are attracting younger  
44 users.
- 45 b. New and alternative tobacco products continue to come into the marketplace,  
46 and in an August 2024 cover story for the *Journal of the American Dental*  
47 *Association*, the negative impacts on oral health were highlighted especially in  
48 younger populations.<sup>ii</sup> Dentists need to be updated on a more regular basis to  
49 be able to inform and assist patients.
- 50 c. Electronic cigarettes came on the market in 2010 and are now the most  
51 popular tobacco product among youth and young adults.
- 52 i. Among young adults ages 18-24 years old, current (past 30-day) e-  
53 cigarette use was 16.3% in 2022.
- 54 ii. E-cigarette use (AKA vaping) has not been approved as treatment to  
55 stop smoking.
- 56 d. Oral nicotine pouches emerged in 2016 and are increasingly popular among  
57 youth and young adults.
- 58 e. Heated tobacco products were introduced in limited markets and then  
59 removed from the U.S. market but can be expected to come back.  
60
- 61
- 62 4. Changes in treating tobacco use
- 63 a. Various agencies and professional associations have begun promoting  
64 broader approaches to tobacco treatment, including offering treatment to all  
65 patients who smoke, but this is a shift for clinicians. Providing education on  
66 this more inclusive approach and promoting resources that exist for  
67 healthcare providers, such as the NYS Quit Hotline could increase patient  
68 engagement in tobacco treatment, especially if clinicians in all settings—not  
69 only primary care—were aware.
- 70 b. Treatment can help all patients who smoke to reduce use, engage in activities  
71 that are important to them, save money, promote ongoing engagement with  
72 their healthcare providers, and build self-efficacy and interest in quitting in the  
73 future.
- 74 c. The American Dental Association (ADA) Clinical Evaluators Panel concluded  
75 in October 2021 that conversations around cessation counseling and  
76 treatment is crucial, and dentists need more training<sup>iii</sup>. 49% of survey  
77 respondents offered no cessation counseling or treatment.

- 78 d. Since 2016, NY State Medicaid has had one of the most comprehensive  
79 benefits around counseling and medications for tobacco treatment in the  
80 country, but it is underutilized.
- 81 i. In 2002, NY Medicaid covered nicotine patches, inhaler, nasal spray,  
82 gum, and Zyban (bupropion) for up to two 90-day courses per  
83 recipient, per year.<sup>iv</sup>
- 84 ii. Over time it has expanded to expand the counseling benefit and cover  
85 all tobacco treatment medications, including nicotine lozenges and  
86 Varenicline (Chantix); in 2016, the two-course annual limit was also  
87 removed.
- 88 iii. In 2014, NYS Medicaid expanded payment for tobacco counseling by  
89 dental practitioners.<sup>v</sup>
- 90 iv. In 2018, in an effort to support compliance with the HUD Smoke-Free  
91 Housing Policy and to reduce risks of developing tobacco-related oral  
92 diseases, along with improving outcomes of certain dental therapies,  
93 NY State issued a reminder that tobacco counseling is a covered  
94 dental benefit.<sup>vi</sup>
- 95 e. Exposure to evidence-based guidelines, as well as information about New  
96 York State resources, could promote more engagement on this issue.
- 97 f. Treatment has changed:
- 98 i. In 1997, Bupropion (now sold under the brand names Zyban and  
99 Wellbutrin) had just been approved as the first non-nicotine medication  
100 to help people quit smoking.
- 101 ii. Varenicline (Chantix) was approved by the FDA in 2006, well after  
102 some dentists received their single training. Other dentists may have  
103 been trained during a period of time when there were serious concerns  
104 about the medication's use.
- 105 iii. Combination NRT is now recommended. The long-acting NRT patch  
106 can be combined with any short-acting NRT (gum, lozenge, nasal  
107 spray or inhaler).
- 108 iv. FDA-approved NRT medications are now known to be safe to use  
109 while still smoking, a strategy that can lead to quitting among people  
110 who are not yet ready.

