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The mission of ADEA is to lead
and support the health professions
community in preparing future-ready
oral health professionals.

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February 7, 2025

Chair Pam Beidle
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

Chair Beidle and members of the Senate Finance Committee:

On behalf of the American Dental Education Association's (ADEA) member dental education institutions and allied dental education programs, I am writing to express our opposition to SB 538, The American Association of Dental Boards Compact.

ADEA is the sole national organization representing academic dental education, including all 80 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, 62 corporations and approximately 15,000 individuals.

ADEA has long supported the goal of licensure portability for dentists and dental hygienists, but SB 538 does not sufficiently accomplish that goal. ADEA believes that the bill's limited focus on one pathway to licensure, and reliance on a model of interstate practice that favors expedited licensure instead of a more efficient system of portability, would prevent many qualified oral health practitioners from participating, especially dental hygienists who may find it more difficult to meet the financial burdens created by this model.

Additionally, the AADB compact proposed by SB 538 has the potential to serve as direct competition to another licensure compact, drafted by The Council of State Governments (CSG), that has already been enacted in four states. ADEA believes that if different states adopt different compacts, two incompatible models of interstate practice would emerge, making the goal of national licensure reciprocity even more difficult to achieve.

SB 538 Limits Pathways to Licensure, and Could Hinder Future Innovation in Clinical Skills Testing

SB 538 is based on model legislation that was drafted by the American Association of Dental Boards (AADB). If enacted, the AADB compact would only allow individuals who have passed the American Board of Dental Examiners (ADEX exam), or those who have practiced for at least five years and passed a regional or state psychomotor licensure examination before Jan. 1, 2024, to apply for an expedited license. This narrow reliance on one examination is unnecessary and would prevent many qualified dentists and dental hygienists from participating in the AADB compact.

The process for obtaining a dental or dental hygiene license is substantially similar in every state. Because of the similarities among processes, dentists

and dental hygienists licensed in other states have demonstrated competence to be able to potentially practice in every state in the country. The only significant variation in the licensure process is the acceptance of different assessments of clinical skill by different states. Although the ADEX examination is widely accepted by most jurisdictions, states have adopted other measures of clinical skill that sufficiently measure a candidate for licensure's ability to safely provide oral health services to the public. These include new and emerging measures of clinical skill that have the potential to better protect the public by improving upon traditionally relied upon examinations. Individuals who have successfully completed these other assessments have successfully demonstrated clinical ability and should not be restricted from interstate practice under a licensure AADB compact.

Some of the emerging measures of clinical skills are outlined below. These examinations can protect public safety and offer advantages over traditional measures of clinical skill, such as the ability to assess a candidate's skills over time instead of a single moment, as well as the opportunity to test a wider range of knowledge necessary to practice as a dentist.

- Clinical Residency—Rather than capturing a snapshot in a single moment, residency programs for dentists require students to demonstrate competency over time, and provide students the opportunity to repeatedly perform a wide variety of procedures under the watch of experienced attending instructors who can evaluate students and provide guidance or remedial instruction when needed. Residency programs are accredited by the Commission on Dental Accreditation and are one or two years in length.
- Objective Structured Clinical Examination (OSCE)—Widely used by other health science professions, and currently accepted in multiple states and Canada, an OSCE is a high-stakes examination consisting of multiple standardized stations, each of which require candidates to use their clinical knowledge and skills to successfully complete one or more dental problem-solving tasks. OSCEs can provide information that allows dental boards to determine if a candidate possesses the necessary level of clinical knowledge and skills to safely practice entry-level dentistry. Research has shown that OSCEs provide a valid and reliable means of evaluating candidate skills.
- A Dental Hygiene Licensure Objective Structured Clinical Examination is also being developed by the Joint Commission on National Dental Examinations. This is expected to launch in 2024. This examination will be a valid and reliable assessment that will assess whether candidates can apply clinical knowledge and skills in a problem-solving context.

Additionally, enshrining a requirement to pass the ADEX examination into the laws of any state that adopts the AADB compact could significantly hinder the oral health community from developing or using emerging measures of clinical competency that improve upon those already accepted. If another examination is developed that proves to be a better measure of clinical skill that more effectively protects the public, it would not be permitted under the AADB compact unless every state that has adopted the compact amends their statutes. This is because compacts also serve as contracts between and among states that require states to adopt substantially similar language.

This Legislation Relies on Expedited Licensure, Not Portability

Under AADB's compact, applicants are not applying for licensure portability, but rather an expedited license by credentials. This model that would be created by SB 538 is similar to the model created by the Interstate Medical Licensure Compact (IMLCC), which requires each state to issue a separate license to an applicant. Under this system, applicants are required to bear all costs associated with maintaining a license in each state and are also required to commit additional time required to meet continuing education requirements in each state. According to CSG, the organization that drafted the IMLCC, the IMLCC has an application fee of \$700 as well as a fee requirement for each state in which a physician wishes to practice.

ADEA does not believe this model would sufficiently relieve the barriers that prevent or make it difficult for qualified dentists and dental hygienists to obtain a license in a new state. The costs could be especially difficult for dental hygienists and the time commitment of meeting continuing education requirements in each state could take away from valuable practice time with patients. It should also be noted that no other licensure compact uses the IMLCC model.

SB 538 Could Lead to Incompatible Reciprocity Systems for Dentists and Dental Hygienists

The adoption of SB 538 could lead to the development of multiple, incompatible models of interstate practice for dentists and dental hygienists. The Dentist and Dental Hygienist Compact that was drafted by CSG has already been adopted by four states. After seven states adopt the CSG compact, an implementation process will begin and a system of licensure reciprocity for states that join the compact will be put into practice.

The introduction of this competing AADB compact could unnecessarily complicate the goal of national licensure portability for dentists and dental hygienists. The compacts operate on significantly different models that may force states to choose one model over the other. If that were to happen, two incompatible licensure portability systems would be in operation. This would likely create confusion for policymakers and oral health professionals and would also place an additional burden on licensed oral health professionals as they would need to maintain awareness of which states have adopted which compact as well as an awareness of the different processes for each.

To date, no other states have joined the American Association of Dental Boards Compact, and no other state legislatures have introduced legislation to join.

Conclusion

ADEA urges members of the committee to vote against SB 538. The AADB compact proposed by this legislation would limit the participation of many qualified dentists and dental hygienists through its requirement to pass one clinical examination. It would also do little to reduce the burdens of cost and time associated with obtaining a license in a new state. Finally, the AADB Compact would also complicate the goal of national licensure reciprocity by contributing to the development of two incompatible models of interstate practice for dentists and dental hygienists.

Sincerely,

Members of the Senate Finance Committee
February 7, 2025
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A handwritten signature in blue ink, appearing to read "BT Leeth" followed by a checkmark.

Tim Leeth, CPA
Chief Advocacy Officer