

**Department of Legislative Services**  
Maryland General Assembly  
2025 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 45 (Delegates Bagnall and Stein)  
Health and Government Operations

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**Dentist and Dental Hygienist Compact**

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This bill enters Maryland into the Dentist and Dental Hygienist Compact. The bill establishes (1) specified procedures and requirements for a dentist or dental hygienist to practice under a “compact privilege” in a participating state; (2) the composition, powers, and responsibilities of the Dentist and Dental Hygienist Compact Commission; and (3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on the enactment of substantially similar legislation in seven other states.

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**Fiscal Summary**

**State Effect:** The State Board of Dental Examiners (BDE) can likely handle the bill’s requirements using existing budgeted resources, as discussed below. Any impact on BDE special fund revenues is indeterminate but anticipated to be minimal, as discussed below.

**Local Effect:** The bill does not directly affect local government operations or finances.

**Small Business Effect:** Potential minimal. Dentists and dental hygienists who currently operate or are employed by small businesses may seek to obtain a license through the compact to practice in other participating states.

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**Analysis**

**Bill Summary:** The bill enters Maryland into the Dentist and Dental Hygiene Compact. The compact was facilitated by the National Center for Interstate Compacts at the Council of State Governments in partnership with the U.S. Department of Defense, the American Dental Association, and the American Dental Hygienists’ Association.

Generally, the purpose of the compact is to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing dentists and dental hygienists licensed in a participating state the ability to practice in participating states in which they are not licensed. The compact enables participating states to protect the public health and safety with respect to the practice of such dentists and dental hygienists, through the state's authority to regulate the practice of dentistry and dental hygiene in the state.

The compact: (1) enables dentists and dental hygienists who qualify for a compact privilege to practice in other participating states without satisfying burdensome and duplicative requirements associated with securing a license; (2) promotes mobility and addresses workforce shortages through each participating state's acceptance of a compact privilege to practice in that state; (3) increases public access to qualified, licensed dentists and dental hygienists by creating a responsible, streamlined pathway for licensees to practice in participating states; (4) enhances the ability of participating states to protect the public's health and safety; (5) does not interfere with licensure requirements established by a participating state; (6) facilitates the sharing of licensure and disciplinary information among participating states; (7) requires dentists and dental hygienists who practice in a participating state pursuant to a compact privilege to practice within the scope of practice authorized in that state; (8) extends the authority of a participating state to regulate the practice of dentistry and dental hygiene within its borders to dentists and dental hygienists who practice in the state through a compact privilege; (9) promotes the cooperation of participating states in regulating the practice of dentistry and dental hygiene within those states; and (10) facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene.

### *State Participation in the Compact*

In order to join the compact and continue as a participating state, a state must:

- enact a compact that is not materially different from the model compact as determined in accordance with commission rules;
- participate fully in the commission's data system;
- have a mechanism in place for receiving and investigating complaints about its licensees and license applicants;
- notify the commission of any adverse action or the availability of significant investigative information regarding a licensee and license applicant;
- fully implement a criminal background check requirement, as specified;
- comply with the commission rules applicable to a participating state;

- accept the National Board Examinations of the Joint Commission on National Dental Examinations (JCNDE) or another examination accepted by commission rule as a licensure examination;
- accept for licensure that applicants for a dentist license graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation (CODA) or another accrediting agency recognized by the U. S. Department of Education (USDE) for the accreditation of dentistry and dental hygiene education programs leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;
- accept for licensure that applicants for a dental hygienist license graduate from a dental hygiene education program accredited by CODA or another accrediting agency recognized by USDE for the accreditation of dentistry and dental hygiene programs;
- require for licensure that applicants successfully complete a clinical assessment;
- have continuing professional development requirements as a condition for license renewal; and
- pay a participation fee to the commission.

Providing alternative pathways for an individual to obtain an unrestricted license does not disqualify a state from participating in the compact. A licensee of a participating state who has a qualifying license in that state and does not hold an encumbered license in any other participating state must be issued a compact privilege in a remote state.

### *Compact Privilege*

“Compact privilege” means the authorization granted by the remote state to allow a licensee from a participating state to practice as a dentist or dental hygienist in a remote state.

To obtain and exercise the compact privilege, the licensee must:

- have a qualifying license as a dentist or dental hygienist in a participating state;
- be eligible for a compact privilege in any remote state;
- submit to an application process when seeking the compact privilege in a remote state;
- pay any applicable commission and remote state fees for a compact privilege;
- meet any jurisprudence requirement established by a remote state, as specified;
- have passed a national board examination of JCNDE or another examination accepted by commission rule;
- have graduated from the appropriate accredited education program;

- for a dentist, have received a D.D.S. or D.M.D. degree;
- have successfully completed a clinical assessment for licensure;
- report to the commission adverse action taken by any nonparticipating state, as specified;
- report to the commission the licensee's primary residence and any change in address; and
- consent to accept service of process by mail, as specified.

