



Canadian Life & Health  
Insurance Association  
Association canadienne des  
compagnies d'assurances  
de personnes

May 30, 2025

RCDSO Policy Team

Sent via email to: ai@rcdso.org

The Canadian Life and Health Insurance Association (CLHIA) is pleased to provide its comments in response to the RCDSO's consultation on Artificial Intelligence in Dentistry.

The CLHIA is the national trade association for life and health insurers in Canada. Our members account for 99 per cent of Canada's life and health insurance business. The industry provides a wide range of financial security products such as life insurance, annuities, and supplementary health insurance. Our industry also plays a key role in providing financial security to Canadians.

Life and health insurers work together with employers to offer access to a wide variety of health services through employer sponsored benefit plans. Ontarians value their benefit plans that provide them with access to prescription medicines, vision care, dental care, and mental health support. For example, in 2023, \$4.9 billion in dental insurance benefits were paid for over 10 million Ontarians with supplementary health insurance.



Protecting **11.1 million**  
**Ontarians**

**10.4 million**  
with drug, dental and other health  
benefits

**8.5 million**  
with life insurance averaging  
\$273,000 per insured

**5 million**  
with disability income protection



**\$56.7 billion** in payments  
to Ontarians

**\$19.7 billion**  
in health and disability claims

**\$7.5 billion**  
in life insurance claims paid

**\$29.5 billion**  
in annuities

### **Draft Guidance on Artificial Intelligence in Dentistry**

**The draft Guidance defines artificial intelligence as follows:**

**Artificial intelligence generally refers to computer systems that can perform tasks commonly associated with human intelligence, such as finding patterns in data, problem solving, learning, and making predictions, recommendations, and decisions. In dentistry, AI can be used for various purposes, including helping dentists with managing their practices, creating patient charts and documentation, diagnosing and detecting**

120 Bremner Boulevard, Suite 1520  
P.O. Box 4  
Toronto, Ontario M5J 0A8  
416-777-2221 www.clhia.ca

120, boulevard Bremner, bureau 1520  
CP 4  
Toronto (Ontario) M5J 0A8  
416-777-2221 www.accap.ca

**conditions and diseases, developing treatment plans, outcome prediction, patient monitoring, and patient education.**

**You have asked if it is agreed that the definition of artificial intelligence in the draft Guidance is clear and accurate.**

A broad definition risks being interpreted as encompassing traditional statistical methods that have been long-established within the insurance sector. A more narrow and specific definition of AI-system for the purpose of this draft Guidance, will help to avoid ambiguity, inconsistent interpretation, and unnecessary burden for companies and supervisors regarding existing statistical analysis and modelling.

CLHIA would recommend that a definition of an AI system refers to newer tools and techniques that use machine learning models, and which may therefore potentially present new risks, and that it does not include traditional statistical or mathematical models which follow pre-defined structures and do not possess the capacity to learn from the data.

### **Principles**

CLHIA agrees with the proposed principles:

**The responsible and ethical use of AI in dentistry is guided by what is in the best interests of patients.**

**The responsible and ethical use of AI involves implementation of AI in a manner that is safe, transparent, unbiased, nondiscriminatory, and safeguards patient privacy and confidentiality.**

**The use of AI in dentistry has the potential to benefit dentists and patients by improving the delivery of safe and quality oral health care, improving patient outcomes, and enhancing the patient experience.**

**AI is not a substitute for dentists' clinical or professional judgment. Dentists remain responsible and accountable for their clinical decision-making and documentation.**

There is concern that the use of AI to diagnose and propose treatment could lead to dental work that is not medically necessary. The industry's recommendation is that it is extremely important for a dentist to validate any diagnosis and the appropriate treatment plan before recommending and proceeding with treatment.

### **Assessing the appropriateness of AI**

**Dentists can make informed decisions about whether it is appropriate to use an AI**

tool in their practices by gathering information. The draft Guidance document states that prior to adopting an AI product, dentists may wish to seek information about details such as:

- legal and regulatory compliance of the AI tool, including with applicable privacy legislation (e.g., the Personal Health Information Protection Act, 2004);
- clinical validity, safety, accuracy, and effectiveness of the AI tool;
- data used to train the AI tool (e.g., data diversity, timeframes, size) and any limitations (e.g., underrepresented patient demographics);
- how end users (e.g., health care practitioners) and impacted populations may have been involved in the design, development, and testing of the AI tool;
- intended uses, known limitations, associated risks, and steps taken to mitigate risks, including risk of bias;
- performance monitoring, updates, and handling of errors and/or adverse events.