111  
112 **11B. Resolved**, that the New York State Dental Association will encourage  
113 members ~~to establish a standard of care in their dental practices that engages~~ to  
114 engage their patients in conversation on the topic of tobacco use and potential  
115 treatment as part of a total-patient care approach to improve patient oral health.

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117 And be it further resolved, that the New York State Dental Association will leverage  
118 its digital and print communications to promote patient education materials, referral  
119 resources, and modern intervention/pharmacotherapy protocols published by the  
120 New York State Department of Health, the New York State Quitline, or other experts  
121 as a strategy to empower members to incorporate tobacco treatment interventions  
122 into their daily dental practice.

124 And be it further resolved, that the New York State Dental Association will promote  
 125 continuing education opportunities developed by partner organizations, such as the  
 126 New York State Dental Foundation, focused on the topic of tobacco treatment  
 127 workflows in the dental setting, including code utilization and claim submission  
 128 strategies to optimize dental practice revenue for tobacco treatment services.  
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130 **Board Comments:** The Board supported the concept of Resolution 11 as it is already a cause  
 131 we promote in other ways. The edit the Board suggested--to remove the phrase "to establish a  
 132 standard of care"—is made so as not to create liability exposure for our members.

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134 **BOARD RECOMMENDATION: VOTE YES**

name	yes	no	abstain	absent	name	yes	no	abstain	absent	name	yes	no	abstain	absent
<b>Demas</b>	X				<b>Hills</b>	X				<b>Ramjattansingh</b>	X			
<b>Dominger</b>	X				<b>Jacobs</b>	X				<b>Rothas</b>	X			
<b>Edwards</b>	X				<b>Jacobo</b>	X				<b>Samuels</b>	X			
<b>Gamache</b>	X				<b>Korkosz</b>	X				<b>Scharoff</b>	X			
<b>Giordano</b>	X				<b>Krishnan</b>	X				<b>Stacy</b>	X			
<b>Greenberg</b>	X				<b>Miller</b>	X				<b>Stacey</b>	X			
										<b>Res #11B</b>				

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<sup>i</sup> Gajendra S, McIntosh S, Ghosh S. Effects of tobacco product use on oral health and the role of oral healthcare providers in cessation: A narrative review. *Tob Induc Dis.* 2023;21:12. Published 2023 Jan 25. doi:10.18332/tid/157203

<sup>ii</sup> Garcia BFS, Nascimento BB, Marques EF, Jesus CBD, Santana Neto IC, Rocha LST, Oliveira GMS, Bazaglia da Silva MI, Kasai MLHI, Takahama Junior A. The use of electronic cigarettes and other tobacco products among university students and their potential relationship with oral health: A cross-sectional study. *J Am Dent Assoc.* 2024 Aug;155(8):647-656. doi: 10.1016/j.adaj.2024.04.012. Epub 2024 Jun 15.

<sup>iii</sup> Kumar P, Viola T, Frazier K, Duong ML, Khajotia S, Urquhart O; Council on Scientific Affairs. Smoking cessation counseling and treatment: An American Dental Association Clinical Evaluators Panel survey. *J Am Dent Assoc.* 2021 Oct;152(10):872-873.e2. doi: 10.1016/j.adaj.2021.07.014.

<sup>iv</sup> [https://www.health.ny.gov/health\\_care/medicaid/program/update/2002/oct2002.htm#smoking](https://www.health.ny.gov/health_care/medicaid/program/update/2002/oct2002.htm#smoking)

<sup>v</sup> [https://www.health.ny.gov/health\\_care/medicaid/program/update/2014/2014-05.htm#exp](https://www.health.ny.gov/health_care/medicaid/program/update/2014/2014-05.htm#exp)

<sup>vi</sup> [https://www.health.ny.gov/health\\_care/medicaid/program/update/2018/2018-12.htm#tobacco](https://www.health.ny.gov/health_care/medicaid/program/update/2018/2018-12.htm#tobacco)