The compact privilege will continue as long as the licensee maintains a qualifying license in the state through which the licensee applied for the compact privilege and pays any applicable compact privilege renewal fees. A licensee providing dentistry or dental hygiene in a remote state under the compact privilege must function within the scope of practice authorized by the remote state and is subject to that state's regulatory authority.

If a licensee has an encumbered license in a remote state, the licensee must lose the compact privilege in the remote state until the license is no longer encumbered. The individual will lose or be ineligible for the compact privilege in any remote state until (1) the specific period of time for which the compact privilege was removed has ended and (2) all conditions for removal of the compact privilege have been satisfied.

#### *Adverse Actions*

The bill establishes processes for imposing adverse actions. A participating state where a licensee is licensed has exclusive authority to impose adverse action against a licensee. A participating state may take adverse action against a dentist or dental hygienist's compact privilege based on the investigative information of a remote state, as specified. Any participating state in which a licensee is applying to practice, or is practicing pursuant to a compact privilege, may investigate actual or alleged violations against the licensee in any other participating state.

#### *Dentist and Dental Hygienist Compact Commission*

The commission is an instrumentality of the participating states. A commissioner from each participating state must be selected by the state's licensing authority. The commission must meet at least once during each calendar year and must, among other actions:

- establish a code of conduct and conflict of interest policies;
- adopt rules and bylaws;
- maintain its financial records and conduct an annual financial review;
- assess and collect fees;

- take actions consistent with the provisions of the compact and the commission's rules and bylaws;
- initiate and conclude legal proceedings or actions;
- adopt and provide an annual report;
- establish a budget and make expenditures; and
- perform such other functions as may be necessary or appropriate to achieve the purposes of the compact.

The commission may levy a fee on and collect an annual assessment from each member state and impose fees on licensees of participating states to cover the cost of the operations and activities of the commission and its staff.

### *Data System*

The commission must provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system. A participating state must submit a uniform data set to the data system on all individuals to whom the compact is applicable, including (1) identifying information; (2) licensure data; (3) adverse actions against a licensee, license applicant, or compact privilege and related information; (4) nonconfidential information related to alternative program participation; (5) any denial of an application for licensure and the reason for denial; (6) the presence of significant investigative information; and (7) other information that may facilitate the administration of the compact or the protection of the public. A participating state may designate information that may not be shared with the public without the express permission of the contributing state.

### *Oversight, Dispute Resolution, and Enforcement*

Each participating state must enforce the compact and take all actions necessary and appropriate to implement the compact. If the commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under the compact, the commission must (1) provide a written notice to the defaulting state and other participating states that describes the default, proposed means of curing the default, and any other action that the commission may take and (2) offer training and specific technical assistance regarding the default. If a participating state fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the commissioners.

### *Construction and Severability*

The compact and the commission's rulemaking authority must be liberally construed to effectuate the purposes and the implementation and administration of the compact. The

provisions of the compact must be severable. If the compact is held to be contrary to the constitution of any participating state or state seeking participation in the compact, the validity of the remainder of the compact and the applicability must not be affected. The commission may deny a state's participation or terminate a participating state's participation in the compact if the commission determines that a constitutional requirement of a participating state is a material departure from the compact.

**Current Law:** Under the Health Occupations Article, an individual must obtain a license from BDE to practice dentistry or dental hygiene. BDE is mandated to protect the public by regulating the practice of dentistry and dental hygiene in Maryland. BDE issues licenses, adopts standards of practice, investigates complaints based on alleged violations of regulations and statutes, and disciplines licensees.

### *Dentistry*

To qualify for a license to practice dentistry, an individual must: (1) be of good moral character; (2) be at least 18 years old; (3) hold a degree of D.D.S., D.M.D., or equivalent from a college or university that is authorized to grant the degree and recognized by BDE as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction; and (4) pass a specified examination given by BDE.

“Practice dentistry” encompasses (1) performing any intraoral dental service or operation; (2) diagnosing, treating, or attempting to diagnose or treat any disease, injury, malocclusion, or malposition of a tooth, gum, jaw, or associated structure, as specified; (3) performing dental laboratory work; (4) placing or adjusting a dental appliance in a human mouth; or (5) administering anesthesia for the purposes of dentistry and not as a medical specialty. “Practice dentistry” includes (1) patient evaluation, diagnosis, and determination of treatment plans; (2) determination of treatment options, including the choice of restorative and treatment materials and diagnostic equipment; and (3) determination and establishment of dental patient protocols, dental standards, and dental practice guideline.