In addition to the proposed items above, the CLHIA recommends that along with intended uses, this list includes what AI should not be used for such as manipulation of images.

### **Using AI**

**Recommendation 1: Critically review and evaluate all AI-generated outputs for accuracy, completeness, and biases and/or stereotypical associations.**

**Recommendation 2: Ensure that decisions made and implemented with the support of AI take into consideration the patient's unique characteristics, circumstances, and clinical presentation.**

**Recommendation 3: Maintain an audit system which allows AI-generated outputs and AI-supported decision-making to be tracked and AI performance to be monitored.**

**Recommendation 4: Review and evaluate AI-generated gaps, errors, and adverse events to identify contributing factors, implement improvements, and take appropriate corrective actions (e.g., report problems to the manufacturer and developer of the AI tool, report privacy breaches to the Information and Privacy Commissioner, ensure the tool is up-to-date, discontinue use of the AI tool)**

CLHIA agrees with the proposed recommendations, identifying them all as highly reasonable, important and easy to understand. We would suggest including details about the evaluation of the tools and feedback mechanisms:

- standardized methods to test/validate the accuracy and reliability of any AI applications/tools

- requirement for dentists to only use AI tools whose training data and algorithms have been independently reviewed for medical appropriateness
- independent reviewer(s) should partner with RCDSO and/or academic institutions to ensure clinical validity and evidence-based standards of care.
- enforcement of any conflict-of-interest safeguards – developers and users must disclose any financial ties/incentives tied to treatment outputs and/or prohibit any AI tools from having embedded revenue incentives tied to the recommendation
- AI vendors should publish training dataset summaries which include geography, diagnosis rates, and treatment types to understand decision making frameworks used to train the models
- establish a feedback loop from users to ensure retraining of models

We also suggest adding a requirement for continuous education to ensure that there are ongoing training programs to keep dental professionals informed about advancements in AI and clinical applications.

### **Transparency and Disclosure**

**Recommendation 1: Inform individuals when they are interacting with AI rather than with a human (e.g., the use of a virtual assistant chatbot that simulates human conversation).**

**Recommendation 2: Prior to its use, inform patients when AI will be used in a manner that will directly impact their care or clinical decision-making (e.g., what AI is being used, for what purposes, its benefits and limitations). Document these discussions.**

**Recommendation 3: Provide reasonable accommodation, when possible, to patients who express a desire for no or minimal involvement of AI in the delivery of their care.**

CLHIA agrees with the proposed recommendations, identifying them all as highly reasonable, important and easy to understand.

In addition to informing patients when AI will be used, it is also suggested that patients are informed why and how it will be used and what their dental professional's responsibilities are. Documentation of these discussions should include consent. Appropriate consent should also be obtained to have AI tools communicate on behalf of a patient with a third party, such as an insurance company.

CLHIA suggests that there are recommendations that any associated changes to fees for services when using AI tools are disclosed to individuals and insurers. It is also recommended that providers are required to inform individuals that using AI tools could affect their eligible insurance coverage.

## **Evaluating the Draft Guidance**

The CLHIA members agree that:

**The draft Guidance is easy to understand**

**The draft Guidance is comprehensive (it addresses all relevant or important issues)**

**The draft Guidance is reasonable for dentists to apply in practice**

No further comments were provided in response to the following questions:

**Do you think the draft Guidance document includes any unnecessary information?**

**To what extent do you think that the draft Guidance document effectively balances protection of the public with promoting innovation in dentistry?**

Thank you for giving us the opportunity to consult on this important topic. We would be pleased to discuss this with you at your convenience or provide any other information as needed. Please feel free to contact me at 613-449-0679 or [sburns@clhia.ca](mailto:sburns@clhia.ca).

Sincerely,

Sheila Burns  
Director, Health and Disability Policy