### *Dental Hygiene*

To qualify for a license to practice dental hygiene, an individual must be of good moral character, pass a specified examination given by BDE, and graduate from a school for dental hygienists that: (1) requires at least two years of education in an institution of higher education; (2) is accredited by American Dental Association CODA; and (3) is approved by BDE.

In general, a dental hygienist is licensed to practice dental hygiene (1) under the supervision of a licensed dentist who is on the premises and available for personal consultation while

the services are being performed or not on the premises under specified circumstances and (2) only in a dental office or clinic, hospital, school, charitable institution, or certified health maintenance organization.

A licensed dental hygienist is authorized to perform a preliminary dental exam; perform a complete prophylaxis, including the removal of any deposit, accretion, or stain from the tooth surface or restoration; polish a tooth or restoration; chart cavities, restorations, missing teeth, periodontal conditions, and other features observed; apply a medicinal agent to a tooth for a prophylactic purpose; take a dental X-ray; or perform any other intraoral function authorized by the board. A dental hygienist who complies with specified requirements may prescribe (1) topical and systemic types of prescription or over-the-counter fluoride preparations; (2) topical antimicrobial oral rinses; and (3) ibuprofen not exceeding 600 mg every six hours for up to three days after nonsurgical periodontal therapy.

#### *Out-of-State Licensure*

A dentist or dental hygienist licensed in any other state that applies for an appropriate license in Maryland must: (1) pay the required application fee; (2) provide adequate evidence that the applicant meets the qualifications otherwise required for a general license to practice dentistry or dental hygiene, holds a license to practice dentistry or dental hygiene in another state, and has satisfied specified examination requirements; (3) is not being investigated, disciplined, have charges pending against their license, or has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action; and (4) has not previously failed an examination for licensure in this State.

A dentist licensed in any other state must be issued a license in Maryland if the applicant:

- has passed the American Dental Licensing Examination and has passed the Maryland Dental Jurisprudence Examination given by BDE or its designee; or
- (1) for the five preceding years, has been actively engaged in practicing dentistry for at least 850 hours on average per year; (2) has passed an examination with a clinical component as a requirement for licensure in another state; (3) has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by the American Board of Dental Examiners (ADEX); and (4) has passed the Maryland Dental Jurisprudence Examination given by the Board or its designee.

A dental hygienist licensed in any other state must be issued a license in Maryland if the applicant:

- has passed the American Dental Hygiene Licensing Examination and has passed the Maryland Dental Hygiene Jurisprudence Examination given by BDE or its designee; or
- (1) for the three preceding years, has been actively engaged in practicing dental hygiene for at least 150 hours on average per year; (2) has passed an examination with a clinical component as a requirement for licensure in another state; (3) has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by ADEX; and (4) has passed the Maryland Dental Hygiene Jurisprudence Examination given by the Board or its designee.

BDE may adopt regulations for the content and administration of examinations and any other regulations necessary to provide for the licensure of dentists or dental hygienists licensed in any other state that apply to be licensed in the State.

**State Fiscal Effect:** BDE can likely handle the bill’s requirements (participating in the compact, issuing compact licenses once the compact is fully operational, submitting data to the commission data system, etc.) – at least initially – using existing budgeted resources. To the extent that additional staff may be required, BDE special fund expenditures increase accordingly beginning as early as fiscal 2026.

Any impact on BDE special fund revenues is indeterminate but anticipated to be minimal. BDE special fund revenues may decrease as dentists and dental hygienists who do not reside in the State but are currently licensed by BDE instead seek a compact license in their home state. However, BDE may also charge applicants a fee for a compact privilege in Maryland. As the number of individuals who may seek a compact privilege (and the potential fee BDE may charge) is unknown, this impact cannot be reliably estimated at this time. The Department of Legislative Services (DLS) notes that, as of February 6, 2025, one neighboring state (Virginia) has enacted the compact, and Pennsylvania has introduced legislation to join the compact.

**Additional Comments:** The bill is contingent on seven other states adopting legislation to enter the [compact](#). DLS advises that, as of February 6, 2025, 10 states have enacted legislation (including Virginia), and 15 states have introduced such legislation (including Maryland, Pennsylvania, and New Jersey). Thus, according to the National Center for Interstate Compacts, the compact has reached activation status, but compact privileges are not yet being issued.



## **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 21 (Senator Gile) - Finance.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

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